GOVERNMENT OF ESWATINI

MINISTRY OF HEALTH

HEALTH SYSTEM STRENGTHENING FOR HUMAN CAPITAL DEVELOPMENT PROJECT

Project number – P168564

CONSTRUCTION OF OPERATION CENTRE FOR CMS

ENVIRONMENTAL AND SOCIAL IMPACT ASSESSMENT/ ENVIRONMENT AND SOCIAL MANAGEMENT PLAN

Prepared by

MTK Sustainable Technologies

Plot 735, Southern Distributor Road

P. O. Box 4019, Manzini

Contacts: +268 25058875 (o); +268 7868 3478 (m); sustainable@mtkinvest.com

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LIST OF ACRONYMS

Acronym	*Full meaning*
AIDS	Acquired *Immuno*-deficiency Syndrome
CMS	Central Medical Stores
EEA	Eswatini Environment Authority
EEC	Eswatini Electricity Company
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
EPTC	Eswatini Posts and Telecommunications
ESMP	Environmental and Social Management Plan
EWSC	Eswatini water and Services Corporation
ESS	Environmental and Social Standards
GDP	Gross Domestic Product
HIV	Human *Immuno* Virus
HMIS	Health Management Information System
HSSHCD	Health Systems Strengthening for Human Capital Development
ICT	Innovation, Communication and technology
MOH	Ministry of Health
NCDs	Non-communicable Diseases
NGOs	Non-governmental Organizations
RMNCAH	Reproductive, maternal, neonatal, childhood and adolescent health
SWAGAA	Eswatini Action Group Against Abuse
SWABCHA	Swaziland Business Coalition for HIV and AIDS

EXECUTIVE SUMMARY

The Government of the Kingdom of Eswatini (GoKE) through the Ministry of Health (MoH) entered into a loan agreement with the World Bank effective 10 December, 2020, for the implementation of the Health System Strengthening for Human Capital Development (HSSHCD) Project. This is a 5-year project under the MoH that focuses on strengthening the health system and ramping up investments in RMNCAH, nutrition and NCD services (hypertension and diabetes) to address critical human capital challenges, including stunting and child and adult mortality, applying a life course approach. As part of the Implementation of this project, the Ministry of Health is planning to construct an operational centre for the Central Medical Stores on plot 765/T in the Matsapha Industrial Site. The development will be implemented within the existing boundaries of Central Medical Stores. The existing building will be extended onto the driveway. The objective of the project is to increase the operational efficiency and effectiveness of the Central Medical Stores and related operations through the centralization of resources and systems. According to the World Bank Environmental and Social Risk classification (ESRC), the project was classified as a moderate risk project.

The objective of the assignment is to assess and develop set of mitigation, monitoring, and institutional measures to eliminate adverse environmental and social risks and impacts, offset them, or reduce them to acceptable levels. The ESMP is prepared to address potential environmental and social risks and impacts associated with the construction and operation of an Operation Centre for Central Medical Stores (CMS).

The Operation Centre will house offices for CMS staff, a board room and associated structures. It comprises a two-storey building with a total area of 835.58m^2. The ground floor will consist of a reception, registry and 2 offices, toilets and a conference room (with a capacity of 100 people). The first floor will house 8 offices, a boardroom and toilets. This building will be attached to the existing CMS operational Centre warehouse, with a footprint of 394.91m^2.

The project activities will be as outlined below.

Project activities will include the following:

Preconstruction Phase

- Obtaining relevant approvals (building plans, EEA approvals)

Construction and decommissioning

- Site preparation (digging and removal of existing concrete slab, establishment of site offices, relocation of services, erection of screening structure around project site, putting up of relevant signage)
- Establishment of alternative accesses to Operational facility.
- Relocation of services
- Construction of operation centre building and associated structures
- Connection of new building to existing EWSC sewer mains
- Upgrading of fleet

- Installation of utility infrastructure and equipment
- Decommissioning of temporary structures and rehabilitation of site.

Operational phase

- Operation of new administration building
- Maintenance of equipment and structures.

Legislative and Institutional Review

The ESMP outlines the legal framework relevant to this project. This involved a review of national legislation, policies and strategies relating to health, environmental and social management. The ESMP also reviewed the relevance of the 10 Environmental and Social Standards under the Environmental and Social Framework of the World Bank. Six (6) of the 10 standards were found to be relevant in this project. Mandates of key institutions relevant to the project are also outlined in the ESMP.

Environmental and Social Risks and Impacts

Activity: Project preparation

Impact/Risk: *Conflicts*

The project will lead to a change in how the CMS operations with regards to the integration of operations. Without prior engagement of staff, this may lead to conflicts that may delay implementation of the project.

Mitigation: CMS staff will be engaged prior to project implementation to raise any concerns, allay fears and provide accurate information on project implementation, possible change of access and traffic flow during construction phase.

Activity: Selection of materials and finalisation of designs

Impact/Risk: *Climate change*

The project design and material selection should take into account design with minimal climate change impact.

Mitigation: The design of the building will utilise natural light as much as practically possible.

Activity: Design finalization

Impact/Risk: *Lack of incorporation of E&S*

Without proper incorporation of environmental and social mitigations and consideration in the project design, there will be risks associated with the sustainability of the project.

Mitigation: The ESMP will be taken into consideration before the finalization of project designs.

Activity: Selection of contractor

Impact/Risk: *Poor uptake of ESMP by contractor*

During procurement of contractor, the implementation of mitigation measures may not be implemented properly if the contractor has not properly understood or planned adequately for its implementation.

Mitigation: The ESMP requirements will be incorporated into tender documents to allow for proper costs and understating of mitigation measures.

Activity: Site clearing, levelling and compaction, and demolition activities

Impact/Risk: *Noise and vibrations*

Some of the neighbouring establishments are offices which are noise sensitive. Construction vehicles may generate a considerable amount of noise during construction activities. This may have a negative effect on the operations. Vehicle noise may be generated by reversing alarms and engine reviving. In addition, noise and vibration may be caused by earth moving and excavation equipment, concrete mixers, cranes and the transportation of equipment and materials. This may also affect the staff in the CMS facility as well as neighboring establishments.

Mitigation:

- Contractor work activities will be planned in consultation with local authority so that activities with the greatest potential to generate noise are planned during periods of the day that will result in least disturbance;
- Using noise control devices, such as temporary noise barriers and deflectors for impact and blasting activities (where applicable), and exhaust muffling devices for combustion engines;
- Ensuring that plant and vehicles are properly maintained; and;
- Heavy machinery will be used with considerable distance from existing structures.

Activity: Site clearing, digging of trenches and construction of structures

Impact/Risk: *Soil erosion*

The site soils are silt and sandy and they have properties to disintegrate when with water. This makes the site prone to erosion. Soil erosion may be caused by exposure of soil surfaces to rain and wind during site clearing and excavation activities.

Mitigation:

- Clearing will only be done when equipment and personnel are ready to start work on that area;
- Topsoil and subsoil will be stripped and stockpiled for rehabilitation after completion;
- Progressive rehabilitation will be done so that cleared areas are rehabilitated as work progresses;

Activity: Clearing of site, movement of construction vehicles, demolition of temporary structures

Impact/Risk: *Air Quality*

Air quality may be reduced by dust generated by a combination of on-site excavation and movement of earth materials, moving vehicles on bare soil, and exposure of bare soil and soil piles to wind. A secondary source of emissions may be caused by open burning of solid waste on-site. Dust may also be emitted from stockpiles of soil material. This may be exacerbated in dry and windy days.

Construction Machinery and vehicles may emit gases like SO_2 and N_2O and particulate matter, which cause air pollution and respiratory illnesses. This may be exacerbated by un-serviced and poorly maintained machinery and vehicles.

Mitigation:

- Exposed soil surfaces will be watered-down to suppress dust;
- The vehicles will be required to observe a speed limit of 20 km/h to minimize the emission of dust;
- Stockpiles will be watered-down regularly to abate dust emission. Stockpiles will be maintained at 1 meter;
- PPE, such as dust masks, will be used in dust prone areas.
- The surrounding environment (sidewalks, roads) shall be kept free of debris to minimize dust
- There will be no open burning of construction / waste material at the site
- There will be no excessive idling of construction vehicles at sites
- All vehicles will be serviced regularly and monitored for emissions.

Activity: Demolition of old structures, decommissioning of temporary structures

Impact/Risk: *General Solid Waste*

Construction waste like cement bags, containers and other waste streams are likely to be generated during project implementation. Improper management of this waste may lead to environmental pollution. Non-hazardous solid waste generated may include building rubble, demolition waste, excess fill materials from grading and excavation activities, scrap wood and metals, and small concrete spills. Waste may also be generated from the site offices in the form of general litter and food waste.

Mitigation:

- Waste generation will be minimized through proper planning;
- The site will have receptacles for recyclable and not recyclable wastes, and these will be marked;
- Separate waste receptacles will be provided for hazardous waste;
- Building rubble and excess soil material will stockpiled separately and away from waterways. Items like scrap wood and metals will be recycled. Building rubble will be disposed of in the Matsapha Landfill as per the Waste regulations, 2000;

- Topsoil will be stockpiled separately for landscaping and site rehabilitation;
- Contaminated soil should be rehabilitated on site using bioremediation;
- Mineral Construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers;
- Construction waste will be collected and disposed properly by licensed collectors to Matsapha Landfill;
- The records of waste disposal will be maintained as proof for proper management as designed; and A detailed Waste Management Procedure is attached in Annex5 of this report.

Activity: Site clearing, decommissioning, excavations

Impact/Risk: *Hazardous materials*

Construction and decommissioning activities may pose the potential for release of petroleum-based products, such as lubricants, hydraulic fluids, or fuels during their use in equipment.

Mitigation:

- Hazardous materials will be stored in areas with controlled access;
- Material Safety Data sheets (MSDS) will be prepared for hazardous materials; and
- A Storage and handling plan will be prepared and implemented on site.

Activity: Construction and Decommissioning

Impact/Risk: *Water pollution*

Poor management of oils and hazardous material may lead to spillages and subsequent contamination of storm water drains, which eventually drain into surface water bodies. Waste water may also be produced from batching if batching areas are not properly sited and designed.

Mitigation:

- The contractor will draw up and implement a chemicals management plan, display signs, control access to chemicals and handle chemicals in accordance with their MSDSs. Only trained personnel will handle hazardous material, procedures for handling spillages will also be in place;
- All topsoil removed during construction will be stockpiled separately on site for rehabilitation purposes; and
- Oil and lubricant containment equipment will be used to collect oils and lubricants under leaking machinery.

Activity: Construction and decommissioning

Impact/Risk: *Contaminated Land*

Land contamination may be encountered due to releases of hazardous materials or oil, poor management of waste and other hazardous materials, leaking machinery and equipment

Mitigation:

- Vehicles and machinery will be regularly serviced. There will be no servicing done on site. This will ensure that the vehicles do not leak fuel into the soil.
- Drip trays should be used to contain any potential leakages. However, if there are any spills, the contaminated soil will be scooped and stored in hazardous waste marked bins which will then be treated using bioremediation on site.

Activity: Site clearing and excavations

Impact/Risk: *Risk to cultural heritage*

Construction activities may uncover or affect cultural and archaeological items in the project areas.

Mitigation:

- Contractors will be sensitized on the importance of preservation of items of cultural heritage;
- In cases where a discovery is made, the ENTC will be notified immediately; and
- It shall be ensured that provisions are put in place so that artifacts or other possible "chance finds" encountered in excavation or construction are noted and registered, responsible officials contacted, and works activities delayed or modified to account for such finds.

Activity: Operation of Operation centre

Impact/Risk: *Energy management*

The operation of the operation Centre associated structures will lead to an increased demand in energy. This is through lighting, cooling, heating and other energy consuming activities. If energy conservation measures are not used, running costs will be high. High energy demand for the project will also mean more release of greenhouse gas emissions.

Mitigation:

- Solar louvres will be installed in all windows to prevent excess heat into the building;
- Energy conservation measures will be put in place and enforced;
- It will be ensured that the HVAC system has proper insulation;
- High efficiency lighting will be used;
- Low energy consumption electrical equipment will be used; and
- The design of the building will maximise the use of natural light and ventilation.

Activity: Operation activities

Impact/Risk: *Air pollution*

The use of refrigerants containing ozone depleting substances (ODS) affects the ozone layer. Volatile organic carbons (VOCs) may also be released from refrigeration and cooling equipment. Laundry services also lead to the release of VOCs to the atmosphere.

Mitigation:

- ODSs will not be used for refrigerators and cooling systems, and Low global warming potential refrigerants will be used;
- It will be ensured that properly serviced vehicles are used; and Drivers of parked vehicles will be required to have their engines off. No idling of cars will be allowed.

Activity: Operation activities

Impact: *Water Resource Management*

The operation of the operation Centre will increase the demand for water in the town. This may be exacerbated by water wastages.

Mitigation:

- Plants used for landscaping will be those that don't require a lot of water.
- Employees and contractor will be encouraged to report pipe and tap leaks and these will be attended to promptly.

Activity: Operation activities

Impact/Risk: *Waste Management*

Increased amounts of solid waste will be generated from maintenance activities and CMS operations due to the expansion. Improper management of such waste may result in environmental degradation

Mitigation:

- Waste receptacles will be provided at strategic areas within and around the site.
- Recyclable waste will be separated from non-recyclables.
- The project will engage licenced recyclers to collect recyclables like paper, glass, cans, plastic for recycling.
- Permanent personnel will be employed to manage waste management in the establishment.

Activity: Maintenance of electronic equipment and solar panels

Impact/Risk: *Electronic waste*

Waste may be generated from maintenance of electronic equipment. In addition, electronic waste may be generated from maintenance of solar energy infrastructure. This waste is

classified as hazardous waste in the Waste Regulations, 2000. Improper management of this waste may lead to environmental degradation. The country does not have a facility for final disposal of electronic waste and other hazardous waste. The site does not have a designated temporary electronic waste storage area.

The waste is disposed of by public auction. The government does not have a way of tracking if this waste has been properly disposed of. The waste may find itself in dumpsites where there is burning, causing air pollution.

Mitigation:

- Supplier contracts should ensure that it includes requiring suppliers of ICT equipment to also be responsible for removal after their lifespan. Where appropriate, rental of these equipment may be pursued.
- Electronic waste will be stored in containers in a designated area, in compliance with the Waste Regulations, 2000.
- A proper storage facility will be put in place for electronic waste at the government stores. The ministry of health will be responsible for such waste until it is finally disposed in an environmentally friendly manner
- Waste will then be transported to hazardous waste disposal facilities outside the country to effect environmentally sound disposal in accordance to the Basel Convention

Activity: Management of medical stock during operational phase

Impact/Risk: *Hazardous waste*

Other hazardous waste, like fluorescent tubes is stored where they are generated and they keep piling up in these facilities, including the CMS. The operation of the operation Centre will result in the increase of this waste. The country does not have a hazardous waste disposal facility and there is no plan for final disposal of such waste. This presents risks to the environment and human health. The implementation of the project will also lead to the increase in the volumes of pharmaceutical waste.

Mitigation:

- Hazardous waste storage structure, approved by the EEA will be constructed.
- Appropriate disposal sites will be identified outside the country. Final disposal of hazardous waste will be effected through the process of outlined in the Basel convention. This should be done with guidance from the EEA.
- Pharmaceutical waste will be incinerated at temperature above 1000^{0}C.

Activity: Operation of new structure

Impact/ Risk: *Soil Erosion*

Soil erosion may result from storm-water runoff if the storm-water management design has not been done properly.

Mitigation:

- The project will implement the storm-water management plans
- Drainage structures will be maintained regularly to ensure optimal function at all times.

OCCUPATIONAL HEALTH & SAFETY RISKS AND IMPACTS

Activity: Construction activities

Impact/Risk: *Over-exertion*

Over-exertion, ergonomic injuries and illnesses may be experienced by workers on site.

Mitigation:

- Training of workers in lifting and materials handling techniques in construction and decommissioning activities, including the placement of weight limits above which mechanical assists or two-person lifts are necessary;
- Planning work site layout to minimize the need for manual transfer of heavy loads;
- Selecting tools and designing work stations that reduce force requirements and holding times, and which promote improved postures, including, where applicable, user adjustable work stations; and
- Implementing administrative controls into work processes, such as job rotations and rest or stretch breaks.

Activity: Construction and Decommissioning

Impact/Risk: *Slips and falls*

Slips and falls on the same elevation may be experienced by workers due to poor housekeeping. Poor housekeeping may be from excessive waste debris, poor storage of construction materials, liquid spills, loose electrical cords and ropes on the ground.

Mitigation:

- Implementing good house-keeping practices, such as sorting and placing loose construction; materials or demolition debris in established areas away from foot paths;
- Cleaning up excessive waste debris and liquid spills regularly;
- Locating electrical cords and ropes in common areas and marked corridors; and
- Use of slip retardant footwear.

Activity: Construction and Decommissioning

Impact/Risk: *Risk from Working in heights*

Workers may be at risk caused by falls from elevation associated with working with ladders, scaffolding, and partially built or demolished structures.

Mitigation:

- Training and use of temporary fall prevention devices, such as rails or other barriers when working at heights;
- Training and use of personal fall arrest systems, such as full body harnesses; and
- Control zones and safety monitoring systems will be used to warn workers of their proximity to fall hazard zones, as well as securing, marking, and labelling covers for openings in floors, roofs, or walking surfaces.

Activity: Construction and Decommissioning

Impact/Risk: *Risk from moving machinery*

Vehicle traffic and use of lifting equipment in the movement of machinery and materials on a construction site may pose temporary hazards, such as physical contact, spills, dust, emissions, and noise. Heavy equipment operators have limited fields of view close to their equipment and may not see pedestrians close to the vehicle.

Mitigation:

- Planning and segregating the location of vehicle traffic, machine operation, and walking areas, and controlling vehicle traffic through the use of one-way traffic routes, establishment of speed limits, and on-site trained flag-people wearing high-visibility vests;
- Ensuring the visibility of personnel through their use of high visibility vests when working in or walking through heavy equipment operating areas, and training of workers to verify eye contact with equipment operators before approaching the operating vehicle;
- Ensuring moving equipment is outfitted with audible back-up alarms; and
- Using inspected and well-maintained lifting devices that are appropriate for the load, such as cranes, and securing loads when lifting them to higher job-site elevations.

Activity: Management of site workers

Impact/Risk: *Water supply and Sanitation*

Site workers may not have access to quality drinking water, which may lead to waterborne diseases.

Without proper sanitation, site workers may use bushes as toilets, which may lead to soil pollution as well as pollution of water resources from pollutants like coliforms and other pollutants.

Mitigation:

- Portable water will be made available for workers on site.
- Temporary chemical toilets will be provided to cater for site workers.

Activity: Maintenance of structures

Impact/Risk: Workers may be exposed to safety and health risks during the maintenance of the operation center and associated structures. These may include falls, slips, and inhalation of pollutants like dust, amongst others.

Mitigation:

- Employees will be required to use the appropriate PPE.
- Education and awareness will be conducted on health and Safety measures.

COMMUNITY HEALTH AND SAFETY IMPACTS AND RISKS

Activity: Moving equipment in and out of site

Impact/Risk: *Site Hazards*

The proposed project site is currently used for CMS operations. This means that normal CMS operations will continue during construction. This will expose CMS employees to site hazards from construction equipment moving in and out of site, open excavations, tripping and other site hazards.

Mitigation:

- The contractor will implement training of project workers designed to heighten awareness of risks and to mitigate impacts on public;
- The contactor will develop and implement measures and action to assess and manage specific risks and impacts to the public arising from project activities;
- Restricting access to the site through fencing, signage, and communication of risks to the public and current CMS employees;
- Hazardous conditions on construction sites that cannot be controlled effectively with site access restrictions will be removed, these include such as covering openings to small confined spaces, ensuring means of escape for larger openings such as trenches or excavations, or locked storage of hazardous materials; and
- Open trenches and excavations will be barricaded and they will not be left uncovered for extended periods.

Activity: Management of site and workers

Impact/Risk: *Increased Disease prevalence*

Increased incidence of communicable and vector-borne diseases attributable to construction activities represents a potentially serious health threat to project personnel and the public. The country is dealing COVID 19, which poses a significant risk to communities. The Manzini region has the second highest number of COVID 19 cases in the country. Local workers from the project may transmit this disease amongst others and the public.

Mitigation:

- Providing surveillance and active screening and treatment of workers;
- A COVID 19 management Plan has been developed and attached as annex8.

Activity: Movement of vehicles in and out of the site

Impact/Risk: *Traffic accidents*

The CMS supplies about 400 heath facilities in the country. In addition to the dispatch vehicles, there are vehicles that need to deliver the supplies to the site. There are also staff vehicles that enter the site and are parked during the day. Due to the fact that CMS operation will continue during construction, the increase in construction vehicles will lead to decreased parking space, more restrictive movement of delivery and dispatch vehicles, staff and visitor vehicles.

The movement of construction vehicles in and out of the site may increase traffic volumes as well as disrupt the flow of the CMS vehicles. This may lead to accidents involving CMS staff, visitors and vehicles involved in the CMS operation.

Mitigation:

- Warning signs will be put in place to warn motorists and pedestrians of construction vehicles going in and coming out of the site;
- CMs staff will be engaged comprehensively on changes on their normal working environment and how accidents could be prevented;
- The public will be made aware of the before they are start through the erection of project site information;
- Adoption of best transport safety practices across all aspects of project operations with the goal of preventing traffic accidents and minimizing injuries;
- Regular maintenance of vehicles and use of manufacturer approved parts to minimize potentially serious accidents caused by equipment malfunction or premature failure; and
- Activities requiring high movement of site vehicles will be done during low traffic periods.

Activity: Management of site

Impact/Risk: *Safety and security risks*

The increased activity in the project site may attract thieves, leading to loss of building materials and other equipment.

Mitigation:

- Security personnel will be put in place to ensure safety of workers, equipment and materials stored on site at all the sites.
- Materials and equipment will be stored in a designated secure area on site with restricted access.

Activity: Management of site

Impact/Risk: *Fires*

Some activities, and carelessness, on site may lead to fire outbreaks.

Mitigation:

- The contractor shall ensure that there is an emergency response plan that includes fire emergencies. This plan will be communicated to all site workers and visitors;
- Smoking areas will be designated within the site and smoking in undesignated areas will be prohibited; and Fire assembly point will be designated within the project site, clearly marked and easily accessible. *See annex 9 for emergency response plan*

Activity: Movement of traffic in and out of the site

Impact/Risk: *Traffic safety*

The operation of the operation Centre will result to increased traffic within the vicinity of the project site. Pedestrians may be exposed to increased traffic safety risks, especially workers in the neighboring establishments. This may also lead to car accidents and conflict among impatient drivers.

Mitigation:

- There will be pedestrians' walkways for pedestrian accesses in and out of the building for their safety.
- Accesses and parking for delivery and dispatch vehicles, employee and visitor vehicles will be designated and signs put on site.

Activity: Interactions amongst staff and with visitors

Impact/Risk: *Increased spread of communicable diseases*

The addition of new staff on the CMS site, as well as contract workers who will carry out maintenance from time to time may lead to the spread of communicable diseases like HIV and COVID 19.

Mitigation: Government guidelines will be followed to ensure all precautions against the spread of communicable diseases are observed

SOCIAL IMPACTS & RISKS

Activity: Recruitment and Management of site of construction workers

Impact/Risk: *Increased risk of GBV and SEA*

According to the SWAGAA, in Eswatini violence against children, including girl children, and child sexual assault are alarmingly high. Statistics show that in Eswatini, it is expected that: one in three Swazi girls will experience some form of sexual violence by the time they are 18 years old. Almost half of Swazi women (48.2%) will experience some form of sexual violence over their lifetime. Some perpetrators of GBV are encouraged when they feel economic power. Being employed in the project may lead to exacerbation of GBV/SEA for those with this problem.

Mitigation:

- SEA/GBV policy will be considered during selection of contractors;
- A SEA/SH action plan will be prepared to manage related risks, and a specialized NGO will be engaged for awareness and will develop a system that will capture GBV related issues.
- A robust GRM structure should be adopted and implemented by the contractor;
- Workers will be trained and made aware on SEA/SH code of conduct prior to start of any works.
- All workers will be required to sign a code of conduct prior to the start of any works.
- Workers will be regularly educated and trained on the procedures for reporting SH incidences without feeling stigmatized or victimized;
- Reported SEA cases and victims will be treated with dignity to encourage more reporting;
- The contractor will enforce legislation and act against employees found to have committed acts of gender-based violence;
- A consultant will be engaged to raise awareness and encourage reporting of SEA and GBV and other anti-social behaviors; and
- Contractor staff will be educated on the SODV Act and its consequences.

Activity: Recruitment of project workers

Impact/Risk: *Child labour*

Contractors may hire underage persons, which is against international and national legislation and standards.

Mitigation: The contractor will be required to ensure that their recruitment policy is in-line with national and international laws and against child labour. This will be stipulated in the contract documents. During monitoring, this aspect will be included in the environmental and social indicators.

Activity: Management of workers

Impact/Risk: *Increased spread of HIV and other STIs*

The introduction of non-local people may lead to relationship with locals. Unprotected sex in these relationships may lead to the increase of HIV prevalence.

Mitigation:

- HIV and STI Education and awareness sessions will be conducted for employees;
- Contractor will be encouraged to prioritize locals for employment opportunities;

- Information, education and Communication (IEC) materials will be made available and accessible to workers; and
- Condoms will be made available and free in construction site, mostly in toilets.
- The project will not have a campsite.

Activity: Recruitment of and management of workers

Impact/Risk: *Discrimination against vulnerable and disadvantaged people*

During recruitment of workers for the project, there is a risk of having potential workers discriminated upon in terms of gender, economic status, disability, social status.

Mitigation:

- The recruitment policy for the contractor will be reviewed as part of the tender selection process. Inclusiveness of the policy will be considered as one of the factors for selection of contractors.
- Accesses and other facilities will be put in place to accommodate workers living with disabilities.

Activity: Moving vehicles and equipment within the project site

Impact/Risk: *Conflicts*

The project activities may interfere with the normal operation of the warehouse during delivery and dispatch operations, especially during high activity hours.

Mitigation:

- Project activities will be minimal during peak operational hours of the warehouse;
- The new access and traffic flow plan will be communicated to all CMS staff as well as contractor staff to ensure that the respective accesses are used during the construction phase; and
- Signs will be put in place to facilitate implementation of traffic flow plan in the site.

Activity: Demolition of side wall to connect new building to the old one

Impact/Risk: *Exposure of medical stock to contamination risks*

Dust, temperature variations resulting to the exposure of the warehouse stock during the connection of the old and new structure. This may compromise the quality of the medical supplies in the warehouse.

Mitigation: A temporary structure will be put up to protect supplies in the warehouse from contamination.

Activity: Maintenance and operation of the operation centre

Impact/Risk: *Sexual Exploitation and Abuse*

Due to the high prevalence of GBV and SEA in the country as well as the Matsapha locality, the project employees may be prone to be perpetrators of GBV and SEA.

Mitigation:

- The GRM developed for this project will be implemented;
- Workers will be regularly educated and trained on the procedures for reporting SH incidences without feeling stigmatized or victimized;
- Reported SH cases and victims will be treated with dignity to encourage more reporting; and Employees will be educated on the SODV Act and its consequences.

Activity: Operations

Impact/Risk: *Safety and security*

The site has experiences about 5 break ins in the last 8 years. 2 of the theft cases involved the removal of outside air-conditioning units and 2 solar panels. Those break-ins that involved inside the warehouse were caught inside. The diamond mesh fence is around the perimeter of the site. Thieves cut this fencing and are able to go through. The most sought out medication are ARVs and medication used for cleaning corpses.

Mitigation:

- A security fence will be put up around the site. This will be a concrete wall fence with electric fencing on the top part.
- More CCTV cameras will be added to cover all areas of the facility.
- More security personnel will be employed.
- A security risk assessment will be developed for the site (See annex 10 for security risk assessment).

Activity: Operations

Impact/Risk: *Access*

The new building may be limiting to access for people living with disabilities if the design does not factor their needs. The current staff indicated that the existing staircase was not comfortable for pregnant women and the floors slippery.

Mitigation: The design of the building will include features to ensure people living with disabilities are able to access all areas of the building. These include ramps for wheelchairs.

Stakeholder Consultations

Understanding the importance of stakeholder engagement is critical for the success of any project. Stakeholder engagements were done before and during the preparation of this ESMP. This was keeping in line with ESS 10 of the Bank's ESF. Two (2) meetings were held at the Ministry of Health with the project team at inception on the 28th of June 2021, one on site and the other on presentation of the inception report by the consultant. Engagements were also done with the project engineer, architects and the head of the CMS on the 18th of June 2021 at CMS Storehouse. Group and individual discussion were held with 15 people around the proposed construction CMS Operation Centre site to ascertain their comments and concerns with regards to the proposed project. Engagements were held with:

- 3 Workers from neighbouring establishments
- 2 Security personnel at CMS
- 10 CMS female staff

Five engagements were conducted with other key subproject interested parties including the government stores, SWAAGA, Royal Science and Technology Park (RSTP) and Matsapha Town Council. A Stakeholder Engagement Plan (SEP) has been prepared as an annex of this ESMP.

The ESMP outlines the institutional arrangements for project and monitoring implementation as well as the effective implementation of the ESMP.

Estimated ESMP Implementation Costs

The total cost of implementing this ESMP is estimated to be SZL 12,290,000 of which consists of: SZL 200,000 is total preconstruction cost that includes activities like; Engagements with CMS staff; Training and Capacity Building for the Project Implementation Unit; and Project Information Boards. Furthermore, SZL 865,000 is total construction and decommissioning cost that consists of activities like; Environmental and Social Monitoring and Evaluation; Stakeholder Engagements; Waste management; Awareness raising and education activities; Project Compliance Reporting: and Temporary Waste Storage for Operational Centre. Moreover, SZL 10, 360,000 is total operational cost that includes activities like; Stakeholder engagement; Temporary hazardous waste areas; Waste management personnel; Final disposal of hazardous electronic waste; and Audits. Lastly, the overall cost of implementing the ESMP will be financed from XXX resources.

Integration of ESMP with Project

Each of the measures and actions to be implemented will be clearly specified, including the individual mitigation and monitoring measures and actions and the institutional responsibilities relating to each, and the costs of so doing will be integrated into the project's overall planning, design, budget, and implementation. At preconstruction phase, the ESMP will be integrated into tender documents during their preparation to ensure that ESMP requirements have enough resources for effective implementation. This will be part of the contractor evaluation criteria. During the construction and decommissioning phase, there will be periodic monitoring by the Environmental and Social Specialists within the PIU, the EEA and the World Bank environmental and social team. A final Project Compliance report will be prepared and

submitted to the EEA before the contractor moves out of the site at the end of the construction period to ensure that all environmental and social issues associated with construction and decommissioning activities have been all addressed and closed. During the operational phase, the Ministry of Health will ensure the effective implementation of the ESMP.

1. INTRODUCTION

1.1 Background

The Government of the Kingdom of Eswatini (GoKE) through the Ministry of Health (MoH) entered into a loan agreement with the World Bank effective 10 December, 2020, to implement a project to improve the coverage and quality of key reproductive, maternal, neonatal, child and adolescent health (RMNCAH), nutrition and non-communicable disease (NCD) services (hypertension and diabetes) in Eswatini. The project titled "Health System Strengthening for Human Capital Development (HSSHCD) Project" is a 5-year project under the MoH that focuses on strengthening the health system and ramping up investments in RMNCAH, nutrition and NCD services (hypertension and diabetes) to address critical human capital challenges, including stunting and child and adult mortality, applying a life course approach. The project has four components namely: Component 1: Improve health service delivery to increase the coverage and quality of health services to build human capital; Component 2. Increase community demand for RMNCAH, nutrition and NCD services; Component 3. Strengthen the MOH's stewardship capacity to manage essential health and nutrition services and project activities and Component 4: Project management, and monitoring and evaluation.

As part of the Implementation of this project, the Ministry of Health is planning to construct an operational centre for the Central Medical Stores in Matsapha. The proposed project is aimed to build on the results, institutional foundations, project management and implementation experience, and partnership that was developed with the MOH under the Eswatini Health, HIV/AIDS and TB Project, completed in September 2018.

The Central Medical Stores (CMS) is responsible for the supply chain management of all medical supplies and equipment. There are currently over 400 health facilities in the country that are supplied by the CMS. CMS provides preventative, curative and diagnostic medicines that are of acceptable quality, safe and effective. The main objective of central medical stores is to ensure a regular uninterrupted equitable supply of quality medicines and medical supplies to the health facilities thus ensuring that the general Swazi population can access these commodities.

The Project Development Objective (PDO) is to improve the coverage and quality of key RMNCAH, nutrition and NCD services (hypertension and diabetes) in Eswatini by to increasing the operational efficiency and effectiveness of the Central Medical Stores and related operations through the centralization of resources and systems. This will allow for a timely response to equipment down-time notifications, drug ordering requests, and hardware repair or IT support requests submitted by facilities.

The proposed project is fully aligned with the adjusted Country Partnership Strategy (CPS FY19-20). The proposed project will contribute to Pillar II (Strengthening State Capabilities) of the CPS, primarily through Objective 2 (Improved Social Services Delivery). In response to the Government's request to become an early adopter of the Human Capital Project (HCP), the

project will also support Eswatini's progress in human capital formation, with focus on the health dimensions of the Human Capital Index.

The Ministry of Health has proposed to construct an administration for Central Medical Stores on plot 765/T in Matsapha. The development will be implemented within the existing boundaries of Central Medical Stores. The existing building will be extended onto the driveway. There are two separate access points into Central Medical Stores, hence the CMS staff and visitors will still be able to gain access while the project is being implemented.

Upon consideration of the nature of the project and the receiving environment, the project was classified as a category two project by Eswatini Environment Authority (EEA) thereby requiring the Ministry of Health to conduct and submit an Initial Environmental Evaluation (IEE) report for review and approval by EEA. The categorization letter to this effect has been attached as Annex 1 of this report. According to the World Bank Environmental and Social Risk classification, the project was classified as a moderate risk project. This means that under the World Bank Environmental and Social Framework, it is not considered complex. It does not affect any sensitive areas, there are no significant risks with high potential for harm, no capacity concerns for relevant implementation institutions. Possible risks are mainly site specific and predictable.

1.2 Need for the ESMP

The proposed project may have environmental and social risk and impacts through its life cycle. During construction and decommissioning, the following risks and impacts are possible: dust, noise, vibrations, waste management, land pollution, occupational health and safety (injuries, COVID-19 spread, increase in HIV prevalence, sanitation), community health and safety (traffic safety, public safety), and social (Gender based violence, Sexual exploitation and abuse, conflicts with neighbouring properties and workers). The operational phase impacts may include general, electronic and pharmaceutical waste management, occupational health and safety.

The Environmental and Social Management Framework (ESMF) was developed for the Strengthening Health Systems for Human Capital Development Project. Since the ESMF, by its nature is not site specific, there was a need to develop site specific ESMP for the site as per World Bank requirements. A Stakeholder Engagement Plan (SEP), Labour Management Plan (LMP) and Environmental and Social Commitment Plan (ESCP) has also been developed for the HSSHCD project and these documents have been taken into consideration during the development of the ESMP. In addition, local legislation requires that each project needs to be approved by the EEA in accordance with the Environmental Management Act, 2002. The reports prepared will be submitted to the EEA for review and approval before project implementation.

1.3 Objective of the ESMP

The objective of this ESMP is to develop set of mitigation, monitoring, and institutional measures to be taken during implementation and operation of the Operation Centre for Central Medical Stores (CMS) to eliminate adverse environmental and social risks and impacts,

offset them, or reduce them to acceptable levels. The ESMP also includes the measures and actions needed to implement these measures. To meet the objective this ESMP, the MOH: (a) identified the set of responses to potentially adverse impacts; (b) determined requirements for ensuring that those responses are made effectively and in a timely manner; and (c) described the means for meeting those requirements.
In other words, the ESMP for the Operation Centre for Central Medical Stores (CMS) is an instrument that details: (a) the measures to be taken during the implementation and operation of a project to eliminate or offset adverse environmental and social impacts, or to reduce them to acceptable levels; and (b) the actions needed to implement these measures.
The objective of the ESMP is to assess potential environmental and social risks and impacts associated with the construction and operation of an Operation Centre for Central Medical Stores (CMS).

1.4 Application of the ESMP

The ESMP needs to be integrated into the preparation and implementation stages of the Operation Centre for Central Medical Stores (CMS). The following measures will be taken to ensure this ESMP integration with subcomponents' preparation and implementation stages:

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

1.5 Revision/Modification of the ESMP

The ESMP will be updated where necessary. This may be due to unexpected changes or significant project details/ designs that may potentially give rise to a significant environmental and social risks. There may also be new/updated legislation that may have a bearing on the environmental and social compliance of the project. Based on the experience of application and implementation of this plan the provisions and procedures would be updated, as appropriate in consultation with the World Bank and the implementing agencies/departments.

2. PROJECT DESCRIPTION

The Operation Centre will house offices of the CMS staff, a board room and associated structures. It comprises a two-storey building with a total area of 835.58m^2. The ground floor will consist of a reception, registry and 2 offices, toilets and a conference room (with a capacity of 100 people). The first floor will house 8 offices, a boardroom and toilets. This building will be attached to the existing CMS operational centre warehouse, with a footprint of 394.91m^2.

Annex 2 shows the site plan for the proposed project.

Annex 3 and 4 show the ground floor and first floor plans respectively.

2.1 Location

The proposed project site is located in the Matsapha Industrial Site on Plot 756/T. The site lies within the existing boundaries of Central Medical Stores. There is one existing building within the boundary. The building is a storage and administration building. The coordinates are 26°30'46" S; 31°17'46" E. Figure 1 shows the location of the project area within ESwatini while figure 2 shows the location for the locality of the project site within the Matsapha industrial site.

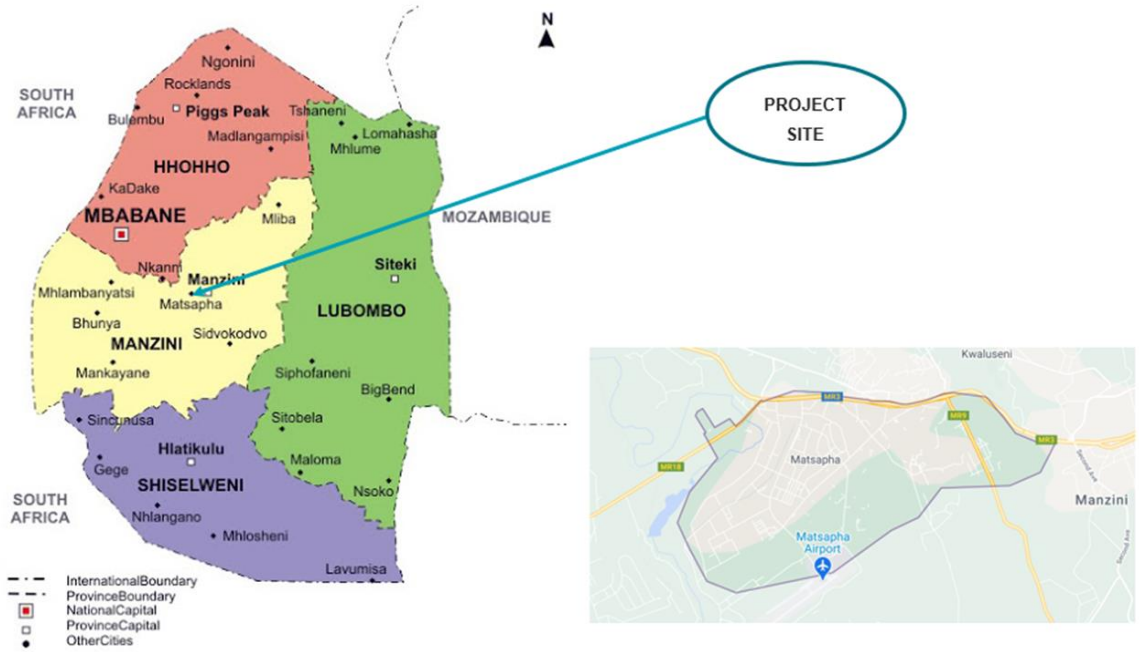

Figure 1: Location of project site within Eswatini

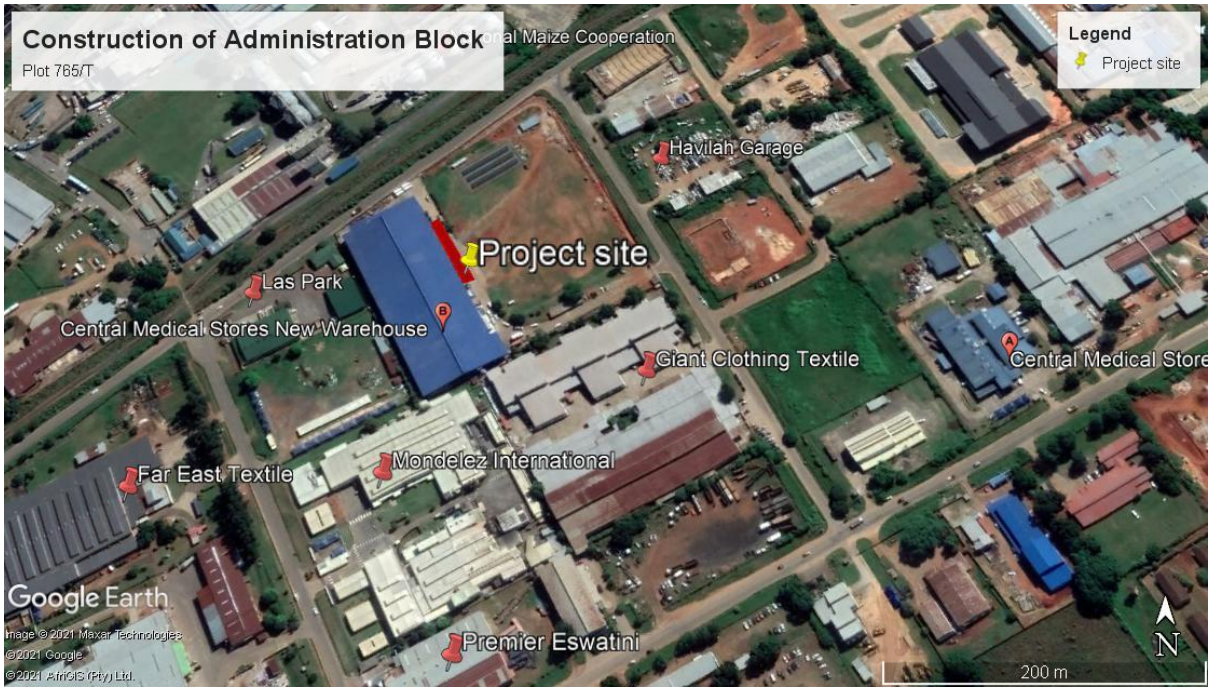

Figure 2: Locality for proposed Operation centre

2.2 Project Activities for CMS Operation Centre

Project for CMS Operation Centre activities will include the following:

2.2.1 Preconstruction Phase

- Obtaining relevant approvals (building plans, EEA approvals)

2.2.2 Construction and decommissioning

- Site preparation (digging and removal of existing concrete slab, establishment of site offices, relocation of services, erection of screening structure around project site, putting up of relevant signage)
- Establishment of alternative accesses to Operational facility.
- Relocation of services
- Construction of operation centre building and associated structures
- Connection of new building to existing EWSC sewer mains
- Upgrading of fleet
- Installation of utility infrastructure and equipment
- Decommissioning of temporary structures and rehabilitation of the CMS Operation Centre site.

2.2.3 Operational phase

- Operation of new administration building
- Maintenance of equipment and structures.

2.3 Materials and Construction Equipment

The following equipment and materials will be required for use during the construction phase of the CMS Operation Centre subproject. It is expected that construction materials like cement, concrete, gravel, water, aggregate etc. will be sourced from local suppliers and will not require the need for opening material sites (quarries, borrow pits etc.) to source the same. The following table shows the materials and construction equipment that will be utilised in the proposed project.

Table 1: Materials and construction equipment

Equipment	Qualtity	Source
Trucks	4	Local and international suppliers
Excavators	1	Local and international suppliers
Compactors	1	Local and international suppliers
TLB	1	Local and international suppliers
Reel and tensioner	1	Local and international suppliers
Lorries	3	Local and international suppliers
Materials		**Source**
Cement	Not yet determined	Local suppliers
Sand	Not yet determined	Local suppliers
Concrete	Not yet determined	Local suppliers
Aggregate	Not yet determined	Local suppliers
Water pipes	Not yet determined	Local and international supplies
Reinforcement bars	Not yet determined	Local supplies
Water	Not yet determined	Local suppliers
Sand (Plaster and River)	Not yet determined	Local suppliers
Cement	Not yet determined	Local suppliers
Reinforcements	Not yet determined	Local suppliers
Valves	Not yet determined	Local and international suppliers
Blocks	Not yet determined	Local suppliers
Crush stone	Not yet determined	Local suppliers
Timber (roofing)	Not yet determined	Local suppliers
Roof Sheets (Metallic)	Not yet determined	Local suppliers

2.4 Schedule for implementation

The proposed project will be implemented over a period of 2 years. The expected commencement date is July 2021. Table shows a detailed implementation schedule.

Table 2: Project implementation Schedule

Item No.	Activity	E&S Requirements	Timing
1.	Finalization of Environmental and Social processes	Ensuring E&S risks and impacts adequately identified with relevant mitigation measures	End August 2021
2.	Tendering	incorporation of E&S requirements into the bid document	September 2021
3.	Tender Evaluation	Verification of E&S requirement incorporation into the contract and bidding document	End September 2021
4.	Commencement of works	Ensuring E&S requirements and documentation available to contractor	Mid December 2021
5.	Duration of construction works	Monitoring of compliance to E&S requirements	Mid December 2021 – Mid June 2023
6.	Liability period	Ensuring all non-compliance issues are addressed and closed	Mid-June - Mid December 2023

2.5 Workforce

A total of thirty (30) people will be working on site during construction. Workers will range from skilled, semi-skilled and non-skilled. The current staff complement on the site is 101. During operational phase, there will be an estimated 15 people that will be added to the current staff complement. In addition, there will be 11 contract workers (security and cleaners). The workforce composition will take into consideration female workers both in skilled and unskilled jobs.

2.6 Water Supply and Sanitation

During the construction phase, water will be supplied through making a temporary water connection to existing building, with a separate water meter. In cases where there is water shortage in Matsapha, water tanks will be used. The same water from the temporary connection is potable, therefore it will be used for drinking by workers. Potable drinking water for the workers will also be provided. Temporary toilets will be provided for use during the construction phase.

At the operational phase a connection to Eswatini Water Services Corporation (EWSC) network for water supply will be made. Sewer will be discharged in the sewer network whose connection is available on site.

2.7 Solid Waste Management

The project site falls under the jurisdiction of the Matsapha Municipal Council which provides a waste collection service throughout the urban area. Waste will be segregated, disposed of in waste receptacles and placed along the collection route for collection by the Council.

Recyclable waste will be collected by licensed waste recyclers. Refer to ***Annex 5*** for the waste management plan for the construction phase.

2.8 Storm Water Management

Site by-products will be managed through erosion and sedimentation control and structural controls. These include directing surface run-off via lined open channels into the existing storm water drains, staggered clearing of project site, and rehabilitation of disturbed areas, among others.

2.9 Emergency Response Plan

Emergency measures have been incorporated into the design of the warehouse for spillage containment and control. Measures include the following:

- The base of the warehouse will be completely bunded to contain spills and prevent the content from seeping through openings below doors.
- Built-in effluent drains will be incorporated into the warehouse floors. Spillage collected will drain to the wastewater treatment plant already operating on the premise.

During operational phase, utilize the existing emergency preparedness guidelines, which will be displayed within the warehouse. Awareness campaigns will be conducted to ensure that all staff members are aware of the procedures and necessary responses in the event of an emergency.

2.10 Site access

The project site will be accessed through 1st Avenue. There are currently two access gates at Central Medical Stores. To minimize disturbance for the existing operation and traffic incidents, the accesses will be split such that CMS staff and visitors use one entrance, while construction vehicles use another. The location of the access points allows for complete separation of construction and staff traffic. After construction, the other access will be used for only emergencies and deliveries. The accesses are demonstrated in the photo plate below.

Figure 3: Illustration of access points

In addition, a train level crossing lies on the road leading to the proposed site. The level crossing has passive protection in the form of warning signs; hence education campaigns will be beneficial for workers who may not be aware that trains do not stop at level crossing and rely on vehicles and pedestrians to clear the tracks in advance. Therefore, workers, including sub-contractors, will be educated on the precautions to be taken when approaching and crossing the level crossing.

2.11 Burrow pits and spoil sites

Soil and gravel material will be sourced commercially. During the preparation of the site, there is a need to remove soil material since the soils are not suitable for building stability. The Matsapha Town Council will be engaged to have this material disposed as spoil in the Matsapha landfill.

3. LEGAL AND REGULATORY FRAMEWORK

This chapter identifies the applicable WB requirements and national standards. Where national legal standards are not as stringent as international requirements, the project will be required to defer to the most stringent requirement except in cases where that would contravene national law or where this is found to be unusually onerous. The ESMP for this project has been prepared according to the following legislation: The Constitution, Environmental Laws, International Standards, Normative Acts, and Regulations as well as applicable guidelines and procedures. Along with the national regulations, Eswatini is signatory to a number of international conventions, including those related to environmental protection. For the majority of disciplines, where there is a difference between National Eswatini's standards and World Bank Environmental and Social Standards (ESSs), the Bank ESSs will prevail.

3.1 Applicable National Laws and Regulations

The following laws, policies and Regulations are applicable to the project in relation to the World Bank Environmental and Social Framework (ESF).

3.1.1 The Kingdom of Eswatini Constitution Act No.1/2005

This is the supreme law in Eswatini. Section 210 (2) provides that the state shall protect and make rational use of its land, mineral, water resources as well as its fauna and flora, and shall take appropriate measures to conserve and improve the environment for the present and future generations. The constitution is binding on all Eswatini citizens including implementation of projects in the country as it is the supreme law of the country.

3.1.2 Environmental Management Act, No. 5 of 2002

This is the framework law for environmental management in the country. It outlines the principles that govern environmental Management and Institutional framework for national environmental management. It outlines the tools and processes to be used for environmental management, pollution and waste management mechanisms and public participation. It also outlines provisions for compliance and enforcement of the Act. All projects established in the country need to adhere to the provisions of the Act, as it is a framework environmental law.

3.1.3 Waste Regulations, 2000

They regulate the management of all types of waste in Eswatini. It outlines the functions of the Eswatini Environment Authority and local authorities. It outlines provisions for the storage, collection and disposal of waste in urban areas as well as in waste control areas (in non-urban areas). It outlines requirements for carriage, and general management of waste as well as obligation for different types of wastes. The project will generate various solid waste streams, both during the construction and operational phases. During the operational phase, a considerable amount of electronic waste will be generated. This waste should be managed in accordance with these regulations.

3.1.4 Environmental Audit, Assessment and Review Regulations, 2000

It states the processes and criteria for project screening, categorization and public participation for new projects. It spells out the requirement for environmental audits for operations that are cause for concern for the EEA. The process and formats for compilation of environmental audits, Environmental Impact Assessments, Initial Environmental Evaluation and Comprehensive Mitigation Plan. The assessment and review process of this report is guided by these regulations.

3.1.5 Air Pollution Control Regulations, 2010

These regulations are aimed at controlling emissions into the atmosphere. They outline responsibilities for operators, the meteorology department, and the Eswatini Environment Authority in air pollution control. They provide air quality standards for the most common air pollutants. During the construction phase, air pollutants like airborne dust will be generated. The control of adverse impacts from air pollution is by means of these regulations.

3.1.6 Water Pollution Control Regulations, 2010

These regulations control discharges made into water bodies. They outline responsibilities for operators, water authorities and the Eswatini Environment Authority in water pollution control. They provide water quality objectives as well as effluent standards. During the construction and operational phases of the project, wastewater may be generated, whose management should be in accordance with these regulations.

3.1.7 Litter Regulations, 2013

These regulations prohibit littering. They seek to discourage littering in the country. These regulations authorize the EEA to appoint litter wardens to ensure that the regulations are enforced. During project implementation, there may be litter generated in the project site. These regulations would need to be adhered to.

3.1.8 Public Health Regulations (1935)

These regulations aim to prevent the spread of plague, cholera, yellow fever, smallpox and venereal diseases (sexually transmitted infections). Medical health facilities, by virtue of dealing with people affected by infections of all kinds, are obligated to ensure that infectious and venereal diseases are treated and controlled appropriately to prevent epidemics and thus promote compliance with these regulations.

3.1.9 Occupational Health and Safety Act (OHS) (2001)

This Act provides for the safety and health of persons at work and at workplaces and the protection of persons other than workers against hazards to safety and health arising from activities in the workplace. It also outlines duties of the employer in ensuring the safety of all persons in the workplace including work done outside the employer's premises as long as it is based on the employer's instruction. Work on the site will require

3.1.10 The Public Health Act, No.5 (1969)

The Public Health Act makes provisions for public health and incidental or connected matters. It details what diseases are termed as communicable diseases, the management procedures of any related incident, and the responsibilities of public individuals and officers in public health matters. The Act also covers the definition and examples of nuisances, relevant procedures relating to nuisances, and general provisions relating to buildings used for storage of food and powers given to public officials. The country is currently dealing with COVID 19, which is a communicable disease. The provisions of this act should be taken into consideration in COVID management on site. Other communicable diseases that may arise during project implementation would also be managed in accordance with this act.

3.1.11 Urban Government Act (1969)

This Act provides the basis for the establishment of local authorities in Eswatini as a primary legal instrument defining the parameters under which city councils conduct their affairs. The act outlines the duties and powers of Councils; makes provision for meetings of Councils and Committees, Management Committees and staff; designates towns, land, streets and public places; and the administration and audit of Council accounts. The project falls under the jurisdiction of the Matsapha Town Council, whose activities are managed under this act.

3.1.12 Factories, Machinery and Construction Works Act of 1972

The act deals with the regulation of working conditions and the use of machinery at factories and construction sites. Section 19 requires the reporting of accidents in the workplace and therefore any accident during the project is to be formally reported. Section 20 requires that safety devices not be interfered with, that employees shall use safety equipment provided and that no persons shall do anything that places their own safety and that of others at risk. In cases where there are incidences, the reporting and management of such cases should be in accordance with this legislation.

3.1.13 Workmen's Compensation Act of 1983

The Act provides for the compensation and medical treatment of workmen who suffer injury or contract work-related diseases in the course of their employment. In cases where there is injury on duty for project personnel, the treatment and compensation of the affected workers will be guided by this act. Relevant to this project is section 25 which requires the employer to be insured against liability for work-related injuries.

3.1.14 The Employment Act 5, 1980

Among other things, the Act prohibits all works or service which is extracted from any person under the threat of any penalty and for which the said person has not offered himself/herself voluntarily (forced labour). This Act also prohibits all forms of child labour and provides conditions for employment of women. During recruitment of project workers, this act is applicable as the project needs to ensure equity in employment as well as avoid the employment of children.

3.1.15 The Industrial Relations Act 2000 (as amended)

Among other things, safeguard and maintain cordial working relationship between employers and workers. It also seeks to give effect to the collective bargaining, amongst other purposes. Section 4 (c) to (e) of the Act allows for the collective negotiation of terms and conditions of employment. This Act is applicable in all work environments. Workers through the project life cycle will have the right to having their views in the project will be considered and a good work relationship is in place between the workers and the employer.

3.1.16 The Children's Protection and Welfare Act 6, 2012

This Act prohibits employment of children and sets 15 years as the national minimum age of employment of children. The Act also safeguards children from performing hazardous duties while in employment. The contractors on site should ensure that children under 15 years are not employed in the project.

3.1.17 The Police Service Act of 2019

The Act provides policing and security services in and throughout the kingdom of Eswatini. Among other things, according to the Police Service Act 2018: Section 9(1), the Police are to protect life and property as well as render assistance to members of the public where possible or appropriate including mediation and counselling in domestic violence and other matters. All security matters are the prerogative of the Police. The project may have issues associated with theft, Sexual exploitation and harassment, GBV and other crimes. The REPS will assist in cases where such crimes have been committed.

3.1.18 COVID-19 Regulations, 2020

These regulations were outlines steps and precautions that individuals as well as companies need to adhere to these regulations. These measures include mandating then wearing of face masks for the public, social distancing and provision of sanitizing facilities for all commercial establishments**.** All projects and establishments need to adhere to these regulations since COVID-19 has been declared a national disaster.

3.1.19 Sexual Offences and Domestic Violence (SODV) Act, 2018[1]

This Act seeks to make provision concerning sexual offences and domestic violence, prevention and the protection of all persons from harm from other sexual acts and acts of domestic violence and to provide for matters incidental thereto. It defines sexual offences (Rape, incest, Sexual assault, sexual harassment, stalking, amongst others) and prohibits commercial sexual activities. it also outlines special offences against vulnerable groups (children, people living with disabilities. The Act also outlines procedures for reporting and investigation of offences under the Act. Workers on site may be exposed to abusive environments on site or off site.

[1] Eswatini government, 2018, downloaded from http://www.gov.sz/images/DPMOFFICE/THE-SEXUAL-OFFENCES-AND-DOMESTIC-VIOLENCE-ACT.pdf

The act is relevant to all people in the country. Cases of sexual exploitation and abuse as well as domestic violence should be managed in accordance with this act.

3.2 National Policies and Strategies

3.2.1 Poverty Reduction Strategy and action Plan, 2006

The PRSAP aims to reduce the incidence of absolute poverty from 69% in 2001 to 30% in 2015 and to totally eradicate it by 2022; creation of an environment that will empower the poor to participate actively in development initiatives; empowering the poor to generate income and reduce inequalities; fair distribution of benefits through the fiscal policy; human capital development; and, improving governance and strengthening of institutions. The project aligns well with the latter aims of the PRSAP.

3.2.2 National Development Strategy, 1997

By the year 2022, the Kingdom of Eswatini aims to be in the top 10% of the medium human development group of countries founded on sustainable economic development, social justice and political stability. The NDS health as a significant pillar for the development of the country. The project contributes significantly in human capital development.

3.2.3 National Health Sector Policy (2016-2026)

The National Health Sector Policy embodies the vision and mission of the Ministry of Health essentially as to ensure a healthy and productive Eswatini population that lives longer, fulfilling and responsible lives, by building an efficient, equitable, client-centered health system for accelerated attainment of the highest standard of health for the people of in the Kingdom of Eswatini (MoH, 2016). This project seeks to increase the efficiency of delivery of medical supplies to health facilities in the country. This will help improve the standard of health for the people of Eswatini.

3.2.4 National Health Care Waste Management Policy (2018)

The National Health Care Waste Management Policy expresses the commitment of the Ministry of Health in ensuring that all waste generated within the health sector is handled and managed in a manner that it has not adverse effects on human health and the environment. The project will result in the generation of health care waste. The management of such waste will require guidance from this policy.

3.2.5 The National Environmental Health Policy (2002)

This policy seeks to ensure a safe environment, health and sustainable development for the promotion and sustenance of good health and improved quality of life for all people in Eswatini, whatever their financial resources or place of domicile. The implementation of the project will require ensuring the protection of the environment, as guided by this policy.

3.2.6 National Gender Policy, 20102

This National Gender Policy is aimed at redressing the inequities between women and men. It provides a vision to improve the living conditions of women and men including practical and forward-looking guidelines and strategies for the implementation, monitoring and evaluation of the related constitutional provisions. The National Gender Policy provides guidelines, indicators and a framework to assist stakeholders to achieve gender equity as provided for in the Constitution of the Kingdom of Swaziland and other relevant international instruments that the country has ratified. The policy is meant to create strategic synergies with various stakeholders to facilitate effective and efficient implementation of commitments that will make a difference in the lives of all people at all levels. The recruitment and management of workers for the project should take into consideration gender equity.

3.3 Relevant Multilateral Agreements

Eswatini is a signatory a number of international treaties that may be relevant to the project.

3.3.1 UN (Rio) Convention on Biological Diversity

Eswatini is a signatory to this convention since 5 June 1992 and ratified the convention on 26 July 1994. The Convention has three main objectives which are the conservation of biological diversity, the sustainable use of the components of biological diversity and the fair and equitable sharing of the benefits arising out of the utilization of genetic resources. Since the project will involve vegetation removal for construction purposes, compliance to this Convention is important.

3.3.2 The 1992 United Nations Framework Convention on Climate Change (UNFCCC)

The primary purpose of the convention is to establish methods to minimize global warming and in particular the emission of the greenhouse gases. The UNFCCC was adopted on 9th May 1992 and came into force on 21st March 1994. The Convention has been ratified by 189 states. Eswatini ratified the Convention on 30th August1994. EEA is the focal point for the Convention. The project will involve the use of electricity and fuel for transport. This has an impact on the emission of greenhouse gases which contribute to climate change.

3.3.3 Convention on the Rights of the Child

The Convention on the Rights of the Child (CRC), 1989 is the most comprehensive compilation of international legal standards for the protection of the human rights of children. The CRC is also the most widely ratified international human rights treaty, ratified by all countries in the world, with the exception of one (the United States). The Convention acknowledges children as individuals with rights and responsibilities according to their age and development (rather than the property of their parents or as victims), as well as members of a family and community. Underlying the Convention are four main principles: non-discrimination, the best

[2]Eswatini Government, National gender policy, downloaded from http://www.gov.sz/images/dpm/gender/national%20gender%20policy%20(2).pdf on 30 July 2010

interests of the child, the right to life, survival and development and the right to participation. The recruitment of labour in this project should comply with this Convention by prohibiting the employment of children.

3.3.4 Convention on the Elimination of all forms of Discrimination against Women

The Convention on the Elimination of all forms of Discrimination against Women (CEDAW) places explicit obligations on states to protect women and girls from sexual exploitation and abuse. Universal Declaration of Human Rights (Article 7), the UN Charter (Articles 1, 13, 55, and 76) and the International Covenant on Civil and Political Rights (Article 24) reaffirm the freedoms and rights of all children, including internally displaced children. The project has to ensure that women and girls are protected from all forms of abuse, sexual exploitation and discrimination.

3.3.5 The Basel Convention

It is an international treaty that was designed to reduce the movements of hazardous waste between nations, and specifically to prevent transfer of hazardous waste from developed to Less Developed Countries (LDCs). It does not, however, address the movement of radioactive waste. The Convention is also intended to minimize the amount and toxicity of wastes generated, to ensure their environmentally sound management as closely as possible to the source of generation, and to assist LDCs in environmentally sound management of the hazardous and other wastes they generate. Due to the fact that the country does not have a hazardous waste disposal site, all hazardous waste that may be produced will be transported and disposed of under the guidance of this convention. This should be done until environmentally sound disposal is effected and certified.

3.3.6 Stockholm Convention on Persistent Organic Pollutants (POPs)

This is an international environmental treaty, signed in 2001 and effective from May 2004, that aims to eliminate or restrict the production and use of persistent organic pollutants. Key elements of the Convention include the requirement that developed countries provide new and additional financial resources and measures to eliminate production and use of intentionally produced POPs, eliminate unintentionally produced POPs where feasible, and manage and dispose of POPs wastes in an environmentally sound manner. Precaution is exercised throughout the Stockholm Convention, with specific references in the preamble, the objective, and the provision on identifying new POPs. The project will not be using any POPs, but unintended POPs can be generated during burning of waste, especially one that contains plastic.

3.4 Key Institutions Relevant to the project

The following are the key institutions relevant for the implementation of the project and management of environmental and social risks and impacts. A detailed outline of the

institutional arrangements for implementation and management of the Environmental and Social risks for the project components are presented in Chapter 11 below.

3.4.1 Ministry of Health

The ministry of health has the mandate to improve the health of the people of Eswatini by providing leadership in the production, delivery and utilization of health services which will consistently increase longevity and quality of life. The PIU is under the Ministry of health. MOH also houses the Environmental Health department whose responsibility is to ensure that compliance with environmental health requirements. After the project is completed, the EHD department will be responsible for environmental performance throughout the lifespan of the operations.

3.4.2 Eswatini Environment Authority

The key institution involved in the management of environmental and social impact assessments (EIA) are the Eswatini Environment Authority (EEA). The EEA, set up by an Act of Parliament in 1992, and reconstituted in 2002 is directed by a management board that sets policy priorities. The main functions of the EEA are to:

- Establish standards and guidelines relating to the pollution of water, land and air as well as those relating to noise and other forms of environmental pollution.
- Develop, in cooperation with other government authorities, economic measures to encourage environmentally sound and sustainable activities.
- Promote training and education programmes in the field of the environment to create national awareness of environmental issues.
- Ensure the observance of proper environmental and social standards in the planning and execution of all development projects, including those already in existence, that are likely to interfere with the quality of the environment.
- Initiate measures for the coordination and enforcement of environmental protection legislation.

The World Bank Environmental and Social Framework will be applied with the national legislation, policies and guidelines for environmental and social management under the EEA.

3.4.3 Matsapha Town Council

The project site falls within the boundaries of the Matsapha Town Council. The Matsapha Town Council, as a local authority of the project site is responsible for review and approval of building plans within its jurisdiction. It is also responsible for the collection and management of solid waste generated by all establishments within Matsapha. However, a key gap is the management of hazardous waste. The town council, and the country does not have a hazardous waste disposal facility. Environmental and public health issues are also monitored by the MTC.

3.4.4 Government stores (under Ministry of Finance)

The government stores department is responsible for distribution of general supplies for government offices. This department is also responsible for management and disposal of general decommissioned materials and equipment. It is a relevant institution because disposal of old computers and other electronic is supposed to be effected by this department. The method of disposal of needs to be in line with the Waste Regulations, 2000 and the Environmental Management Act, 2000.

3.5 World Bank Environmental and Social Framework

The 10 Environmental and Social Standards (ESSs) of the World Bank Environmental and Social Framework (ESF) set out the requirements for the GoE (Borrower) relating to the identification and assessment of environmental and social risks and impacts associated with the project to be supported by the Bank through Investment Project Financing (IPF). The Environmental and Social Standards (ESSs) that the GoE shall comply with include the following: The following documents and reports will be reviewed to ensure that the ESMP complies with local and international requirements

The following World Bank ESSs are relevant for the project

3.5.1 ESS1 Assessment and Management of Environmental and Social Risks and Impacts

This standard sets out the Borrower's responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing (IPF), in order to achieve environmental and social outcomes consistent with the Environmental and Social Standards (ESSs). ESS1 applies to all projects supported by the Bank through Investment Project Financing and is therefore applicable in this project. The approach to assessing and managing environmental and social risks in the preparation of the IEEs associated with this project will be guided by this standard. Preparation of the IEE/ESMP is in line with this standard.

3.5.2 ESS2 Labour and Working Conditions

This standard recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. The subproject will include the use of labour through its life cycle. This standard will therefore be applicable as management of such labour should be in compliance with this standard.

3.5.3 ESS3 Resource Efficiency and Pollution Prevention and Management

This standard recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels. This ESS sets out the

requirements to address resource efficiency and pollution prevention and management throughout the project life-cycle. Part of the Environmental, Health and Safety Guidelines to be used in identification of risks include an assessment to the use of land, water and energy resources. These issues will be included during the compilation of the IEE/ESMPs.

3.5.4 ESS4: Community Health and Safety

This ESS addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility of Borrowers to avoid or minimize such risks and impacts, with particular attention to people who, because of their particular circumstances, may be vulnerable. Issues of community health will be included as part of IEE/ESMPs as per the environmental and health guidelines. The project sites are within the Matsapha Industrial Site. There are a number of factories in their vicinities with employees and other activities that may be affected by project activities.

3.5.5 ESS8: Cultural Heritage

This standard recognizes that cultural heritage provides continuity in tangible and intangible forms between the past, present and future. ESS8 sets out measures designed to protect cultural heritage throughout the project. The chance finds procedures developed as part of the ESMF for the Health System Strengthening for Human Capital Development Project will be reviewed to be site specific.

3.5.6 ESS10: Stakeholder Engagement and Information Disclosure

This standard recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation. A Stakeholder Engagement Plan (SEP) will be prepared as a separate document to ensure that the project is in line with this standard.

3.5.7 Environmental and Social Risk Classification (ESRC)

The overall Environmental and Social risk classification for the HSSHCP (of which this project is part) is Moderate. The E&S classification of the CMS is classified as a moderate risk project. The classification has considered the E&S risks and impacts evaluation outcome of the proposed CMS activities and the institutional capability of responsible implementation agency to implement the ESSs/ESF requirements and objectives.

The project is associated with environment, health and safety risks due to the proposed activities that include Noise and Vibrations, Soil Erosion, Reduced Air Quality, Solid Waste Management, Hazardous materials management, management of water resources, Water pollution, Increased Invasion by Alien species, Land Contamination, Risk to cultural heritage, Occupational Health and Safety (Over-exertion, Slips and falls, Work in heights, Hazards as a result Moving Machinery, Lack of access to potable water), Community health and safety (Increase incidence of communicable diseases, Traffic safety and Increase in road accidents,

Safety and security risks), social (sexual exploitation and abuse, increase in gender based violence, conflicts, discrimination against vulnerable and disadvantaged groups)

The likely impacts associated with project implementation are pharmaceutical waste, electronic waste management, management of water and energy, air pollution, occupational health and safety, sexual exploitation and abuse, discrimination against vulnerable and disadvantaged groups.

The potential environmental and social risks and how they are to be managed during project implementation has been outlined in Section 5.2. In addition, engagements will be undertaken with disadvantaged or vulnerable groups, as indicated on the SEP for this project, in order to ensure that the concerns or opinions of disadvantaged or vulnerable individuals or groups is taken into account during the project cycle. The project will also utilize a Grievance Mechanism that aims to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Hence, all social related complaints or concerns that arise during project implementation will be attended to.

3.6 Gap Analysis

Comparative Analysis of Applicable ESSs and Eswatini's National Regulations is presented in the table below. The more stringent laws will be applied to ensure effective environmental and social performance the project.

Table 3: Comparative analysis

ESS Standards	National Laws and Requirements	Gaps
ESS 1 To identify, evaluate and manage the environment and social risks and impacts of the project in a manner consistent with the ESSs. High Risk: complex scale and design, sensitive and significant risks, significant capacity concerns, factors outside project control impacting on performance Substantial: less complex scale and design, less sensitive locations, some significant	Proposed projects may be assigned one of 3 categories (1, 2 or 3). Category 1 if the EEA considers that the subprojects unlikely to have any significant adverse environmental impacts. Category 2 projects subprojects would be those that the EEA may consider as likely to have some significant adverse environmental impacts but that the impacts are relatively well known, easy to predict and measures which can be taken to prevent or mitigate impacts are well known. Category 3 if EEA considers are likely to have significant adverse environmental impacts and that in-depth study is required to determine the scale, extent and significance of the impacts and to identify appropriate mitigation measures. In assigning a project category, the EEA considers factors like the scale and nature of the project as well as the proposed location in relation to environmentally and socially sensitive areas.	Local categorization not as broad as the ESF, therefore some in-between projects may be under or over categorized.

ESS Standards	National Laws and Requirements	Gaps
risks, some significant capacity concerns; **Moderate**: not complex, no sensitive areas, no significant risks with high potential for harm, no capacity concerns, site specific, predictable **Low**: minimal, negligible risk to people or environment		
To adopt a mitigation hierarchy approach to: i) Anticipate and avoid risks and impacts. ii) Where avoidance is not possible, minimize or reduce risks and impacts to acceptable levels; iii) Once risks and impacts have been minimized or reduced, mitigate; and	**Environmental Management Act No 5 of 2002** specifies that a comprehensive mitigation plan should be developed with mitigation measures to prevent, reduce or otherwise manage the environmental impacts. **The Environmental Audit, Assessment and Review Regulations, 2000,** issued under the Eswatini Environmental Authority Act, 1992, and the Environmental Management Act, 2002, specifies that mitigation should seek to prevent or reduce the severity of impacts. It requires that project alternatives should be considered and presented before mitigation measures are proposed.	National laws do not explicitly address the mitigation hierarchy. However, prevention/avoidance are addressed through the analysis of alternatives. A significant gap is that national laws do not address compensation and

ESS Standards	National Laws and Requirements	Gaps
iv) Where significant residual impacts remain, compensate for or offset them, where technically and financially feasible.		offset level of the mitigation hierarchy.
ESS1 To adopt differentiated measures so that adverse impacts do not fall disproportionately on the disadvantaged or vulnerable, and they are not disadvantaged in sharing development benefits and opportunities resulting from the project.	No legislation.	National laws and regulations do not address the risk that adverse impacts will fall on disadvantaged on vulnerable people.
ESS 1 To utilize national environmental and social institutions, systems, laws, regulations and procedures in the assessment, development	Eswatini Government has in place relevant environmental and social institutions, regulations, laws, systems and procedures that support sustainable development through ensuring assessment, development and implementation of projects in a sustainable manner. These include:	The more stringent laws will apply in cases where there is duplication

ESS Standards	National Laws and Requirements	Gaps
and implementation of projects, whenever appropriate.	**Institutions:** Eswatini Environment Authority National Water Authority (Department of Water Affairs) **Laws, Regulations and Procedures:** The Environmental Audit, Assessment and Review Regulations, 2000 Environmental Management Act No 5 of 2002 Waste Regulations of 2000 Water Pollution Control Regulations of 2010 **The Air Pollution Control Regulations, 2010,** provide for the control of air emissions during project implementation.	
ESS1 To promote improved environmental and social performance, in ways which recognize and enhance Borrower capacity.	None	The MoET has limited capacity to implement and manage environmental and social safeguards for

ESS Standards	National Laws and Requirements	Gaps
ESS2 To promote safety and health at work	The Occupational Health and Safety Act, 2001 This Act provides for the safety and health of both employees and the public, especially during the construction phase of proposed projects, and specifies processes to be undertaken in order to ensure that safe and health practices are adhered to and implemented at work. Factories, Machinery and Construction Works Act, 1972 The Act provides for the protection of workers' health from harmful effects such as fumes, dust, excessive noise and other harmful impacts. This is applicable to contractors as well.	No significant gaps between ESS 2 requirement and the various national laws
To promote safety and health at work.	The Occupational Safety and Health Act 9, 2001 This Act provide for the safety and health of persons at work and at the workplace and for the protection of persons other than persons at the workplace against hazards to safety and health arising out of or in connection with the activities of persons in the workplace and to provide for other matters incidental thereto. S.9 – entrusts the employer to ensure the safety and health of all its employees, and also to;	No significant gaps between ESS 2 requirement and the various national laws

ESS Standards	National Laws and Requirements	Gaps
	Mitigate risks of exposure to danger of its workforce; Provide personal protective clothing or equipment to employees exposed to wet, dusty, noisy or any conditions that might expose the employees to harsh or dangerous conditions; Train its workers to perform their work in order to avoid exposure to danger or injury; and Inform employees of any known hazards or disease associated with the work. **The Factories, Machinery and Construction Works Act 17, 1972** This legislation provides for the registration of factories and the regulations of working conditions and the use of machinery at factories, construction works and other premises and for matters incidental thereto The Act mandates the office of the Labour Commissioner to monitor and inspect any working environment or structure to determine its suitability. The office of the Labour Commissioner is also required to investigate incident or accident involving any person injured in connection with the activities of the employer. **The Workman's Compensation Act 7, 1983** It provides for the compensation and medical treatment of workmen who suffer injury or contract diseases in the course of their employment.	

ESS Standards	National Laws and Requirements	Gaps
	The scope of its application extends to not an injury or accident that occurs within the workplace but also while the employee is travelling by reasonable means and within any reasonable route between the workplace and his place of residence In terms of the Act, Workman is any person who has entered into the works under the contract of service or of apprenticeship or of traineeship whether the contract is express or implied, is oral or in writing whether the remuneration is calculated by time or work done.	
ESS2 To promote the fair treatment, non-discrimination and equal opportunity of project workers.	The Employment Act 5/1980 S29 – prohibits employers from discriminating against any person on grounds of race, colour, religion, marital status, sex, national origin, tribal or clan extraction, political affiliation or social status. S30 – makes it an offence to discriminate against any person as envisaged in S29. Such employer if found guilty shall be liable on conviction to a fine not exceeding E3,000.00 or imprisonment not exceeding 1 year or both. S96 – mandates employers to accord female employees the same treatment as their male counterparts in the workplace and also pay them 'equal pay for equal work'.	No significant gaps between ESS 2 requirement and the various national laws
ESS2 To protect project workers, including vulnerable workers such as women, persons with	The Employment Act 5/1980 S29 – prohibits employers from discriminating against any person on grounds of race, colour, religion, marital status, sex, national origin, tribal or clan extraction, political affiliation or social status.	National legislation does not provide protection for

ESS Standards	National Laws and Requirements	Gaps
disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate.	S30 – makes it an offence to discriminate against any person as envisaged in S29. Such employer if found guilty shall be liable on conviction to a fine not exceeding E3,000.00 or imprisonment not exceeding 1 year or both. S96 – mandates employers to accord female employees the same treatment as their male counterparts in the workplace and also pay them 'equal pay for equal work'. The Occupational Safety and Health Act 9, 2001 This Act provide for the safety and health of persons at work and at the workplace and for the protection of persons other than persons at the workplace against hazards to safety and health arising out of or in connection with the activities of persons in the workplace and to provide for other matters incidental thereto. The Workman's Compensation Act 7, 1983 It provides for the compensation and medical treatment of workmen who suffer injury or contract diseases in the course of their employment. The scope of its application extends to not an injury or accident that occurs within the workplace but also while the employee is travelling by reasonable means and within any reasonable route between the workplace and his place of residence. In terms of the Act, Workman is any person who has entered into the works under the contract of service or of apprenticeship or of traineeship whether the contract is express or implied, is oral or in writing whether the remuneration is calculated by time or work done.	vulnerable groups explicitly.

ESS Standards	National Laws and Requirements	Gaps
ESS2 To prevent the use of all forms of forced labor and child labor.	**The Employment Act 5, 1980 (Part XIV) – Forced Labour** **S144** – prohibits all works or service which is extracted from any person under the threat of any penalty and for which the said person has not offered himself voluntarily. **S147** – states that, if any person acting in an official capacity coerces any person under his charge, that person shall be held personally liable and shall be liable to a fine not exceeding E3,000.00, or imprisonment not exceeding one year or both. The Country ratified both the ILO Minimum of Age Convention (C138) and the ILO Worst Forms of Child Labour Convention (C182) in 2002. It also signed the African Charter on the Rights and Welfare of the Child in 1992 but has not yet ratified it. **The Employment Act 1980** **S97** – Prohibits the employment of children below the age of 15. **The Children's Protection and welfare Act 6, 2012** **S234** – Minimum age of engagement for children is 15 **S236** – children below the age of 18 cannot be engaged in any form of hazardous employment **S248** – any person who employs under age children I liable on conviction to a minimum fine of E100,000.00 or 5 years' imprisonment or both for a first offender. For a second offender, it is imprisonment of not less than 10 years.	No significant gaps between ESS 2 requirement and the various national laws

ESS Standards	National Laws and Requirements	Gaps
ESS2 To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law.	The country has ratified the numerous ILO Conventions aimed at ensuring that member states do protect the notion of collective bargaining. These Conventions include; ILO Convention 87 on Freedom of Association and Protection of the Right to Organize and the ILO Convention 98 on the Right to Organize and Collective Bargaining. Section 32 (2) of **The Constitution of Eswatini, 2005** on the Rights of Workers, guarantees all workers of their right to freely form, join or not join a trade union for the promotion and protection of the economic interest of that worker; and collective bargaining and representation. The Industrial Relations Act 2000 (as amended) was enacted to give effect to the collective bargaining, amongst other purposes. Section 4 (c) to (e) of the Act allows for the collective negotiation of terms and conditions of employment. Part 4 of **The Industrial Relations Act 2000 (as amended)** deals with the registration and/or formation of Employee, Staff and Employer Organizations, Federations and International Organizations. In terms of S. 26 (3) of the Act a minimum of six employees can form a trade union by obtaining a Certificate of Registration through the office of the Labour Commissioner (S.27). Once registered, a trade union can recruit any employees who falls within its bargaining unit with that particular employer. S.42 (9) states that once the union has recruited more than fifty percent of the employees in respect of which it seeks recognition, the union can then apply for recognition with the employer. The employer is obliged to recognize the trade union if it meets the required threshold. If, however the union membership is below the threshold the employer is not obliged to recognize the union but can exercise its discretion. Once a union is recognized, it has the right to bargain or negotiate for and on behalf of its members and also to represent them at the workplace.	No significant gaps between ESS 2 requirement and the various national laws

ESS Standards	National Laws and Requirements	Gaps
To provide project workers with accessible means to raise workplace concerns.	In implementing an effective dispute management system consideration must be given to the disputed resulting from the following: • Disciplinary action • Individual grievances • Collective grievances • Negotiation of collective grievances <u>Disciplinary Procedure</u> **The Code of Good Practice: Resolution of Disputes at the Workplace** which is in terms of **S109** of **The Industrial Relations Act 2000(as amended)** at Clause 4.2 requires employers to establish a fair and effective disciplinary procedure in the workplace, which should be in line with Clause 11 (Fair Procedure). The procedure is as follows: Conduct an investigation to determine whether there are grounds for a hearing to be held; If a hearing is to be held, the employer is to notify the employee of the allegations using a form and language that the employee can understand; The employee is to be given reasonable time to prepare for the hearing and to be represented by a fellow employee or a union representative;	No significant gaps between ESS 2 requirement and the various national laws

ESS Standards	National Laws and Requirements	Gaps
	The employee must be given an opportunity to respond to the allegations, question the witnesses of the employer and to lead witnesses; If an employee fails to attend the hearing the employer may proceed in with the hearing in the absence of the employee; The hearing must be held and concluded within a reasonable time and is to be chaired by an impartial representative; A dismissed employee must be given the reasons for dismissal and the right to refer the dispute concerning the fairness of the dismissal to the Conciliation, Mediation and Arbitration Commission (CMAC). <u>Individual Grievance Procedure</u> **Clause 4.3** requires every employer to have a Formal Grievance Procedure which should be known and explained to the employee. The Code recommends that such procedure should at least: Specify to whom the employee should lodge the grievance; Make reference to time frames to allow the grievance to be dealt with expeditiously Allow the person to refer the grievance to a more senior level within the organization, if it is not resolved at the lowest level. If a grievance is not resolved the employee has the right to lode a dispute with CMAC.	

ESS Standards	National Laws and Requirements	Gaps
	Collective Grievances and Disputes resulting from the negotiations of Collective agreements Clause 4.4 and 4.5 of the Code deals with the handling of collective grievances as raised by the employees. This procedure is usually contained in the Recognition Agreement the parties sign from the onset. What is common to these disputes is that in the event the parties fail to resolve the dispute, either can lodge a dispute with CMAC and subsequently the Industrial Court.	
ESS3 To promote the sustainable use of resources, including energy, water and raw materials.	The Constitution of the Kingdom of Eswatini Act, 2005 (Act No: 001 of 2005) obliges the State to in the interest of the present and future generations, to protect and make rational use of its land, mineral and water resources as well as its fauna and flora, and shall take appropriate measures to conserve and improve the environment. In terms of section 216(1) every person has the responsibility to promote the protection of the environment and section 216(3) obliges the State to ensure a holistic and comprehensive approach to environmental preservation and shall put in place an appropriate environmental regulatory framework. The Environmental Management Act, 2002, provides and promotes the enhancement, protection and conservation of the environment, as well as sustainable management of natural resources. The Water Act, 2003, provides for the sustainable use and management of water resources in the country as well as for the control of pollution.	

ESS Standards	National Laws and Requirements	Gaps
ESS 3 To avoid or minimize adverse impacts on human health and the environment by avoiding or minimizing pollution from project activities.	The Environmental Audit, Assessment and Review Regulations, 2000 requires ESIA studies to be conducted as a mechanism for identification of adverse impacts on projects on the human health and environment and requires the determination of mitigation measures (avoid, minimize, mitigate, compensate) when such impacts are identified. Waste Regulations of 2000 provide the regulatory measures for waste management in order to minimize pollution from project activities. Water Pollution Control Regulations of 2010 provide for measures geared towards minimising pollution of water by project activities by establishing standards. **The Air Pollution Control Regulations, 2010,** provide for the control of air emissions during project implementation.	No significant gaps between ESS 3 requirement and the various national laws
ESS3 To avoid or minimize project-related emissions of short and long-lived climate pollutants.	**Ozone Depleting Substance Regulations, 2003,** provide for the elimination and avoidance of products that deplete the ozone layer. Eswatini does not have regulations regarding Green House Gases	Significant gaps between ESS 3 requirement and the various national laws as appertains to emission prevention from climate related pollutants.

ESS Standards	National Laws and Requirements	Gaps
ESS3 To avoid or minimize generation of hazardous and non-hazardous waste.	The Waste Regulations, 2000, under the Environmental Management Act, provide for the management of solid and liquid waste disposal. They emphasize on the appropriate handling, transportation, treatment and final disposal of waste. The Building Act, 1969, underlines the prohibition of illegal structures and requires the removal and disposal of all waste materials in an appropriate manner during project implementation.	No significant gaps between ESS 3 requirement and the various national laws
ESS4 To anticipate and avoid adverse impacts on the health and safety of project-affected communities during the project lifecycle from both routine and non-routine circumstances.	The Public Health Act, 1969, provides for the establishment of processes to ensure public health at all phases of a project. It also provides for steps to take should there be any incident from the project affecting the public and lays out responsibilities for actions to be taken. The Occupational Health and Safety Act, 2001, provides for the safety and health of both employees and the public, especially during the construction phase of proposed projects, and specifies processes to be undertaken in order to ensure that safe and health practices are adhered to and implemented at work. The COVID 19 regulations, 2020 provides measures to be put in place to prevent the spread of Coronavirus, which is a public health issue and global pandemic.	No significant gaps between ESS 4 requirement and the various national laws.
ESS3 To promote quality and safety, and considerations relating to climate change, in the design and construction of	National laws and regulations do not have specific provisions.	Significant gaps between ESS 4 requirement and the various national laws as appertains to

ESS Standards	National Laws and Requirements	Gaps
infrastructure, including dams.		promote quality and safety, and considerations relating to climate change, in the design and construction of infrastructure.
ESS 4 To avoid or minimize community exposure to project-related traffic and road safety risks, diseases and hazardous materials.	**The Road Traffic Act, 2007,** provides for the compliance of all road users and for those organizations such as EEC conducting works on and/or along public roads. **The Waste Regulations, 2000,** under the Environmental Management Act, provide for the management of solid and liquid waste disposal. They emphasize on the appropriate handling, transportation, treatment and final disposal of waste. **The Public Health Act, 1969,** provides for the establishment of processes to ensure public health at all phases of a project. It also provides for steps to take should there be any incident from the project affecting the public and lays out responsibilities for actions to be taken.	No significant gaps between ESS 4 requirement and the various national laws
ESS4 To have in place effective measures to address emergency events.	Eswatini does not have laws or regulations that specifically address emergency events.	Significant gaps between ESS 4 requirement and the various national laws.

ESS Standards	National Laws and Requirements	Gaps
ESS4 To ensure that the safeguarding of personnel and property is carried out in a manner that avoids or minimizes risks to the project-affected communities.	Eswatini does not have laws or regulations specific to security personnel.	Significant gaps between ESS 4 requirement and the various national laws.
ESS6 Loss of access to natural resources	There is no national legislation which deals with the loss of access to natural resources.	There is gap with ESS5
ESS6 To protect and conserve biodiversity and habitats.	**The Constitution of the Kingdom of Eswatini Act, 2005,** provides that the country and all who reside in it shall protect and make rational use of its land, mineral, water resources as well as flora and fauna. It also underlines those appropriate measures to attain sustainable living through the conservation and enhancement of the environment.	No significant gaps between ESS 6 requirement and the various national laws

ESS Standards	National Laws and Requirements	Gaps
	The Environmental Management Act, 2002, provides and promotes the enhancement, protection and conservation of the environment, as well as sustainable management of natural resources. **The Flora Protection Act, 2001,** provides for the protection of indigenous flora and encourages the eradication of alien and/or invasive plant species. **The Game Act, 2001,** provides for the protection of birds and mammals against any illegal and harmful activities, such as poaching. **The Plant Control Act, 1981,** provides for the control, movement and growth of plants.	
ESS6 To apply the mitigation hierarchy and the precautionary approach in the design and implementation of projects that could have an impact on biodiversity.	The **Environmental Management Act, 2002, PART II-Fundamental Purpose & Principles**, mentions the precautionary principle and the need to take into account the needs of the present and future generations.	No significant gaps between ESS 6 requirement and the various national laws
ESS6 To promote the sustainable management of living natural resources.	**The Constitution of the Kingdom of Eswatini Act, 2005,** provides that the country and all who reside in it shall protect and make rational use of its land, mineral, water resources as well as flora and fauna. It also underlines those appropriate measures to attain sustainable living through the conservation and enhancement of the environment.	No significant gaps between ESS 6 requirement and the various national laws

ESS Standards	National Laws and Requirements	Gaps
	The Environmental Management Act, 2002, provides and promotes the enhancement, protection and conservation of the environment, as well as sustainable management of natural resources. **The Game Act, 2001,** provides for the protection of birds and mammals against any illegal and harmful activities, such as poaching. The **Natural Resources Act, 1975,** promotes the conservation and improvement of all living natural resources within the country. **The Water Act, 2003,** provides for the sustainable use and management of water resources in the country as well as for the control of pollution. The Forests Preservation Act no 28 of 1910 provide for the sustainable management and utilization of forest resources.	
ESS8 To protect cultural heritage from the adverse impacts of project activities and support its preservation.	**The National Trust Commission Act, 1972,** provides for the operation of cultural institutions and the proclamation of national parks, monuments and matters incidental thereto. The Eswatini National Trust Commission is the parastatal organisation responsible for the conservation of nature and the cultural heritage of the Kingdom of Eswatini. **Environmental Management Act No 5 of 2002** provides for subjecting proposed projects to Environmental and Social Impact Assessment (ESIA) studies as a mechanism for identifying, evaluating and managing environmental and social impacts of projects. This includes cultural resources.	No significant gaps between ESS 6 requirement and the various national laws

ESS Standards	National Laws and Requirements	Gaps
	The Environmental Audit, Assessment and Review Regulations, 2000, issued under the Eswatini Environmental Authority Act, 1992, and the Environmental Management Act, 2002, underline processes that must be taken for any proposed project in order to predict and evaluate likely environmental impacts under studies such as the ESIA. This includes cultural resources. Section 32 of the Environmental Management Act, 2002 emphasizes that no person shall undertake any project that may have a detrimental effect on the environment without the written approval of the EEA.	
ESS8 To address cultural heritage as an integral aspect of sustainable development.	Eswatini does not have requirements specific to addressing cultural heritage as an integral aspect of sustainable development.	Significant gaps between ESS 8 requirement and the various national laws.
ESS10 To promote meaningful consultation with stakeholders regarding cultural heritage.	Eswatini does not have requirements specific to consultations regarding tangible or intangible cultural heritage.	Significant gaps between ESS 8 requirement and the various national laws.
ESS8	Eswatini does not have requirements specific to equitable benefit sharing from the use of cultural heritage.	Significant gaps between ESS 8

ESS Standards	National Laws and Requirements	Gaps
To promote the equitable sharing of benefits from the use of cultural heritage.		requirement and the various national laws.
ESS10 To establish a systematic approach to stakeholder engagement that will help Borrowers identify stakeholders and build and maintain a constructive relationship with the, in particular project-affected parties.	The Environmental Audit, Assessment and Review Regulations, 2000 requires stakeholder consultation during the ESIA preparation process. During the scoping phase, the proponent must conduct stakeholder consultation. In addition, documents prepared are required to be circulated for access to stakeholders. The EAA also allows for public hearing during the EIA process, where - (a) after examining the IEE and/or EIA report and accompanying CMP for the proposed project, it is of the opinion that the project is of such a sensitive or significant nature that the public should have the opportunity to make submissions or comments at a public hearing; or (b) the public concern over the project is great and the number of written and substantiated objections exceeds ten." EAAR Regulations, sec. 12(1)	Significant gaps between ESS 10 requirement and the various national laws.
ESS10 To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be taken into account in project design and	There are no clear regulations on how to assess the level of stakeholder interest and support for a project.	Significant gaps between ESS 10 requirement and the various national laws.

ESS Standards	National Laws and Requirements	Gaps
environmental and social performance.		
ESS10 To promote and provide means for effective and inclusive engagement with project-affected parties throughout the project lifecycle on issues that could potentially affect them.	The EMA,2002 and the Environmental Audit, Assessment and Review Regulations clearly outlines processes for stakeholder engagement and information disclosure during project design until project is approved for implementation. There are no clear processes on stakeholder management and information disclosure during implementation.	There are no clear regulations on how to provide means for effective and inclusive engagement with project-affected and interested parties during project implementation.
ESS10 To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format.	EAAR Regulations, sec. 11(1). Provides for public notice of the availability of the EIA which must be published in the Government Gazette, on the Eswatini Broadcasting Service, and in a newspaper circulating in Eswatini twice a week and for two consecutive weeks. The EM Act and EAAR Regulations, sec. 11(1). Requires the Authority to distribute copies of the EIA and CMP to concerned and affected ministries, local authorities, parastatals, and non-governmental organizations. The Authority shall publish "a detailed statement of the decision for public inspection." EAAR Regulations, sec. (15)(6)(c)	No significant gaps between ESS 10 requirement and the various national laws

ESS Standards	National Laws and Requirements	Gaps
	"Any person may request from the Minister, the Authority or any other organ of Government any information relating to the environment that is not available in the registry but that could reasonably assist that person in contributing to the enhancement, protection and conservation of the environment and the sustainable management of natural resources." EM Act, sec. 51	
ESS10 To provide project-affected parties with accessible and inclusive means to raise issues and grievances and allow Borrowers to respond to and manage such grievances.	EAAR Regulations, sec. 12(2) The Authority shall "call upon any party who has an interest in the outcome of the public hearing, including the project proponent, the authorising agency, the commenting agency and any other person, to attend the public hearing or solicit in writing comments from other government agencies or offices with expertise or regulatory power over the proposed project."	No significant gaps between ESS 10 requirement and the various national laws
ESS10 To establish a systematic approach to stakeholder engagement that will help Borrowers identify stakeholders and build and maintain a constructive relationship with them, in	The Eswatini Environment Authority has a systematic approach to stakeholder engagement during the EIA process. See below: EAAR Regulations, sec. 11(1). Provides for public notice of the availability of the EIA which must be published in the Government Gazette, on the Eswatini Broadcasting Service, and in a newspaper circulating in Eswatini twice a week and for two consecutive weeks. The EM Act and EAAR Regulations, sec. 11(1). Requires the Authority to distribute copies of the EIA and CMP to concerned and affected ministries, local authorities, parastatals, and non-governmental organizations.	No significant gaps between ESS 10 requirement and the various national laws during preparation phase. However, no explicit mention of stakeholder engagement during implementation/con

ESS Standards	National Laws and Requirements	Gaps
particular project-affected parties.	The Authority shall publish "a detailed statement of the decision for public inspection." EAAR Regulations, sec. (15)(6)(c) "Any person may request from the Minister, the Authority or any other organ of Government any information relating to the environment that is not available in the registry but that could reasonably assist that person in contributing to the enhancement, protection and conservation of the environment and the sustainable management of natural resources." EM Act, sec. 51 EAAR Regulations, sec. 11(1). The Authority shall "invite objections, comments or submissions from interested and affected persons. EAAR Regulations, sec. 11(1). EAAR Regulations, sec. 12(2) The Authority shall "call upon any party who has an interest in the outcome of the public hearing, including the project proponent, the authorising agency, the commenting agency and any other person, to attend the public hearing or solicit in writing comments from other government agencies or offices with expertise or regulatory power over the proposed project."	struction and operation phase.

3.7 Alignment of World Bank and Eswatini Legislation Relevant to IEE

The following outlines how both the World Bank safeguards policies and Eswatini laws are generally aligned in principle and objective:

- Both require screening/categorization of projects in order to determine whether environmental analysis is needed.
- Both require public participation and input to inform Environmental and Social Management report compilation processes.
- Eswatini recognizes other sectoral laws while WB has environmental and social standards for specific interests.
- The Bank requires that stakeholder consultations be undertaken during planning, implementation and operation phases of the project. EEA requires consultations during planning and before implementation of the project. During implementation and operational phases, the public are free to bring forth any environmental, social, safety or health issue they might have as a result of the implementation of the project.
- Monitoring of projects during implementation is required by EEA and the WB.

3.8 World Bank Group Environment, Health and Safety Guidelines

The World Bank Group Environment, Health and Safety (EHS) Guidelines are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP). They define acceptable pollution prevention and abatement measures and emission levels in World Bank financed projects. The Project will apply the General Guidelines, including (i) Environmental, (ii) Occupational Health and Safety, (iii) Community Health and Safety, and (iv)Construction and Decommissioning. It will also apply the EHS guidelines for health facilities. If there will be use of building material containing asbestos, in the construction of the administration block and demolition of temporal structures containing asbestos after construction is complete, the WBG Good Practice on management of Asbestos Containing Materials (ACM). No demolition will take place before the administration block is constructed.

3.9 ESF/Safeguards Interim Note: Covid-19 Considerations in Construction/Civil Works Projects

The interim note is intended to provide guidance to teams on how to support Borrowers in addressing key issues associated with COVID-19, and consolidates the advice that has already been provided. The note emphasizes the importance of careful scenario planning, clear procedures and protocols, management systems, effective communication and coordination, and the need for high levels of responsiveness in a changing environment. It recommends assessing the current situation of the project, putting in place mitigation measures to avoid or minimize the chance of infection, and planning what to do if either project workers become infected or the work force includes workers from proximate communities affected by COVID-19.

The project will apply the established Covid-19 Management procedure to address issues and then ensure that the developed procedure is implemented systematically.

Requirements;

- A designated team should be established to address COVID-19 issues, including PIU representatives, the Supervising Engineer, management (e.g., the project manager) of the contractor and sub-contractors, security, and medical and OHS professionals. The procedure should be clear and straightforward, improved as necessary, and supervised and monitored by the COVID-19 focal point(s).
- The Procedure will be documented, distributed to all contractors, and discussed at regular meetings to facilitate adaptive management.
- Expected good workplace management in preparing the project response to covid-19 include; assessing workforce characteristics, entry/exit to the work site and checks on commencement of works, general hygiene, cleaning and waste disposal, adjusting work practices, project medical services, local medical and other services, instances or spread of the virus, continuity of supplies and project activities training and communication with workers, and communication and contact with the community.

4. DESCRIPTION OF BASELINE ENVIRONMENT

4.1 Topography

The topography on site is gentle sloppy. All trenches were found to be stable. Support and stabilization of the trench sidewalls must form part of construction provisions for excavations deeper than 1.5m. There are no signs of inherent ground instability such as cracks, tension cracks, slip scars or sloughing of the soil mantle.

4.2 Hydrology

The Lusushwana River, a tributary of the Usuthu River lies approximately 0.72 km from the site boundary. There is a possibility of contaminants from the site to be washed into the river through the storm water drainage system.

No groundwater was encountered in all excavations during the geotechnical investigations.

According to the Matsapha State of the environment Report, most of the industries in Matsapha (95%) use EWSC potable water for their domestic and sanitation requirements, while only 5% rely completely on groundwater. Almost 40% of the companies have boreholes to supplement EWSC potable water supply. The underlying geology (2009 Matsapha, SOER) indicated that the Matsapha area has a potential for underground water supplies.

4.3 Flora and Fauna

The proposed project entails the extension of the existing administration building. The building will extend on what is currently the driveway. As a result, the environment cannot provide habitat fauna species. The driveway is a concrete slab; hence no flora species were observed. The immediate environment is mainly a built environment.

4.4 Geology and Soils

The 1:50 000 geological map of the area indicates that the site is underlain Ngwane Gneiss Suite of rocks, which forms part of the early Archaean ancient basement complex. The suite comprises of grey tonalitic gneisses inter-layered with subordinate amphibolitic gneisses. A fine banding comprising of hornblende and biotite is present in the rock mass of the former. The amphibolitic gneiss comprise of a hornable and plagioclase mineral assemblage and are generally concordant with the tonalitic gneiss rock mass although some dyke like bodied of amphibolites may occur. The 1:50000 geological mapping suggests that large intrusions are unlikely to occur within the area of study.

Geotechnical investigation results showed that the soil particles are well distributed, however there are more silt as compared to gravel and sand. The soil had liquid limit ranging between 39% 045%. The MOD/CBR tests results conducted for 7 test pits on site indicate material ranging from G7 – G10. Only one test pit results indicated good material to be used as a selected material. The other 6 samples indicated material that can be used for general backfill purposes. Investigations indicated that the soil material on site is not suitable for use in fill, road or structural application. The soil intersected was in a dry state, the introduction of water further reduces the shear strength of the soil resulting in lower bearing capacity.

4.5 Current Land use & Tenure

The project is being implemented within the existing CMS premises. As such, the project site is currently occupied by CMS administration and storage building. The area earmarked for the proposed development is currently a driveway. The driveway is also used as parking; the width of the driveway allows for this. The driveway (on which the extension will fall on) is shown in the photo plate below.

The project site also consists of an entrance to the building. The entrance is used for material delivery and dispatching. There are two other entrances to the building, excluding emergency escape doors, these will be utilized during the construction phase. Surrounding establishments include:

- Las Park
- Mondelz International
- Giant clothing Textile
- Premier Eswatini
- Fuchs Lubricants
- Havilah Garage

These neighbouring land uses area mix of textile manufacturing, food manufacturing and car service supplies.

4.6 Health

The following clinics are located in a close proximity to the project site:

- Healthcare Swaziland Occupational Clinic – approximately 2.58 km from the proposed site
- AHF Comprehensive Healthcare Clinic – approximately 1.68 km from the proposed project site

The proximity of the healthcare facilities to the project site will be help in minor medical cases. In the event that the individual requires a hospital, they may be transported to Mbabane Government Hospital, Raleigh Fitkin Memorial Hospital in Manzini or other private hospitals in these cities.

According to the Matsapha State of the environment report[3], Statistics from the Health centers indicate that the most common NCD diagnosis at enrolment in a 2017 study was hypertension (85.7%, n=767), followed by diabetes type II (37.4%, n=335), asthma (3.8%, n=34) and diabetes type I (1.2%, n=11). Only 3 patients had known cardiovascular diseases (CVD) and none had known chronic obstructive pulmonary disease (COPD) at enrolment; no patients were newly diagnosed with either of these conditions during the study period. Over a quarter (27.6%, n=247) presented with both hypertension and diabetes, while none presented with hypertension, diabetes and asthma. The majority of patients with hypertension (86%) and diabetes type II (85.7%) were over 45 years of age. Patients with diabetes type I or asthma (mean ages 35.8 and 37.1 years respectively) were younger than patients with diabetes type II or hypertension (mean ages 55.5 and 57.2 years respectively) (Evaluation of NCD service integrated into a general OPD and HIV service in Matsapha, Eswatini, 2017).

4.6.1 COVID 19

The country is in the middle of the third wave of the coronavirus pandemic. The total active cases currently stand at 5590, and 284 people had been hospitalised on 4 August 2021. The Manzini region had the highest number of cumulative cases (11 042) in the country on the same date. Vaccination has been through AstraZeneca (2 doses) as well as Johnson and Johnson (single dose). By 4 August 2021, 49 529 Emaswati had received at least one dose of vaccine, while 38,469 had been fully vaccinated. Government has imposed some restrictions with regards to physical meetings, where meetings of people more that 50 is prohibited. The population is encouraged to take all precautions to prevent the spread of COVID 19 including washing of hands, using sanitisers that have alcohol content of 70% and above, maintain a distance of 1.5m from each other and wearing of face masks at all times.

4.6.2 HIV Prevalence

Sixty percent (60%) of the population did not have access to health and HIV services, condoms, and information about how to prevent and treat HIV and TB according to the 2011 Baseline Survey. PSI, MSF and Police College Clinic are the main health providers of VCT services in the

[3] Matsapha Town council, 2021, State of the Environment Report for the Matsapha Municipality

settlement in Matsapha. Additionally, the survey found high rates of TB among settlement residents. The majority of private companies also lacked HIV policies and programs[4].

The Matsapha HIV Prevalence Baseline Survey (2011), indicated the HIV prevalence rate at 50% in some companies in Matsapha. This estimate took into account the convergence of young and unmarried employees into the industries on annual basis who are at risk of contracting HIV.

The CMS facility provides condoms for both male and female staff in all toilets in the facility. There are also regular engagements amongst men on sexual and reproductive health, HIV and GBV issues. The settings are relaxed to make the engagements free. Women also have their own settings where they discuss GBV issues as well as other health issues.

4.7 Energy

Matsapha plays an important role in energy security, in that of the country's total storage capacity of 4.4 million litres, Matsapha has a significant fuel storage capacity. There are several companies within the municipality namely PM Moveers, Galp Swaziland, Exel petroleum SWD, Total Swaziland, Engen Swaziland and Robs service station[5]. Imported petroleum products include gasoline, diesel, kerosene, aviation fuel, jet kerosene, liquified petroleum gas (LPG), bitumen, lubricants and heavy fuel Oil. A few companies have solar energy supply with an average of 1.1 MW. The site has a small solar plant (650kW) that act as backup for energy supply interruptions for lighting. This gives the site a supply for up to 4 days. The site also has a generator to offer as energy supply back-up for cold storerooms. The centre currently consumes 1680 kVA of energy per annum.

4.8 Air Quality

Matsapha Industrial site is the country's biggest industrial site. The World Health Organization considers the air quality in Eswatini to be moderately unsafe, with annual mean concentration of PM2.5 at 17 µg/m3 which exceeds the recommended maximum of 10 µg/m^3. There is growing concern of rising level of air pollution especially around industrial areas. There is also a rapid growth in vehicles imported to the country which has increased fuel consumption which results in emission increases from the transport sector making the urban areas to be more vulnerable to air pollution. The increasing vehicles has implications on increased greenhouse gases and smog. Other pollutants of concern include PM2.5 and uPOPs from solid waste and sugar cane fires.[6]

4.9 Education

[4] Eswatini Government, 2019, The Kingdom of Eswatini Voluntary National Review Report

[5] Matsapha Town Board, 2019, Businesses database

[6] Eswatini environment authority, 2021, State of the Environment Report

4.9.1 Schools

There are no schools in the immediate surrounding areas. The closest schools include the following:

- Mobeni Pre-school – approximately 2.12 km from the project site
- Matsapha Government Primary School – approximately 2.41km from the project site

Schools are sensitive receptors if in close proximity, but the schools note are located far enough from the proposed site for the schools' operations to not be disturbed by the implementation of the project.

4.10 Population

Matsapha falls within Kwaluseni Inkhundla. Kwaluseni Inkhundla is one of the smallest Tinkhundlas in the country by footprint, yet it has the second highest population density (2104 persons per square metre). The total population of the Inkhundla was 60064 in 2017. Seventy percent (70%) of the population within this Inkhundla are 18 years and older. This emphasises the role played by the Matsapha industrial site in pulling the working population for the job opportunities in the town. Matsapha has a daytime population of 35,000 and night-time population at 8 000 (MTC IDP, 2018).

4.11 Housing and settlement patterns

Most people who work in the Matsapha Industrial site reside in several settlements surrounding Matsapha Town. These include Logoba, Ndlunganye, Mbhuleni, New Village, Mhlaleni, Hlobile, amongst others. These are mainly characterized by one room flats with minimal sanitation. Such settlements are typically crime hotspots.

4.12 Gender based Violence, Sexual Exploitation and Abuse

According to the SWAGAA[7], in Eswatini violence against children, including girl children, and child sexual assault are alarmingly high. Statistics show that in Eswatini, it is expected that: one in three Swazi girls will experience some form of sexual violence by the time they are 18 years old. Almost half of Swazi women (48.2%) will experience some form of sexual violence over their lifetime. Intimate partners, such as husbands and boyfriends, are most likely to be the perpetrators of sexual violence against women, making a woman's home often a very dangerous place. Nearly 9 out of 10 children experience some form of physical or psychological abuse violence in the Kingdom. Some perpetrators of GBV are encouraged when they feel economic power. Being employed in the project may lead to exacerbation of GBV/SEA for those with this problem.

[7] SWAGAA, https://www.icj.org/wp-content/uploads/2020/10/Reporting-GBV-Guide-ICJSWAGAA.pdf

4.12.1 GBV and SEA prevalence in Matsapha

According to data obtained for Gender based Violence in Matsapha, 318 people reported abuse and GBV cases from 2017 to 2021. According to SWAGAA. The highest victims were recorded in 2019, where 152 people reported being abused. The following table indicates the breakdown of gender of victims.

Table 4: breakdown of victims by gender

Year	Female	Male	Grand Total
2017	1		1
2018	23	7	30
2019	88	64	152
2020	57	30	87
2021	33	15	48
Grand Total	202	116	318

Table 4 indicates that more victims who reported abuse are female than male.

The following table shows the forms of abuse experienced by the victims. Some of the victims reported multiple forms of abuse.

Table 5: Breakdown of abuse cases reported

Year	Sexual	Physical	Financial	Neglect	Emotional Verbal	Non-abuse	Total of cases
2017	0	0	0	0	1	0	1
2018	6	6	8		25	0	45
2019	18	30	24	31	104	1	208
2020	9	10	13	6	71	0	109
2021	6	4	11	2	39	0	62
Grand Total	39	50	56	39	240	1	425

Source: SWAGAA

Table 5 indicates that most prevalent abuse cases reported are emotional/verbal abuse, financial and physical.

4.13 Utility Infrastructure

Available services in the area are telephone and postal services provided by Eswatini Post and Telecommunication Corporation and electricity by the Eswatini Electricity Company (EEC). There are 4 manholes located on the project site that will need to be relocated. Only one of the manholes is used for electrical cables. This manhole will be relocated. The other 3 are not working and they will need to be covered as they are no longer in use.

Photo plate 1: Manholes at the proposed site

EPTC connectivity of the site was upgraded in 2017 and at the time it addressed the following PABX problems of congestion, freezing up incoming lines and echoes on extension. The connectivity on site is smooth since this exercise done in 2017. MTN and ESwatini mobile connectivity in the area also very good.

4.14 Emergency services

Emergency services in the area include:

- Sigodvweni Police Station – located approximately 4.33 km from the project site
- Eswatini National Fire and Emergency Services – located approximately 3.25km from the project site

4.15 Archaeological and cultural sites

There are no known archaeological or cultural sites within the project site or known burial sites found, however, an archaeological chance find procedure has been developed and attached as annex 7. Eswatini National Trust Commission will be notified in the event that physical properties of archaeological significance are discovered while carrying out project activities.

4.16 Waste Management

In a study conducted by MTC, a Draft Recycling and Strategic Action Plan 2018-2019, reported that the MTC has achieved a waste collection of 80.9% of the surveyed companies. About 78.2% indicated that the service was satisfactory, while 20% reported that the service was not

satisfactory. A small number of the companies advised that the service could be improved by increasing the frequency of waste collection. 63.6% of companies reported having no policy document or strategy related to recycling within their institutions. The companies' wastes include waste originating from the manufacturing process to the finished product, as well as waste from cleaning the factory.

The study further revealed that 86% of the industries dump their waste at the dump site. It was also noted that 27% of the industries recycle their waste, which is mostly glass products, cans, paper, wood off-cuts, as well as steel. 14 % of the industries' waste decomposes or disintegrates with time. Others either burn their waste within the industry's premises or dump it at the dumping site or pour it in their drainage

Domestic waste collection is carried out with a mobile compactor vehicle that collects waste on a 3-collection round cycle per day of the three operational days of the week. The MTC collects domestic waste from homesteads as well as industrial waste from companies, thereafter transporting it to the Matsapha Landfill. Although Matsapha has a landfill, the issue of illegal dumping is still experienced. The waste is dumped along the road network, in the bushes and along river streams/ drainage lines. The Waste Regulations, 2000, state that littering is not allowed, thus a waste collection service be given to all the residents in urban areas. However, in densely populated areas like Matsapha where skips cannot be placed, the litter problem is immense. Residents in informal settlements do not enjoy the skip system because people do not want to walk long distances to place waste in the skips while other less formal areas do not have the skips at all. There are daily waste pickers along the streets of Matsapha town employed by the MTC to collect waste and dispose it at the landfill. The MTC has also installed pedestrian litter bins placed strategically around the Matsapha town to curb littering. In addition, the MTC does not collect non-hazardous and hazardous industrial waste from the Matsapha Industrial Estate. The industries transport their own waste to their own chosen reputable hazardous waste service provider.

The CMS site has the following waste streams: Expired medical supplies which include medication, sharps, bandages, condoms. These are separated from the rest of the waste and transported for incineration at a temperature above 1000^0C.

Card boxes and plastic used as packaging material with card boxes and plastic. These are given to licensed recyclers around Matsapha.

There is no dedicated staff for waste management in the facility. There are contract employees that are engaged on and off for waste management activities.

4.17 Water Supply and Sanitation

93% of the Matsapha urban population has access to safe potable water and 97% has access to improved sanitation that meets UN requirements. The peri-urban areas indicated lower percentage of access to safe potable water (40%) and improved sanitation (66%) (Makadzange et al., 2018). Water requirements in the industries are divided into manufacturing or processing (58%), cooling (81%), washing (100%), transportation of waste (96%), and dilution of wastes (58%). Due to the financial demands of tariffed water some have commissioned

secondary sources of water supply to augment EWSC supply and to minimize costs associated with tariffed water. The site consumes an average of 16 060kL of water per annum. The EWSC supply in Matsapha will allow for the additional consumption from the operational centre.

4.18 Traffic

The economic development in Matsapha has resulted in high day time population which has caused a lot of people to drive to Matsapha with their private cars to acquire services or for work. This has caused constant traffic congestion daily on peak and off-peak hours. Driving in and out of Matsapha has become a nuisance and increasing risk that results from poor air quality. The site has delivery and dispatch vehicles, visitors' vehicles and workers' vehicles.

4.19 Safety and Security

The Security Control System at Central Medical Stores (CMS) is as follows:

- A biometric fingerprint scanner is present to control access to medication and equipment stored on site. However, this has since being disabled due to COVID-19 concerns. Padlocks have since been added to secure medication and equipment.
- A register also needs to be filled in before access is granted into area where medicine and equipment is stored.
- Storerooms are equipped with code locks. One has to enter a code to be granted access into storerooms.
- CCTV cameras have been strategically installed to record and monitor activity on site.
- There is also a control room equipped with various monitors and two security guards stationed to monitor ongoing activity on site.
- For transportation and delivery purposes, vehicles are equipped with cameras to monitor and record activity from the collection and delivery of goods.
- GPS coordinates are collected of all delivery points in order to track the movement path of all vehicles, this prevents drivers from deviating from the path to delivery point.
- All vehicles are equipped with a tracking system installed by Netstar Swaziland.

Central Medical Stores also has:

- A functioning perimeter security which includes; 2m wall fencing, lockable gates and guards;
- Street lighting and a video monitoring system;
- Security personnel patrolling day in and day out and have means of communication;
- Emergency response plan in place; and
- Register for visitors coming in and out of the facility.

There are still blind spots that will need to be covered by the CCTV monitoring system.

Site Occupational Health and Safety Policy

The site does not have an Occupational Health and Safety policy in place. However, provisions of the Occupational Health and Safety Act, 2001 are observed. There have been trainings for 20 CMS staff, health and safety representatives have also been identified and trained. There is no policy in place, but it is envisaged that an initial draft OHS policy will be in place at the end of September 2022.

4.20 Social Facilities and Staff Wellness

CMS has a soccer field and a netball facility for staff recreational activities. The staff has games with other ministries on Wednesdays and occasionally competitions are held with other departments in the ministry of health. The site has showers for use by staff and a canteen with cooking facilities for staff.

5. STAKEHOLDER ENGAGEMENT

5.1 Objectives

Stakeholder engagement has the following objectives:

- To assess the level of stakeholder interest and support for the project and to enable stakeholders' views to be taken into account in project design and environmental and social performance.
- To promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle on issues that could potentially affect them.
- To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and appropriate manner and format.
- To provide project-affected parties with accessible and inclusive means to raise issues and grievances, and allow MOH to respond to and manage such grievances

5.2 Stakeholder engagement process

5.2.1 Project team and key informants

Two (2) meetings were held with the project team at inception, one on site and the other o presentation of the inception report by the consultant. Minutes of the meetings are attached in annex 12. key informant interviews were held with CMS management, government stores management, RSTP management, project engineers. The main aim of these consultations was to get more information on the project, its justification for better appreciation of environmental and social impacts and risks.

5.2.2 Project affected people around the site

Group and individual discussion were held with people around the proposed construction site to ascertain their comments and concerns with regards to the proposed project. A key constraint to data collection was the number of days lost due to lack of access to the site due to political unrest.

A project outline document was prepared, given to stakeholders and read to them with translation to siSwati. Questions were asked to provoke discussions to solicit their views. At the time of the interview these premises, which were considered vulnerable, were under armed guard which also limited activity around it. However, the conditions described at the CMS site still pertain.

Engagements were held with:

- Vendors in close proximity to the site
- Job seekers around the site
- Workers from neighbouring establishments

- Security personnel at CMS

Summaries of this discussions and attendance registers are included in annex 12 of this report.

5.3 Issues and concerns raised

The following table outlines the issues raised during the consultations.

Table 6: Comments and Issues Raised

Date	Personnel met with	Purpose	Issues raised	Comments
11 June 2021	Mr Motsa and representatives from MoH	• Inception site visit for appreciation of project geographical scope	• Project is on the site currently used by CMS staff	• The operation block will house offices for CMS staff, a board room and a conference centre.
18 June 2021	Mr Themba Motsa	• To understand CMS different departments and operation system.	• Unavailability of quality lab at CMS	• CMS has several departments including HMIS, of which has computer and networking programs (database system, connecting information from different departments) and Bio-med that focuses on anything that has to do with medical equipment in government hospitals and clinics and private clinics. • Operations at CMS include deliveries of medicine to about 400 facilities (government and non-governmental facilities) per month. • Furthermore, CMS makes sure that their medicine is WHO certified and checks whether WHO has certified that medicine in the current year because CMS does not have a quality lab.

Date	Personnel met with	Purpose	Issues raised	Comments
23 June 2021	Mr Mdluli	To understand how and where CMS manages discarded medical equipment and e-waste.	• Management of discarded medical equipment and e-waste	• By a public auction sale. Stakeholders and the general public are encouraged to come in to buy what would be beneficial to them (for example, parts to fix an X-ray machine). • By disposal at landfills. • By incineration. Expired medicine is taken for incineration at Montigny for incineration at above 1000^0C. This is monitored and certified by the government stores personnel
28 June 2021	Project Implementation Unit	• To introduce all teams involved in the implementation of the CMS project. • To present the Inception Report for the construction of the CMS operation block and construction of the operational centre and offices (Biomed and HMIS). • To receive comments from MoH team pertaining the	• Need to revise the project description for the BioMed and HMIS workshop and office.	• PIU emphasized the need to focus more on the micro issues of the proposed project and need to highlight some the positive impacts of the proposed project. • PIU team emphasized the need to have the stakeholder engagement plan annexed in the reports • Engineer advised the consultant to revise the project description for the BioMed/HMIS workshop and offices so that is clear that there would be 2 buildings.

Date	Personnel met with	Purpose	Issues raised	Comments
		presented Inception Report		
2 August 2021	Ms Danicia Phiri	• To find out current status of activities • To understand the benefits of the CMS project to HMIS efficiently and the convenience of having all offices in one central place. • To find out the possible adverse impacts of the project to HMS	• Inconvenience on staff members residing in Mbabane having now to travel to Matsapha to get to work. • Signing of documents will require more time because of the distance from Matsapha to Mbabane.	• Current activities and work are carried out at cooper centre in Mbabane where there are no workshops and space are limited. • The project will result in more office space and enough space for workshops
9 August 2021	RSTP (Ms. Nomfundo Maphalala)	• To understand mechanism and structures in place for the management of electronic waste	• Electronic Waste Management Policy is still going through the approval process.	• The organization is still working on its electronic waste management policy, which is still going to go through the approval processes.
8 July 2021	Vendors	• To understand perceived adverse and positive impacts of the project	• Toilets are only available for factory workers.	• Vendors hope that the increased activity will bring more customers and job seekers hope to find employment. • Toilet facilities need to be provided for construction workers but also for job seekers who will be drawn by the project.

Date	Personnel met with	Purpose	Issues raised	Comments
8 July 2021	Job seekers around the site	• To understand perceived adverse and positive impacts of the project	• Toilets for job seekers who will be drawn to the project need to be provided.	• It will be more important to provide toilet facilities not only for construction workers but also for job seekers who will be drawn by the project.
8 July 2021	Construction Workers within the site	• To understand perceived adverse and positive impacts of the project	• Increased traffic • Limited space for car parking area	• Traffic calming measures need to be put in place as well as clear signage during construction. • Clear designated parking should be allocated.
8 July 2021	Workers in neighbouring businesses	• To understand perceived adverse and positive impacts of the project	• Dust emissions during construction activities	• Request that measures be taken to reduce the dust from construction. • The project needs to coordinate their effort with Matsapha Town Board to regulate traffic and sanitation challenges.
8 July 2021	Security guards on site	• To understand security services on the site	• Need to add security during construction	• The current security guards on site emphasize that the contractors employ their own additional security during construction.

The comments raised were incorporated into the ESMP. Minutes of the engagements have been attached as annex 12 of this report.

5.4 Stakeholder Engagement after IEE/ESMP process

Stakeholder engagement will not be limited to the IEE/ESMP preparation period. It is expected that stakeholders and the public will be engaged through the lifecycle of the project. The project will ensure that stakeholders of this project are continuously engaged since this is key to the sustainability of the project. A stakeholder engagement plan is attached as Annex 6 of this report.

6. DESCRIPTION OF ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS

6.1 Positive impacts

6.1.1 Employment creation

The planning and construction phases of the project will create employment and business opportunities for various professionals (Skilled and Non-skilled labour)who will perform their responsibilities during the planning and implementation stages. Local labour will also be employed during the construction phase. The hiring process will be non-discriminatory and equal opportunity will be afforded to female and other vulnerable people in the project area.

6.1.2 Market for goods and services

The project will provide a market for building material and services, thereby promoting the primary and secondary sectors involved in their procurement. In addition, site workers will also provide ready market for various goods and services, leading to several business opportunities for small-scale traders such as food vendors around the proposed project site. There will be improved efficiency of supply for medical supplies and equipment.

6.1.3 Integration of systems

The construction of the new operation Centre will result into the integration of systems for ordering, supply and distribution of medical supplies and equipment. This is expected to increase the efficiency of the supply chain for the 400 facilities serviced by the Central Medical stores.

6.1.4 Increased office space for CMS Staff and interdepartmental meetings

The operation Centre will increase office space for CMS staff, while also providing an opportunity for the Centre to redesign the configuration of the facility to ensure that the public does not have to go through the warehouse to access offices. In addition, the project will result in the addition of more meeting space for interdepartmental meetings.

6.1.5 Reduction of operational costs

Integrating the operations will reduce running costs incurred.

6.1.6 Reduction of Carbon Emission

The project will lead to the reduction of carbon emissions and air pollution because vehicles transporting supplies and equipment to facilities will not have multiple trips to the same facility

6.2 Adverse Impacts and Risks

6.2.1 Impact Evaluation Criteria

This section is the methodology used to assess the significance of the potential environmental impacts. For each impact, the EXTENT (spatial scale), MAGNITUDE (size or degree scale) and

DURATION (time scale) are described. These criteria are used to ascertain the **SIGNIFICANCE** of the impact, firstly in the case of no mitigation and then with the most effective mitigation measure(s) in place. The tables on the following pages show the scale used to assess these variables and defines each of the rating categories.

Table 7: Assessment Criteria for Evaluation of Impacts

IMPACT ASSESSMENT DESCRIPTIVE CRITERIA			
Probability	*Categories 1 – 5*		
Likelihood of an impact actually occurring	Improbable	1	Estimated less than 5 % chance of the impact occurring
	Probable	2	Estimated 5 to 24 % chance of the impact occurring
	Likely	3	Estimated 25 to 54 % chance of the impact occurring
	Very Likely	4	Estimated 55 to 94 % chance of the impact occurring
	Definite	5	Estimated greater than 95 % chance of the impact occurring
Extent	*Categories 1 – 5*		
The area over which the impact will be expressed	Site	1	On site
	Local	2	Within a 20 km radius of the site
	Regional	3	Beyond a 20 km radius of the site
	National	4	Whole country
	International	5	Trans-boundary
Magnitude	*Categories 1 – 5*		
Describes whether an impact is destructive or benign	Very low	1	Natural and/ or social functions and/ or processes are not affected
	Low	2	Natural and/ or social functions and/ or processes are slightly affected
	Medium	3	Natural and/ or social functions and/ or processes continue but in a modified manner
	Medium-high	4	Natural and/ or social functions and/ or processes are modified significantly
	High	5	Natural and/ or social functions and/ or processes are disturbed significantly so that they cease to occur (temporarily / permanently)
Duration	*Categories 1 – 5*		
Indicates what the lifetime of the impact will be	Short-term	1	Few days
	Short-term	2	Few months, less than a phase
	Medium	3	Few years / lifespan of development
	Long-term	4	Lifespan of development, and significant part of operation

	Permanent	5	Lifespan of development, and all of operation

The **SIGNIFICANCE** of an impact is derived by taking into account the temporal and spatial scales and magnitude. The means of arriving at the different significance ratings is explained in ***Table 10***.

Table 8: Impact Significance

IMPACT SIGNIFICANCE			
Significance	*Minimum value of 5, maximum of 25*		
The significance of an impact is derived by taking into account the temporal and spatial scales and magnitude.	Low	1-5	Low consequence, probably, minimal mitigation may be required if impact is negative
	Medium	6-10	Medium consequence, probably, mitigation is advised / preferred if impact is negative
	Medium-high	11-15	Medium to high consequence, probably to very probable, mitigation is necessary if impact is negative
	High	16-20	High consequence, probably / definite, mitigation is essential if impact is negative
	Extreme	21-25	Very high consequence, definite, possible fatal flaw if impact is negative

6.2.2 Evaluation of preconstruction phase impacts

The table below outlines impacts for the preconstruction phase

Table 9: Evaluation of preconstruction phase impacts

Activities	Impact /Risk	Risks/ Impacts description	Impact evaluation
Project preparation, project design	Conflicts amongst relevant staff members	The project will lead to a change on the CMS operations with regards to the integration of operations. Without prior engagement of staff, this may lead to conflicts that may delay implementation of the project.	Negative Impact Probability: likely (3) Extent: site (1) Magnitude: Medium (3) Duration: Medium (3) Significance: Medium (10) Possible to mitigate
Selection of materials and finalisation of designs	Climate change	The country is a net sink for carbon greenhouse gases, there is need to ensure that greenhouse gas emissions are minimised in the project. The project design and material selection should take into account design with minimal climate change impact.	Negative Impact Probability: likely (3) Extent: national (4) Magnitude: (3) Duration: Medium (3) Significance: Medium-high (13) Possible to mitigate
Project design, procurement of goods and services	Lack of incorporation of E&S mitigation measures and standards	Without proper incorporation of environmental and social mitigations and consideration in the procurement process (bidding document, bid evaluation and, contractors' contract), there will be risks associated with ensuring E&S risks and impacts are properly addressed by contractors and this can threaten the sustainability of the project.	Negative Impact Probability: likely (2) Extent: national (4) Magnitude: (3) Duration: Medium (3) Significance: Medium-high (12)

			Possible to mitigate
Designs, procurement	Poor monitoring of implementation of mitigation measures	During procurement of contractor, the implementation of mitigation measures may not be implemented properly if the contractor has not properly understood or planned adequately for its implementation.	Negative Impact Probability: likely (3) Extent: local (2) Magnitude: (3) Duration: low (1) Significance: Medium (9) Possible to mitigate

6.2.3 Evaluation of Construction and Decommissioning Impacts

The table below outlines project impacts during the construction and decommissioning phase.

Table 10: Evaluation of Construction and Decommissioning phase impacts

Activities	Impact/Risk	Main risks Associated	Impact Evaluation
Environmental Impacts			
Site clearing, levelling and compaction, and demolition activities	Noise and Vibrations	The site is a built environment, and CMS operations are ongoing. Construction vehicles may generate a considerable amount of noise during construction activities. Vehicle noise may be generated by reversing alarms and engine reviving. In addition, noise and vibration may be caused by earth moving and excavation equipment, concrete mixers, cranes and the transportation of equipment and materials. This may affect the staff in the CMS facility as well as neighboring establishments.	Negative Impact Probability: Very likely (4) Extent: Local (2) Magnitude: Medium (3) Duration: Medium (3) Significance: Medium-high (12) Possible to mitigate

Activities	Impact/Risk	Main risks Associated	Impact Evaluation
Site clearing, digging of trenches and construction of structures, stockpiling of materials	Soil Erosion	Soil erosion may be caused by exposure of soil surfaces to rain and wind during site clearing and excavation activities. Erosion may also from stockpiled materials.	Negative Impact Probability: Very likely (4) Extent: Site (1) Magnitude: Medium (3) Duration: Medium (3) Significance: Medium-high (11) Possible to mitigate
Clearing of site, movement of construction vehicles, demolition of temporary structures	Air Quality	Air quality may be reduced by dust generated by a combination of on-site excavation and movement of earth materials, moving vehicles on bare soil, and exposure of bare soil and soil piles to wind. A secondary source of emissions may be caused by open burning of solid waste on-site. Dust may also be emitted from stockpiles of soil material. This may be exacerbated in dry and windy days. Construction Machinery and vehicles may emit gases like SO_2 and N_2O and particulate matter, which cause air pollution and respiratory illnesses. This may be exacerbated by un-serviced and poorly maintained machinery and vehicles.	Negative Impact Probability: Very likely (4) Extent: Local (2) Magnitude: Low (2) Duration: Medium (3) Significance: Medium-high (11) Possible to mitigate
	Emission of Greenhouse gases	One of the main sources of greenhouse gas emissions in the country is from energy use. A GHG trend analysis carried out for Eswatini over the 1990 to 2010 period indicated that GHG emissions from energy use and waste have been growing at an average rate of about 25% and 8% per annum, respectively. GHGs may be emitted from the operation of machinery on site and well as through the transportation of supplies in and out of the site.	Negative Impact Probability: Definite (4) Extent: Trans-boundary (5) Magnitude: Low (2) Duration: Long-term (4) Significance: Medium-high (15) Possible to mitigate

Activities	Impact/Risk	Main risks Associated	Impact Evaluation
Demolition of old structures, decommissioning of temporary structures.	General Solid Waste	Construction waste like cement bags, containers and other waste streams are likely to be generated during project implementation. Improper management of this waste may lead to environmental pollution. Non-hazardous solid waste generated may include building rubble, demolition waste, excess fill materials from grading and excavation activities, scrap wood and metals, and small concrete spills. Waste may also be generated from the site offices in the form of general litter and food waste.	Negative Impact Probability: Likely (3) Extent: Local (2) Magnitude: Low (2) Duration: Long (4) Significance: Medium-high (11) Possible to mitigate
Site clearing, decommissioning, excavations	Hazardous materials	Construction and decommissioning activities may pose the potential for release of petroleum-based products, such as lubricants, hydraulic fluids, or fuels during their use in equipment. Hazardous waste may include ceiling boards which contain asbestos.	Negative Impact Probability: Likely (3) Extent: Site (1) Magnitude: Low (2) Duration: Long-term (4) Significance: Medium-high (10) Possible to mitigate
Construction of structures	Depletion of water resources	Water supply in Matsapha is through the EWSC The project will require water for the construction of the different components. Indiscriminate harvesting and improper management of water may affect water availability for other water users in the town, especially in times where water levels are very low in the Lusushwana river.	Negative Impact Probability: Likely (3) Extent: Regional (3) Magnitude: Medium-high (4) Duration: Medium (3) Significance: Medium-high (13) Possible to mitigate
Construction and Decommissioning	Water pollution	Poor management of oils and hazardous material may lead to spillages and subsequent contamination of storm water drains, which eventually drain into surface water bodies	Negative Impact Probability: Likely (3) Extent: Local (2) Magnitude: Medium-high (4)

Activities	Impact/Risk	Main risks Associated	Impact Evaluation
		Waste water may also be produced from batching during if batching areas are not properly sited and designed.	Duration: Medium (3) Significance: Medium-high (12) Possible to mitigate
Rehabilitation and stockpiling of soil material	Biological diversity	The site is already disturbed. Importation of soil material from other sites would lead to increased Invasion by alien species during landscaping.	Negative Impact Probability: Very likely (4) Extent: Local (2) Magnitude: Medium (3) Duration: Long-term (5) Significance: Medium-high (14) Possible to mitigate
	Contaminated Land	Land contamination may be encountered due to releases of hazardous materials or oil, poor management of waste and other hazardous materials, leaking machinery and equipment	Negative Impact Probability: Likely (3) Extent: Local (2) Magnitude: Medium-high (4) Duration: Permanent (5) Significance: Medium-high (14) Possible to mitigate
Site clearing and excavations	Risk to cultural heritage	There are no known archaeological sites in the project area. However, construction activities may uncover or affect cultural and archaeological items in the project areas.	Negative Impact Probability: Probable (2) Extent: Local (2) Magnitude: Low (2) Duration: Short-term (2) Significance: Medium (8) Possible to mitigate
Occupational Health & Safety Impacts			
Construction activities	Over-exertion	Over-exertion, ergonomic injuries and illnesses may be experienced by workers on site.	Negative Impact Probability: Likely (3)

Activities	Impact/Risk	Main risks Associated	Impact Evaluation
			Extent: Site (1) Magnitude: Medium (3) Duration: Medium (3) Significance: Medium-high (10) Possible to mitigate
	Slips and falls	Slips and falls on the same elevation may be experienced by workers due to poor housekeeping. Poor housekeeping may be from excessive waste debris, poor storage of construction materials, liquid spills, loose electrical cords and ropes on the ground.	Negative Impact Probability: Likely (3) Extent: Site (1) Magnitude: Medium-high (4) Duration: Short-term (2) Significance: Medium-high (10) Possible to mitigate
	Risk from Working in heights	Workers may be at risk caused by falls from elevation associated with working with ladders, scaffolding, and partially built or demolished structures.	Negative Impact Probability: Likely (3) Extent: Site (1) Magnitude: Medium-high (4) Duration: Medium (3) Significance: Medium-high (11) Possible to mitigate
	Risk from moving machinery	Vehicle traffic and use of lifting equipment in the movement of machinery and materials on a construction site may pose temporary hazards, such as physical contact, spills, dust, emissions, and noise. Heavy equipment operators have limited fields of view close to their equipment and may not see pedestrians close to the vehicle.	Negative Impact Probability: Likely (3) Extent: Site (1) Magnitude: High (5) Duration: Medium (3) Significance: Medium-high (12) Possible to mitigate

Activities	Impact/Risk	Main risks Associated	Impact Evaluation
	Water supply and Sanitation	Site workers may not have access to quality drinking water, which may lead to waterborne diseases. Without proper sanitation, site workers may use bushes as toilets, which may lead to soil pollution as well as pollution of water resources from pollutants like coliforms and other pollutants.	Negative Impact Probability: Likely (3) Extent: Local (2) Magnitude: Medium (3) Duration: Medium (3) Significance: Medium-high (11) Possible to mitigate
Community Health & Safety			
Moving equipment in and out of site,	Site Hazards	The proposed project site is currently used for CMS operations. This means that normal CMS operations will continue during construction. This will affect employees working in the existing CMS Building due to close proximity to the constructed building.	Negative Impact Probability: Likely (3) Extent: Local (2) Magnitude: Medium (3) Duration: Medium (3) Significance: Medium-high (11) Possible to mitigate
	Increased Disease prevalence	Increased incidence of communicable and vector-borne diseases attributable to construction activities represents a potentially serious health threat to project personnel and the public. The country is dealing COVID 19, which poses a significant risk to communities. The Manzini region has the second highest number of COVID 19 cases in the country. Local workers from the project may transmit this disease amongst others and the public.	Negative Impact Probability: Definite (5) Extent: Trans-boundary (5) Magnitude: High (5) Duration: Medium (3) Significance: High (18) Possible to mitigate
Movement of vehicles in and out of the site	Traffic accidents	The CMS supplies about 400 heath facilities in the country. In addition to the dispatch vehicles, there are vehicles that need to deliver the supplies to the site. There are also staff	Negative Impact Probability: Very likely (4) Extent: Local (2)

Activities	Impact/Risk	Main risks Associated	Impact Evaluation
		vehicles that enter the site and are parked during the day. Due to the fact that CMS operation will continue during construction, the increase in construction vehicles will lead to decreased parking space, more restrictive movement of delivery and dispatch vehicles, staff and visitor vehicles. The movement of construction vehicles in and out of the site may increase traffic volumes as well as disrupt the flow of the CMS vehicles. This may lead to accidents involving CMS staff, visitors and vehicles involved in the CMS operation.	Magnitude: Medium-high (4) Duration: Medium (3) Significance: Medium-high (13) Possible to mitigate
	Safety and security risks	The increased activity in the project sites may attract thieves, leading to loss of building materials and other equipment.	Negative Impact Probability: Very likely (4) Extent: Site (1) Magnitude: Low (2) Duration: Medium (3) Significance: Medium (10) Possible to mitigate
	Fires	Some activities, and carelessness, on site may lead to fire outbreaks.	Negative Impact Probability: Likely (3) Extent: Local (2) Magnitude: Medium-high (4) Duration: Short (2) Significance: Medium-high (11) Possible to mitigate
Social Impacts			

Activities	Impact/Risk	Main risks Associated	Impact Evaluation
Presence of construction workers	Increased risk of GBV and SEA	More women reported having experienced some form of abuse than men in Matsapha. The most common forms of abuse are emotional/verbal, financial and physical. Some perpetrators of GBV are encouraged when they feel economic power, especially in e perpetration of financial abuse. Being employed in the project may lead to exacerbation of GBV/SEA for those with this problem. Since this project is in close proximity to the operating CMS building.	Negative Impact Probability: Very likely (4) Extent: Local (2) Magnitude: High (5) Duration: Permanent (5) Significance: High (16) Possible to mitigate
Recruitment of project workers	Child labour	Contractors may hire underage persons, which is against international and national legislation and standards in pursuit of poverty reduction.	Negative Impact Probability: Likely (3) Extent: Local (2) Magnitude: Low (2) Duration: Medium (3) Significance: Medium (10) Possible to mitigate
	Increased spread of HIV and other STIs	The introduction of non-local people may evoke interest between contractor's employees and CMS staff and stakeholders within the vicinity of the constructed CMS Operation Centre.	Negative Impact Probability: Very likely (4) Extent: Local (2) Magnitude: Medium-high (4) Duration: Permanent (5) Significance: High (16) Possible to mitigate
Recruitment of and management of workers	Discrimination of vulnerable and disadvantaged people	During recruitment of workers for the project, there is a risk of having potential workers discriminated upon in terms of gender, economic status, disability, social status.	Negative Impact Probability: Probable (2) Extent: Local (2) Magnitude: low (2)

Activities	Impact/Risk	Main risks Associated	Impact Evaluation
			Duration: short term (2) Significance: medium (8) Possible to mitigate
Moving vehicles and equipment within the project site	Conflicts	The project activities may interfere with the normal operation of the warehouse during delivery and dispatch operations, especially during high activity hours.	Negative Impact Probability: Very likely (4) Extent: Local (2) Magnitude: Medium-high (4) Duration: short term (3) Significance: medium-high (13) Possible to mitigate
Demolition of side wall to connect new building to the old one	Exposure of medical stock to contamination risks	Dust, temperature variations resulting to the exposure of the warehouse stock during the connection of the old and new structure. This may compromise the quality of the medical supplies in the warehouse.	Negative Impact Probability: Very likely (4) Extent: site (1) Magnitude: low (2) Duration: short term (1) Significance: medium (8) Possible to mitigate

6.2.4 Evaluation of Operational Phase Impacts

Table 11: Evaluation of Operational Impacts

Project Activity	Impact	Impact Description	Impact Evaluation
Environmental			
Maintenance of structures,	Air pollution and Noise pollution	During maintenance of the equipment and structures, air and noise pollution may be	Negative Impact Probability: Probable (2)

Project Activity	Impact	Impact Description	Impact Evaluation
movement of vehicles		generated from maintenance trucks and maintenance activities.	Extent: Site (1) Magnitude: Low (2) Duration: Short-term (1) Significance: Medium (6) Possible to mitigate
	Energy management	The operation of the operation Centre associated structures will lead to an increased demand in energy. This is through lighting, cooling, heating and other energy consuming activities. If energy conservation measures are not used, running costs will be high. High energy demand for the project will also mean more release of greenhouse gas emissions.	Negative Impact Probability: Very Likely (4) Extent: Trans-boundary (5) Magnitude: Medium (3) Duration: Permanent (5) Significance: High (17) Possible to mitigate
	Air pollution	The use of refrigerants containing ozone depleting substances (ODS) affects the ozone layer. Volatile organic carbons (VOCs) may also be released from refrigeration and cooling equipment.	Negative Impact Probability: Likely (3) Extent: Trans-boundary (5) Magnitude: Medium (3) Duration: Permanent (5) Significance: High (16) Possible to mitigate

Project Activity	Impact	Impact Description	Impact Evaluation
	Water Resource Management	The operation of the operation Centre will increase the demand for water in the town. This may be exacerbated by water wastages.	Negative Impact Probability: Definite (5) Extent: local (2) Magnitude: Low (2) Duration: long term (4) Significance: Medium-high (13) Possible to mitigate
	Waste Management	Increased amounts of solid waste will be generated from maintenance activities and CMS operations due to the expansion. Improper management of such waste may result in environmental degradation. There is no dedicated staff for waste management in the facility. There are contract employees that are engaged on and off for waste management activities.	Negative Impact Probability: Likely (3) Extent: Local (2) Magnitude: Low (2) Duration: Long (4) Significance: Medium-high (11) Possible to mitigate
Maintenance of electronic equipment, solar panels	*Electronic waste management*	Waste may be generated from maintenance of electronic equipment. In addition, electronic waste may be generated from maintenance of solar energy infrastructure. This waste is classified as hazardous waste in the Waste Regulations, 2000. Improper management of this waste may lead to environmental degradation. The country does not have a facility for final disposal of electronic waste and other hazardous waste.	Negative Impact Probability: Likely (3) Extent: Local (2) Magnitude: Low (2) Duration: Long (4) Significance: Medium-high (11) Possible to mitigate

Project Activity	Impact	Impact Description	Impact Evaluation
		The site does not have a designated temporary electronic waste storage area. Once the electronic waste is certified for decommissioning by the government stores department, it is transported to the government stores site in Mbabane. This medical equipment is stored in the open and is exposed to elements. This may lead to land pollution. The waste is disposed of by public auction. The government does not have a way of tracking if this waste has been properly disposed of. The waste may find itself in dumpsites where there is burning, causing air pollution.	
Management of medical stock during operational phase	*Hazardous waste management*	Other hazardous waste, like fluorescent tubes, and expired pharmaceuticals, is stored where they are generated and they keep piling up in these facilities, including the CMS. The operation of the operation Centre will result in the increase of this waste. The country does not have a hazardous waste disposal facility and there is no plan for final disposal of such waste. This presents risks to the environment and human health.	Negative Impact Probability: Very likely (4) Extent: local (2) Magnitude: Medium (3) Duration: Long (4) Significance: Medium-high (13) Possible to mitigate

Project Activity	Impact	Impact Description	Impact Evaluation
	Soil Erosion	Soil erosion may result from stormwater runoff if the stormwater management design has not been done properly.	Negative Impact Probability: Probable (2) Extent: Local (2) Magnitude: Medium (3) Duration: Permanent (5) Significance: Medium-high (12) Possible to mitigate
Operation of sewer system	*Wastewater*	The sewer system may have clogged manholes and pipes during the operational phase. If not properly managed, this may cause the discharge of sewer into the environment, causing pollution.	Negative Impact Probability: Probable (2) Extent: Local (2) Magnitude: Medium (3) Duration: short (1) Significance: Medium-high (9) Possible to mitigate
Occupational Health and safety			
Maintenance of structures	*Workers' health and safety*	Workers may be exposed to safety and health risks during the maintenance of the operation Centre and associated structures. These may include falls,	Negative Impact Probability: Likely (3) Extent: Site (1) Magnitude: Medium-high (4)

Project Activity	Impact	Impact Description	Impact Evaluation
		slips, inhalation of pollutants like dust, amongst others.	Duration: Permanent (5) Significance: Medium-high (13) Possible to mitigate
Community Health and Safety			
Operation of Mall	*Traffic safety*	The operation of the operation Centre will result to increased traffic within the vicinity of the project site. Pedestrians may be exposed to increased traffic safety risks, especially workers in the neighboring establishments. This may also lead to car accidents and conflict among impatient drivers.	Negative Impact Probability: very likely (4) Entent : Local (2) Magnitude : Medium (3) Duration : Permanent (5) Significance: Medium-High (14) Possible to mitigate
	Increased spread of communicable diseases	The addition of new staff on the CMS site, as well as contract workers who will carry out maintenance from time to time may lead to the spread of communicable diseases like HIV and COVID 19	Negative Impact Probability: likely (3) Extent: National (5) Magnitude: Medium (3) Duration: long term (4) Significance: Medium-High (15) Possible to mitigate
Social Impacts			
Maintenance and operation of the operation centre	*Sexual Exploitation and Abuse*	Due to the high prevalence of GBV and SEA in the country as well as the Matsapha locality, the project employees may be prone to be perpetrators of GBV and SEA.	Negative Impact Probability: Probable (2) Extent: Local (2) Magnitude: Medium (3) Duration: Permanent (5)

Project Activity	Impact	Impact Description	Impact Evaluation
			Significance: Medium-high (12) Possible to mitigate
	Safety and security	The site has experiences about 5 break ins in the last 8 years. 2 of the theft cases involved the removal of outside air-conditioning units and 2 solar panels. Those break-ins that involved inside the warehouse were caught inside. The diamond mesh fence is around the perimeter of the site. Thieves cut this fencing and are able to go through. The most sought out medication are ARVs and medication used for cleaning corpses. There are still blind spots that will need to be covered by the CCTV monitoring system.	Negative Impact Probability: Probable (2) Extent: Local (2) Magnitude: Medium (3) Duration: short (1) Significance: Medium (9) Possible to mitigate
Operation of Administration Building	*Access*	The new building may be limiting to access for people living with disabilities if the design does not factor their needs	Negative Impact Probability: Probable (2) Extent: Local (2) Magnitude: high (4) Duration: permanent (5) Significance: Medium-high (13) Possible to mitigate

7. ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP)

This Comprehensive Mitigation Plan (ESMP) was developed as a document that accompanies the Initial Environmental Evaluation (IEE) that was carried out by the Ministry of Health for the proposed construction of the operation Centre at CMS in Matsapha. It determines how the Ministry of health will guarantee that project implementation has minimal negative effects and maximizes positive impacts to the environment.

This ESMP is geared towards managing E&S risks and impacts, and the MoH is obligated by law to ensure its proper implementation It is a E&S planning and managing instrument aimed to ensure that appropriate implementation of mitigation measures and monitoring of their implementation.

7.1 Scope of ESMP

7.1.1 Legal

Legislation relevant to the implementation of this ESMP has been outlined in section 4 of this report. This include relevant World Bank Environmental and Social Standards, which the ESMP has been aligned to.

7.1.2 Compliance

The ultimate stage in the process of the IEE and ESMP preparation is the stage where the EEA makes a decision on whether the project should proceed or not. An Environmental Compliance Certificate (ECC) is issued by the EEA upon approval of the project. The ECC will authorise the Ministry of Health to start the implementation of the project. In order for the ECC to be issued, the IEE reports, together with the ESMP are considered by the EEA. If the reports are found to adequately identify impacts and associated mitigation measures, the EEA issues the ECC.

Another key aspect to the compliance of the project is that of ensuring that the mitigation measures in the ESMP are adhered to. This is done through regular monitoring and compilation of Project compliance reports (PCRs) which should be submitted to the EEA. It is important that all tender documents include clauses that empower Ministry of Health to withhold final payment to contractors if the environmentalists monitoring the ESMP are not satisfied with that of contractor's environmental compliance.

7.2 Project Implementers

In this project, the proponent is the project implementer. In the context of the ESMP, Ministry of Health is the **"Proponent".**

Some of the works carried out by the Ministry of Health from time to time are sub-contracted to experts that will do so on behalf of them, in the context of the ESMP, this is the **"Contractor".**

The MOH will not appoint an independent person to monitor the implementation of the ESMP. The environmental specialist and social specialist within the project implementation unit will be responsible for monitoring the implementation of the ESMP.

7.3 Impacts and Mitigation Measures

7.3.1 Mitigation measures for preconstruction phase impacts

Table 12: Preconstruction Phase mitigation measures

Activities	Impact /Risk	Mitigation	Responsible	Monitoring	Monitoring indicators	Frequency of Monitoring	Cost of mitigation in SZL
Project preparation	*Conflicts* The project will lead to a change in how the CMS operations with regards to the integration of operations. Without prior engagement of staff, this may lead to conflicts that may delay implementation of the project.	CMS staff will be engaged prior to project implementation to raise any concerns, allay fears and provide accurate information on project implementation, possible change of access and traffic flow during construction phase.	PIU/Social Specialist	MOH	1) number of staffs consulted, 2) frequency of consultation, 3) type of issues raised and resolved	Monthly	-
Selection of materials and finalisation of designs	*Climate change* The project design and material selection should take into account design with minimal climate change impact.	The design of the building will utilise natural light as much as practically possible.	Architect/engineer	Environmental specialist	Availability of natural light, natural heating and other design consideration in the designs	Once off	Design Cost

Activities	Impact /Risk	Mitigation	Responsible	Monitoring	Monitoring indicators	Frequency of Monitoring	Cost of mitigation in SZL
	Lack of incorporation of E&S Without proper incorporation of environmental and social mitigations and consideration in the project design, there will be risks associated with the sustainability of the project.	The ESMP will be taken into consideration before the finalization of project designs	PIU/Project engineer	PIU/Environmental and social specialists	Presence of structural features associated with ESMP in designs	Once off	-
	Poor uptake of ESMP by contractor During procurement of contractor, the implementation of mitigation measures may not be implemented properly if the contractor has not properly understood or planned adequately for its implementation.	The ESMP requirements will be incorporated into tender documents to allow for proper costs and understating of mitigation measures.	PIU/Project Engineer	PIU/Environmental and social specialists	Percentage of ESMP measures in tender documents	Once off	-

7.3.2 Construction and Decommission impact mitigation measures

Table 13: Construction and Decommissioning phase Impact Mitigation

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
Environmental Impacts							
Site clearing, levelling and compaction, and demolition activities	*Noise and Vibrations* Construction vehicles may generate a considerable amount of noise during construction activities. Vehicle noise may be generated by reversing alarms and engine revving. In addition, noise and vibration may be caused	• Contractor work activities will be planned in consultation with local authority so that activities with the greatest potential to generate noise are planned during periods of the day that will result in least disturbance; • Using noise control devices, such as temporary noise	Contractor	PIU/ Environmental Specialist	• Number of correspondences to and from local authority on potential high noise and high vibration activities • Number of noise control structures • Maintenance records for each equipment • Distances of heavy equipment from structures	Quarterly Quarterly Quarterly Weekly	170 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	by earth moving and excavation equipment, concrete mixers, cranes and the transportation of equipment and materials. This may affect the staff in the CMS facility as well as neighboring establishments.	barriers and deflectors for impact and blasting activities (where applicable), and exhaust muffling devices for combustion engines; • Ensuring that plant and vehicles are properly maintained; and; • Heavy machinery will be used with considerable distance from existing structures.					
Site clearing, digging of	*Soil Erosion*	• Clearing will only be done when	Contractor	PIU/Environmental Specialist	• Number of days site cleared	Weekly	-

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
trenches and construction of structures	Soil erosion may be caused by exposure of soil surfaces to rain and wind during site clearing and excavation activities.	equipment and personnel are ready to start work on that area; • Topsoil and subsoil will be stripped and stockpiled for rehabilitation after completion; • Progressive rehabilitation will be done so that cleared areas are rehabilitated as work progresses;			before work commences • Number of days between finalisation of work in each area and rehabilitation	Weekly	
Clearing of site, movement of construction vehicles,	*Air Quality* Air quality may be reduced by dust generated	• Exposed soil surfaces will be watered-down	Contractor	PIU/Environmental Specialist	• Number of times of water spraying per day	Weekly Fortnightly	90 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
demolition of temporary structures	by a combination of on-site excavation and movement of earth materials, moving vehicles on bare soil, and exposure of bare soil and soil piles to wind. A secondary source of emissions may be caused by open burning of solid waste on-site. Dust may also be emitted from stockpiles of soil material. This may be exacerbated in dry and windy days.	to suppress dust; • The vehicles will be required to observe a speed limit of 20 km/h to minimize the emission of dust; • Stockpiles will be watered-down regularly to abate dust emission. Stockpiles will be maintained at 1 meter; • PPE, such as dust masks, will be used in dust prone areas. • The surrounding environment (sidewalks, roads) shall be kept free of	Contractor	PIU/Environmental Specialist	• Number of Speed limit signs • Number of vehicles observing speed limit • Heights of stockpiles • Number of workers wearing relevant PPE • Number of burning incidents. • Average length of vehicle idling times • Number of up-to-date servicing records	Weekly Monthly Weekly Weekly Fortnightly Quarterly	

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	Construction Machinery and vehicles may emit gases like SO_2 and N_2O and particulate matter, which cause air pollution and respiratory illnesses. This may be exacerbated by un-serviced and poorly maintained machinery and vehicles.	debris to minimize dust • There will be no open burning of construction / waste material at the site • There will be no excessive idling of construction vehicles at sites • All vehicles will be serviced regularly and monitored for emissions.					
Demolition of old structures, decommissioning of temporary structures.	*General Solid Waste* Construction waste like cement bags,	• Waste generation will be minimized through proper planning;	Contractor	PIU/Environmental Specialist	• Presence of Waste management plan • Number of labelled waste	Once off at the start Weekly	120 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	containers and other waste streams are likely to be generated during project implementation. Improper management of this waste may lead to environmental pollution. Non-hazardous solid waste generated may include building rubble, demolition waste, excess fill materials from grading and excavation activities, scrap wood and metals, and	• The site will have receptacles for recyclable and not recyclable wastes, and these will be marked; • Separate waste receptacles will be provided for hazardous waste; • Building rubble and excess soil material will stockpiled separately and away from waterways. Items like scrap wood and metals will be recycled. Building rubble will be disposed			receptacles on site • Number of receptables with proper waste separation • Frequency of removal of rubble • Number areas with contaminated soil • Presence of waste records • Number of Licenced waste contractors.	Weekly Weekly Weekly Monthly Annually	

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	small concrete spills. Waste may also be generated from the site offices in the form of general litter and food waste.	of in the Matsapha Landfill as per the Waste regulations, 2000; • Topsoil will be stockpiled separately for landscaping and site rehabilitation; • Contaminated soil should be rehabilitated on site using bioremediation; • Mineral Construction and demolition wastes will be separated from general refuse, organic, liquid and chemical					

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
		wastes by on-site sorting and stored in appropriate containers; • Construction waste will be collected and disposed properly by licensed collectors to Matsapha Landfill; • The records of waste disposal will be maintained as proof for proper management as designed; and • A detailed Waste Management Procedure is attached in					

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
		Annex 5 of this report.					
Site clearing, decommissioning, excavations	*Hazardous materials* Construction and decommissioning activities may pose the potential for release of petroleum-based products, such as lubricants, hydraulic fluids, or fuels during their use in equipment.	• Hazardous materials will be stored in areas with controlled access; • Material Safety Data sheets (MSDS) will be prepared for hazardous materials; and • A Storage and handling plan will be prepared and implemented on site.	Contractor	PIU/Environmental Specialist	• Number of designated hazardous waste storage areas. • Number of MSDSs against number of hazardous materials • Presence of hazardous material storage and handling plan	Once off at start Monthly Once off	50 000
Construction and Decommissioning	*Water pollution* Poor management of oils and	• The contractor will draw up and implement a chemicals management	Contractor	PIU/Environmental specialist	• Number chemical safety signs	Monthly Fortnightly	80 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	hazardous material may lead to spillages and subsequent contamination of storm water drains, which eventually drain into surface water bodies. Waste water may also be produced from batching if batching areas are not properly sited and designed.	plan, display signs, control access to chemicals and handle chemicals in accordance with their MSDSs. Only trained personnel will handle hazardous material, procedures for handling spillages will also be in place; • All topsoil removed during construction will be stockpiled separately on site for rehabilitation purposes; and			• Number of access restriction signs • Number of dripping trays	Weekly	

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
		• Oil and lubricant containment equipment will be used to collect oils and lubricants under leaking machinery.					
	Contaminated Land Land contamination may be encountered due to releases of hazardous materials or oil, poor management of waste and other hazardous materials, leaking	• Vehicles and machinery will be regularly serviced. There will be no servicing done on site. This will ensure that the vehicles do not leak fuel into the soil. • Drip trays should be used to contain any potential leakages. However, if	Contractor	PIU/Environmental specialist	• Number of properly serviced machinery • Number of hazardous waste marked receptacles • Number of bioremediation areas	Quarterly Monthly Once off	Covered above

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	machinery and equipment	there are any spills, the contaminated soil will be scooped and stored in hazardous waste marked bins which will then be treated using bioremediation on site.					
Site clearing and excavations	*Risk to cultural heritage* Construction activities may uncover or affect cultural and archaeological items in the project areas.	• Contractors will be sensitized on the importance of preservation of items of cultural heritage; • In cases where a discovery is made, the ENTC will be notified immediately; and	Contractor	PIU/Environmental Specialist	• Number of trainings on cultural heritage preservation • Presence of ENTC notification procedure • Number of Chance find recording forms	Annually Once off Once off	-

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
		• It shall be ensured that provisions are put in place so that artifacts or other possible "chance finds" encountered in excavation or construction are noted and registered, responsible officials contacted, and works activities delayed or modified to account for such finds.					
Occupational Health and Safety							
Construction activities	*Over-exertion* Over-exertion, ergonomic	• Training of workers in lifting and materials handling	Contractor	PIU/Environmental Specialist	• Number of trainings on lifting and	Quarterly	-

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	injuries and illnesses may be experienced by workers on site.	techniques in construction and decommissioning activities, including the placement of weight limits above which mechanical assists or two-person lifts are necessary; • Planning work site layout to minimize the need for manual transfer of heavy loads; • Selecting tools and designing work stations that reduce force requirements and holding			handling techniques • Number of equipment carrying appropriate load • Presence of site work layout plan • Number of tools and equipment that reduce force requirements and holding times • Number of administration controls • Presence of fatigue procedure	Monthly Once off Monthly Monthly Once off	

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
		times, and which promote improved postures, including, where applicable, user adjustable work stations; and • Implementing administrative controls into work processes, such as job rotations and rest or stretch breaks.					
	Slips and falls Slips and falls on the same elevation may be experienced by workers due to poor housekeeping.	• Implementing good house-keeping practices, such as sorting and placing loose construction; materials or demolition	Contractor	PIU/Environmental Specialist	• Number of areas with good housekeeping • Number of areas without waste debris and liquid spills • Number of workers with	Weekly Weekly Monthly	-

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	Poor housekeeping may be from excessive waste debris, poor storage of construction materials, liquid spills, loose electrical cords and ropes on the ground.	debris in established areas away from foot paths; • Cleaning up excessive waste debris and liquid spills regularly; • Locating electrical cords and ropes in common areas and marked corridors; and • Use of slip retardant footwear.			slip retardant footwear		
	Risk from Working in heights Workers may be at risk caused by falls from elevation	• Training and use of temporary fall prevention devices, such as rails or other barriers when working at heights;	Contractor	PIU/Environmental Specialist	• Number of fall prevention devices. • Number of trainings on use of temporary fall prevention devices	Weekly Quarterly	-

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	associated with working with ladders, scaffolding, and partially built or demolished structures.	• Training and use of personal fall arrest systems, such as full body harnesses; and • Control zones and safety monitoring systems will be used to warn workers of their proximity to fall hazard zones, as well as securing, marking, and labelling covers for openings in floors, roofs, or walking surfaces.			• Number of safety monitoring systems for fall hazard zones • Number of harnesses on site	Monthly Monthly	
	Risk from moving machinery Vehicle traffic and use of lifting	• Planning and segregating the location of vehicle traffic, machine	Contractor	PIU/Environmental Specialist	• Presence of site moving machinery and vehicle plan	Once off Monthly	-

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	equipment in the movement of machinery and materials on a construction site may pose temporary hazards, such as physical contact, spills, dust, emissions, and noise. Heavy equipment operators have limited fields of view close to their equipment and may not see pedestrians close to the vehicle.	operation, and walking areas, and controlling vehicle traffic through the use of one-way traffic routes, establishment of speed limits, and on-site trained flag-people wearing high-visibility vests; • Ensuring the visibility of personnel through their use of high visibility vests when working in or walking through heavy equipment operating areas, and training of			• Number of marked walking areas • Number of signs directing traffic • Number of machinery and traffic designated areas • Number of speed limit signs • Number of trainings for flag people • Number of flag people • Number of personnel with high visibility vests • Number of equipment with backup alarms	Monthly Monthly Monthly Quarterly Weekly Weekly Monthly Monthly	

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
		workers to verify eye contact with equipment operators before approaching the operating vehicle; • Ensuring moving equipment is outfitted with audible back-up alarms; and • Using inspected and well-maintained lifting devices that are appropriate for the load, such as cranes, and securing loads when lifting them to higher			• Number of inspected and marked equipment • Number of inspected and properly maintained equipment • Number of equipment carrying weight appropriate loads. • Presence of health and safety incident register. • Number of occupational health and safety incidences	Quarterly Weekly Once off Weekly	

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
		job-site elevations.					
	Water supply and Sanitation Site workers may not have access to quality drinking water, which may lead to waterborne diseases. Without proper sanitation, site workers may use bushes as toilets, which may lead	• Portable water will be made available for workers on site. • Temporary chemical toilets will be provided to cater for site workers.	Contractor	PIU/Environmental Specialist	• Number workers per potable water area • Number of adequately equipped chemical toilets	Weekly Weekly	72 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	to soil pollution as well as pollution of water resources from pollutants like coliforms and other pollutants.						
Community Health and Safety							
Moving equipment in and out of site,	*Site Hazards* The proposed project site is currently used for CMS operations. This means that normal CMS operations will continue during construction. This will expose CMS employees to site hazards	• The contractor will implement training of project workers designed to heighten awareness of risks and to mitigate impacts on public; • The contactor will develop and implement measures and action to assess	Contractor	PIU/Environmental Specialist	• Number of trainings on public safety • Number of measures for managing safety risks • Number of public safety incidences • Number of access control measures on site	Quarterly Monthly Monthly Monthly Quarterly	80 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	from construction equipment moving in and out of site, open excavations, tripping and other site hazards.	and manage specific risks and impacts to the public arising from project activities; • Restricting access to the site through fencing, signage, and communication of risks to the public and current CMS employees; • Hazardous conditions on construction sites that cannot be controlled effectively with site access restrictions will be removed, these include			• Number of signs informing public about site safety • Number of barricaded open trenches	Weekly	

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
		such as covering openings to small confined spaces, ensuring means of escape for larger openings such as trenches or excavations, or locked storage of hazardous materials; and • Open trenches and excavations will be barricaded and they will not be left uncovered for extended periods.					
	Increased Disease prevalence	• Providing surveillance and active screening and treatment of workers;	Contractor	Environmental Specialist	• Number of surveillance and screening points	Weekly Weekly	90 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	Increased incidence of communicable and vector-borne diseases attributable to construction activities represents a potentially serious health threat to project personnel and the public. The country is dealing COVID 19, which poses a significant risk to communities. The Manzini region has the second highest number of COVID 19 cases in the country.	• A COVID 19 management Plan has been developed and attached as annex 8.			• Presence of screening records • Number of trainings on communicable disease prevention	Quarterly	

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	Local workers from the project may transmit this disease amongst others and the public.						
Movement of vehicles in and out of the site	*Traffic accidents* The CMS supplies about 400 heath facilities in the country. In addition to the dispatch vehicles, there are vehicles that need to deliver the supplies to the site. There are also staff vehicles that enter the site and are parked during the day.	• Warning signs will be put in place to warn motorists and pedestrians of construction vehicles going in and coming out of the site; • CMs staff will be engaged comprehensively on changes on their normal working environment and how accidents could be prevented;	Contractor & CMS Management	PIU/Environmental Specialist	• Number of warning signs for motorists and pedestrians • Number of engagements with CMs staff • Number of project information boards • Number properly serviced equipment and vehicles • Number of incidences of	Weekly Quarterly Once off Quarterly Weekly	36 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	Due to the fact that CMS operation will continue during construction, the increase in construction vehicles will lead to decreased parking space, more restrictive movement of delivery and dispatch vehicles, staff and visitor vehicles. The movement of construction vehicles in and out of the site may increase traffic volumes as well as disrupt the flow of the	• The public will be made aware of the before they are start through the erection of project site information; • Adoption of best transport safety practices across all aspects of project operations with the goal of preventing traffic accidents and minimizing injuries; • Regular maintenance of vehicles and use of manufacturer approved parts to minimize			traffic congestion. • Number of well-equipped and accessible first aid kits	Monthly	

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	CMS vehicles. This may lead to accidents involving CMS staff, visitors and vehicles involved in the CMS operation.	potentially serious accidents caused by equipment malfunction or premature failure; and • Activities requiring high movement of site vehicles will be done during low traffic periods.					
	Safety and security risks The increased activity in the project sites may attract thieves, leading to loss of building materials and	• Security personnel will be put in place to ensure safety of workers, equipment and materials stored on site at all the sites.	Contractor	Environmental Specialist	• Number of security personnel • Number of designated and secure material storage areas. • Number of storage areas	Weekly Weekly Weekly	72 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	other equipment.	• Materials and equipment will be stored in a designated secure area on site with restricted access.			with restricted access		
	Fires Some activities, and carelessness, on site may lead to fire outbreaks.	• The contractor shall ensure that there is an emergency response plan that includes fire emergencies. This plan will be communicated to all site workers and visitors; • Smoking areas will be designated within the site	Contractor	PIU/Environmental Specialist	• Presence of emergency response plan • Number of designated smoking areas • Number of workers smoking in designated smoking areas • Number of marked and accessible fire/emergency assembly points	Once off Monthly Monthly Quarterly	90 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
		and smoking in undesignated areas will be prohibited; and • Fire assembly points will be designated within the project site, clearly marked and easily accessible. *See annex 9 for emergency response plan.*			• Number of designated first aiders • Number of well resources first aid kits	Weekly Weekly	
Social Impacts							
Presence of construction workers	*Increased risk of GBV and SEA* According to the SWAGAA, in Eswatini violence against children, including girl	• The Eswatini Ministry of Health will address all LMP aspects as part of procurement	PIU/Social Specialist Contractor	PIU/ Social specialist	• Presence of relevant LMP aspects in contractor induction documents • Presence of contractor CoC	Once off Once off	80 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	children, and child sexual assault are alarmingly high. Statistics show that in Eswatini, it is expected that: one in three Swazi girls will experience some form of sexual violence by the time they are 18 years old. Almost half of Swazi women (48.2%) will experience some form of sexual violence over their lifetime. Some perpetrators of GBV are encouraged	for works as well as during contractor induction. • Contractors will be required to maintain labour relations through a code of conduct (CoC) • The CoC will include sanctions for non-compliance, including non-compliance with specific policies related to gender-based violence,	Contractor Contractor Contractor	PIU/ Social specialist PIU/ Social specialist PIU/ Social specialist PIU/ Social specialist	• Number of sanctions in contractor CoC • Number of trainings on issues of GBV, SEA and GRM • Presence of contractor GRM • Number of reported and closed GRM cases • Number of employees disciplined for GBV/SEA	Once off Quarterly Once off Monthly Monthly	

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	when they feel economic power. Being employed in the project may lead to exacerbation of GBV/SEA for those with this problem.	sexual exploitation and sexual harassment • A robust GRM structure should be adopted and implemented by the contractor; • Workers will be regularly educated and trained on the procedures for reporting SH incidences without feeling stigmatized or victimized; • Reported SEA cases and victims will be treated with dignity to	Contractor Contractor Contractor Contractor	PIU/ Social specialist PIU/ Social specialist PIU/ Social specialist PIU/ Social specialist			

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
		encourage more reporting; • The contractor will enforce legislation and act against employees found to have committed acts of gender-based violence; • A consultant will be engaged to raise awareness and encourage reporting of SEA and GBV and other anti-social behaviors; and • Contractor staff will be educated on the SODV Act and its consequences					

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
Recruitment of project workers	*Child labour* Contractors may hire underage persons, which is against international and national legislation and standards.	The contractor will be required to ensure that their recruitment policy is in-line with national and international laws and against child labour. This will be stipulated in the contract documents. During monitoring, this aspect will be included in the environmental and social indicators.	Contractor	PIU/Social Specialist	• Number of underage employees	Quarterly	-
	Increased spread of HIV and other STIs The introduction of non-local people may lead to relationship with locals. Unprotected sex in these relationships	• HIV and STI Education and awareness sessions will be conducted for employees; • Contractor will be encouraged to prioritize locals for employment opportunities;	Contractor	Social Specialist	• Number of HIV/STI awareness trainings • Number of points with IEC materials on site • Number of issues addressed by the IEC materials	Quarterly Weekly Monthly	90 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	may lead to the increase of HIV prevalence.	• Information, education and Communication (IEC) materials will be made available and accessible to workers; and • Condoms will be made available and free in construction site, mostly in toilets. • The project will not have a campsite			• Number of toilets with male and female condoms	Weekly	
Recruitment of and management of workers	*Discrimination against vulnerable and disadvantaged people* During recruitment of	• The recruitment policy for the contractor will be reviewed as part of the tender selection process. Inclusiveness of	PIU/Recruitment specialist	PIU/Social specialist	• Recruitment policy inclusiveness in tender adjudication • Number accesses and facilities	Once off Once off	-

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	workers for the project, there is a risk of having potential workers discriminated upon in terms of gender, economic status, disability, social status.	the policy will be considered as one of the factors for selection of contractors. • Accesses and other facilities will be put in place to accommodate workers living with disabilities.	PIU/Project Engineer	PIU/Social specialist	catering for people living with disabilities.		
Moving vehicles and equipment within the project site	*Conflicts* The project activities may interfere with the normal operation of the warehouse during delivery and dispatch operations, especially during	• Project activities will be minimal during peak operational hours of the warehouse; • The new access and traffic flow plan will be communicated to all CMS staff as well as	Contractor & CMS management	Social specialist & Environmental Specialist	• Number of resolved conflicts • Number of trainings on traffic flow plan • Number traffic signs indicating traffic flow	Weekly Monthly Monthly	-

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	high activity hours.	contractor staff to ensure that the respective accesses are used during the construction phase; and • Signs will be put in place to facilitate implementation of traffic flow plan in the site.					
Demolition of side wall to connect new building to the old one	*Exposure of medical stock to contamination risks* Dust, temperature variations resulting to the exposure of the warehouse stock during the connection of	A temporary structure will be put up to protect supplies in the warehouse from contamination.	Contractor	Environmental specialist	• Presence of effective screening structures	Once off	50 000

Activities	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring frequency	Cost
	the old and new structure. This may compromise the quality of the medical supplies in the warehouse.						

7.3.3 Mitigation measures for operational phase impacts

Table 15 shows the mitigation measures for operational phase

Table 14: Operational Phase Mitigation Measures

Project Activity	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring Frequency	Cost
Environmental							
Maintenance of structures and equipment	*Dust and Noise* During maintenance of the equipment and structures, dust and noise may be generated from	• Screens will be put in place to protect operations from dust and noise from maintenance activities;	Contractor	Ministry of Health	• Percentage of working area perimete		2000

Project Activity	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring Frequency	Cost
	maintenance trucks and maintenance activities.	• Maintenance activities will be done after hours as much as practically possible; • Dust suppression measures will be implemented; and • Employees exposed to dust areas will be provided with the appropriate PPE.			r with screens • Percentage of maintenance activities done after hours • Number of employees with appropriate PPE		
	Energy management The operation of the operation Centre associated structures will lead to an increased demand in energy. This is through lighting, cooling, heating and other energy consuming activities. If energy conservation	• Solar louvres will be installed in all windows to prevent excess heat into the building; • Energy conservation measures will be put in place and enforced; • It will be ensured that the HVAC system has proper insulation; • High efficiency lighting will be used;	PIU	Ministry of Health	• Number of windows with solar louvers • Presence of		10 000

Project Activity	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring Frequency	Cost
	measures are not used, running costs will be high. High energy demand for the project will also mean more release of greenhouse gas emissions.	• Low energy consumption electrical equipment will be used; and • The design of the building will maximise the use of natural light and ventilation.			insulation in HVAC system. • Number of low energy consumption electrical equipment used		
	Air pollution The use of refrigerants containing ozone depleting substances (ODS) affects the ozone layer. Volatile organic carbons (VOCs) may also be released from refrigeration and cooling equipment. Laundry services also lead to the release of VOCs to the atmosphere.	• ODSs will not be used for refrigerators and cooling systems, and Low global warming potential refrigerants will be used; • It will be ensured that properly serviced vehicles are used; and • Drivers of parked vehicles will be required to have their engines off. No idling of cars will be allowed.	CMS	Ministry of Health	• Number of equipment with ODSs • Number of properly serviced equipment		2000

Project Activity	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring Frequency	Cost
					• Average vehicle idling time		
	Water Resource Management The operation of the operation Centre will increase the demand for water in the town. This may be exacerbated by water wastages.	• Plants used for landscaping will be those that don't require a lot of water. • Employees and contractor will be encouraged to report pipe and tap leaks and these will be attended to promptly.	CMS	Ministry of Health	• Average water consumption rate per species • Number of reported and addressed water leaks		6000
	Waste Management Increased amounts of solid waste will be generated from maintenance activities and CMS operations due to the expansion. Improper	• Waste receptacles will be provided at strategic areas within and around the site. • Recyclable waste will be separated from non-recyclables.	CMS CMS CMS	Environmental Health Department			80 000

Project Activity	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring Frequency	Cost
	management of such waste may result in environmental degradation	• The project will engage licenced recyclers to collect recyclables like paper, glass, cans, plastic for recycling. • Permanent personnel will be employed to manage waste management in the establishment.					
Maintenance of electronic equipment, solar panels and	*Electronic waste* Waste may be generated from maintenance of electronic equipment. In addition, electronic waste may be generated from maintenance of solar energy infrastructure. This waste is classified as hazardous waste in the Waste Regulations, 2000. Improper management of this waste may lead to environmental degradation. The country does not have a facility for final disposal of electronic waste and other hazardous waste.	• Supplier contracts should ensure that it includes requiring suppliers of ICT equipment to also be responsible for removal after their lifespan. Where appropriate, rental of these equipment may be pursued. • Electronic waste will be stored in containers in a designated area, in compliance with the Waste Regulations, 2000. • A proper storage facility will be put in place for electronic waste at the government stores. The ministry of health will be responsible for such waste until it is finally disposed in an environmentally friendly manner	CMS & MOH	Environmental Health Department & EEA			Covered under hazardous waste

Project Activity	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring Frequency	Cost
	The site does not have a designated temporary electronic waste storage area. Once the electronic waste is certified for decommissioning by the government stores department, it is transported to the government stores site in Mbabane. This medical equipment is stored in the open and is exposed to elements. This may lead to land pollution. The waste is disposed of by public auction. The government does not have a way of tracking if this waste has been properly disposed of. The waste may find itself in dumpsites where there is burning, causing air pollution.	• Waste will then be transported to hazardous waste disposal facilities outside the country to effect environmentally sound disposal in accordance to the Basel Convention					
Management of medical stock during operational phase	*Hazardous waste* Other hazardous waste, like fluorescent tubes, is stored where they are generated and they keep piling up in these facilities, including the CMS. The operation of the	Hazardous waste storage structure, approved by the EEA will be constructed. Appropriate disposal sites will be identified outside the country. Final disposal of hazardous waste will be	MOH	EEA			10 000 000

Project Activity	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring Frequency	Cost
	operation Centre will result in the increase of this waste. The country does not have a hazardous waste disposal facility and there is no plan for final disposal of such waste. This presents risks to the environment and human health	effected through the process of outlined in the Basel convention. This should be done with guidance from the EEA.					
	Soil Erosion Soil erosion may result from stormwater runoff if the stormwater management design has not been done properly.	• The project will implement the stormwater management plans • Drainage structures will be maintained regularly to ensure optimal function at all times.	Engineer	MOH			10 000 per month through lifespan of project
Operation of sewer system	*Wastewater* The sewer system may have clogged manholes and pipes during the operational phase. If not properly managed, this may cause the discharge of sewer into the environment, causing pollution.	Sewer management structures will be maintained to prevent pipe leakages and clogging.	MOH	EEA			10 000 per month through lifespan of project
Occupational Health and safety							

Project Activity	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring Frequency	Cost
Maintenance of structures	Workers may be exposed to safety and health risks during the maintenance of the operation Centre and associated structures. These may include falls, slips, inhalation of pollutants like dust, amongst others.	• Employees will be required to use the appropriate PPE. • Education and awareness will be conducted on health and Safety measures.	CMS	Environmental Health Department			50 000
Community Health and Safety							
Movement of traffic in and out of administration building	*Traffic safety* The operation of the operation Centre will result to increased traffic within the vicinity of the project site. Pedestrians may be exposed to increased traffic safety risks, especially workers in the neighboring establishments. This may also lead to car accidents and conflict among impatient drivers.	• There will be pedestrians' walkways for pedestrian accesses in and out of the building for their safety. • Accesses and parking for delivery and dispatch vehicles, employee and visitor vehicles will be designated and signs put on site.	CMS	Environmental Health Department			150 000
Interactions amongst staff and between	*Increased spread of communicable diseases* The addition of new staff on the CMS site, as well as contract workers who	• Government guidelines will be followed to ensure all precautions against the spread of communicable diseases are observed	CMS	EEA			60 000 per year through lifespan

Project Activity	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring Frequency	Cost
	will carry out maintenance from time to time may lead to the spread of communicable diseases like HIV and COVID 19.						of project
Social Impacts							
Maintenance and operation of the operation centre	*Sexual Exploitation and Abuse* Due to the high prevalence of GBV and SEA in the country as well as the Matsapha locality, the project employees may be prone to be perpetrators of GBV and SEA.	• The GRM developed for this project will be implemented; • Workers will be regularly educated and trained on the procedures for reporting SH incidences without feeling stigmatized or victimized; • Reported SH cases and victims will be treated with dignity to encourage more reporting; and • Employees will be educated on the SODV Act and its consequences.	CMS	Environmental Health Department			-
	Safety and security The site has experiences about 5 break ins in the last 8 years. 2 of the theft cases involved the removal of outside air-conditioning units and 2	• A security fence will be put up around the site. This will be a concrete wall fence with electric fencing on the top part.	CMS	Social specialist			60 000

Project Activity	Impact Description	Mitigation Measures	Responsible	Monitoring Authority	Monitoring indicators	Monitoring Frequency	Cost
	solar panels. Those break-ins that involved inside the warehouse were caught inside. The diamond mesh fence is around the perimeter of the site. Thieves cut this fencing and are able to go through. The most sought out medication are ARVs and medication used for cleaning corpses.	• More CCTV cameras will be added to cover all areas of the facility. • More security personnel will be employed. • A security risk assessment will be developed for the site (See annex 10 for security risk assessment).					
	Access The new building may be limiting to access for people living with disabilities if the design does not factor their needs	The design of the building will include features to ensure people living with disabilities are able to access all areas of the building. These include ramps for wheelchairs.	Architect	Social Specialist			

8. Grievance Redress Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

The GM will be based on the following principles:

- Fairness. Grievances are treated confidentially, assessed impartially, and handled transparently.
- Objectiveness and independence. The GM operates independently of all interested parties in order to guarantee fair, objective, and impartial treatment to each case. GM officials have adequate means and powers to investigate grievances (e.g., interview witnesses, access records).
- Simplicity and accessibility. Procedures to file grievances and seek action are simple enough that project beneficiaries can easily understand them. Project beneficiaries have a range of contact options including, at a minimum, a telephone number (preferably toll-free), an e-mail address, and a postal address. The GM is accessible to all stakeholders, irrespective of the remoteness of the area they live in, the language they speak, and their level of education or income. The GM does not use complex processes that create confusion or anxiety (such as only accepting grievances on official-looking standard forms or through grievance boxes in government offices).
- Responsiveness and efficiency. The GM is designed to be responsive to the needs of all complainants. Accordingly, officials handling grievances are trained to take effective action upon, and respond quickly to, grievances and suggestions.
- Speed and proportionality. All grievances, simple or complex, are addressed and resolved as quickly as possible. The action taken on the grievance or suggestion is swift, decisive, and constructive.
- Participatory and social inclusion. A wide range of project-affected people—community members, members of vulnerable groups, project implementers, civil society, and the media—are encouraged to bring grievances and comments to the attention of project authorities. Special attention is given to ensure that poor people and marginalized groups, including those with special needs, are able to access the GM.

Structure of Grievance Mechanism (GM)

Grievances will be handled by the Grievance Office at MOH. When a grievance is logged, the appointed officer, e.g. M&E officer) should acknowledge the complaint, unless the issue is logged anonymously. If the issue is registered anonymously, it will be automatically referred to the Project coordinator. Upon registration, the appointed Officer will refer the issue for resolution or mediation to relevant officials. The aim is to resolve all grievances within a few weeks. Any grievance which is not resolved within that timeframe will be reported in detail in monthly Project management reports. All other grievances will be aggregated to track trends for managerial response.

A Complaints Register will be maintained by the appointed officer, who will log the: i) details and nature of the complaint; ii) the complainant's name and their contact details; iii) date; iv) corrective actions taken in response to the complaint. This information will be included in project progress reports. The project level process can only act within its appropriate level of authority and where appropriate, complaints will be referred on to the relevant authority.

Stage 1: Grievance raised with the PIU GM.

- Grievances can be raised directly with the PIU through the MoH telephone numbers, emails, social media, formal letter and during stakeholder engagement sessions;
- The GM focal point logs the grievance and acknowledges receipt to the complainant within two working days including the timeline within which resolution is expected, i.e., 14 days or 30 days in case additional investigation/research is needed.
- The GM focal point then refers the same to the Grievance Committee (GC) within 24 hours for resolution within 14 working days, i.e., not more than 3 weeks from when the complaint was originally made to the hotline.
- If the GC determines additional research/investigation is needed, it will inform the complainant that additional time will be required, not more than 6 weeks from when the complaint was first made to the hotline.
- In exceptional circumstances, if more than 6 weeks is required, this will be recorded in detail for review by the Project Coordinator and World Bank team and will be reflected in the PIU's Bi-annual reports and M&E reporting.
- The complainant will be informed of the outcome immediately and at the latest within 5 days of the decision.

Timelines:

The timeline for complaint resolution will be not more than 21 working days (3 weeks) upon receipt of the complaint by the Hotline.

For complaints that require additional study and research, the timeline for complaint resolution will be not more than 6 weeks upon receipt of the complaint.

The PIU GM and the GC are required to follow the steps and timelines for resolution of grievances as set out below.

- The GC shall convene as per necessity (but at least once a month) and shall include at a minimum 4 members. Special provisions will be made for any complaints of a confidential nature and in the case of complaints related to sexual exploitation and abuse (SEA) and sexual harassment (SH), procedures as laid out in the SEA/SH action plan to be prepared will be followed.
- The composition of the GC is as follows: The GC will be composed of the four officers - Social Officer, Case management Chairperson, Emergency Operation Centre chairperson and Human Resources Officer. Based on the classification, some complaints can then be prioritized and assigned to the relevant department for follow up. Investigation/follow-up can include site visits, document review, and meetings with parties who can solve the problem. The results of the investigation and response will be submitted for consideration to the Project Coordinator, who will decide what action to take.

Stage 2: Appeal to the Director of Health Services

Unsolved grievances, with the complainant's consent, will be sent to the next level in written form. PIU Social officer/GM Focal point will review the written complaints of PAPs, which were not satisfied at Stage 1 and send them internally to the appropriate departments (legal, technical, contracts etc.) for redress or the Director of Health Services. The timeframe for referral is 7 days. The complainant shall be informed of the decision within a maximum of 30 days.

Timeline: Timeline for appeals that go the Director of Health services is thus a maximum of 7 weeks from the time the complaint was first logged and 10 weeks in the case of complaints that required additional research/investigation.

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

Process to be followed by all Grievance Mechanism Structures

The two-stage grievance resolution process involves the following main steps at each level:

1. Receipt of grievances and acknowledgement
2. Screening for standing and/or acceptance or rejection
3. Processing of complaint
4. Grievance resolution approach

5. Closure of grievances;
6. Handling of grievance records and documentation. For handling grievances relating to sexual exploitation and abuse (SEA) and sexual harassment (SH), please refer to SEA/SH action plan to be prepared.

Step 1: Receipt of Grievances

Any PAPs or others believing they are affected by the Project can submit a grievance. Grievances can be raised using the MOH contact details, submitting in person or in writing to the GM Focal point in the PIU, or by email as per the below contact details:

Office address: Cooper Centre, Mbabane Kingdom of Eswatini

Telephone number: (+268) 404 2431

The MOH appointed office will classify the complaints based on the typology of complaints in order to provide a more efficient response and will provide the initial response within 24 hours.

Classification of typology is based on the characteristics of the complainant and the nature of the complaint. SEA/SH grievances will not be documented in the publicly accessible book. However, a SEA/SH action Plan will be prepared to manage related risks, and a specialized NGO will be engaged for awareness and will develop a system that will capture GBV related issues.

The GM Focal point shall acknowledge receipt of any written grievance within two days from the date of submission and shall inform the complainant about the timeframe in which a response can be expected. In cases where a grievance is raised in person, verbal acknowledgement will be provided. In cases where a complex grievance is raised, the complainant will receive an update explaining the actions required to resolve the complaint and the likely timeline. The complaint shall be filed and labelled with an identification code, communicated immediately to the complainant.

As a minimum the following information shall be recorded:

1. Case number
2. Complainant's name and contact details
3. Date and time of complaint
4. Description/statement of the grievance including where it happened, date and the Contractor staff complained against if applicable

Step 2: The process by which a complaint will be accepted or rejected

The acceptance/rejection of a complaint shall go through a discussion stage where the complainant and the GM staff interact on the grounds and motives of the complaint, after which the plaintiff should clearly and transparently be told whether or not the complaint is

eligible and will be processed. The acceptance/rejection of the complaint is based on an established objective criterion.

The following broad criteria will be used and publicly disclosed by the GM, including a written copy displayed in the public access areas of the GM in an appropriate language as well as at the MOH Facilities, CMS Operation Centre site and other project sites.

- All concerns raised in relation to the implementation of any projects and programs coordinated by the PIU;
- All concerns raised in relation to community health and safety risks in project areas
- Adverse environmental and social impacts in relation to Project funded activities and programs.

Step 3: Processing of the complaint (if accepted)

Grievances will be categorized based on project significant impacts and the type of issue(s) raised and the effect on the environment/claimant if the impact raised by the complainant were to occur. Based on the categorization, the complaints can then be prioritized and assigned to the relevant department for follow up. In the case of complaints that relate to governance issues, i.e., the client or World Bank staff, those should normally be addressed at a higher level, through MoH Director of Health Services.

Step 4: Grievance resolution approach

The GM Committee or MoH Director of Health Services will aim to resolve any grievances as per timelines set out in Stage 1 and Stage 2 above. The following steps shall be performed in a timely manner to avoid delaying resolution of a grievance:

-Obtain and document as much information as possible from the person who received the complaint, as well as from the complainant to gain a first-hand understanding of the grievance (For handling grievances relating to SEA and SH, please refer to SEA/SH action plan to be prepared).

- Undertake a site visit, if required, to clarify the parties and issues involved. Gather the views of other stakeholders.

- Determine whether the grievance is legitimate/sound. Inform the complainant of the expected time frame for resolution of the grievance.

-Enter the findings of the investigation in the grievance database.

If the grievance continues to be unresolved at Stage 2, it will be presented to Director of Health Services at the Ministry of Health, who will review and decide upon the grievance. The complainant shall be informed in writing of the MOH's decision. If MOH's decision fails to satisfy the aggrieved affected persons, they can pursue further action by submitting their case

to the appropriate court of law. Appeals may be referred to national courts or through other suitable processes such as mediation or arbitration. The final decision will be taken by the arbitrator or courts based on compliance with laws, policies, standards, rules, regulations, procedures, past agreements or common practice. The results of the investigation of non-sensitive complaints should be publicized.

If wider consultation is necessary or in cases where the type of complaint necessitates that it be addressed by a credible third party, grievances will be forwarded to such a third party. For example, if the complaint relates to governance issues regarding the client or the World Bank and it is a conflict of interest or claims regarding issues where specialized credible institutions may already exist as is often the case in disputes over land, a credible third party should be identified. This third party should be neutral, well-respected, and agreed upon by both MOH and the affected parties. These may include public defenders, legal advisors, local or international NGOs, or technical experts.

Step 5: Closure of Grievance

A grievance will be considered "resolved" or "closed" when a resolution satisfactory to both parties has been reached, and after corrective measures have been successfully implemented. When a proposed solution is agreed between the Project and the complainant, the time needed to implement it will depend on the nature of the solution. However, the actions to implement this solution will be undertaken within one month of the grievance being logged and will be tracked until completion. Once the solution is under implementation or has been implemented to the satisfaction of the complainant, a complaint closes out form will be signed by both parties (PIU Coordinator or its representative and the complainant), stating that the complainant considers that his/her grievance is closed. The grievance then, will be archived in the Project Grievance database. In certain situations, however, the Project may" close" a grievance even if the complainant is not satisfied with the outcome. This could be the case, for example, if the complainant is unable to substantiate a grievance, or it is obviously speculative or fraudulent. In such situations, the Project's efforts to investigate the grievance and to arrive at a conclusion will be well documented and the complainant advised of the situation. MoH will not dismiss grievances based on a cursory review and close them unless the complainant has been notified and had the opportunity to provide supplementary information or evidence.

Step 6: Grievance Records and Documentation

MoH PIU GM Focal Point will manage a grievance log to keep a record of all grievances received. PIU will use a simple Word or Excel based file to log, document and track all grievances received. The complainant will be informed immediately once the grievance has been received and they will be provided with a case number. Grievances shall be assigned a case number and records of communication/consultation shall all be attached with the relevant entry and filed. The database will contain the name of the individual or organization lodging a grievance; the date and nature of the grievance; any follow-up actions taken; the

solutions and corrective actions implemented by the Contractor or other relevant party; the final result; and how and when this decision was communicated to the complainant.

The database shall be monitored regularly tracking the grievances throughout the processing cycle to reflect the status and important details. Recurring grievances will be monitored to ensure that appropriate mitigation measures are put in place for improvement. Supervisor and construction companies in their monthly monitoring reports will provide information on grievance management. Grievance monitoring and reporting will occur in MOH's six-monthly and annual public reports.

PIU Grievance Log: The PIU Grievance log at a minimum will record the following information

1. Individual case number
2. Complainant's name and contact details (unless the complaint has been submitted anonymously)
3. Date and time of complaint
4. Date complaint was sent to PIU (standard is within 2 working days of complaint being received by)
5. Date complaint was logged by PIU
6. Date acknowledgement was sent to complainant by PIU
7. Time estimated to address (3 weeks or 6 weeks)
8. Description/statement of the grievance including where it happened, date and the Contractor staff complained against if applicable
9. Details of proposed resolution, including person(s) who will be responsible for authorizing and implementing any corrective actions that are part of the proposed resolution OR Details of it being sent to Stage 2 (Director of Health Services for resolution)
10. Date when proposed resolution was communicated to the complainant (unless anonymous) Or Date of when it was referred to Stage 2 (Director of Health Services)
11. Details of whether the complainant was satisfied with the resolution, whether the complaint can be closed out
12. Date of when the complaint is closed
13. Date when the resolution is implemented (if any).

Sexual exploitation and abuse and Sexual Harassment

Other measures to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH), will be identified in the SEA/SH Action Plan. With respect to SEA/SH related complaints, special procedures will be adopted in order to ensure anonymity and referral procedures to associated NGOs who are experienced in handling GBV cases will be set up.

If the matter remains unresolved, or complainant is not satisfied with the outcome at the project level, the head of the GM, will then refer the matter to the MOH for a resolution. Project Affected Parties (PAPs) have the option to take their respective case/s directly to the established legal system as provided by Eswatini law

World Bank Grievance Redress System

If the project GM failed to resolve disputes in an amicable fashion, PAPs and individuals who believe that they are adversely affected by a project supported by the World Bank may also send complaints directly to the Bank through the Bank's Grievance Redress Service (GRS). A complaint can be submitted to the Bank GRS through the following channels:

- Email: grievances@worldbank.org
- Fax: +1.202.614.7313
- Mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street,
- Northwest, Washington, DC 20433, USA.

Awareness raising and disclosure of the GM

Awareness raising and disclosure of the GM will be provided in an accessible format. Communities and potentially affected persons will be advised of the GM in the early stages of engagement on the project, and be made aware of:

• The potential impacts of the project and how these impacts are to be minimized;

• How they can access the GM (i.e., key people and complaint forms);

• Who to speak to and how to make a complaint;

• The timeframes for each stage of the process;

• The GM being confidential, responsive and transparent; and

• Alternative avenues of dispute resolution where conflicts of interest exist.

Roles and Responsibilities

Social Officer

Will be responsible for managing the GM including updating the grievance database to track the progress of formal grievances for the duration of projects. This involves coordinating between key agencies on a regular basis. The Social Officer is responsible for final oversight of community consultation and grievance management.

Project Implementation Team (PIT)

The PIU is responsible for the management of the entire GM. The PIU Coordinator will direct the PIU to deal with all grievances in an appropriate manner through the grievances committee, and if necessary, delegate members or others to assist or intervene directly in resolution activities.

Table 15: Roles and Responsibilities for GRM

Role Player	Responsibilities
PIU	• Collection, investigation and resolution of project related grievances • Management of the entire GM system
Grievances committee	• Notification to complainants about receipts and deadlines for reviewing complaints • Observing the entire problems, including the causal relationship between project activities and suspected damage/danger/ disturbance • Decision making based on the observation • Processing appeals or ongoing communication to complainants with the aim of resolving the issue peacefully • Publishing the responses to a complaint (need to be confirmed by the complainant)
Social Officer	• Organizing and applying information delivery and awareness raising campaigns • Reporting and handling GM results.

9. ENVIRONMENTAL ASSESSMENT PROCESS

9.1 Screening of Project

According to the World Bank Environment and Social Framework, this project, which is a subproject of the HSSHCD project required an ESMP before being implemented. According to World Bank Environmental and Social Framework, the project risk rating is moderate, as per ESS1. In compliance with national legislation, a project brief was submitted to the EEA and the project was classified as a category 2 project. Category 2 projects subprojects would be those that the EEA may consider as likely to have some significant adverse environmental impacts but that the impacts are relatively well known, easy to predict and measures which can be taken to prevent or mitigate impacts are well known. This meant an Initial Environmental Evaluation (IEE) accompanied by an environmental and social management plan (ESMP) for review by the EEA. This This ESMP has been prepared in compliance with the World Bank ESF and national legislation.

9.2 Preparation Environmental and Social Management Plan

The ESMP provides mitigation and management measures for the preconstruction, construction and operation of the proposed project. The ESMP is developed to propose measures to enhance positive impacts and minimize or prevent adverse impacts. It involves the identification and development of measures aimed at preventing, avoiding, minimizing, mitigating and/or offsetting impacts to levels that are environmentally and socially acceptable during implementation and operation of the project. The principle of proportionality has been applied as much as possible in proposing mitigation measures. The ESMP addresses the following:

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

The IEE and ESMP reports will be submitted to the World Bank, MOH then the Eswatini Environment Authority (EEA) for review. When the EEA has reviewed the reports and found them to adequately identify and address all environmental and social risks of the project, an environmental approval for project implementation is issued.

9.3 Information Disclosure

Open and transparent engagement with Project affected parties, NGOs and other relevant stakeholders will be consulted in earlier stages of the process. As such, information disclosure involves disclosing project information to allow stakeholders to understand the risks and impacts of the project and potential opportunities. Stakeholders will be provided access to information as early as possible before the Bank proceeds to project appraisal and in a timeframe that enables meaningful consultations with stakeholders on project design. The disclosure of documents shall be as per local requirements and World Bank procedures.

9.4 Key Principles for subproject Engineering Design

In order to avoid and minimize adverse environmental and social impacts, key findings from the environmental and social management plan should provide the basis for developing CMS engineering designs. CMS contractor will work hand in hand with the respective Environmental and Social specialists to ensure that the proposed designs are environmentally, socially and economically sustainable. Until the ESMP is publicly disclosed and approved, engineering drawings will undergo a series of changes to incorporate all recommendations from the environmental and social standpoint.

9.5 Project Alternatives

9.5.1 Construction of operation centre in the existing CMS site in Matsapha

9.5.1.1 Pros

This site is already disturbed because it is where the current CMS operations are. This reduces the possible environmental and social impacts that would be possible for a greenfield. The impacts would be less than if the project was established in a greenfield. Additionally, development on this site will integrate the supply chain operations reducing costs of duplicate activities in the receiving of orders, planning and management of logistics in relation to medical supply to more than 400 facilities in the country. The site also has more land available that allows for future expansion of the operations.

9.5.1.2 Cons

The site is already carrying out operations and construction activities may affect the operations of the CMS operational Centre. In addition, there are possible social, health and safety impacts to current staff on site.

9.5.2 Buying new vacant land

9.5.2.1 Pros

This would allow for construction activities to be carried out without disturbing operations of the CMS operational Centre. This would mean that the quality-of-service delivery in the CMS operational Centre will not be affected and the social, health and safety risks to CMS workers.

9.5.2.2 Cons

The buying of land and construction of a new building would be expensive for government. Biophysical impacts of development in a greenfield would be more pronounced that development than in the site that is already disturbed.

9.5.3 No project alternative

This would mean that the different operations would conduct their activities in silo, reducing the efficiency of supply and duplication of use resources (cars, personnel and equipment). This will make the operational costs of the supply chain remain high.

9.5.4 Preferred alternative

Refurbishment of the existing warehouse is the preferred alternative. The site has additional land that is available for future development. This will increase the costs of running the supply chain and increase the efficiency of operations.

9.6 Integration of ESMP into Bidding Documents

The E&S requirements of the subproject will be incorporated to bidding documents and to contractors' contracts and shall be part of the overall procurement process. Contract documents will need to be incorporated with clauses directly linked to environmental and social risks and impacts mitigation measures and requirements. Mechanisms such as linking the payment schedules to implementation of the E&S requirement will be used to ensure that E&S mitigation measures are linked to disbursement.

9.7 Monitoring

The arrangements for monitoring the ESMP will fall under the overall responsibility of the MOH. Periodic monitoring and annual evaluations will be conducted to determine whether the measures proposed in the ESMPs for the subproject components are being implemented effectively.

Where there is discrepancy between what was agreed and implemented, immediate action will be taken to remedy the E&S issues.

10. INSTITUTIONAL ARRANGEMENTS FOR ENVIRONMENTAL AND SOCIAL MANAGEMENT

10.1 Structure of the PIU

Head of the Project. The Principal Secretary (PS) MOH, will be acting, on behalf of the Ministry of Health (MOH), as the Head of the Project, providing the Project's required *strategic and political vision* and being responsible for the overall leadership, coordination and management of the Project. In this capacity, the PS MOH will ensure that the implementation of the Project is carried out in strict alignment with the Project's Financial Agreement (FA) and Project's Operational Manual (POM) and will, to the best of his/her abilities, warrant that the Project's Developmental Objectives (PDOs), intermediate and final targets, as fully described in the Project's Results Framework (RF) and Monitoring Matrix, are achieved. The PS MOH will be accountable to the Minister MOH on matters related to the Project's implementation process.

The Undersecretary (Technical), Ministry of Health, accountable to the PS MOH, *will be responsible for the day-to-day overall coordinating effort* required for the implementation of the Project's sub-components. The Undersecretary will carry out this coordination effort under the strategic and political guidance provided by the PS, and in line with the implementation lead given by Project implementation unit.

10.2 Environmental and Social Implementation Arrangements for the Project

The management, coordination and implementation of the ESMP and associated Environmental Management Plans will be the responsibility of dedicated team members within MOH Project Implementation Unit (PIU). The roles and responsibilities of the key team members are presented below:

The Environment Specialist (ES) and Social Specialist (SS) will monitor the overall implementation of the ESMP, coordinate the timely preparation and approvals of ESMPs for subprojects. The ESSO will be responsible for ensuring that the provisions of the ESMP and that any necessary environmental licenses are compiled during the construction period.

In particular, ES and SS will:

- Undertake monthly internal audits to monitor the implementation of mitigation measures in accordance with the ESMP, and report on and respond to any environmental and social issues.
- Monitor the performance of contractors and subcontractors against the ESMP.
- Report compliance and non-compliance issues to the contractor, PIU, competent authority and WB.
- Recommend corrective action when required for aspects of non-compliance within the ESMP.

- Training of project staff, implementing partners, and contractors (list of persons, dates and places).
- Develop, implement and monitor all stakeholder engagement strategies/plans for the Project.
- Oversee all stakeholder engagement related activities for the Project and Manage the GRM.
- Liaise with the project manager to ensure that stakeholder engagement requirements/protocols are understood.
- Proactively identify stakeholders, project risks and opportunities and inform the PM/ PIU to ensure that the necessary planning can be done to either mitigate risk or exploit opportunities.

The ES and SS will also prepare 1) quarterly reports summarizing monthly monitoring results, to be included in the Project's Quarterly Reports to the World Bank, and 2) reports that aggregate and analyse monitoring results ahead of regular World Bank implementation support missions with MOH.

The Environmental Health Department (EHD), under the Ministry of Health, will be responsible to ensure compliance to ESMP through the lifespan of the project, beyond the project team involvement. EHD is also responsible for ensuring that the contractor(s) comply with all environmental and social requirements contained in the ESMP and related documentation.

Engineering Consultant will be recruited to provide institutional capacity and support to the PIU with: (a) overall project management and supervision including procurement, design, contract management; and (b) oversee the overall implementation, monitoring, and reporting of safeguards aspects such ESMPs, LMP, and SEP.

Contractor's E&S will need to adopt this ESMP and prepare a comprehensive Construction Environment and Social Management Plan (CESMP) that will provide the key reference point for compliance.

The Ministry of Health is responsible for ensuring that the Contractor Team's execution of the construction phase activities is compliant with the conditions of the ESMP. The Contractor must therefore ensure compliance with the ESMP, LMP, and SEP at all times during construction activities and maintain environmental and social incidents register which keeps a record of all environmental and social incidents.

These incidents to be reported on may include:

- Public involvement / complaints;
- Health and safety incidents;

- Incidents involving Hazardous materials stored on site;
- Non-compliance incidents;
- Social incidences, inclusive of gender-based violence; and
- Other social or community incidences as reported in the project's Grievance Register.

The Contractor E&S is also responsible for the implementation of corrective actions issued by the ES.

10.3 Monitoring Arrangements for Effective Environmental and Social Management

10.3.1 Regular Reporting

Regular monitoring reports on the implementation of ESMP will be prepared by the Environment and Social Specialist and submitted. Reports and all instruments prepared for subprojects will be presented to the bank for review. These reports will be reviewed by the Environment and Social Safeguards Specialist for the World Bank. In addition, reports relating to the compliance of the project and its subprojects with environmental and social safeguards will be prepared and submitted to the Bank.

10.3.2 Incidents and Accidents

The Environmental specialist and social specialist will promptly notify the Bank of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers. Provide sufficient detail regarding the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any contractor and supervising entity, as appropriate. Subsequently, as per the Bank's request, the ES and SS will prepare a report on the incident or accident and propose any measures to prevent its recurrence.

10.3.3 Contractors' Monthly Reports

Monthly Environmental and Social Safeguards compliance reports will be submitted to the Bank during project implementation.

The EEA will be the key institution that will be reviewing and providing guidance for the ESMP to ensure the project is implemented in compliance with the local environmental requirements. The EEA is responsible for enforcement of environmental compliance of the project during its implementation. This is done through regular site monitoring and review of project compliance reports.

10.3.4 Auditing

A Third-Party Audit will review the effectiveness of the implementation of environmental and social management plan. Primarily, the auditing exercise will determine whether the

project/subprojects comply with all environmental and social regulatory performance standards.

Auditing process will test the accuracy of reports from field assessments and cost effectiveness of management measures. It entails a systematic, documented and periodic review of project implementation and may be a very useful tool to improve project management performance.

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

- Collect, analyse and interpret monitoring results to detect changes related to implementation and operation of specific activities;
- Verify if monitoring parameters are in compliance with national set standards;
- Compare the predicted impacts with actual impacts and evaluate the accuracy of predictions in view of proposed mitigation measures;
- Evaluate the effectiveness of implementation of the ESMPs for subprojects;
- Loop back into the ESMP any short comings identified from the auditing; and
- Identify and report if there is non-compliance with the ESMP and where applicable, identify replicable lessons from the monitoring.

10.4 Measures to Introduce/ Strengthen Institutional Capacity

There is need to build or strengthen capacity for the institution/s that are part of the project to ensure an effective management of environmental and social risks. This will be addressed through:

- Capacity Building and Mainstreaming Environmental and Social Dimensions in the Technical Standards and procedures; enhanced technical assistance (TA) and training, including sharing of environmental and social lessons from the previous project in the country.

Integration of Occupational and Community Health and Safety requirements in the Standard Bidding Document. To ensure improved environmental and social management during the

construction stage, a section clearly specifying preventive and mitigation measures to be taken by the contractors will be introduced into the Standard Bidding Document (SBD). Compliance with these specifications will be supervised as part of project technical supervision.

10.5 Training Programme

Table 16: Training programme

Training Course	Participants	Training Frequency	Timing of Training	Content	Responsibilities	Cost
Project Environmental and Social Management	PIU	Once off	Design stage	• Content of ESMP, ESMP requirements (responsibilities and actions to be taken), Need for ESMPs, Stakeholder engagement and awareness to Environment protection and ESF • Occupational health and safety • Waste minimization and management • Sustainable practices in construction management	ES and SS	10 000
Environmental and Social Reporting and monitoring	ES and SS ECO	Once off	Design phase	• WB Reporting Requirements for Environmental and Social Monitoring, Incident reporting procedures.	WB Environmental and Social safeguards Specialist	10 000
Health and Safety	Contractor(s)	Quarterly	Implementation phase	• Occupational health and safety • Waste minimization and management • Sustainable practices in construction management.	ES and SS	180 000

Training Course	Participants	Training Frequency	Timing of Training	Content	Responsibilities	Cost
				• LMP Contents and especially for workers, information on the contents of the CoC and disciplinary measures. • Community Health and safety (SEA/SH, HIV, traffic safety) • Procedures (Chance find procedures, GRM)		
Community health safety	Current	Twice a year	Onset of Construction phase, Implementation phase	• Site safety, • SEA/SH, HIV prevention Disease management (Communicable and Vector) • Child rights	ES and SS	
Environment and social management	CMS management	Quarterly	Design stage, construction, and Operational stages	• Content of ESMP • Occupational health and safety • Waste minimization and management.	ES and SS	30 000
Waste Management	Government stores staff	Twice a year	Operational phase	• Waste management (waste separation, management of electronic waste)	ES and SS	20 000 per year

10.6 ESMP Implementation Cost/Budget

In view of the environmental management measures suggested above necessary budgetary provisions should be made for the successful implementation of the ESMP. The following table presents a budget estimate for the ESMP Implementation.

Table 17: Estimated ESMP Implementation Budget/Cost

Phase	Activity//item	Unit	Unit cost	Number	Estimated cost (SZL)
Preconstruction	Engagements of CMS staff	Per engagement	-	2	By Environment and Social team
	Training and capacity building for the project Implementation unit	Per training	-	1	By Environment and Social team
	Project information boards	Per board	10 000	2	20 000
Total preconstruction					**20 000**
Construction and Decommissioning	Environmental and social Monitoring and evaluation	Per month	-	24	By environment and social team
	Stakeholder engagements	Quarterly	-	8	By environment and social team
	Waste management (receptacles, skips, transportation off site)	Per site	6000	10	60 000
	Awareness raising and education activities (GBV, SEA, HIV and other communicable diseases, IEC materials)	Twice a year	20 000	4	80 000
	Project compliance reporting	Quarterly	25 000	9	225 000
	Temporary waste storage for operational centre	Per site	500 000	1	500 000

Phase	Activity//item	Unit	Unit cost	Number	Estimated cost (SZL)
Total construction and decommissioning					865 000
Operational phase	Stakeholder engagement	Twice a year	-		To be done by social expert within PIU
	Temporary hazardous waste areas	Per facility	50 000	200	10 000 000
	Waste management personnel	Per month	16 000	2	continuously through project life cycle to be included in operational budget
	Final disposal of hazardous and electronic waste	Per quarter	50 000	Lifetime of project	200 000 per annum
	Audits	biannual	40 000	4	160 000
Total operational					10 360 000

These figures should be integrated into the total project cost tables

10.7 Integration of ESMP with Project

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

11. CONCLUSION

The ESMP process for the construction of an operation centre at Central Medical Stores in Matsapha has been undertaken in accordance with the World Bank Environmental and Social Framework and Environmental Audit Assessment and Review Regulations 2000. The essence of the process is aimed at ensuring informed decision making and environmental accountability and to assist in achieving environmentally sound and sustainable development. In assessing the environmental feasibility of the proposed project, the requirements of national relevant legislation and WB standards were taken into consideration. These relevant legislations have informed the identification and development of appropriate management and mitigation measures that should be implemented in order to minimize potentially significant impacts associated with the project.

The assessment identified both positive and negative impacts for the construction and operation phases. Positive impacts include; employment creation, increased value of land, increased aesthetic value, market for goods and services, alleviation of crime, removal of alien invasive species and infrastructural development. The identified negative impacts that will be carefully monitored and adequately mitigated through implementation of the Environmental and Social management Plan (ESMP) during preconstruction, construction and operational phases. It is, therefore, recommended that the project be implemented, but with strict adherence to the proposed mitigation measures in the ESMP.

All stakeholders involved in the project will be made aware of their obligations in complying with the project's ESMP.

ANNEX 5: WASTE MANAGEMENT PLAN

LIST OF ABREVIATIONS

CMS	Central Medical Stores
EEA	Eswatini Environment Authority
EHD	Environmental Health Department
EHS	Environment Health and Safety
ESF	Environmental and Social Framework
ESMP	Environmental and Social Management Plan
ESS	Environment and Social Standards
HCW	Health Care Waste
MOH	Ministry of Health
PCBS	Polychlorinated biphenyls
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

INTRODUCTION

This Waste Management Plan sets out expectations of the World Bank's Environment and Social Standards (ESS3): Resource Efficiency and Pollution Prevention and Management, National Laws and Regulations (e.g., Eswatini Waste Regulations, 2000) and defines how the Ministry of Health (MOH) and appointed contractor (s)' will implement and manage waste issues arising as a result of the development. The ESS3 is relevant to the project. The Central Medical Stores (CMS) CMS Operation Centre construction will include the use of a range of materials like cement, gravel, stone and others. Large quantities of construction and demolition waste are expected, as concrete might be removed from current concrete slab at the forefront of the existing warehouse.

Ideally construction waste would be reused where feasible, while unusable fractions will be disposed at dedicated sites agreed with the Municipality and the Eswatini Environment Authority (EEA). Through the implementation of procedures and measures stated in the Environment and Social Management Plan (ESMP), the MOH, appointed contractors and municipalities will avoid or minimize the release of pollutants and assure compliance with the Environmental, Health and Safety Guidelines and Good construction practice. Mitigation measures addressed in the ESMP will also ensure the appropriate handling; storage, use and disposal of hazardous and non-hazardous materials and wastes.

OBJECTIVES

This procedure will ensure that the project is delivered in full compliance with legal requirements, and ensures:

1. Waste management priorities at the outset of activities based on an understanding of potential environmental, health and safety risks and impacts and considering waste generation and its consequences are established;
2. The generation of waste materials is avoided and minimized as far as practicable;

3. Waste management is addressed through a waste management system that addresses issues linked to waste minimization, generation, transport, disposal, and monitoring;
4. Hazardous waste is always segregated from non-hazardous waste. If generation of hazardous waste cannot be prevented through the implementation of the above general waste practices, its management will focus on the prevention of harm to health, safety, and the environment; and
5. A waste management hierarchy that considers prevention, reduction, reuse, recovery, recycling, removal and final disposal of waste will be established during the construction and operational phases of the CMS Operation Centre;

WASTE STREAMS DURING CONSTRUCTION, DEMOLITION AND OPERATIONAL PHASE

- Material-related streams
  -Metals: ferrous metals (iron and steel) and non-ferrous metals (aluminium, copper, zinc, nickel and others)
  -Glass
  -Paper and cardboard
  -Plastics
  -Wood waste
  -Bio-waste
- Hazardous material-related streams
  -Waste oils
  -Waste paints and solvents
  -Polychlorinated biphenyls (PCBs)
- Product-related streams
  -Packaging
  -Medical equipment, Electrical and electronic waste
  -Batteries and accumulators
  -End-of-life vehicles
  -Demolition waste
- Other
  -Liquid waste, e.g., sewerage

WASTE MANAGEMENT PROCEDURE DURING CONSTRUCTION PHASE

Waste management includes the activities and actions required to manage waste from its inception to its final disposal. This includes the collection, transport, treatment and disposal of waste, together with monitoring and regulation of the waste management process. During construction, the different waste streams will be segregated. The table below: illustrate the waste streams and applicable mitigation measures:

Waste streams	Waste Management Procedure
1. Material-related streams:	
Metals	• There will be a designated temporal storage area for storage of metals onsite. • Metal recycling will be of priority during the construction phase.
Glass	• Broken glasses will be stored in labelled waste receptacle onsite. • Glass recycling will be another opted management solution. • The contractor will engage with the Matsapha Municipality for final disposal of glass.
Paper and cardboard	• Recycling opportunities will be explored during construction. • The main waste collection point will be located in an easily accessible area within the construction site. The waste collection point will be selected taking into considering the prevailing wind direction, surface runoff patterns, topography and visual context and will as far as possible, cause the minimum of nuisance to adjacent properties. • The Matsapha Municipality will be engaged for final disposal of paper and cardboard waste.
Plastics	• Recycling opportunities will be explored during construction. • Plastic waste will be temporarily stored in waste receptacles onsite and thereafter disposed by the Matsapha Municipality into an approved landfill.
Wood waste	• Wood waste in good condition will be recycled as shuttering or hoarding. • Damaged wood waste will be temporarily stored onsite and later disposed by the municipality to an approved facility.
Concrete waste	• All construction rubble and waste generated will be sorted into materials that can be reused and waste material for discard. All discarded material will be removed to a licensed landfill facility by the Matsapha Municipality.
Bio-waste	• Bio-waste will be taken to the landfill by the municipality.

2. Hazardous material-related streams:	
Waste oil	• There will be clearly labelled waste drums to temporarily store waste oil. • The drums will placed in a bunded area. • The waste oil will be disposed via an approved disposal service provider.
Waste paints and solvents	• Lids will be securely put on containers holding solvents that may evaporate. • Paints and hazardous solvents will not be poured into drains. • The contractor will seek advice from the Eswatini Environment Authority (EEA) regarding disposal of waste paint. • Lids will be removed from containers containing water-based paint to allow the paint to harden before disposal. • The contractor will engage with a waste disposal contractor to explore recycling opportunities.
Polychlorinated biphenyls (PCBs)	• The contractor will engage with the EEA regarding disposal of PCBs during construction.
3. Product-related streams:	
Packaging	• Recycling possibilities will be explored during construction.
Electrical and electronic waste	• Recycling possibilities will be explored during construction. • There will be a designated area for temporal storage of electrical and e-waste onsite before final disposal.
Batteries and accumulators	• Recycling possibilities will be recycled during construction. • There will be a designated area for temporal storage of batteries and accumulators onsite before final disposal.
Demolition waste	These wastes may include materials such as concrete, bricks, wood, landscape and others. • Waste will be segregated onsite. • Some of the material such as spoil material will be used during landscaping activities and also will be used as backfilling material. • The contractor will engage with Matsapha Municipality for final disposal of demolition waste.
4. Other:	
Liquid waste (e.g., sewerage)	• A reputable sanitary company will be appointed to empty and dispose of the waste at a licensed sewage works; on a frequency based on service/cleaning requirements.

	• The appointed sanitary company will also be required to provide a letter from the municipality/authority in which sewage system the effluent will be disposed of.

WASTE MANAGEMENT PROCEDURE DURING OPERATION PHASE

Waste streams	Waste Management Procedure
5. Material-related streams:	
Metals	• There will be a designated area for storage of scrap metal at the facility area. • Metal recycling service providers will be engaged by the Ministry of Health (MOH).
Glass	• Broken glass will stored in labelled waste receptacles and The MOH will engage with the Matsapha Municipality for final disposal of the glass. • Glass recycling will be another opted management solution.
Paper and cardboard	• Waste receptacles will be strategically placed within the CMS Operation Centre for storage of the waste before collection by the Matsapha Municipality. • Recycling opportunities will be explored by the MOH.
Plastics	• Recycling opportunities will be explored during construction. • Plastic waste will be temporarily stored in waste receptacles within the CMS Operation Centre and thereafter disposed by the Matsapha Municipality into an approved landfill.
Wood waste	• Recycling possibilities for wood waste will be explored. • Damaged wood waste will be temporarily stored onsite and later disposed by the municipality to an approved facility.
Bio-waste	• Bio-waste will be temporarily stored in waste receptacles and thereafter taken to the landfill by the municipality.
6. Hazardous material-related streams:	
Waste oil	• There will be clearly labelled waste drums to temporarily store waste oil. • The drums will placed in a bunded area. • The waste oil will be disposed via an approved disposal service provider.
Waste paints and solvents	• Lids will be securely put on containers holding solvents that may evaporate. • Paints and hazardous solvents will not be poured into drains. • The MOH will seek advice from the Eswatini Environment Authority (EEA) regarding disposal of waste paint.

	• Lids will be removed from containers containing water-based paint to allow the paint to harden before disposal. • The MOH will engage with a waste disposal contractor to explore recycling opportunities.
7. Product-related streams:	
Packaging	• Recycling possibilities will be explored during operation of the CMS Operation Centre.
Medical Equipment, Electrical and electronic waste	• Discarded electrical and e-waste will be inspected and reported to the Attorney General (AG). • All presented medical equipment, electrical and e-waste will be removed from the CMS Operation Centre and auctioned to the public as means of recycling. • Stakeholders and the public will be contacted and invited about the auction sale. • The MOH will engage EEA and Matsapha Municipality regarding disposal of broken and improperly dismantled e-waste.
Discarded medicine	• Discarded medicine will undergo the incineration process.
Batteries and accumulators	• Recycling possibilities will be explored during the CMS Operation Centre operation. • There will be a designated area for temporal storage of batteries and accumulators onsite before final disposal.
8. Other:	
Liquid waste (e.g., sewerage)	• A reputable sanitary company will be appointed to empty and dispose of the waste at a licensed sewage works; on a frequency based on service/cleaning requirements. • The appointed sanitary company will also be required to provide a letter from the municipality/authority in which sewage system the effluent will be disposed of.

KEY RESPONSIBILITIES FOR MANAGEMENT OF WASTE

ENVIRONMENTAL HEALTH DEPARTMENT (EHD) IN THE MINISTRY OF HEALTH:

- Implement waste management practices;
- Connect emergency waste disposal companies to Healthcare Facilities;
- Provide PPE and disinfectants to Healthcare Facilities;
- Support designation of companies to dispose Covid-19 waste;
- Develop and implement safety measures for healthcare waste (HWC) collection, transportation, and disposal;
- Provide designated waste bags and disinfectants;
- Build safe waste management cooperation and support system; and
- Monitor Compliance for safe Disposal of All HCW.

TRAINING & CAPACITY BUILDING

Training and capacity building activities will be led by the EHD of the MoH.

MONITORING & REPORTING

The Ministry of Health will establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities more especially during the operation phase since it constitutes of health care waste. In addition to paper-based database system, the MOH is encouraged to develop an IT based information management system should their technical and financial capacity allow.

HCW monitoring in health should be carried out regularly, in order to improve waste management and to ensure that good practices are performed after training. Measures should be adopted to ensure that problems and risks involved are identified to enhance safety and preventing the development of future problems. Supervision should be in the following areas: i. segregation, ii. Collection routines and labeling, iii. Internal treatment system, iv. Internal storage of HCW, v. transportation, vi. Worker safety measures, vii. Disposal at sanitary landfill, etc.

MINISTRY OF HEALTH

THE STAKEHOLDER ENGAGEMENT PLAN FOR CONSTRUCTION OF ADMINSTRATION BLOCK FOR CMS

Project number – P168564

AUGUST, 2021

ANNEXES

ANNEX I: Sample Complaints/ Questions Record Form

ANNEX II: Stakeholder Consultations

1. INTRODUCTION

1.1. Background

The Government of the Kingdom of Eswatini (GoKE) through the Ministry of Health (MoH) entered into a loan agreement with the World Bank effective 10 December, 2020, to implement a project to improve the coverage and quality of key reproductive, maternal, neonatal, child and adolescent health (RMNCAH), nutrition and non-communicable disease (NCD) services (hypertension and diabetes) in Eswatini. The project titled "Health System Strengthening for Human Capital Development (HSSHCD) Project" is a 5-year project under the MoH that focuses on strengthening the health system and ramping up investments in RMNCAH, nutrition and NCD services (hypertension and diabetes) to address critical human capital challenges, including stunting and child and adult mortality, applying a life course approach. The project has four components namely: Component 1: Improve health service delivery to increase the coverage and quality of health services to build human capital; Component 2. Increase community demand for RMNCAH, nutrition and NCD services; Component 3. Strengthen the MOH's stewardship capacity to manage essential health and nutrition services and project activities and Component 4: Project management, and monitoring and evaluation.

As part of the Implementation of this project, the Ministry of Health is planning to construct an administration block for the Central Medical Stores in Matsapha. The proposed project is aimed to build on the results, institutional foundations, project management and implementation experience, and partnership that was developed with the MOH under the Eswatini Health, HIV/AIDS and TB Project, completed in September 2018.

1.2 Project Outline

The Administration Block will house offices for CMS staff, a board room and associated structures. It comprises a two-storey building with a total area of 835.58m^2. The ground floor will consist of a reception, registry and 2 offices, toilets and a conference room (with a capacity of 100 people). The first floor will house 8 offices, a boardroom and toilets. This building will be attached to the existing CMS operational centre warehouse, with a footprint of 394.91m^2.

Appendix 2 shows the site plan for the proposed project.

Appendix 3 and 4 show the ground floor and first floor plans respectively.

1.2.1 Location

The proposed project site is located in the Matsapha Industrial Site on Plot 756/T. The site lies within the existing boundaries of Central Medical Stores. There is one existing building within the boundary. The building is a storage and administration building. The coordinates are 26°30'46"S ; 31°17'46"E. Figure 1 shows the location of the project area within ESwatini while figure 2 shows the location for the locality of the project site within the Matsapha industrial site.

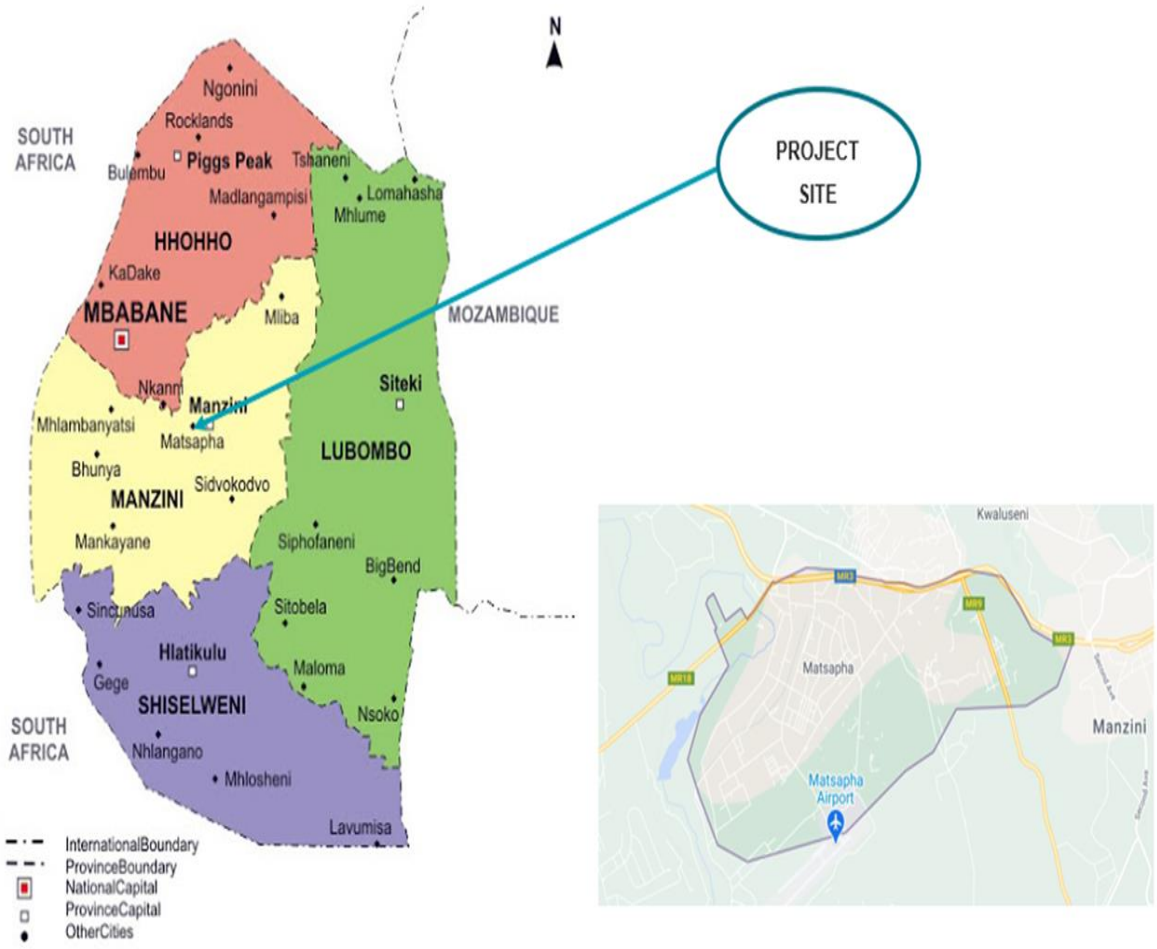

Figure 4: Location of project site within Eswatini

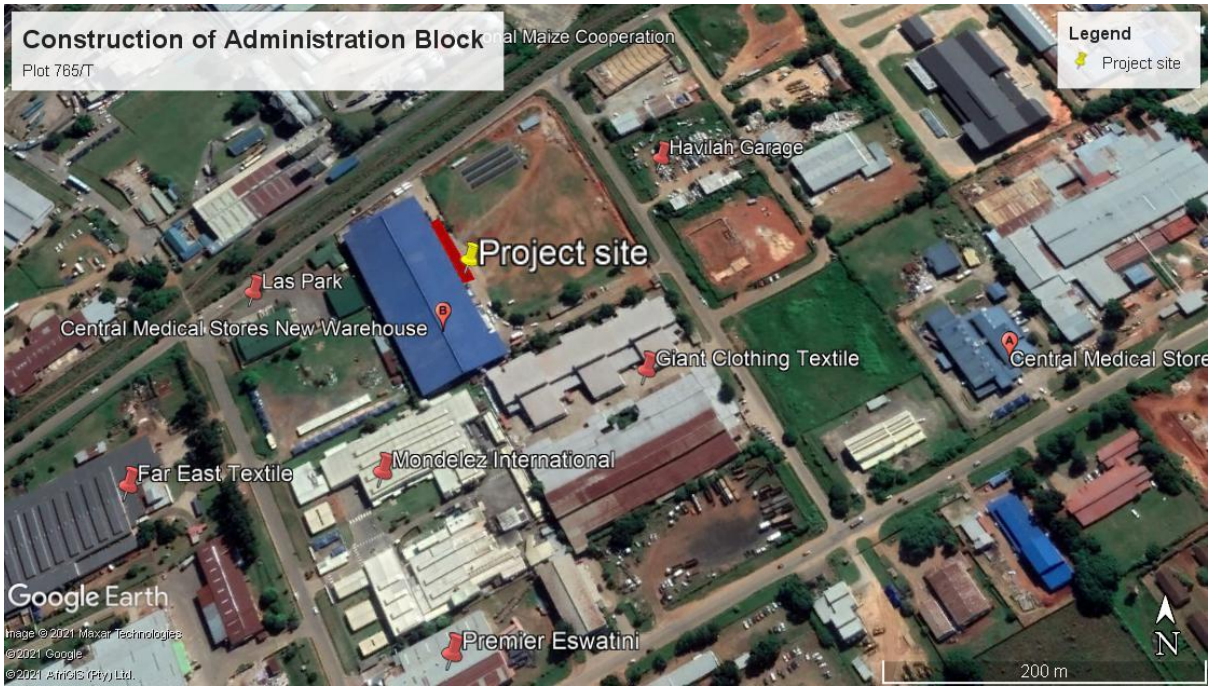

Figure 5: Locality for proposed Administration Block

1.2.2 Project Activities

Project activities will include the following:

Preconstruction Phase

- Obtaining relevant approvals (building plans, EEA approvals)

Construction and decommissioning

- Site preparation (digging and removal of existing concrete slab, establishment of site offices, relocation of services, erection of screening structure around project site, putting up of relevant signage)
- Establishment of alternative accesses to Operational facility.
- Relocation of services
- Construction of administration block building and associated structures
- Connection of new building to existing EWSC sewer mains
- Upgrading of fleet
- Installation of utility infrastructure and equipment
- Decommissioning of temporary structures and rehabilitation of site.

Operational phase

- Operation of new administration building
- Maintenance of equipment and structures.

1.3 Stakeholder Engagement Plan (SEP)

The SEP seeks to define a technically and culturally appropriate approach to consultation, disclosure and grievance redress. The goal of this SEP is to improve and facilitate decision making and create an atmosphere of understanding that actively involves project-affected people and other stakeholders in a timely manner, and that these groups are provided sufficient opportunity to voice their opinions and concerns that may influence Project decisions. The SEP is a useful tool for managing communications between the MOH and its stakeholders.

The Key Objectives of the SEP can be summarised as follows:

- Understand the stakeholder engagement requirements of the Kingdom of Eswatini legislation;
- Provide guidance for stakeholder engagement such that it meets the standards of International Best Practice;
- Identify key stakeholders that are affected, and/or able to influence the Project and its activities;
- Identify the most effective methods, timing and structures through which to share project information, and to ensure regular, accessible, transparent and appropriate consultation;
- Develop a stakeholders' engagement process that provides stakeholders with an opportunity to engage in project planning and design and its implementation;
- Develop stakeholders' program to guide the stakeholders' engagement plan;
- Establish formal grievance/resolution mechanisms;
- Define roles and responsibilities for the implementation of the SEP;
- Define reporting and monitoring measures to ensure the effectiveness of the SEP and periodical reviews of the SEP based on findings.

1.2 Statute and Regulations

This SEP takes into account the existing institutional and regulatory framework within the context of the following Kingdom of Eswatini legal instruments:

- Environmental Management Act, 2002
- Industrial Relations Act, 2000
- Employment Act 1980
- Occupational Health and Safety Act, 2001
- Factories, Machinery and Construction Works Act, 1972
- Workman's Compensation Act 7, 1983
- Sexual Offences and Domestic Violence Act, 2018
- Children's Protection and welfare Act 6, 2012
- The Constitution of Eswatini, 2005
- Sexual Offense and Domestic Violence Act 2018

2 AN OVERVIEW OF STAKEHOLDER ENGAGEMENT

2.1 Objectives, Principles and Benefits

The Ministry of Health's objectives in pursuing stakeholder engagement are as follows:

- Ensuring understanding: An open, inclusive and transparent process of culturally appropriate engagement and communication to ensure that stakeholders are well informed about the proposed project including its environment and social risks and impacts as well as opportunities arising from the project work itself and wider benefits of the project to the communities. Therefore, whenever information is disseminated, the siSwati language will be considered to ensure full understanding of communication.
- Assessing the level of stakeholder interest and support for the project: This exercise will be taken to identify stakeholders, engage, and garner their views on the project's design, risks, impacts, mitigation measures, and benefits. The exercise will; i) disaggregate stakeholders by subcategory, ii) pay attention to marginalization and invisibility, and iii) give consideration to intersectionality. This will enable stakeholders' views to be taken into account in project design and environmental and social performance.
- Engaging vulnerable groups: Addressing risks and impacts on disadvantaged or vulnerable individuals or groups is key elements of the SEP. The SEP shall; i) identify disadvantaged and vulnerable groups and individuals, ii) include differentiated measures to allow the participation of vulnerable groups or individuals, and iii) include information how the KoGoE has engaged with vulnerable groups in the past.
- Managing expectations: It is important to ensure that the proposed Project does not create or allow unrealistic expectations to develop amongst stakeholders about proposed Project benefits. The engagement process will serve as a mechanism for understanding and managing stakeholder and community expectations, where the latter will be achieved by disseminating accurate information in an accessible way.
- Providing project-affected parties with accessible and inclusive means to raise issues and grievances: This will allow the project to respond to and manage such grievances.
- Ensuring compliance: The process is designed to ensure compliance with both local regulatory requirements, the Bank's ESSs and international best practices.

Principles of Stakeholder Engagement that will inform the MOH's Engagement Activities:

Stakeholder engagement shall be informed by a set of key principles that are applied to all engagement activities:

- Free, prior and informed: Consultations of stakeholders should be free, prior and informed consent, where this can be understood to be:
  Free: engagement free of external manipulation or coercion and intimidation;
  Prior: engagement undertaken in a timely way, for example the timely disclosure of information before a development is undertaken and/ or participation is sought with regard to the identification of issues of concern; and
  Informed: engagement enabled by relevant, understandable and accessible information.

- **Adequate resources and time**: It take time to develop and build trust-based relationships with stakeholders. Relationships with stakeholders will be cultivated from the outset and grow, and that these relationships will be nurtured and fostered throughout the project life span. This requires sufficient time and resources. For instance, meetings should be designed to maximise stakeholder involvement by giving advance notice, choosing appropriate locations and timing to avoid disruption to the daily jobs and activities of stakeholders.
- **Inclusive and culturally appropriate**: When organizing meetings, local customary processes, local language and traditional community structures will be respected. For instance, all meetings will follow local practices and norms. Meetings with the local administration and with traditional leaders will be held prior to any wider communication in the communities in order to respect traditional structures. Moreover, there are often conflicting demands within a community, and it can be challenging for a project to identify stakeholders who are representative of common interests. Other times, prevailing norms might impact inclusion of certain groups (for instance, women or young people may not speak freely about certain issues in presence of men or elders or men in a certain village are usually not available during a certain time of day in a particular month). All local factors must inform how and when meetings are organized. This shall be avoided by employing local consultants who are sensitive to local power dynamics, which will require project proponents to develop an awareness of the local context and implementing structures to support and foster effective stakeholder engagement.
- **Not raising expectations:** Stakeholders can have misunderstandings or have unrealistically high expectations of benefits that may accrue to them from a project. As such, the MOH from the outset shall be clear on what they can and cannot do, establishing a clear understanding of their roles and responsibilities.
- The projects stakeholder engagement process shall provide the MOH with an opportunity to develop and cement relationships with affected and interested parties who can assist with implementing improved health service provisions.
- Engagement events to occur in line with the SEP schedule so that there is clear linkage between engagement activities and the key stages of E&S instruments preparation process;
- The SEP will be updated to reflect consultations planned as per each project phase/component once more information becomes known and soon after implementation of each activity reflected in the plan;

Benefits of Stakeholder Engagement for the MOH:

- **Managing costs:** Effective engagement can help project MOH avoid costs, in terms of money and reputation;
- **Managing risk:** Engagement helps project MOH and communities to identify, prevent, and mitigate environmental and social impacts that can threaten project viability;
- **Enhancing reputation:** By publicly recognising human rights and committing to environmental protection, and sustainable social development the MOH and financial institutions (World Bank) involved in financing the project can prevent environmental and social risks and impacts;

- **Avoiding conflict:** Understanding current and potential issues such as land rights and proposed project activities;
- **Improving corporate policy:** Obtaining perceptions about a project, which can act as a catalyst for changes and improvements in MOH corporate practices and policies;
- **Identifying, monitoring and reporting on impacts:** Understanding a project's impact on stakeholders, evaluating and reporting back on mechanisms to address these impacts; and
- **Managing stakeholder expectations:** Consultation also provides the opportunity for MOH to become aware of and manage stakeholder attitudes and expectations.

2.2 Stakeholder Engagement Approach

There are a variety of engagement techniques that are being used to cultivate and build relationships with stakeholders, gather information from stakeholders, consult with stakeholders, and disseminate project information to stakeholders.

When selecting an appropriate consultation technique, culturally appropriate consultation methods, the purpose for engaging with a stakeholder group shall be considered. The techniques that have and will continue to be used for consultations are as follows:

Table 18: Stakeholder Engagement Techniques

Engagement Technique	Appropriate application of the technique
Correspondences (Phone, Emails)	Distribute information to Government officials, NGOs, Local Government, and organisations/agencies Invite stakeholders to meetings and follow-up
One-on-one meetings	Seeking views and opinions Enable stakeholder to speak freely about sensitive issues Build personal relationships Record meetings
Formal meetings	Present the Project information to a group of stakeholders Allow group to comment – opinions and views Build impersonal relation with high level stakeholders Disseminate technical information Record discussions
Public meetings	Present Project information to a large group of stakeholders, especially communities Allow the group to provide their views and opinions Build relationship with the communities, especially those impacted Distribute non-technical information Facilitate meetings with presentations, PowerPoint, posters etc. Record discussions, comments, questions
Focus group meetings	Present Project information to a group of stakeholders

	Allow stakeholders to provide their views on targeted baseline information Build relationships with communities Record responses
Government website	Present project information and progress updates ESMF, ESMPs, RPF and other relevant project documentation.
Direct communication with affected Waste management facilities, Health facilities and Rehabilitation works	Share information on timing of location, clearance, potential impacts and proposed mitigation measures.
Project leaflet	Brief project information to provide regular update on specific project information.
Local Government	Government representatives (Government Representatives on respective Tinkhundla Centres, District/Town Officers, Chief's Royal kraals, etc.) as a channel to disseminate information on the project.
Community Forums	To facilitate effective consultation with the communities during implementation of the project, the Project Manager (PM), establishes community forums through local community established leadership to disseminate project information to community members.
Information Boards	Notice boards are effective mechanisms to inform the communities and wider audiences about the project. These can be installed in specific areas of impact (communities).
Media	Newspapers commonly read in the project area will be used notify the general public.

Prior to any engagement event the following actions will occur:

- Preparation of standard 'question and answer' sheets tailored for specific stakeholder types (based on 'lessons learned' analysis and common issues raised in previous engagement);
- Planning/design of engagement action(s) with Project Manager consultants and then key 'traditional' and 'formal' authorities;
- Reaching an internal agreement between PIU and E&S team on the role of local and international consultants during stakeholder events and whether the presence of a MOH staff is appropriate;
- Selection of individual stakeholders with whom engagement will occur;
- Selection of methods for disclosure of information (including such topics as format, language, and timing);
- Selection of location and timing for engagement event(s) (avoiding busy work times, which may be seasonal, and days/times when special events may be occurring);

- Agreeing on mechanisms for ensuring stakeholder attendance at engagement event(s) (if required);
- Identification and implementation of feedback mechanisms to be employed

2.2.1. Communication Channels and Disclosure Obligations

As a standard practice, the Project materials (ESMF, SEP, RFP) released for disclosure are accompanied by making available for at least a period of 20 days the registers of comments and suggestions from the public that are subsequently documented by the PIU in a formal manner.
The project implementing unit will continue applying a similar approach to disclosure for any new information that becomes available about the project as well as the additional E&S appraisal materials that will be prepared as part of the project development.
Distribution of the disclosure materials will be through making them available at venues and locations frequented by the community and places to which public have access including in forms (for instance, the radio) ensuring that persons who are unable to read and write and those with physical disabilities who are unable to access certain locations can access the information.

Table 2: Description of Information Disclosure Methods

Communication Channel	Objective	Target Stakeholders
Media (Print and Broadcasting) Posters	• Make announcements regarding the Project and engagement activities; • Inform stakeholders of meetings or the availability of project data. • Inform stakeholders of meetings or the availability of project information.	• Government • Government parastatals/agencies • Local/traditional communities • Vulnerable/disadvantaged Groups • Non-government organizations (NGOs);
Email	• To distribute all project notification material to those parties with access to this facility; • To inform stakeholders of availability of project data including tabling of ESMF reports (draft ESMF report etc.).	• Government • Government parastatals/agencies • Non-government organizations (NGOs);
Face to face meetings: • Workshops • Formal meetings	• To transmit information about the Project and reinforce dialogue.	• All stakeholder groups.

• Community meetings • Focus Group Discussions		
Social Media Communication • Facebook • Whats app • Telegram	• To transmit information about the Project and reinforce dialogue	• All stakeholder groups
Virtual Communication • Zoom • Microsoft Teams • Google Meet • Google Hangouts • Adobe Connect • Skype • Any meeting • Big Blue Button • Slack • Zoho Corporation	• To transmit information about the Project and reinforce dialogue	• Focus groups that have internet connection

2.3 Stakeholder Identification and Analysis

In order to develop an effective SEP, it is necessary to determine who the stakeholders are and understand their needs and expectations for engagement, and their priorities and objectives in relation to the Project. This information shall then be used to tailor engagement to each type of stakeholder. As part of this process, it will be particularly important to identify individuals and groups who may find it more difficult to participate and those who may be differentially or disproportionately affected by the project because of their marginalized or vulnerable status.

It is also important to understand how each stakeholder may be affected – or perceives they may be affected – so that engagement can be tailored to inform them and understand their views and concerns in an appropriate manner.

Stakeholders have been and will continue to be identified on a continuing basis by identifying:

- Various stakeholder categories that may be affected by, or be interested in, the Project; and
- Specific individuals, groups, and organizations within each of these categories taking into account:
  - The expected Project area of impact, that is the geographical area over which it may cause impacts (both positive and negative) over its lifetime, and therefore the localities within which people and businesses could be affected;

- The nature of the impacts that could arise and therefore the types of national/local government entities, NGOs, academic and research institutions and other bodies who may have an interest in these issues.

In general, engagement is directly proportional to impact and influence, and as the extent of impact of a project on a stakeholder group increases, or the extent of influence of a particular stakeholder on a project increases, engagement with that particular stakeholder group shall intensify and deepen in terms of the frequency and the intensity of the engagement method used. All engagement shall proceed on the basis of what are culturally acceptable and appropriate methods for each of the different stakeholder groups targeted.

For the purpose of this ESS10, "stakeholder" refers to individuals or groups who:
(a) Are affected or likely to be affected by the project (project-affected parties); and
(b) May have an interest in the project (other interested parties).

For the purpose of the SEP, the term "Project-affected parties" includes "those likely to be affected by the project because of actual impacts or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods. These stakeholders may include individuals or groups, including local communities" (World Bank, 2018b). They are the individuals or households most likely to observe changes from environmental and social impacts of the project.

The term "Other interested parties" (OIPs) refers to "individuals, groups, or organizations with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, the scientific community, academics, unions, women's organizations, other civil society organizations, and cultural groups" (World Bank, 2018b). As further discussed in paragraph 20 of this ESS, for both groups, special consideration should be given to stakeholders that may be disadvantaged or vulnerable.

It is important to note that once the specific activities have been firmed up this SEP and specifically this section will be updated, and the SEP will be redisclosed.

Stakeholder

2.3.1 Project Affected Parties

Table 3 shows the potential role, interest and influence of each of the target audiences captured in the Project in as far as the mandate, history of involvement, resources and authority in development planning and decision making are concerned.

Table 19: Project affected people

Stakeholder	Involvement in the project	Interest	Influence
CMS Staff	• Provide information or their views on this new development (Project), which will assist the project team to make informed	High	High

Stakeholder	Involvement in the project	Interest	Influence
	decisions when implementing the project. • Key implementers of the project especially at operational phase.		
Site Security personnel	Provide information and views on site security. They may be affected by project activities in terms of occupational health and safety, dust	High	High
Vendors in close proximity to site	May be affected by project activities in terms of impacts like dust, SEA, GBV, health and safety	Medium	Low
Workers in neighbouring establishment	They may be affected by project risks and impacts like SEA, GBV, Dust, noise, health and safety	High	Low
Job seekers around site	Their being around the site may lead to conflicts, subject the site to safety and security risks and impacts. They may also be exposed to health and safety risks.	Medium	Low
Government stores	Responsible for management and final disposal of decommissioned materials form CMS. In other words, this department is one of the key institution on waste management for the project at operational phase	High	High

2.3.2 Other Interested Parties

Government Ministries

Government ministries outside MoH are also stakeholders that can be considered as other interested parties to the project. Engagement with government will serve two main purposes:

(i) Involve the ministries, departments and committees in each step of the Project to build consensus and ownership; and
(ii) Identify the governance framework for socio-economic development and

environmental management.

Table 3 shows other interested parties for the project

Table 20: Other interested parties

Other Ministries, Government Agencies and NGOs	Potential Involvement in the project	Interest	Influence
Ministry of Finance	• Provide oversight and control of disbursement project funds to the implementing agency. Monitor compliance of financial reporting of project funds by the implementing agency.	Low	High
Ministry of Public Works and Transport. (Buildings Department)	• Provide oversight, policies and control of any construction of government buildings that may take place.	Low	High
Ministry of Housing and Urban Development (Human Settlement Department)	• Provide oversight and assist with policies regarding land issues.	Low	Medium
Deputy Prime Minister's Office (Gender Department)	• Provide policies and regulations regarding vulnerable people and gender-based violence during the project.	Medium	High
Matsapha Police Station	• Their services will be requested by the project staff to report Gender Based Violence Incidents. • The Eswatini Police has a department that is dedicated to address these kinds of reports, making it a safe and fully capable environment to deal with Gender Based Violence cases.	Medium	Low
Government agencies/parastatals			
Eswatini Environmental Authority (EEA)	• Have the overall oversight and responsibility of ensuring compliance to environmental and social regulations by all organisations, persons, companies whose actions and processes have a potential environmental and social impact. • EEA Waste Management Unit oversees implementation of waste management initiatives in the country: strengthens the capacities of relevant institutions and updates regulations and facilitate enforcement at the national and local levels. • The EEA is responsible for the review of the ESMP for this project and its approval for implementation. Furthermore, EEA will	High	High

Other Ministries, Government Agencies and NGOs	Potential Involvement in the project	Interest	Influence
	frequently carryout inspection of the project implementation process to ensure compliance to the environmental and social regulations.		
Eswatini Water Service Corporation	• The site is serviced by the EWSC. After completion of construction, the project will connect to EWSC mains. CMS will need to engage to ensure that this is done in a smooth way.	High	High
Matsapha Town Council	• The MTC governs private, commercial and government owned land in Matsapha. • Enforcement of the implementation of environmental and social programs including Monitoring and Evaluation (M&E) and corrective actions which is a critical element to sustainable development. • Responsible for approval of plans for buildings within the town as well as ensuring the collection and safe disposal of general solid waste for the project throughout its life cycle.	High	High
NGOs/MOH Partners			
MOH Partners/National WHO, UNICEF, NGOs (PEPFAR, PSI, EGPAF, ICAP, World Vision, CANGO, SWAGGA)	• Providing support during implementation of the project. • Influence ideas on the implementation of the project that will improve livelihoods of the people directly affected by the project.	Medium	Medium
Professional Regulatory Bodies, Medical and Dental Council, Nursing Council	• Influence ideas on the implementation of the project that will improve livelihoods of the people directly affected by the project	Medium	Medium

2.3.3 Vulnerable/Disadvantaged Groups Stakeholders

Disadvantaged / vulnerable individuals or groups are potentially disproportionally affected and less able to benefit from opportunities offered by the project due to specific difficulties related to access and/or understanding information about the project and its environmental and social impacts and mitigation strategies. Vulnerable /disadvantaged groups are community members likely to be affected by the project but may have difficulty in engaging in the stakeholder consultation process and thus may not be able to fully express their concerns regarding the proposed Project or benefit from opportunities such as for example jobs being offered by the project.

At this stage these potential vulnerable groups have been identified.

This group is likely to include the following:

- Physically disabled;
- Women-headed households;
- Child/orphan-headed households;
- Households below the poverty line;
- The youth; and
- Victims of GBV and other social ills.
- The elderly
- Communities in remote inaccessible areas
- LGBTQ

The project will ensure that there is a concerted effort to seek and identify these groups of stakeholders as the project is being implemented. The SEP will be updated periodically to ensure that these are not left behind.

2.4 Stakeholder Engagement Activities

Project team and key informants

Two (2) meetings were held with the project team at inception, one on site and the other o presentation of the inception report by the consultant. Minutes of the meetings are attached in annex 11. key informant interviews were held with CMS management, government stores management, RSTP management, project engineers. The main aim of these consultations was to get more information on the project, its justification for better appreciation of environmental and social impacts and risks.

Project affected people around the site

Group and individual discussion were held with people around the proposed construction site to ascertain their comments and concerns with regards to the proposed project. A key constraint to data collection was the number of days lost due to lack of access to the site due to political unrest.

A project outline document was prepared, given to stakeholders and read to them with translation to siSwati. Questions were asked to provoke discussions to solicit their views. At the time of the interview these premises, which were considered vulnerable, were under armed guard which also limited activity around it. However, the conditions described at the CMS site still pertain.

Engagements were held with:

- Vendors in close proximity to the site
- Job seekers around the site
- Workers from neighbouring establishments
- Security personnel at CMS

Summaries of this discussions and attendance registers are included in annex 11 of this report.

Issues and concerns raised

The following table outlines the issues raised during the consultations.

Table 21: Comments and Issues Raised

Date	Personnel met with	Purpose	Comments and issues
11 June 2021	Mr Motsa and representatives from MoH	Inception site visit for appreciation of project geographical scope	• The operation block will house offices for CMS staff, a board room and a conference centre. • This project will be on a site that is currently used by the CMS
18 June 2021	Mr Themba Motsa	• To understand CMS different departments and operation system.	• CMS has several departments including HMIS, of which has computer and networking programs (database system, connecting information from different departments) and Bio-med that focuses on anything that has to do with medical equipment in government hospitals and clinics and private clinics. • Operations at CMS include deliveries of medicine to about 400 facilities (government and non-governmental facilities) per month. • Furthermore, CMS makes sure that their medicine is WHO certified and checks whether WHO has certified that medicine in the current year because CMS does not have a quality lab.
23 June 2021	Mr Mdluli	To understand how and where CMS manages discarded medical equipment and e-waste.	• By a public auction sale. Stakeholders and the general public are encouraged come in to buy what would be beneficial to them (for example, parts to fix an X-ray machine). • By disposal at landfills. • By incineration. Expired medicine is taken for incineration at Montigny for incineration at above 1000^0C. This is monitored and certified by the government stores personnel
28 June 2021	Project Implementation Unit	• To introduce all teams involved in the implementation of the CMS project.	• PIU emphasized the need to focus more on the micro issues of the proposed project and need to highlight some the positive impacts of the proposed project.

Date	Personnel met with	Purpose	Comments and issues
		• To present the Inception Report for the construction of the CMS operation block and construction of the operational centre and offices (Biomed and HMIS). • To receive comments from MoH team pertaining the presented Inception Report	• PIU team emphasized the need to have the stakeholder engagement plan annexed in the reports • Engineer advised the consultant to revise the project description for the BioMed/HMIS workshop and offices so that is clear that there would be 2 buildings.
2 August 2021	Ms Danicia Phiri	• To find out current status of activities • To understand the benefits of the CMS project to HMIS efficiently and the convenience of having all offices in one central place. • To find out the possible adverse impacts of the project to HMS	• current activities and work are carried out at cooper centre in Mbabane where there are no workshops and space are limited. • The project will result in more office space and enough space for workshops • Possible adverse impacts: - The inconvenience on staff members residing in Mbabane having to now travel to Matsapha to get to work. - Signing of documents will require more time because of the distance for Matsapha to Mbabane
9 August 2021	RSTP (Ms. Nomfundo Maphalala)	• To understand mechanism and	• The organization is still working on its electronic waste management policy, which is still going to go through the approval processes.

Date	Personnel met with	Purpose	Comments and issues
		structures in place for the management of electronic waste	
8 July 2021	Vendors	• To understand perceived adverse and positive impacts of the project	• Vendors hope that the increased activity will bring more customers and job seekers hope to find employment. • Toilets are only available for factory workers (and vendors with good relations with factory owners). It will be more important to provide toilet facilities not only for construction workers but also for job seekers who will be drawn by the project.
8 July 2021	Job seekers around the site	• To understand perceived adverse and positive impacts of the project	• It will be more important to provide toilet facilities not only for construction workers but also for job seekers who will be drawn by the project.
8 July 2021	Construction Workers within the site	• To understand perceived adverse and positive impacts of the project	• The main concern is the increased traffic which must be carefully managed. Traffic calming measures need to be put in place as well as clear signage during construction. In addition, a number of respondents indicated that parking was already a challenge in the area. Clear designated parking should be allocated.
8 July 2021	Workers in neighbouring businesses	• To understand perceived adverse and positive impacts of the project	• Request that measures be taken to reduce the dust from construction. • The project needs to coordinate their effort with Matsapha Town Board to regulate traffic and sanitation challenges.
8 July 2021	Security guards on site		• The current security guards on site emphasize that the contractors employ their own additional security during construction.

2.4.1 Planned Stakeholder Engagement Activities

An initial round of stakeholder consultation meetings was conducted between 21 June and 6 July 2021. Engagements was done with CMS management, staff, site security personnel, government stores personnel, vendors operating next to the site, job seekers and workers from neighboring establishments. The engagements were made as both focus group discussions and one on one interviews. The engagements involved the sharing of the project background information document outlining details of the proposed project. the project was explained in siSwati depending on which language they preferred. The stakeholders were encouraged to voice their perceived view on how the project may affect their lives and livelihoods.

Table 22: Stakeholder Engagement activities

Activity	Target Audience	Communication method/Engagement Channel	Frequency of Engagement	Responsibility
Update stakeholders on the project activities, and implementation including E&S principles and obligations under the ESMP	Relevant government ministries Matsapha town Board, CMS staff Other Interested, parties, parties, Vulnerable groups: (women-headed households, child headed households, children, physically disabled,	Dissemination of information via dedicated MoH website, one on one meetings, virtual formal meetings, radio and TV, including hard copies at designated public locations; Information leaflets and brochures; and separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.)	Annually	Social specialist
Updates on the project activities on site	Construction workers on site, neighboring establishments, vendors, site security personnel, CMS staff	Consultation meetings, separate focus group meetings with vulnerable groups, Regular updates during routine staff meetings.	Before construction of Integrated Operations Centre and periodically	Social Specialist
	CMS staff, GRM management personnel	Virtual communication, one on one, whats app, emails, telephone,	Biannually	Social Specialist

Updates on the project activities				
Update and awareness raising for GRM process	CMS staff, Contractor staff, vendors (who are mainly women)	Focus group discussions, information leaflets	Biannually	Social Specialist

2.5 Monitoring and of Reporting Stakeholder Engagement

The Stakeholder Engagement Plan will be periodically revised and updated as necessary in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the project. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP which will subsequently be re-disclosed.

Monthly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff in the PIU and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner.

Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

• Publication of a standalone annual report on project's interaction with the stakeholders.

• A number of stakeholder engagement activities will also be monitored by the project on a regular basis, including the following:

- Materials disseminated: types, frequency, and location;

- Place and time of formal engagement events and level of participation including specific stakeholder groups (e.g., women, youth, community leaders);

- Geographical coverage of public engagement activities;

- Numbers and type of stakeholders who come into contact with the Project team by mail, telephone and any other means of communication;

- Meeting minutes, attendance registers and photographic evidence;

- Feedback and Comments received by government authorities, community leaders and other parties and passed to the Project. The extent to which feedback and comments have been addressed and have led to corrective actions being implemented;

- Number of public grievances received within a reporting period (e.g., monthly, quarterly, or annually) and number of those resolved within the prescribed timeline;

- Type of public grievances received;

- Number of press materials published/broadcasted in the local, regional, and national media; and

- Amount of the Project's charitable investments in the local communities in the Project Area of Influence.

The key performance indicators to assess the quality of the SEP implementation will be finalized and agreed on by the implementing agency and reflected in the Project Operational Manual (POM). An independent M&E team may be deployed to assist with the overall monitoring of the SEP, particularly to assess the implementation of stakeholder engagement.

Mid-year and annual progress reports on project activities will be available at the PIU office and published on the Ministry of Health website (www.gov.sz) or at a dedicated webpage developed at the beginning of the project.

3 RESOURCES AND RESPONSIBILITIES

An adequate budget will be availed for effective stakeholder engagement which includes consultations, monitoring and reporting. The management, coordination and implementation of the SEP and its integral tasks will be the responsibility of dedicated team members within MOH PIU. The roles and responsibilities of the organizations are presented below.

The Project Implementation Unit (PIU) will be responsible for the preparation and physical implementation of the project. This unit will be under the oversight of the Under Secretary Technical, comprising the following staff: Project Coordinator, Procurement staff, Social Risk management Officer who will be responsible also for ESF implementation, Environmental Officer who will similarly also be responsible for ESF implementation and all the leads of the thematic areas.

The Social Specialist who is part of the PIU will be responsible for managing all social development aspects of the EHSSP. The Social Officer (SO) will oversee all planned stakeholder engagement activities or those in the process of being implemented. Responsibilities of the SS include the following that will be undertaken at the various steps outlined in this SEP:

- Develop, monitor and report on all social risk related activities in the project
- This includes - Stakeholder engagement strategies/plans for the Project ESMP (with the Environment Officer);
- Plan and implement major stakeholders' engagement activities that require intensive stakeholder engagement (community development and land acquisition/resettlement planning and implementation);
- Help establish and monitor the grievance redress mechanisms at different levels;
- Liaise with the project managers to ensure that stakeholder engagement requirements/protocols are understood.
- Proactively identify stakeholders, project risks and opportunities and inform the PM / senior management to ensure that the necessary planning can be done to either mitigate risk or exploit opportunities.

The SS will be responsible for the design of proper implementation and monitoring of the SEP. This department is responsible for the Ministry's stakeholder management program. The SO will provide management oversight of SEP and will work closely with Project Team Members for

expertise in the different functions required in the project. This is to ensure that the SEP is implemented in a successful manner.

In order to advance the Project, the PIU will work collaboratively with some of the MOH departments and stakeholders such as (i) Procurement, (ii) Finance, (iii) Communications, (iv) Lead - Thematic Areas (vi) US Technical.

The roles and responsibilities, their interest and potential influence, and the internal coordination and communication arrangements are summarized below:

Table 23: Roles and Responsibilities

MOH Departments	Role	Interest	Influence	Coordination	Frequency
Procurement Unit	Coordinate overall procurement under the project and prepare and revise Procurement Plans as needed	High	High	Hold meetings to update procurement plans and review delivery timelines that have high project risk impact	Regularly
Finance	Account for the deposits and withdrawals of project funds with Financial institution(s); and Perform the audits and provide financial reports in accordance with the World Bank rules and guidelines	High	High	Hold meetings to evaluate project financial performance	Regularly
Environmental Unit and Bio Med	Oversee preparation and timely and effective implementation of environmental safeguards instruments	High	High	Hold project progress meetings to highlight project challenges and risks	Regularly
Ministry - HR UNIT	Recruitment of PIU staff such as the Social Specialist and Procurement Officer	Medium	Medium	Share PIU staff requirements	As needed
Project Coordinator	Ensure timely approval of procurement processes, budget and monitoring and reporting of all activities including stakeholder engagement.	High	High	Provide updates on project progress through reports and meetings to discuss project risks that need their intervention	Regularly

MOH Departments	Role	Interest	Influence	Coordination	Frequency
	Overall oversight to ensure the World Bank's relevant environmental and social standards are being followed. This includes ensuring contractors are following obligations with respect to gender-based violence, setting up effective and adequate grievance redress mechanisms etc. They are also responsible for ensuring the project level grievance redress mechanism is properly functioning and meets all the requirements set out in the environmental and social standard number 10 that sets out the government's obligations with respect to grievance mechanisms and stakeholder engagement.				

4 THE STRUCTURE OF THE GRM IN THE MINISTRY OF HEALTH

Grievances will be handled by the Grievance Office at MoH national level through the dedicated HSSHCD help desk Hotline. The national Hotline to address HSSHCD issues is already active and connected to the PIU.

The GM will include the following steps:

` Stage 1: Grievance Raised with the Project Implementation Unit (PIU) Grievance Management (GM).

a) Grievances can be raised directly with the PIU through the MoH toll free line, 977.
b) The Hotline should pass the complaints to the PIU GM focal point within 24 hours from time of receipt.
c) The GM focal point logs the grievance and acknowledges receipt to the complainant within two working days including the timeline within which resolution is expected, i.e., 14 days or 30 days in case additional investigation/research is needed.
d) The GM focal point then refers the same to the Grievance Committee (GC) within 24 hours for resolution within 14 working days, i.e., not more than 3 weeks from when the complaint was originally made to the hotline.
e) If the GC determines additional research/investigation is needed, it will inform the complainant that additional time will be required, not more than 6 weeks from when the complaint was first made to the hotline.
f) In exceptional circumstances, if more than 6 weeks is required, this will be recorded in detail for review by the Project Coordinator and World Bank team and will be reflected in the PIU's Bi-annual reports and M&E reporting.
g) The complainant will be informed of the outcome immediately and at the latest within 5 days of the decision.

Timelines:

The timeline for complaint resolution will be not more than 21 working days (3 weeks) upon receipt of the complaint by the Hotline.

For complaints that require additional study and research, the timeline for complaint resolution will be not more than working days (6 weeks) upon receipt of the complaint by the Hotline.

The PIU GM and the GC are required to follow the steps and timelines for resolution of grievances as set out below.

1. The GC shall convene as per necessity (but at least once a month) and shall include at a minimum 4 members. Special provisions will be made for any complaints of a confidential

nature and in the case of complaints related to sexual exploitation and abuse (SEA) and sexual harassment (SH), procedures as laid out in the SEA/SH action plan to be prepared will be followed.

- The GC will be chaired by the social officer. The responsibility of the committee is to processing appeals and ongoing communication to complainants with the aim of resolving the issues peacefully.

2. Grievance investigation by the GC will include site visits, document review, and meetings with parties who can solve the problem. The results of the investigation that are outside the scope of the GC will be submitted for consideration to the Project Coordinator.

STAGE 2: Appeal Process

Unresolved grievances, with the complainant's consent, will be forwarded to the Director of Health services for consideration. The timeline for appeals that go to the Director of Health services is a maximum of seven (7) weeks from the time the complaint was first logged by the Hotline and ten (10) weeks in the case of complaints that required additional research/investigation.

Once all possible redress has been undertaken and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

4.1 Processes for Grievance Mechanism Structures

The two-stage grievance resolution process involves the following main steps at each level:

a) Receipt of grievances and acknowledgement

Any Project Affected Persons (PAPs), Other Interested Parties (OIPs) or others believing they are affected by the Project can submit a grievance. Grievances can be raised using the toll-free number, submitting in person or in writing to the GM Focal point in the PIU, or by email as per the below contact details:

Dedicated Toll-free Line HSSHCD Help desk operating 24 hours: 977

Office address: Cooper Centre, Mbabane Kingdom of Eswatini

Email: ruralhealth@swazi.net.

HSSHCD help desk staff will classify the complaints based on the typology of complaints in order to provide a more efficient response and will provide the initial response within 24 hours.

Classification of typology is based on the characteristics of the complainant and the nature of the complaint (e.g., disruptions in the vicinity, waste management, noise pollution, inability to access the information provided on project activities; inability to receive adequate medical care/attention, etc.).

SEA/SH grievances will not be documented in the publicly accessible book. However, a SEA/SH action Plan will be prepared to manage related risks, and a specialized NGO will be engaged for awareness and will develop a system that will capture GBV related issues.

The GM Focal point shall acknowledge receipt of any written grievance within two days from the date of submission and shall inform the complainant about the timeframe in which a response can be expected. In cases where a grievance is raised in person, verbal acknowledgement will be provided.

In cases where a complex grievance is raised, the complainant will receive an update explaining the actions required to resolve the complaint and the likely timeline. The complaint shall be filed and labelled with an identification code, communicated immediately to the complainant.

The following information minimum shall be recorded:

i. Case number
ii. Complainant's name and contact details
iii. Date and time of complaint
iv. Description/statement of the grievance including where it happened, date and the Contractor staff complained against if applicable
v. Date complaint is referred to the PIU by Hotline

b) Screening for standing and/or acceptance or rejection

The acceptance/rejection of a complaint shall go through a discussion stage where the complainant and the GM staff interact on the grounds and motives of the complaint, after which the plaintiff should clearly and transparently be told whether or not the complaint is eligible and will be processed. The acceptance/rejection of the complaint is based on an established objective criterion.

The following broad criteria will be used and publicly disclosed by the GM, including a written copy displayed in the public access areas of the GM in an appropriate language as well as at the Health Facilities and other project sites.

1. All concerns raised in relation to the implementation of any projects and programs coordinated by the PIU;
2. All concerns raised in relation to community health and safety risks in project areas
3. Adverse environmental and social impacts in relation to Project funded activities and programs.

c) Processing of complaint

Grievances will be categorized based on project significant impacts and the type of issue(s) raised and the effect on the environment/claimant if the impact raised by the complainant were to occur. Based on the categorization, the complaints can then be prioritized and assigned to the relevant department for follow up.

In the case of complaints that relate to governance issues, i.e., the client or World Bank staff, those should normally be addressed at a higher level, through MoH Director of Health Services.

d) Grievance resolution approach

The GM Committee or MoH Director of Health Services will aim to resolve any grievances as per timelines set out in Stage 1 and Stage 2 above. The following steps shall be performed in a timely manner to avoid delaying resolution of a grievance:

- Obtain and document as much information as possible from the person who received the complaint, as well as from the complainant to gain a first-hand understanding of the grievance (For handling grievances relating to SEA and SH, please refer to SEA/SH action plan to be prepared).
- Undertake a site visit, if required, to clarify the parties and issues involved. Gather the views of other stakeholders.
- Determine whether the grievance is legitimate/sound. Inform the complainant of the expected time frame for resolution of the grievance.
- Enter the findings of the investigation in the grievance database.

If the grievance continues to be unresolved at Stage 2, it will be presented to Director of Health Services at the Ministry of Health, who will review and decide upon the grievance. The complainant shall be informed in writing of the MoH's decision.

If the MoH's decision fails to satisfy the aggrieved affected persons, they can pursue further action by submitting their case to the appropriate court of law. Appeals may be referred to national courts or through other suitable processes such as mediation or arbitration.

The final decision will be taken by the arbitrator or courts based on compliance with laws, policies, standards, rules, regulations, procedures, past agreements or common practice. The results of the investigation of non-sensitive complaints should be publicized.

If wider consultation is necessary or in cases where the type of complaint necessitates that it be addressed by a credible third party, grievances will be forwarded to such a third party.

For example, if the complaint relates to governance issues regarding the client or the World Bank and it is a conflict of interest or claims regarding issues where specialized credible institutions may already exist as is often the case in disputes over land, a credible third party should be identified. This third party should be neutral, well-respected, and agreed upon by both MoH and the affected parties. These may include public defenders, legal advisors, local or international NGOs, or technical experts.

e) Closure of grievances

A grievance will be considered "resolved" or "closed" when a resolution satisfactory to both parties has been reached, and after corrective measures have been successfully implemented. When a proposed solution is agreed between the Project and the complainant, the time needed to implement it will depend on the nature of the solution. However, the actions to

implement this solution will be undertaken within one month of the grievance being logged and will be tracked until completion.

Once the solution is under implementation or has been implemented to the satisfaction of the complainant, a complaint close out form will be signed by both parties (PIU Coordinator or its representative and the complainant), stating that the complainant considers that his/her grievance is closed. The grievance then, will be archived in the Project Grievance database.

In certain situations, however, the Project may" close" a grievance even if the complainant is not satisfied with the outcome. This could be the case, for example, if the complainant is unable to substantiate a grievance, or it is obviously speculative or fraudulent. In such situations, the Project's efforts to investigate the grievance and to arrive at a conclusion will be well documented and the complainant advised of the situation. MoH will not dismiss grievances based on a cursory review and close them unless the complainant has been notified and had the opportunity to provide supplementary information or evidence.

f) Handling of grievance records and documentation.

The GM Focal Point will manage a grievance log to keep a record of all grievances received. PIU will use a simple Word or Excel based file to log, document and track all grievances received. The complainant will be informed immediately once the grievance has been received and they will be provided with a case number. Grievances shall be assigned a case number and records of communication/consultation shall all be attached with the relevant entry and filed.

The database will contain the name of the individual or organization lodging a grievance; the date and nature of the grievance; any follow-up actions taken; the solutions and corrective actions implemented by the Contractor or other relevant party; the final result; and how and when this decision was communicated to the complainant.

The database shall be monitored regularly tracking the grievances throughout the processing cycle to reflect the status and important details. Recurring grievances will be monitored to ensure that appropriate mitigation measures are put in place for improvement.

Supervisor and construction companies in their monthly monitoring reports will provide information on grievance management. Grievance monitoring and reporting will occur in MoH's six-monthly and annual public reports.

PIU Grievance Log: The PIU Grievance log at a minimum will record the following information

i. Individual case number
ii. Complainant's name and contact details (unless the complaint has been submitted anonymously)
iii. Date and time of complaint
iv. Date complaint was sent by Hotline to PIU (standard is within 2 working days of complaint being received by Hotline)
v. Date complaint was logged by PIU

vi. Date acknowledgement was sent to complainant by PIU
vii. Time estimated to address (3 weeks or 6 weeks)
viii. Description/statement of the grievance including where it happened, date and the Contractor staff complained against if applicable
ix. Details of proposed resolution, including person(s) who will be responsible for authorizing and implementing any corrective actions that are part of the proposed resolution OR Details of it being sent to Stage 2 (Director of Health Services for resolution)
x. Date when proposed resolution was communicated to the complainant (unless anonymous) Or Date of when it was referred to Stage 2 (Director of Health Services)
xi. Details of whether the complainant was satisfied with the resolution, whether the complaint can be closed out
xii. Date of when the complaint is closed
xiii. Date when the resolution is implemented (if any).

Transparency, Monitoring, and Reporting:

Transparency: Regular policies, procedures, and updates on the GRM system; complaints made and resolved, will be available on the MoH website. This component will be updated every mid-year.
Routine internal monitoring and reporting: The PIU will assess the GRM function on a quarterly basis to:
- Make summaries of GRM results on a monthly & quarterly basis, including suggestions and questions, to the project team and management.
- Review the status of complaints that have not been resolved and suggest corrective actions as needed.

On the quarterly meeting, there will be a discussion and review the effectiveness and use of GRM and collect suggestions on how to improve it.

Submitting the midterm and annual progress report to the World Bank: this will be shared in the midterm and annual implementation reports that are submitted to the Bank including GRM results, which provide the latest information as follows:
• Status of GRM formation (procedures, staffing, awareness raising, etc.);
• Quantitative data about the number of complaints received, the relevant number, and the amount completed;
• Qualitative data about the types of complaints and answers given, unresolved problems;
• The time needed to resolve complaints;
• Number of complaints resolved at the lowest level, rising to a higher level;
• Any special problems solved by procedures/staffing;
• Factors that can influence the use of the GRM / beneficiary feedback system; and
• All corrective actions used.

World Bank Grievance Redress System:

Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also send complaints directly to the Bank through the Bank's Grievance Redress Service (GRS).

A complaint can be submitted to the Bank GRS through the following channels:
• By email: grievances@worldbank.org
• By fax: +1.202.614.7313
• By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA Northwest, Washington, DC 20433, USA

This should be supported by available documentation and correspondence to the extent possible. The complainant may also indicate the desired outcome of the complaint. Finally, the complaint should identify the complainant(s) or assigned representative/s, and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

In addition, project-affected communities and individuals may submit complaints to the World Bank's independent Inspection Panel, which will then determine whether harm occurred, or could occur, as a result of the World Bank's non-compliance with its policies and procedures. Complaints may be submitted to the Inspection Panel at any time after concerns have been brought directly to the World Bank's attention, and after Bank Management has been given an opportunity to respond. Information on how to submit complaints to the World Bank Inspection Panel may be found at www.inspectionpanel.org.

4.2 Awareness Raising of the GRM

Awareness raising and disclosure of the GM will be provided in an accessible format. Communities and potentially affected persons will be advised of the GM in the early stages of engagement on the project, and be made aware of:

- The potential impacts of the project and how these impacts are to be minimized;
- How they can access the GM (i.e., key people);
- Who to speak to and how to make a complaint;
- The timeframes for each stage of the process;
- The GM being confidential, responsive and transparent; and
- Alternative avenues of dispute resolution where conflicts of interest exist.

4.3 Roles and Responsibilities

PIU

The PIU is responsible for the management of the entire GM. The Project Coordinator will direct the PIU to deal with all grievances in an appropriate manner through the grievances

committee, and if necessary, delegate members or others to assist or intervene directly in resolution activities

Role Player	Responsibilities
PIU	• Collection, investigation and resolution of project related grievances • Management of the entire GM system
Grievances committee	• Notification to complainants about receipts and deadlines for reviewing complaints • Observing the entire problems, including the causal relationship between project activities and suspected damage/danger/ disturbance • Decision making based on the observation • Processing appeals or ongoing communication to complainants with the aim of resolving the issue peacefully • Publishing the responses to a complaint (need to be confirmed by the complainant)
Social Officer	• Organizing and applying information delivery and awareness raising campaigns • Reporting and handling Grievance Management (GM) results.
HSSHCD Help Desk	• Receiving and recording and routing of grievances and issues • Sorting / categorizing complaints

MOH GRM for SEA approach will;

i Be Survivor-centred - that ensures the response to the incident is in line the safety, respect, confidentiality and non-discrimination of the survivor.

ii Prevent SEA of women and children through improved project risk assessment, active community engagement and the design and monitoring of systems to minimize risks.

iii Strengthen the speed and effectiveness of response (should such an incident occur) through well-functioning protocols and remedial actions to enable safe and ethical care of survivors.

iv Build the capacity of all actors, government (regional and national), contractors and communities, to take on their respective responsibilities for action, while also working together to protect women, children and other vulnerable groups.

ANNEX 7: COVID-19 MANAGEMENT PLAN

LIST OF ABBREVIATIONS

COVID-19	Coronavirus disease caused by the 2019 novel coronavirus (SARS-CoV-2)
CMS	Central Medical Stores
EHS	Environment Health and Safety
ESF	Environmental and Social Framework
ESMP	Environmental and Social Management Plan
MOH	Ministry of Health
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization

INTRODUCTION

This procedure is intended to provide guidance during construction on how to address key issues associated with COVID-19 and consolidates the advice that has already been provided. The Ministry of Health (MoH) and the contractor (s)' to be appointed will implement this COVID-19 preparedness plan. The MOH and appointed contractor (s)' will implement material measures and actions so that the project is implemented in accordance with the World Health Organization (WHO) Safety Guidance for COVID-19 safety protocols.

FACILITY DESIGN REQUIREMENTS

A clean environment plays an important role in the prevention of infections.

General Design and Safety Requirements

In response to Covid-19 disease outbreak, the general requirements for design of the CMS Operation Centre should ensure:

- adequate safe water supply;
- appropriate cleaning practices;
- adequate handwashing facilities;
- adequate ventilation; and
- appropriate waste management facilities and practices.

Water Supply

The MOH should provide safe water. Several measures can improve water safety, starting with protecting the source of water by ensuring that the water is treated at the point of distribution.

Heating, ventilation and air conditioning (HVAC)

Ventilation systems should be designed and maintained to minimize microbial contamination. The air conditioning filters should be cleaned periodically and fans that can spread airborne pathogens should be avoided.

Infection Prevention and Control Procedures

Personnel should follow infection prevention and control procedures for effective prevention and control of COVID-19.

Establishment of a COVID-19 management system and coordination mechanism

- Action plans for COVID-19 preparedness and response should be established and implemented, which include strategies on effective management of their employees, visitors, etc.
- Personnel should be designated for COVID-19 infection control to ensure accountability in disease prevention and mitigation efforts.

Hand hygiene procedure

The Ministry shall ensure that staff and visitors perform hand hygiene, when arriving at work and before leaving work, as well as before eating and after using the toilet.

The hand hygiene procedure involves:

1. Wetting your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lathering your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrubbing your hands for at least 20 seconds.
4. Rinsing your hands well under clean, running water.
5. Drying your hands using a clean towel or air dry them.

Respiratory hygiene

Respiratory hygiene and cough etiquette is a standard precaution that should be applied by every personnel during the construction and operational phases to contain respiratory secretions (e.g., when coughing or sneezing) to avoid spreading respiratory infections.

- Cover nose and mouth when coughing, sneezing with tissue or mask.
- If no tissues are available, cough or sneeze into the inner elbow rather than hand.
- Do not 'spit' in environment.
- Dispose used tissue and/or masks in the nearest bin after use.
- Avoid shaking hands when sick. Use traditional greetings instead.
- Perform hand hygiene after contact with respiratory secretions.

Education for effective prevention

MOH and the appointed contractors should;

- provide their employees, visitors, and related personnel with information about COVID-19 and conduct training sessions on proper hand washing, social distancing, cough etiquette, etc.;

- notify facility users that their access to the facilities can be limited if they have a fever or respiratory symptoms with visual displays of such notification in common areas; and
- promote respiratory and cough etiquette by educating staff, construction employees, and visitors on the importance of containing respiratory droplet/aerosol and secretions to prevent the transmission of infectious disease.

Hygiene and environmental management

During the construction and operational phases, the CMS Operation Centre should have;

- hand wash, such as hand sanitizers and liquid soaps;
- trash bins at several locations to allow the immediate disposal of waste used for coughing;
- Increase frequency of cleaning, sanitizing, and ventilation in common areas within the CMS Operation Centre, related transportations, etc.; and
- Pay particular attention to disinfection for areas and objects that are frequently touched by related personnel such as doorknobs, handrails, desks, tables, telephones, keyboards, etc. Disinfect entrance doors, elevators, and similar public objects on a more frequent basis.

PROCUREMENT:

The following items will be procured during the construction and operation phases of the CMS Operation Centre:

- Hand sanitizer with at least a 70% alcohol content and in accordance with recommendations of the Department of Health
- Facemasks
- Disinfects
- Infra-red thermometers

Strengthening Management of Employees, Visitors, and Related Personnel

During the construction and operational phases, the MOH must:

- conduct temperature checks at entry points and within the office;
- ensure that workers with a fever or respiratory symptoms remain at home and refrain from making contact with others, while monitoring their health; and
- actively provide managerial notice that workers are required to stay home if they develop a fever or respiratory symptoms.

Social Distancing

During the construction and operation phases the MOH must ensure that personnel:

- avoid physical contact including handshakes, etc. with other employees and visitors;
- improve the working environment by taking measures to keep an adequate distance between workers;
- utilize alternative work and lunch hours to promote flexible work schedules and to prevent mass gathering of personnel;

- temporarily suspend the operation of public spaces such as indoor lounges and rest areas; and
- postpone and/or cancel unnecessary mass gatherings, small-group events, etc.

Action Taken Following Detection of Suspected Patients

During the construction and operation phases the MOH must:

- report to the local public health center/facilities if a suspected patient is identified;
- ensure that the suspected patient wear a mask and stay in a separated space until the patient is transferred to a screening post. The suspected patient should be places under self-quarantine until the test results are confirmed; and
- ensure that after the suspected patient has been transferred to the screening post, the area that the patient remained is disinfected.

Management of Waste

Proper healthcare waste management includes (1) waste segregation, (2) collection and handling, (3) stock in a safe temporary storage, (4) safe treatment and disposal.

Waste segregation

MOH shall organize waste segregation at sources. Each type of waste should be contained in designated, color coded and labelled bags and containers.

Collection and handling

Workers should handle medical waste as little as possible before storage and disposal. The more waste is handled, the greater the chance for accidents.

Emptying waste containers

Waste containers that are too full also present greater opportunities for accidents. The MOH will ensure that waste is removed from the CMS Operation Centre before the containers become completely full.

The MOH will also ensure that health care waste is not emptied into open carts or wheelbarrows, as this may lead to spills and contamination of the surroundings, may encourage scavenging of waste, and may increase the risk of injury to staff and visitors. Hand manipulation of waste inside a red plastic bag for infectious waste and/ or any other waste container will not be allowed.

Stock in a safe temporary storage

Following segregation, medical wastes shall be placed in a designated, safe and temporary storage.

Eswatini Emergency Contact:

975

ANNEX 8: EMERGENCY RESPONSE PLAN

LIST OF ABBREVIATIONS

CMS	Central Medical Stores
ESMP	Environmental and Social Management Plan
M&E	Monitoring and Evaluation
MOH	Ministry of Health

INTRODUCTION

This plan provides a description for the management of emergencies. The purpose of this plan is to ensure that for potential major emergency scenarios identified there is a structure and plan in place to manage major emergencies, provide information and assist in the emergency services. The Ministry of Health (MoH) will ensure that this developed plan provide a swift response in the event of an eligible crisis or emergency.

The preparation of the emergency response plan will take into consideration the Environmental and Social Management Plan (ESMP) and any additional safeguard instruments. This emergency response plan will require consideration of safeguard implications for any proposed emergency supplies procurement or construction activities. The World Bank, through the no objection process, will closely examine the nature of the proposed civil work activities, to ensure that:

1. They are not prohibited under the negative list; and
2. The recipient is aware of the required safeguard compliance documentation before initiating the process by which the proposed works will be prepared and implemented.

Since there is construction work expected, emergency activities under this project are likely fall into the “High Risk” or “Moderate Risk” or “Low Risk” Category. Activities that fall under “Moderate Risk” will involve procurement of emergency supplies such as medicine and water and do not require the application of safeguard instruments, post screening or assessment. Other emergency supplies, such as fuel products, will require safeguard instruments to ensure procurement, storage and dispensing procedures are adequate.

The MoH will consider the following safeguard elements of the emergency response plan before commencement of implementation:

1) Confirming which activities can proceed on the basis of the provisions of the emergency response plan, with no environmental or social assessment, and which ones require assessment prior to being initiated;
2) Rapidly assessing the environmental and social baseline of the planned emergency response plan activities and locations based on readily available information; and
3) Determining the sequencing and implementation plan for:
    - Mobilizing technical assistance and funding to prepare any additional safeguard instruments, e.g., Environmental and Social Management Plan, etc.

- Preparing the safeguards instruments and carrying out their Bank review, revisions, clearance, and approval.
- Consultations and disclosure.
- Establishing roles and responsibilities for safeguards implementation, and monitoring.
- Estimating the costs for safeguards preparation and implementation.

MONITORING AND EVALUATION

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

Data for monitoring and evaluation (M&E)

As emergency responses are, event-driven and rapidly mobilized, M&E mainly on secondary data and qualitative information that is easily obtainable, such as social assessment. Thus, the project will target the collection of secondary data.

Implementation monitoring

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

Performance monitoring

Performance monitoring will rely on:

1) Fields visits by staff of the implementing agency;
2) Reports from supervision consultants; and
3) Meetings with beneficiaries.

THE EMERGENCY RESPONSE PLAN

The Accident Response Procedure shall be developed in line with the hazards identified and assessed during the initial risk assessment for the proposed Central Medical Stores (CMS) CMS Operation Centre.

The ministry will appoint an appropriately qualified company to conduct a detailed medical survey for the project site. The survey recommendations will need to include the minimum first aid requirements for the site and an assessment of external medical facilities and establishments equipped to deal with the emergency situations identified in the plan.

In preparation of this emergency response plan the following will be considered:

a) The types of unplanned events the site may encounter;

b) The impact of restricted visibility on evacuation routes. Areas may be inaccessible or too dangerous to use, stairwells may be smoke logged etc.;

c) The existence of emergency communication facilities to cover any unforeseen situation;

d) The procedure for registering and recording all personnel on the construction site for the purpose of roll calling;

e) The needs of persons with disabilities, persons not familiar with the emergency procedures and persons with language barriers;

f) The need for evacuation procedures to be varied for differing circumstances, specifically providing for underground evacuations where appropriate

g) Provision for all people who may be at the workplace, including visitors;

h) The procedure for how to mobilize medical help from site (i.e., the detailed, specific stages involved), including details of first aiders and a list of first aid kit locations;

i) Analysis of the transport options for evacuation from site under medical emergencies, severe weather conditions, terrorist threat and prior to/during/following a natural disaster. This should include the access and egress on site with specific consideration of access for Emergency Services;

j) The preferred travel options for emergency evacuation of both individuals and groups. This needs to include evacuation to all possible locations for receiving required treatment. A graphical layout showing alternative routes, methods and travel times should be compiled as a quick reference guide.

Emergency Response Plan Approval

Once the procedure has been completed to the satisfaction of the MoH Team, it will have final approval by the World Bank before issuing to personnel or for general publishing.

A copy of the Emergency Response Plan will be retained in the Project Health, Safety Plan and will be provided to the emergency services.

Review of the Emergency Response Plan

The MoH Team will meet regularly, in order to ensure the plan is applicable to current circumstances and is implemented correctly. Specifically, the team will:

1. Review and where required, establish and implement Emergency Response Plans and Procedures;
2. Evaluate the existing Emergency Response Plan in light of current circumstances and any changes to the site or work scope;
3. Review the number of emergency evacuation personnel, consistent with the nature and risk of the buildings, structures and workplaces;
4. Arrange for the training of emergency evacuation personnel;
5. Assess the effectiveness of evacuation exercises;

Preparedness

Training

The Eswatini Ministry of Health will identify and provide training in accordance with the needs of personnel involved with emergency evacuation activities. They will determine the depth of training required for themselves and all other personnel, given the assessment of risks for each potential emergency scenario and the proximity and skills of the local emergency services.

Consideration will also be given to the number of First Aid personnel and any associated training requirements.

Specific training for the Emergency Team shall include:

a) The operation of all safety equipment including, fire extinguishers, fire hose reels, fire blankets and fire detection and suppression systems;

b) The layout of their area of responsibility;

c) The number, location and additional needs of people with disabilities in their area;

d) Evacuation routes and safe places;

e) Where evacuation procedures need to be modified and how to do this; and

f) How to identify themselves as emergency staff.

Equipment

The MoH will ensure:

1) The emergency equipment specified in the emergency response procedure is available on site. Examples of such equipment are:
   - Oil clean up equipment (e.g. Brooms, absorbent materials, spades, spill kits, etc.) and
   - First Aid / emergency rescue equipment.
2) Availability and location of earthmoving equipment and pumping equipment;
3) Hi-Viz clothing and identification of equipment;
4) Firefighting equipment (e.g., fire hoses, extinguishers);
5) A list of the equipment held in the project site is provided and verify that the equipment is suitable for the hazards identified, accessible, serviced (if applicable) and in good working order; and
6) Test and maintain the exit signs and alarm systems.

Emergency contacts

The MoH will ensure that the Emergency Response Plan contain telephone contacts.

ESWATINI EMERGENCY SERVICES CONTACT NUMBERS:

Fire Department: 933	**Police:** 999	**Ambulance:** 977

Communication

A reliable form of communication will be used in the event of an emergency/accident. Consideration will be given to a suitable alarm system, telephone or allocation of a radio channel for internal and external communication. Regular testing of the chosen communication system will occur regularly.

Reporting and Documentation

The ministry will ensure that all accidents are reported and documented. Accidents to be documented will include; “near miss” incidents, all medical cases, all serious injuries or incidents and fatal incidents.

ANNEX 9: SECURITY RISK ASSESSMENT REPORT

LIST OF ABBREVIATIONS

CMS	Central Medical Stores
MOH	Ministry of Health

INTRODUCTION

Purpose

This risk assessment report will help identify, assess, and implement key security controls at Central Medical Stores (CMS) during the construction and operation phases. Carrying out this risk assessment will allow the Ministry of Health (MOH) to view the application portfolio holistically from an attacker's perspective. It will help MOH and the appointed contractor(s)' in making informed resource allocation, tooling and security control implementation decisions.

Scope of this Risk Assessment

The scope of this risk assessment assessed the system's use of resources and controls (implemented or planned) to eliminate and/or manage vulnerabilities exploited by threats internal and external to the CMS Operation Centre during the construction and operation phases. In addition, during the risk assessment, strengths and weaknesses were observed.

This risk assessment will include the assessment of:

1. Site information
2. Physical security
3. Access control
4. Employee security
5. Material security
6. Emergency resource
7. Crisis communication
8. Review

Site Information

Organization/Company	Ministry Of Health; Central Medical Stores
Security Services	Top Two Security Services
Products and Services	Medication products and equipment and computer and networking programmes
Operation hours	8:00am – 16:00pm
Site area	Matsapha Industrial Site, on Plot 461/T. Site lies within the existing boundaries of CMS.
Surroundings/Neighborhood	Bruna Enterprises, Clockwork Giant Clothing (Pty) Ltd, and Barloworld Equipment.

Construction Phase Risk Assessment Results

Item #	observation	Existing controls	Recommended controls
1.	Physical security	• The site already has functioning perimeter security which include; fencing, lockable gates and guards. • The outside of the existing building has street lighting and a video monitoring system CCTV camera which will benefit the contractor during the construction phase.	• Trained Security Personnel should be added during construction. • A security booth should be constructed/stationed at the entrance assigned to the contractor during construction phase.
2.	Access control	• The entire boundary of the site is wall fenced. • The entrance of the site has a lockable gate with security man to control access into and out of the site. • The currently operating security personnel patrol onsite and have means of communication. • The outside of the storehouse has street lighting. • There is also video camera surveillance system (CCTV) in place.	• Security personnel should be added during construction to ensure safety of workers, equipment, and materials stored on site at all times. • One more entrance should be constructed for use by construction vehicles and construction workers during construction. • There should be a video monitoring device at the entrance to capture vehicle traffic entering and exiting the site more especially at the entrance used by construction vehicles and personnel.
3.	Employee security	• Trained security personnel are currently present onsite.	• Security personnel should be added during the construction phase.

		• The security personnel patrol onsite and have means of communication. • The site perimeter is secured with proper fencing and a lockable gate.	• Emergency preparedness and security testing which include security emergency drills and testing of remote administrators should be conducted often onsite. • Physical security control measures should be communicated with onsite teams to help employees feel safer at work. • Safe parking areas should be provided for employees' onsite.
4.	Material security	• An area for material storage has not been designated yet since construction hasn't began.	• Materials and equipment should be stored in a designated secure area onsite with restricted access and signage. • Vehicles and equipment should be secured and there should be hidden kill switches to disable ignitions. • Supervisory security responsibilities should be assigned onsite. • Timely deliveries should be scheduled. • Storage areas should be kept clean and in order. • Assets and property should be identified and there should be an inventory. Materials should also be tracked regularly.

5.	Emergency response	• An emergency response plan has been developed and will be implemented during the construction phase. (*Refer to appendix 9).*	• The contractor shall ensure that there is an emergency response plan that includes fire emergencies and contact information. This plan should be exercised and communicated to all workers and visitors.
6.	Crisis communication	• None since construction has not begun.	• There should be a developed crisis communication plan. • The contractor shall ensure that there is an effective communication system in place during construction. • Contact information should be displayed and employees made aware of the contact information In case of emergencies. • The contractor shall ensure that communication devices and warning tools are functioning at all times. • The contractor shall ensure that all incidents and accidents are communicated to all workers and visitors as means of raising awareness.
7.	Review	• None in place	• A security Audit Checklist should be developed and implemented during construction phase to ensure the physical

			security has all the necessary components to keep the facility protected from threats, intrusions and breaches.

Security Risk Assessment during Operation Phase

EXISTING CONTROLS:

The MOH has a Security Control System followed at CMS which include; security personnel, registering of visitors into and out of site, inspection of vehicles for visitors' and CMS Employees when exiting the CMS Facility, strategically installed CCTV cameras at the forefront and in the inside building and storage facility. CMS also has:

- A functioning perimeter security which includes; fencing (2-metre security wall), lockable gates and guards;
- street lighting and CCTV cameras;
- Security personnel patrolling day in and day out and have means of communication;
- Emergency response plan in place; and
- Emergency devices such as security alarms.

The above-mentioned existing controls assist in the safety and security of incoming, stored and outgoing goods. Should it happen a visitor be found with CMS property, legal steps will be taken in dealing with situation and records will be kept.

RECOMMENDED CONTROLS:

The Operation Centre to be constructed should have:

- A developed and implemented Crisis Communication Plan;
- Emergency preparedness and security testing which include security emergency drills and testing of remote administrators;
- Physical security control measures communicated with workers to help them feel safer at work;
- Safe parking areas for workers and visitors;
- Supervisory security responsibilities assigned for materials and equipment;
- A security Audit Checklist developed and implemented to ensure the physical security has all the necessary components to keep the Operation Centre protected from threats, intrusions and breaches; and
- A Security booth stationed at the entrance assigned for construction vehicles and personnel.

ANNEX 10: CENTRAL MEDICAL STORES (CMS) MEETING MINUTES NO.1

Date: 18 June 2021

Venue: Central Medical Stores

Time: 12 noon

Attendees:

FULL NAMES	DESIGNATION	EMAIL/CONTACT
Thobile Khumalo	MTK Director	thobie_khumalo@yahoo.ca/tkhumalo@mtkinvest.com
Mr Motsa	CMS Deputy Director	
Lindokuhle Methule	MTK Environmentalist	lindom@mtkinvest.com
Mason Manyatsi	MTK Environmentalist	masonmanyatsimtk@gmail.com
Bongiwe Lukhele	MTK Environmentalist	bongiwemarciamtk@gmail.com

Aim of the Meeting:

- to understand CMS different departments and operation system

Agenda:

- Purpose/Aim of the project
- CMS Departments
- CMS Operation

Introductions

Mr Motsa introduced himself to the MTK Sustainable Technologies (Pty) Ltd team and the MTK team also introduced itself to him. He revealed that he met with one of MTK team members during the first site walkthrough for both sites. Central Medical Stores (CMS) was defined as a company which works closely with Eswatini Government in ensuring that both public, private health facilities and the people who go to hospitals and clinics get the medical assistance they need.

In addition, Mr Motsa stated that the purpose of the project (Construction of the Administration Block and Warehouse) is to ensure easy distribution of medication as it will be centrally located, hence making access from all parts of Eswatini easy, and also ensuring safety of products in the warehouse. The Administration Block will house offices for CMS staff, a board room and a conference centre. The workshop will house the medical supply chain unit (managed by CMS), a medical equipment maintenance workshop (managed by Biomed) and a data warehouse for information technology support (managed by HMIS).

CMS Departments

This company has several departments; HMIS which has computer and networking programs (database system, connecting information from different departments) and Bio-med which focuses on anything that has to do with medical equipment in government hospitals and clinics and private clinics. The Bio-med department also focus on the specifications of medical equipment during purchasing and servicing.

CMS Operation System

Mr Motsa mentioned that CMS delivers to about 400 facilities (government and non-governmental facilities) per month. He further mentioned that new facilities get 3 months' worth of stock so in all, there is an average of 500 deliveries per month. In addition, CMS directly delivers to Government facilities and partly government facilities like the RFM Hospital. GPS coordinates are gathered of all delivery points and delivery trucks are monitored. Private clinics get their medicine from RFM that is delivered to by CMS. NGOs like Luke Commission collect their medicines. Orders are done by a pull system. A system that monitors consumption rates in order to quantify how much medicine needs to be ordered appropriately for the following year. It does happen that CMS orders more medicine than is actually needed, however, it is vital that turnover is kept below 10% for public facility and CMS specifically tries best to keep it under 10%.

CMS makes sure that their medicine is WHO certified and checks whether WHO certified that medicine in the current year because CMS does not have a quality lab. CMS also checks whether conditions of harbouring the medicines were met to ensure quality such as (temperature control). If conditions are not met, the medicine is rejected. Part of the reason for the new buildings is to ensure there is adequate facilities and space to deliver their mandate. CMS also has 10 Pharmacists. Each Pharmacist has their own specialisation and designation for example, there is a pharmacist for HIV, Family planning, TB, Malaria, Diabetes and other essential meds.

It was mentioned that in the warehouse, the medication is stored in different temperatures (25˚C, 2˚C, 15-25˚C, and -89˚C for Covid-19 vaccines) and they have a system that updates them consistently on the temperature, however, they do not solely rely on that but they physically check for very few hours if the temperature is still the same. Mr Motsa also mentioned that in the case of power outage, CMS has a backup power generator for cold storerooms and a solar plant for lighting. He also revealed that they roll out medication based on "the first to expire". The expired medication, is stored in a secure place with the assistance of the Environmental health department at the Ministry of Health. The Environmental Health Department then wait for an opening/space in incinerators approved by the Eswatini Environment Authority. In addition, he highlighted that

the Ministry of Health is in the process of getting more incinerators to be approved the Environmental Authority. The incineration process has to be above 1000 degrees Celsius. Means for disposal of the residue from incineration is done by informing the Environmental Department. A space is allocated for disposal at Montigny depending on the space needed for it.

Mr Motsa also revealed that there is a Security Control System followed at CMS which involves; cold locks for storerooms, register for medicine and equipment, strategically installed CCTV cameras and a control room. During transportation of medicines and equipment, the vehicles used also have installed cameras and an installed tracking system installed by Netstar Swaziland.

Meeting was adjourned.

CMS Operation Centre

CENTRAL MEDICAL STORES (CMS) MEETING MINUTES NO.2

Date: 23 June 2021

Venue:

Time: 10:00 hrs

FULL NAMES	DESIGNATION	EMAIL/CONTACT
Thobile Khumalo	MTK Director	thobie_khumalo@yahoo.ca/tkhumalo@mtkivest.com
Mr Mdluli	Assistant Control of Stores	
L.Methule	MTK Environmentalist	lindom@mtkinvest.com
Mason Manyatsi	MTK Environmentalist	masonmanyatsimtk@gmail.com

Attendees:

Aim of the Meeting:

- To understand how and where CMS manages discard medical equipment and e-waste.

Agenda:

- Outline on the storage and management of discarded medical equipment and e-waste.
- Challenges faced by the Ministry's storage facility

Introductions

Mr Mdluli introduced himself to the MTK Sustainable Technologies (Pty) Ltd team and the MTK team also introduced itself to him. Also, Mr Mdluli told the MTK Sustainable Technologies (Pty) Ltd team that he is the Chairman of Board of Surveys.

Storage and Management of discarded Medical Equipment and e-waste

Mr Mdluli explained that as a department dealing with the storage and disposal of absolute medical equipment, government furniture (tables, chairs etc.,.) and e-waste they receive information from CMS on the medical equipment and e-waste that needs to be discarded and thereafter, they conduct inspections on the equipment reported and write a letter to the Attorney

General (AG) presenting every medical equipment and e-waste to be removed and request for permission to board the equipment which is done in two ways either by a public auction sale or disposal in landfills and incinerators. With regards to public auction sales, Stakeholders are contacted about the auction and are encourage to come in and buy what they would deem as beneficial to them. Also during the auction sale, prices are fluctuated until most of the auctioned equipment is bought. The general public is also brought in to find and buy what would be beneficial to them. The general public sometimes buy the old equipment in order to strip some parts and sell. Equipment like X-rays that have not being bought during auctions are re-auctioned until they are bought. The only way they dispose e-waste is by selling to mechanics who buy items for parts. To reduce the e-waste brought to the site, buyers (more especially mechanics) who come to buy certain parts instead of the whole machine are given the whole machine/equipment. With regards to expired medicine, Mr Mdluli revealed that it is collected and taken for incineration at Shiselweni Forestry (Montigny) more especially waste from surrounding areas like Nhlangano.

Challenges faced by the Ministry's storage facility

- A common challenge faced is whether there will be people who would actually buy the waste that has been collected and auctioned.
- Some equipment brought is already old, dismantled and broken which depreciates the value of the equipment.
- In some cases, some waste is not bought and piles up on site causing a problem bringing in more waste. Also, the piled up material is damaged by weather conditions more especially rain causing it to deteriorate and degrade more.
- Currently there is no storage space at the facility. Equipment is lying bare on site and is piling up. The pile up of waste is a cause for concern because if there were a fire breakout on the premises, it would pose a threat to the safety of employees and buildings.
- Another challenge experienced has to do with the disposal of e-waste (computers, photocopy machines) because it is not accepted at the land fill.
- Moreover, government has no tracking system in place for the e-waste after it has been sold to individuals.

Meeting was adjourned.

CMS Operation Centre

Inception Report Presentation Meeting Minutes

Date: Monday, 28 June 2021

Venue: Cooper Centre, Conference Room Unit 5

Time: 11:30 hrs

Attendees

FULL NAMES	DESIGNATION	CONTACT
Jorom Siborurena	Project Engineer	76830291
Bongani Sigudla	SEHO	76155042
Thabiso Nsibande	Environmental Specialist	76186006
Danicia Phiri	Principal Comp Analyst	76135887 / 79135887
Sindisiwe Nxumalo	Sociologist MTK Sustainable Technologies	76110320
Thobile Khumalo	Environmentalist MTK Sustainable Technologies	76024266
Thobile Dlamini	Project Secretary	76249150
Simphiwe Dlamini	Environmentalist MTK Sustainable Technologies	76524002
Mason Manyatsi	Environmentalist MTK Sustainable Technologies	76356786
Funwako Dlamini	DCEHO	76188908
Bhekumusa Nxumalo	Social Specialist	76040900
Zanele Simelane	HMIS	76186947
Lungile P Shongwe	PC HSSHCDP	76062925
Fortune Mhlanga	MOH- HMIS Senior Statistician	76134008
Lindokuhle Methule	Environmentalist MTK Sustainable Technologies	76283696
Bongiwe Lukhele	Environmentalist MTK Sustainable Technologies	76528556

Agenda:

- Introduction of Teams
- Presentation of Inception report
- Comments on presentation
- Closing

Introductions

The meeting was started with an opening prayer. Chair of meeting introduced herself and presented the chance to her team to introduce themselves and stated their positions.

Furthermore, Mrs. Thobile Khumalo introduced as an Environmental specialist at MTK Sustainable Technologies and also introduced her team.

Purpose of the Meeting

Ms Sindisiwe Nxumalo greeted all present at the meeting and expressed appreciation for the invitation to the meeting. She stated that the purpose of meeting was to present the inception report of which she would lead with the assistance of Mrs. Thobile Khumalo.

Presentation

The presentation was presented by Ms Sindisiwe Nxumalo structure was as follows:

Project Objectives and Outline

- Objective of the project is to increase the operational efficiency and effectiveness of the Central Medical Stores through the centralization of resources and systems.

Objective and Terms of Reference of Assignment

- To assess potential environmental and social risks and impacts associated with the construction and operation of the Administration Block and a Workshop for Biomed and Health Management Information System (HMIS).

Terms of Reference

- Review and consideration of all relevant environmental and social requirements outlined by the World Bank's ESF and EEA, prepare a stakeholder engagement plan (SEP) and engage stakeholders during assessment.

Methodology

The methodology comprises of various components, namely:

- Literature Review
- Project Brief Compilation
- Data Collection and Surveys
- Stakeholder Consultations
- Legal Framework
- Impact Identification and Mitigation
- Institutional Analysis
- Monitoring Plan
- Grievance Redress Mechanism
- Stakeholder Engagement Programme
- Plans to be Appended
- Compilation of draft IEE/ESMP
- Submission of Reports to EEA

Project Timelines and Team

The project timeline and team include:

- A work plan for inception, ESIA/ESMP compilation and SEP compilation.
- ESMP Compilation Milestones with dates of when milestones are to be completed.
- Key Personnel being Mrs. Thobile Khumalo and Ms Sindisiwe Nxumalo.

Study Management

- To be supervised and managed by the Project implementation unit set up under the HSSHCD project
- Reports and information request to be communicated to the project coordinator
- The client will be responsible for providing:
    - All reports and documents relevant to the project
    - Provide detailed project description
    - Assist consultant in arranging for engagement with stakeholders
    - Each of the measures and actions to be implemented will be clearly specified

Comments

- Chairperson requested an introductory letter for the introduction of team to key stakeholders to be written, submitted and signed by PS.
- A request for more focus and concentration on micro issues and impacts such as energy consumption, waste water and climate change. The Environmental Health and Safety guidelines from The World Bank will be shared for a better idea of micro issues that can be added to inception report.
- With a brief explanation, recognise the positive impacts of the integration and centralisation of CMS and how it enhances productivity.
- A waste management plan to be shared and considered by consultant to find a way to align with the current project.
- Inception Report must include the Geotechnical Report to describe geological impacts.
- Request for an estimation of budget for all mitigation measures in order to compile a budget.
- Pre-construction risks and impacts should be in inception report.
- Request for an additional requirement on communication and planning. Training should not be conditioned on gaps.
- With regards to discovery artefacts, The General Chance Find Procedures in ESMF should be used on how it applies to specific site.
- A reminder that ESMP must be reviewed by MoH first before EEA, not vice-versa.
- A request that stakeholder engagement tools be revised and approved in by MoH, in case there are things that need to be amended or added.
- Security Risk Assessment write up should be in place.
- Clarifying the site, one actually has two buildings. One building being workshops and the other being HMIS and Bio Med offices.
- Covid-19 plan should be drawn up considering WHO procedures.

- MTK Sustainable Technologies also requested information about what other alternatives of the project were consider before the final decision on the undertaking of current project.

Closing and way forward

Mrs. Thobile Khumalo stated that milestone dates will be pushed by one day based on when the contract was signed. MoH vowed to be of assistance at any time to ensure progression of milestones. There was a closing prayer to close meeting and meeting was adjourned after.

Meeting was adjourned.

Project affected people around the site
Ministry of Health Central Medical Stores extension • Vendors *Bethusile Dlamini* *Fakazile* *Christinah Matola*
Introduction: Ministry of Health is planning to construct an administration block and Workshop/HMIS Workshop for the Central Medical Stores in Matsapha. MTK has been asked to assess potential environmental and social risks and impacts associated with the construction and operation of the Administration Block and a Workshop for Biomed and Health Management Information System (HMIS).
We did not know that there will be this project. This is the first time we are hearing about it. *We do not have a problem with the project because when we first came to sell in this area we were informed that the site belongs to the government.* *We would not be happy to be moved from this place as we believe that we would lose business as we are closer to the factories.* *We have been doing business in the area for more than ten years and we have developed a good relationship with the owner of the factory who has given use permission of use the toilets and given us a place to store our goods on his premises.* *We support the project because we believe we will get more customers both during construction and when the project is complete.* *This place is very busy especially on pay day. More vendors come to join us.* *We are fortunate because we have not experienced any accidents.*

Ministry of Health Central Medical Stores extension • Job Seekers Thembumenzi Sihlongonyane Sandile Dlamini
Introduction: Ministry of Health is planning to construct an administration block and Workshop/HMIS Workshop for the Central Medical Stores in Matsapha. MTK has been asked to assess potential environmental and social risks and impacts associated with the construction and operation of the Administration Block and a Workshop for Biomed and Health Management Information System (HMIS).
We are very excited that there will be this project as it will bring more job opportunities. We have been looking for work at the factories for some time and we noticed that this area is quite busy, especially around pay day. *We advise that during construction here should be road signs and speed humps to avoid accidents.* *Satellite markets should be built nearby so that workers are not buying near the road in order to avoid accidents.* *Mobile toilets need to be installed in the area as job seekers need to go a long way to find toilets so many people just relieve themselves in the surrounding bushes.*

Ministry of Health Central Medical Stores extension • Neighbouring business Nomcebo Mahlalela (Fox Cash and Carry)
Introduction: Ministry of Health is planning to construct an administration block and Workshop/HMIS Workshop for the Central Medical Stores in Matsapha. MTK has been asked to assess potential environmental and social risks and impacts associated with the construction and operation of the Administration

	Block and a Workshop for Biomed and Health Management Information System (HMIS).
	We have not experienced any problems when there has been construction in the past as measures were taken to limit the noise. We hope the same will apply with this project. *Parking is going to be a problem as many workers currently park along the entrance to the proposed construction site.* *Something must be done as the area is very crowded especially on Fridays.*

Ministry of Health Central Medical Stores extension

- Neighbouring business

Burrell Hillary (Rod Industries)

Introduction:

Ministry of Health is planning to construct an administration block and Workshop/HMIS Workshop for the Central Medical Stores in Matsapha.

MTK has been asked to assess potential environmental and social risks and impacts associated with the construction and operation of the Administration Block and a Workshop for Biomed and Health Management Information System (HMIS).

First of all I am very happy about the project because it will be good for the country.

I do not foresee any problems because there is another access road leading to our factory even if it get busy on the other side.

They need to put a canvas around the construction site to prevent dust affecting the neighbours.

Ministry of Health Central Medical Stores extension

- Security

Thandeka Gamedze
Ncobile Sibiya
Thulani Mavuso

Introduction:

Ministry of Health is planning to construct an administration block and Workshop/HMIS Workshop for the Central Medical Stores in Matsapha.

MTK has been asked to assess potential environmental and social risks and impacts associated with the construction and operation of the Administration Block and a Workshop for Biomed and Health Management Information System (HMIS).

The project needs to hire their own security who will work independently of the current security staff.

They should have their own gate in order to prevent theft as the current staff is busy with their own work and will not be able to monitor what is happening on the construction sites.

Ministry of Health Central Medical Stores extension

- Neighbouring business

Car owners:
Philile Shabangu
Sphe Dlamini
Vuyisile Mabuza

Introduction:

Ministry of Health is planning to construct an administration block and Workshop/HMIS Workshop for the Central Medical Stores in Matsapha.

MTK has been asked to assess potential environmental and social risks and impacts associated with the construction and operation of the Administration Block and a Workshop for Biomed and Health Management Information System (HMIS).

It is a challenge because we used to park inside the factory premises but can no longer park there due to Covid-19. There used to be a parking area behind the vendors which is no longer available.

We wonder if the city council would provide parking that we are willing to pay for because we are not comfortable parking along the road which also poses a danger to other road users.

Ministry of Health Central Medical Stores extension

- Workers

Dumisani Hlatwako
Sicelo Dlamini
Musa Sibiya

Introduction:

Ministry of Health is planning to construct an administration block and Workshop/HMIS Workshop for the Central Medical Stores in Matsapha.

MTK has been asked to assess potential environmental and social risks and impacts associated with the construction and operation of the Administration Block and a Workshop for Biomed and Health Management Information System (HMIS).

We are excited about the project as we will be moving to new offices as we are currently using the store room as our office.

There are cold rooms in the same building which makes it very cold.

We do not have any problems with the traffic as there are two entrances to the premises.

The security guards are helpful because they direct us when driving out of the premises.

The project must install speed humps to slow down the traffic.

We do not think noise will be a problem because we are already accustomed to the noise of the train passing by.

In order to avoid problems, the construction workers should not be allowed inside the office premises as there are currently no cases of theft.

Ministry of Health Central Medical Stores extension

- Workers

Phumzile Gamedze (Central Medical store)

	Introduction: Ministry of Health is planning to construct an administration block and Workshop/HMIS Workshop for the Central Medical Stores in Matsapha. MTK has been asked to assess potential environmental and social risks and impacts associated with the construction and operation of the Administration Block and a Workshop for Biomed and Health Management Information System (HMIS).
	The workers are excited about the project as we will be moving into new facilities. *We do not have any problems with the traffic as there are two entrances to the premises.* *The project must install speed humps to slow down the traffic.* *I do not think noise will be a problem because we are already accustomed to the noise of the train passing by.*

ANNEX 11: LABOUR MANAGEMENT PROCEDURE

LIST OF ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
CMAC	Conciliation, Mediation and Arbitration Commission
CMS	Central Medical Stores
COC	Code of Conduct
COVID-19	Coronavirus disease caused by the 2019 novel coronavirus (sars-cov-2)
EEC	Eswatini Electricity Company
EHO	Environmental Health Officer
EHSG	Environmental Health and Safety Guidelines
ESF	Environmental and Social Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards
GBV	Gender Based Violence
GRM	Grievance Redress Mechanism
HIRA	Hazard Identification and Risk Assessment
HIV	Human Immuno Virus
ILO	The International Labour Organization
LMP	Labour Management Procedure
MOH	Ministry of Health
NCD	Non-Communicable Diseases
OHS	Occupational Health and Safety
PIU	Project Implementation Unit
PPE	Personal Protective Equipment
SEA	Sexual Exploitation and Assault
SHEQ	Safety Health Environment and Quality
WBG	World Bank Guidelines

INTRODUCTION

This Labour Management Procedures (LMP) was developed by the Eswatini Ministry of Health to manage risks under the *Health System Strengthening for Human Capital Development in Eswatini Project* (P168564) funded by the World Bank. This Labor Management Procedure has been prepared to meet the objectives and requirements of Environment and Social Standards (ESS); ESS2 and ESS4 as well as the National Law. The procedure assesses the potential risks and impacts of assignment of labor for the implementation of component 1, 2, 3 and 4 of the projects and address them through mitigation measures in light of Environmental and Social Standards and Labour policies and provisions.

Overview of Labour Use in the Project

The project supports: [1] improving health service delivery to increase the coverage and quality of health services to build human capital; [2] increasing community demand for RMNCAH, nutrition and NCD services; [3] strengthening the MOH's stewardship capacity to manage essential health and

nutrition services and project activities; and [4] project management, and monitoring and evaluation.

The project is expected to use direct workers and contracted workers. Most activities supported by the project will be conducted by direct workers of the Project, such as civil servants employed by the Ministry of Health. The project will outsource civil works to contractors for activities such as constructing civils works. A number of 30 workers is expected at the current stage, no significant labor influx is expected.

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

- People employed or engaged directly by Eswatini Ministry of Health to work specifically on the Project, including healthcare workers within hospitals and healthcare facilities supported under the project;
- People employed or engaged by contractors to perform work related to core function of the project, regardless of location;
- People employed or engaged by the Eswatini Ministry of Health's primary suppliers; and
- In terms of labor requirements, the MoH and/or contractors engaged by MoH, will identify relevant staff needs as per the components of the project as specific activities are identified and clarified. This LMP will be updated accordingly. Currently, the following labor needs are identified as reflected below.

Labour Requirements

The project includes improving health service delivery to increase the coverage and quality of health services to build human capital; Increasing community demand for RMNCAH, nutrition and NCD services; strengthening the MOH's stewardship capacity to manage essential health and nutrition services and project activities; and Project management, and monitoring and evaluation.

As part of the Implementation of this project, the Ministry of Health is planning to construct an Operation Centre CMS for the Central Medical Stores in Matsapha. The Central Medical Stores (CMS) is responsible for the supply chain management of all medical supplies and equipment. There are currently over 400 health facilities in the country that are supplied by the CMS. CMS provides preventative, curative and diagnostic medicines that are of acceptable quality, safe and effective. The main objective of central medical stores is to ensure a regular uninterrupted equitable supply of quality medicines and medical supplies to the health facilities thus ensuring that the general Swazi population can access these commodities. Moreover, for the construction of the CMS Operation Centre CMS will require civil works so, the ministry will appoint a civil contractor to carry out construction works.

Assessment of Key Potential Labour Risks

Project activities: the project involve the construction of CMS Operation Centre.

Key labour risks: the main labor risks associated with the project are assessed to be related to worker health and safety and the potentially hazardous work environment and the associated risk

of accidents for construction works. Also, social impacts such as GBV, sexual exploitation and communicable diseases for local communities cannot be ruled out.

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

Community Health and Safety: While the anticipated construction works (construction CMS Operation Centre) has a small footprint, the MOH will consider the incremental risks of the public's health and safety and potential exposure to operational accidents. As there might be minimal construction works, labor influx is not anticipated, the Project ESMP as well as the LMP includes clauses to avoid, minimize, manage and mitigate any SEA and GBV risks. Additionally, the MOH recognizes its responsibility to monitor GBV/SEA risk throughout the project cycle.

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

Labour Influx: The Project footprint is relatively small and not likely to engage a significant amount of labor. The Eswatini Ministry of Health's existing operational procedure is to mandate and localize the economic benefits and only allow for outside, including expatriate labor where there is a requirement for special skills. External workers, which will be few in number, will be accommodated at existing housing in the area which has been prior practice by the Eswatini Ministry of Health in similar projects.

Overview of Labour Legislation: Terms of Conditions

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

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

unlawful deductions), retrenchment procedures, and fair and unfair reasons for termination of employment

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

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

The Public Service Act of 1963 (part V) deals with all disciplinary control and proceedings for Civil Servants. The Public Health Act, 1969 provides for the establishment of processes to ensure public health at all phases of a project. It also provides for steps to take should there be any incident from the project affecting the public and lays out responsibilities for actions to be taken.

The Occupational Health and Safety Act 2001, is an Act to provide for the safety and health of persons at work and at the workplace and for the protection of persons other than persons at the workplace against hazards to safety and health arising out of or in connection with the activities of persons in the workplace and to provide for other matters incidental thereto.

Overview of Labour Legislation: Occupational Health and Safety

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

- Complying with legislation and other applicable requirements which relate to the company's occupational health and safety hazards.
- Enabling active participation in OH&S risks elimination through promotion of appropriate skills, knowledge and attitudes towards hazards.
- Continually improving the OH&S management system and performance.
- Communicating this policy statement to all persons working under the control of Eswatini Ministry of Health with emphasis on individual OH&S responsibilities.

- Availing this policy statement to all interested parties at all MoH facilities and sites.
- Under current Occupational Health and Safety Act (2001), any contractor is required to have at least one Safety, Health and Environmental Representative for the workplace or a section of the workplace for an agreed period in accordance with Section 14 of the Eswatini Occupational Safety and Health Act (2001). At a minimum, the Representative must:
- Identify potential hazards;
- In collaboration with the employer, investigate the cause of accidents at the workplace;
- Inspect the workplace including plant, machinery, substance, with a view to ascertaining the safety and health of employees provided that the employer is informed about the purpose of the inspection;
- Accompany an inspector whilst that inspector is carrying out the inspector's duties in the workplace;
- Attend meetings of the safety and health committee to which that safety and health representative is a member;
- Make recommendations to the employer in respect of safety and health matters affecting employees, through a safety and health committee; and
- Where there is no safety and health committee, the safety and health representatives shall make recommendations directly to the employer in respect of any safety and health matters affecting the employees.
- Eswatini Ministry of Health further has specific requirements related to first aid provisions. In accordance with these provisions, and to avoid work related accidents and injuries, the contractor will:
- Provide occupational health and safety training to all employees involved in works. Provide protective masks, helmet, overall and safety shoes, and safety goggles, as appropriate.
- Provide workers in high noise areas with earplugs or earmuffs.
- Ensure availability of first aid box.
- Provide employees with access to toilets and potable drinking water.
- Provide safety and occupational safety measures to workers with Personal Protection Equipment PPE when installing pumps to prevent accidents during replacement and installation and follow safety measures in installing submersible pump and cleaning the raiser pipes.
- Further to enforcing the compliance of environmental management, contractors are responsible and liable of safety of site equipment, labors and daily workers attending to the construction site and safety of citizens for each subproject with the work they do.

Responsible Staff and Procedures

The overview of responsible staff and oversight mechanisms will be described in further detail in the Project ESMP

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

Healthcare Worker Occupational Health and Safety. The Ministry must deploy environmental health officers that will ensure occupational and safety requirements are implemented in the CMS Operation Centre. The health facilities must formulate comprehensive OHS programs, establish safety representatives for day-to-day monitoring of safety requirements, recording and reporting all incidents accordingly to the Ministry.

Healthcare Worker Labor and Working Conditions. Government civil servants, who may provide support to the Project, will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement (General Orders). This is detailed in the Overview of Labour Legislation above.

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

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

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

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

Policies and Procedures

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

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

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

Labour Influx and Gender Based Violence

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

- Received a copy of the CoC as part of their contract;

- Had the CoC explained to them as part of induction process;
- Acknowledged that adherence to this CoC is a mandatory condition of employment;
- Understood that violations of the CoC can result in serious consequences, up to and including dismissal, or referral to legal authorities.
- A copy of the CoC shall be displayed in a location easily accessible to the community and project affected people. It shall be provided in English and SiSwati.
- Contractors must address the risk of gender-based violence, through:
- Mandatory training and awareness raising for the workforce about refraining from unacceptable conduct toward local community members, specifically women. Training may be repeated;
- Informing workers about national laws that make sexual harassment and gender-based violence a punishable offence which is prosecuted;
- Adopting a policy to cooperate with law enforcement agencies in investigating complaints about gender-based violence;
- Developing a system to capture gender-based violence, sexual exploitation and workplace sexual harassment related complaints/issues.

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

Age of Employment

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

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

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

Terms and Conditions

As stated in this LMP the terms and conditions of employment in Eswatini are governed by the provisions of The Employment Act 5, 1980. Section 22 of the Act makes it mandatory for employers to give its employees a copy of the written particulars of employment, signed by both parties within six weeks of employment. This requirement however is not applicable to employees engaged for a fixed period of less than six weeks or anyone expected to work less than 21 hours per week. For this project, contractors will be required to provide all its employees with written particular of employment, including those excluded by the provision of S.22 and casual employees.

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

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

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

Workers' Organization

The country has ratified the numerous ILO Conventions aimed at ensuring that member states protect the notion of collective bargaining. These Conventions include ILO Convention 87 on Freedom of Association and Protection of the Right to Organize and ILO Convention 98 on the Right to Organize and Collective Bargaining. Section 32 (2) of The Constitution of Swaziland, 2005 on the Rights of Workers, guarantees all workers of their right to freely form, join or not join a trade union for the promotion and protection of the economic interest of that worker; and collective bargaining and representation. The Industrial Relations Act 2000 (as amended) was enacted to give effect to the collective bargaining, amongst other purposes. Section 4 (c) to (e) of the act allows for the collective negotiation of terms and conditions of employment.

The Eswatini Ministry of Health provides employees with the right to join and form an organization for purpose of labor representation.

Disciplinary Procedures and Grievance Mechanism

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

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

Disciplinary Procedure

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

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

- Valid or reasonable;
- Clear and unambiguous;
- The employee is aware, or could reasonably be aware of the rule or standard; and
- The procedure to be applied in the event the employee contravenes any of these rules
- The Code of Good Practice: Resolution of Disputes at the Workplace which, in terms of S.109 of The Industrial Relations Act 2000 (as amended) at Clause 4.2, requires employers to establish a fair and effective disciplinary procedure in the workplace, which should be in line with Clause 11
- (Fair Procedure). The procedure is as follows: -
- Conduct an investigation to determine whether there are grounds for a hearing to be held;
- If a hearing is to be held, the employer is to notify the employee of the allegations using a form and language that the employee can understand;

- The employee is to be given reasonable time to prepare for the hearing and to be represented by a fellow employee or a union representative;
- The employee must be given an opportunity to respond to the allegations, question the witnesses of the employer and to lead witnesses;
- If an employee fails to attend the hearing the employer may proceed with the hearing in the absence of the employee;
- The hearing must be held and concluded within a reasonable time and is to be chaired by an impartial representative;

If an employee is dismissed, he/she must be given the reasons for dismissal and the right to refer the dispute concerning the fairness of the dismissal to the Conciliation, Mediation and Arbitration Commission (CMAC).

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

Individual Grievance Procedure

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

The Code recommends that such procedure should at least:

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

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

Collective Grievance and Disputes Resulting from the Negotiations of Collective Agreements

Where a trade union is recognized, it is entitled to negotiate on a regular basis with the employer over terms and conditions existing at the workplace and the employer is obliged to negotiate with it. The procedures followed in such instances is usually contained in the Recognition Agreement, which states how the issues are raised, the procedure for negotiations, the composition of the

parties involved in the negotiation and the procedure to deal with issues that are not resolved through consensus. Clauses 4.4 and 4.5 of the Code deals with the handling of collective grievances as raised by the employees.

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

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

Gender Based Violence, Sexual Exploitation and Workplace Sexual Harassment

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

Contractor Management

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

Labor conditions: records of workers engaged under the Project, including contracts (see Appendix 2 for Eswatini requirements), registry of induction of workers including CoC (see section 6.2), hours worked, remuneration and deductions (including overtime), collective bargaining agreements.

Safety: recordable incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, and so forth).

Workers: number of workers, indication of origin (expatriate, local, nonlocal nationals), gender, age with evidence that no child labor is involved, and skill level (unskilled, skilled, supervisory, professional, management).

Training/induction: dates, number of trainees, and topics.

Details of any security risks: details of risks the contractor may be exposed to while performing its work—the threats may come from third parties external to the project.

Worker grievances: details including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken—grievances listed

should include those received since the preceding report and those that were unresolved at the time of that report.

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

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

Community Workers

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

Primary Supply Workers

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

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

Manager's Code of Conduct

Instructions: This Code of Conduct should be included in bidding documents for the civil works contractor(s) and in their contracts once hired.

The contractor is committed to ensuring that the project is implemented in such a way which minimizes any negative impacts on the local environment, communities, and its workers. This will be done by respecting the environmental, social, health and safety (ESHS) standards, and ensuring appropriate occupational health and safety (OHS) standards are met. The contractor is also committed to creating and maintaining an environment where children under the age of 18 will be protected, and where sexual abuse and sexual harassment have no place. Improper actions towards children, Violence Against Children (VAC), sexual abuse/harassment, and/or acts of Gender Based Violence (GBV) will not be tolerated by any employee, sub-contractors, supplier, associate, or representative of the company.

Staff at all levels have a responsibility to uphold the contractor's commitment. Contractors need to support and promote the implementation of the Code of Conduct. To that end, staff must adhere to this Code of Conduct and also to sign the Individual Code of Conduct.

Implementation

1. To ensure maximum effectiveness of the Code of Conduct:

    1.1. Prominently displaying the Code of Conduct in clear view at workers' camps, offices, and in public areas of the workspace. Examples of areas include waiting, rest and lobby areas of sites, canteen areas and health clinics.

    1.2. Ensuring all posted and distributed copies of the Code of Conduct are translated into the appropriate language of use in the work site areas as well as for any international staff in their native language.

2. Verbally and in writing explain the Code of Conduct to all staff, including in an initial training session.

3. Ensure that:

    3.1. All staff sign the 'Individual Code of Conduct', including acknowledgment that they have read and agree with the Code of Conduct.

    3.2. Staff lists and signed copies of the Individual Code of Conduct are provided to the OHS Manager and the MOH Focal Point.

    3.3. Participate in training and ensure that staff also participate as outlined below.

    3.4. Put in place a mechanism for staff to:

    3.5. report concerns on ESHS or OHS compliance; and,

    3.6. confidentially report GBV incidents through the Grievance Redress Mechanism

3.7. Staff are encouraged to report suspected or actual ESHS, OHS, GBV, VAC issues, emphasizing the staff's responsibility in compliance with applicable laws and to the best of your abilities, prevent perpetrators of sexual exploitation and abuse from being hired, re-hired or deployed. Use background and criminal reference checks for all employees nor ordinarily resident in the country where the works are taking place.

4. Ensure that when engaging in partnership, sub-contractor, supplier or similar agreements, these agreements:

   4.1. Incorporate the ESHS, OHS, GBV, VAC Codes of Conduct as an attachment.

   4.2. Include the appropriate language requiring such contracting entities and individuals, and their employees and volunteers, to comply with the Individual Codes of Conduct.

   4.3. Expressly state that the failure of those entities or individuals, as appropriate, to ensure compliance with the ESHS and OHS standards, take preventive measures against GBV and VAC, to investigate allegations thereof, or to take corrective actions when GBV or VAC has occurred, shall not only constitute grounds for sanctions and penalties in accordance with the Individual Codes of Conduct but also termination of agreements to work on or supply the project.

5. Provide support and resources to create and disseminate staff training and awareness-raising strategy on GBV, VAC and other issues highlighted in the ESMF.

6. Ensure that any GBV or VAC complaint warranting Police action is reported to the Police, MOH and the World Bank immediately.

7. Report and act in accordance with the agreed response protocol any suspected or actual acts of GBV or VAC.

8. Ensure that any major ESHS or OHS incidents are reported to MOH and the supervision engineer immediately, non-major issues in accordance with the agreed reporting protocol.

9. Ensure that children under the age of 18 are not present at the construction site, engaged in any hazardous activities or otherwise employed.

10. Training

11. The managers are responsible to:

    11.1. Ensure that staff have a suitable understanding of the ESMF, in particular OHS aspects and COVID-19 prevention, as well as GBV and VAC and are trained as appropriate.

12. Response

13. Managers will be required to take appropriate actions to address any ESHS or OHS incidents.

14. Regarding GBV:

14.1. Maintain the confidentiality of all employees who report or (allegedly) perpetrate incidences of GBV (unless a breach of confidentiality is required to protect persons or property from serious harm or where required by law).

14.2. If a manager develops concerns or suspicions regarding any form of GBV by one of his/her direct reports, or by an employee working for another contractor on the same work site, s/he is required to report the case using the GRM.

14.3. Once a sanction has been determined by the GRM, the relevant manager(s) is/are expected to be personally responsible for ensuring that the measure is effectively enforced, within a maximum timeframe of 14 days from the date on which the decision to sanction was made by the GRM.

14.4. If a Manager has a conflict of interest due to personal or familial relationships with the survivor and/or perpetrator, he/she must notify the Company and the GRM. The Company will be required to appoint another manager without a conflict of interest to respond to complaints.

14.5. Ensure that any GBV issue warranting Police action is reported to the Police, MOH and the World Bank immediately.

15. Managers failing address ESHS or OHS incidents or failing to report or comply with the GBV provisions may be subject to disciplinary measures, to be determined and enacted by the Company. Those measures may include:

15.1. Informal warning;

15.2. Formal warning;

15.3. Additional Training;

15.4. Loss of up to one week's salary;

15.5. Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months;

15.6. Termination of employment.

16. Ultimately, failure to effectively respond to ESHS, OHS, VAC and GBV cases on the work site by the company's managers may provide grounds for legal actions by authorities.

I do hereby acknowledge that I have read the Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, VAC and GBV requirements. I understand that any action inconsistent with this Code of Conduct or failure to act mandated by this Code of Conduct may result in disciplinary action.

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Individual Code of Conduct

Instructions: This Code of Conduct should be included in bidding documents for the civil works contractor(s) and in their contracts once hired.

I, _____, acknowledge that adhering to environmental, social, health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing Violence Against Children (VAC) and Gender Based Violence (GBV) is important.

The Contractor considers that failure to follow ESHS and OHS standards, or to partake in activities constituting VAC or GBV—be it on the work site, the work site surroundings, at workers' camps, or the surrounding communities—constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution by the Police of those who commit GBV or VAC may be pursued if appropriate.

I agree that while working on the project I will:

1. Consent to a background check in any place I have worked for more than six months.
2. Attend and actively partake in training courses related to ESHS, OHS, COVID-19 prevention, VAC and GBV as requested by my employer.
3. Will wear my personal protective equipment (PPE) at all times when at the work site or engaged in project related activities, in particular if related to exposure to COVID-19.
4. Will follow all prevention measures relating to COVID-19, including (i) washing hands with water and soap before and after eating, when entering my work area, after sneezing/coughing, etc.; (ii) sneeze or cough on elbow and/or wash hands after sneezing/coughing; (iii) if feeling unwell or have symptoms of a cold, flu or any respiratory illness, inform manager immediately, stay at home and do not come to work.
5. Implement OHS measures.
6. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can impair faculties at all times.
7. Treat women, children (persons under the age of 18), and men with respect regardless of ethnicity, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
8. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
9. Not sexually exploit or abuse project beneficiaries and members of the surrounding communities.

10. Not engage in sexual harassment of work personnel and staff — for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is prohibited: i.e. looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; in some instances, giving personal gifts.

11. Not engage in sexual favors —for instance, making promises of favorable treatment (i.e. promotion), threats of unfavorable treatment (i.e. loss of job) or payments in kind or in cash, dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.

12. Not use prostitution in any form at any time.

13. Not participate in sexual contact or activity with children under the age of 18—including grooming or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.

14. Unless there is the full consent by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex (including prostitution). Such sexual activity is considered “non-consensual” within the scope of this Code.

15. Consider reporting through the GRM or to my manager any suspected or actual GBV by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.

With respect to children under the age of 18:

1. Bring to the attention of my manager the presence of any children on the construction site or engaged in hazardous activities.

2. Wherever possible, ensure that another adult is present when working in the proximity of children.

3. Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.

4. Not use any computers, mobile phones, video and digital cameras or any other medium to exploit or harass children or to access child pornography

5. Refrain from physical punishment or discipline of children.

6. No hiring of children for any project activity (no persons under the age of 18).

Sanctions

I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action which could include:

1. Informal warning;

1. Formal warning;
2. Additional Training;
3. Loss of up to one week's salary;
4. Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months;
5. Termination of employment;
6. Report to the Police if warranted.

I understand that it is my responsibility to ensure that the environmental, social, health and safety standards are met. That I will adhere to the occupational health and safety management plan. That I will avoid actions or behaviors that could be construed as VAC or GBV. Any such actions will be a breach this Individual Code of Conduct. I do hereby acknowledge that I have read the Individual Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, VAC and GBV issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

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

ESF Objectives	National Requirements	Recommended Actions
ESS 2 Labor and Working Conditions		
To provide every employee with written particulars of employment	The Employment Act 5, 1980 S.22 – makes it mandatory for the employer to give each of its employees a copy of the written particulars of employment, signed by both parties within six weeks of commencement of employment. This requirement is not applicable to employees engaged for a fixed period of less than six weeks or anyone expected to work less than 21 hours per week. S.30 – makes it an offence to provide an employee with such form with fine of not more than E3, 000.00 or imprisonment of not more than 1 year or both. S.136 – requires that before a contractor is awarded a public contract, that contractor is required to certify in writing that the wages, hour and conditions of work or persons to be employed by him on the contract are not less favorable than those contained in the most current wages regulation issued by the Labour Commissioner. S.143 - states that the contract with the contractor may be withdrawn as an approved contractor upon recommendations of the Labour Commissioner.	Post award, the contractors will be required to furnish MoH PIU with copies of the Written Particulars of all its employees or Contracts of employment including those who work below 21 hours a week and casual employees. The contract employment shall at least have the information contained in the prescribed template of the Form Contained in the Second Schedule as can be seen in Appendix 1 Each contractor will be required to provide MoH PIU with such information as required in terms of S.136 as part of the tendering process.
To promote safety and health at work.	The Occupational Safety and Health Act 9, 2001 - This Act provide for the safety and health of persons at work and at the workplace and for the protection of persons other than persons at the workplace against hazards to safety and health arising out of or in connection with the	Each contractor will be required to have a SHEQ Officer and First Aider

ESF Objectives	National Requirements	Recommended Actions
	activities of persons in the workplace and to provide for other matters incidental thereto. S.9 – entrusts the employer to ensure the safety and health of all its employees, and also to; Mitigate risks of exposure to danger of its workforce; Provide personal protective clothing or equipment to employees exposed to wet, dusty, noisy or any conditions that might expose the employees to harsh or dangerous conditions; To train its workers to perform their work in order to avoid exposure to danger or injury; and to inform employees of any known hazards or disease associated with the work. The Factories, Machinery and Construction Works Act 17, 1972 This legislation provides for the registration of factories and the regulations of working conditions and the use of machinery at factories, construction works and other premises and for matters incidental thereto The Act mandates the office of the Labour Commissioner to monitor and inspect any working environment or structure to determine its suitability. The office of the Labour Commissioner is also required to investigate incident or accident involving any person injured in connection with the activities of the employer.	Contractors required to keep logs of incidents and should be reported and investigated timeously.
The contractor will conduct induction talks to workers and contractors weekly	The Workman's Compensation Act 7, 1983 it provides for the compensation and medical treatment of workmen who suffer injury or contract diseases in the course of their employment. The scope of its application extends to not an injury or accident that occurs within the workplace but also while the employee is travelling by reasonable means and within any reasonable route between the workplace and his place of residence In terms of the Act, Workman is any person who has entered into the works under the	

ESF Objectives	National Requirements	Recommended Actions
	contract of service or of apprenticeship or of traineeship whether the contract is express or implied, is oral or in writing whether the remuneration is calculated by time or work done.	
To promote the fair treatment, nondiscrimination and equal opportunity of project workers.	The Employment Act 5,1980 S.29 – prohibits employers from discriminating against any person on grounds of race, color, religion, marital status, sex, national origin, tribal or clan extraction, political affiliation or social status S.30 – makes it an offence to discriminate against any person as envisaged in S.29. Such employer if found guilty shall be liable on conviction to a fine not exceeding E3,000.00 or imprisonment not exceeding 1 year or both. S.96 – mandates employers to accord female employees the same treatment as their male counterparts in the workplace and also pay them 'equal pay for equal work'.	Contractors will be required to comply with national legislation when recruiting
To prevent the use of all forms of forced labor	The Employment Act 5, 1980 (Part XIV) – Forced Labour S.144 – prohibits all works or service which is extracted from any person under the threat of any penalty and for which the said person has not offered himself voluntarily. S.147 – states that, if any person acting in an official capacity coerces any person under his charge, that person shall be held personally liable and shall be liable to a fine not exceeding E3,000.00, or imprisonment not exceeding one year or both.	Contractors will be required to comply with national legislation and as precautionary measure the contractor will conduct an induction Random inspection will be done on a regular basis to ensure compliance
To prevent the use of all forms of child labor	The Country ratified both the ILO Minimum of Age Convention (C138) and the ILO Worst Forms of Child Labour Convention (C182) in 2002. It also signed the African Charter on the Rights and Welfare of the Child in 1992 but has not yet ratified it. The Employment Act 5, 1980 S.97 – Prohibits the employment of children below the age of 15.	Contractor will be prohibited from employing anyone under the age of 18 years. Monitoring will be done through the National ID system which every employee is

ESF Objectives	National Requirements	Recommended Actions
	The Children's Protection and welfare Act 6, 2012 S.234 – Minimum age of engagement for children is 15 S.236 – children below the age of 18 cannot be engaged in any form of hazardous employment S.248 – any person who employs underage children I liable on conviction to a minimum fine of E100,000.00 or 5 years' imprisonment or both for a first offender. For a second offender, it is imprisonment of not less than 10 years.	required to produce on employment. If a contractor is found to have engaged underage kids for the project, a formal case will be reported to the police and the contract will be terminated.
To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law.	The country has ratified the numerous ILO Conventions aimed at ensuring that member states do protect the notion of collective bargaining. These Conventions include; ILO Convention 87 on Freedom of Association and Protection of the Right to Organize and the ILO Convention 98 on the Right to Organize and Collective Bargaining. Section 32 (2) of The Constitution of Eswatini, 2005 on the Rights of Workers, guarantees all workers of their right to freely form, join or not join a trade union for the promotion and protection of the economic interest of that worker; and collective bargaining and representation. The Industrial Relations Act 2000 (as amended) was enacted to give effect to the collective bargaining, amongst other purposes. Section 4 (c) to (e) of the Act allows for the collective negotiation of terms and conditions of employment. Part 4 of The Industrial Relations Act 2000 (as amended) deals with the registration and/or formation of Employee, Staff and Employer Organizations, Federations and International Organizations. In terms of S. 26 (3) of the Act a minimum of six employees can form a trade union by obtaining a Certificate of Registration through the office of the Labour Commissioner (S.27). Once registered, a trade union can recruit any employees who falls within its bargaining unit with that particular employer. S.42 (9) states that once the union has	The constructors have recognized unions, i.e., NESMASA and SESMAWU Contractors need to inform their workers of their right to organize. The Written Particulars of Employment as prescribed by S.22 of the Employment Act 1980 allows employee to state the trade union they are affiliated to on employment.

ESF Objectives	National Requirements	Recommended Actions
	recruited more than fifty percent of the employees in respect of which it seeks recognition, the union can then apply for recognition with the employer. The employer is obliged to recognize the trade union if it meets the required threshold. If, however the union membership is below the threshold the employer is not obliged to recognize the union but can exercise its discretion. Once a union is recognized, it has the right to bargain or negotiate for and on behalf of its members and also to represent them at the workplace.	
To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate.	S.20 of the Constitution guarantees citizens the right to equality before the law in all spheres and it further affirms that a person shall not be discriminated against on the grounds of gender, race, color, ethnic origin, tribe, birth, creed or religion, or social or economic standing, political opinion, age or disability. S.29 of The Employment Act 1980 states that, no employer shall discriminate against any person or between employees on grounds of race, color, religion marital status, sex national origin, tribal or clan extraction, political affiliation or social status. Community Workers are not used by MoH and will not be used for this project. Rights of woman – S28(1) of The Constitution guarantees the rights of woman to equal treatment with men including equal opportunities in political economic and social activities. S.96(1) of The Employment Act 1980 also requires employers not to discriminate between male and female employees by failing to pay equal pay for equal work. SODV ACT of 20. For protection of women against any gender-based violence, exploitation and harassment in places of employment Primary Supply Workers - Registered suppliers are subject to regular review in accordance with the Procurement Act. S.2 read with S.16 (7) of The Industrial Relations Act 2000 states that where it is found that the	Allow the person to refer the grievance to a more senior level within the organization, if it is not resolved at the lowest level. If a grievance is not resolved the employee has the right to lode a dispute with CMAC.

ESF Objectives	National Requirements	Recommended Actions
	reason for the termination of an employee's services is that the employer discriminated against an employee directly or indirectly, that employee shall be awarded compensation of not more than 24 months' remuneration calculated at the rate of the employee's rate of remuneration at the time of dismissal. This compensation serves as a deterrent as is it double the amount of compensation awarded to any other form of compensation.	
ESS 4 Community Health and Safety		
To anticipate and avoid adverse impacts on the health and safety of project-affected communities during the project lifecycle from both routine and non-routine circumstances. To promote quality and safety, and considerations relating to climate change, in the design and construction of infrastructure, including dams. To avoid or minimize community exposure to project-related traffic and road safety risks, diseases and hazardous materials. To have in place effective measures to address emergency events. To ensure that the safeguarding of	The Public Health Act, 1969 This Act provides for the establishment of processes to ensure public health at all phases of a project. It also provides for steps to take should there be any incident from the project affecting the public and lays out responsibilities for actions to be taken. The Occupational Health and Safety Act, 2001: This Act provides for the safety and health of both employees and the public, especially during the construction phase of proposed projects, and specifies processes to be undertaken in order to ensure that safe and health practices are adhered to and implemented at work. The Road Traffic Act, 2007: This Act provides for the compliance of all road users and for those organizations such as EEC conducting works on and/or along public roads. Eswatini Electric Company (EEC) Hazard Identification, Risk Assessment and Determining Control Procedure (S-S-SHP-01, REV 3): This procedure ensures that EEC has an on-GOKEng hazard identification, risk assessment and management process, necessary for all its operations.	National requirements and ESF objectives are aligned. No significant gaps are noted. It is recommended that both World Bank ESF objectives and National Requirements apply to the project.

ESF Objectives	National Requirements	Recommended Actions
Personnel and property is carried out in a manner that avoids or minimizes risks to the project-affected communities.		
	Emergency Preparedness Response Plan (SS-SH-M-01, REV 1): This document provides processes for when there are emergency situations at EEC and surrounding areas. It details procedures, and responsibilities. EEC Occupational Health and Safety Implementation Plan (S-S-SH-D-04, REV 1): This document provides for the management and control of EEC's significant health and safety hazards, with an overall objective to ensure the effective implementation and management of health and safety issues. EEC Occupational Health and Safety Policy Statement (S-S-SH-D-01, REV 5): This document underlines EEC's commitment to the prevention of work-related injury and ill-health associated with the company's activities.	

Annex 12: Terms of Reference for ESMP

LIST OF ABREVIATIONS

EEA	Eswatini Environment Authority
ESF	Environmental and Social Framework
ESF	Environmental and Social Framework
ESMP	Environmental and Social Management Plan
IEE	Initial Environmental Evaluation
MOH	Ministry of Health
SEP	Stakeholder Engagement Plan

- Review and consider all relevant environmental and social requirements outlined by the World Bank's Environmental and Social Framework (ESF) and Eswatini Environment Authority (EEA) including Eswatini's applicable policy framework, national laws and regulations;
- Prepare a stakeholder engagement plan (SEP) and engage stakeholders during assessment;
- Conduct the environmental and social investigations;
- Describe and provide the baseline data for the environmental and social environment within and beyond the site at an appropriate level of detail sufficient to inform characterization and identification of risks and impacts as well as mitigation measures;
- Identify all possible positive and negative environmental and social impacts associated with the project and as reflected in the environmental and social management Plan (ESMP) and SEP;
- Evaluate and measure the extent of identified environmental and social risks and impacts;
- Develop mitigation measures for identified impacts;
- Describe the mechanism and institutional arrangements for the implementation of the Initial Environmental Evaluation (IEE) and environmental and social management plans (ESMPs), specifying the roles and responsibilities of the agencies and all actors (central, regional / local, municipal and village) involved in the implementation;
- Prepare IEE report and develop an ESMP for the construction and operation phases of the Operations Centre;
- Present IEE report and ESMP to MoH and Stakeholders; and
- Submit IEE report and ESMP to EEA and attend to corrections for re-submission