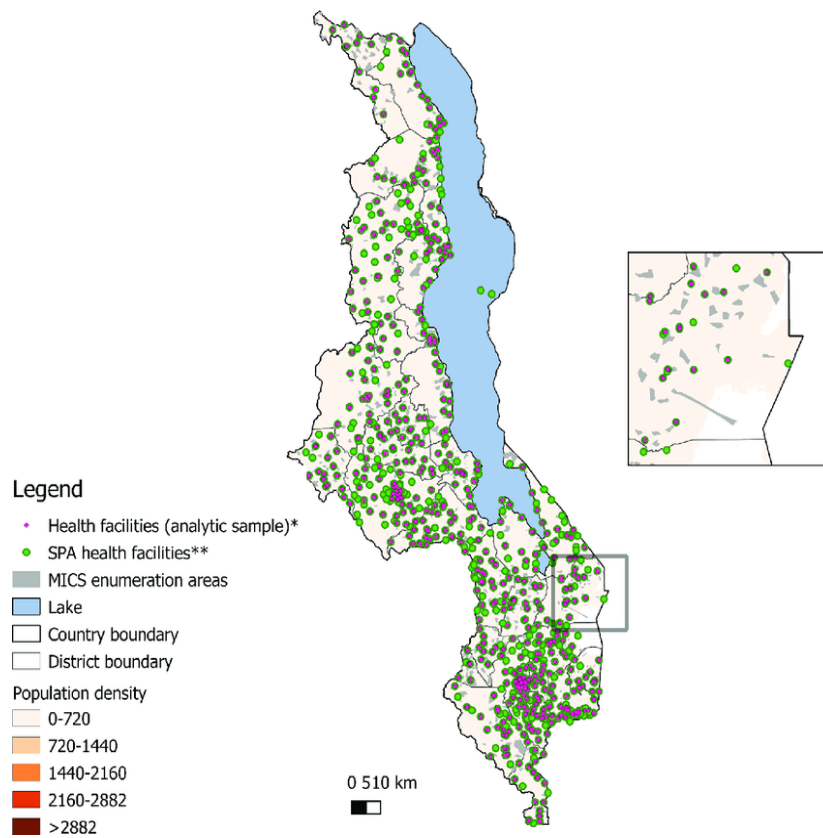




MALAWI HEALTH EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE PROJECT
Draft Environmental and Social Management Plan (ESMP)

PROJECT NO: P505187



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LIST OF ACRONYMS AND ABBREVIATIONS

Acronym	Full Meaning
DHMT	District Health Management Team
DHSS	Director of Health and Social Services
DSWO	District Social Welfare Officer
EDO	District Environmental Officer
EHP	Essential Health Package
EHS	Essential Health Services
ESCP	Environment and Social Commitment Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
GoM	Government of Malawi
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
ICWMP	Infection Control and Waste Management Plan
MDA	Ministries Departments and Agencies
MHEPRR	Malawi Health Emergency Preparedness, Response And Resilience Program
MoFEA	Ministry of Finance and Economic Affairs
MoH	Ministry of Health
EAD	Environmental Affairs Department
MEPA	Malawi Environment Protection Authority
OHS	Occupational Health and Safety
PDO	Project Development Objective
PFP	Private for Profit
PIC	Project Implementation Committee
PIM	Project Implementation Manual
PIT	Project Implementation Team
PSC	Project Steering Committee
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
ToR	Terms of Reference

EXECUTIVE SUMMARY

The Malawi Government is implementing the Malawi Health Emergency Preparedness, Response, and Resilience (HEPRR) Project. The project is financed by the International Development Association (IDA) and Global Financing Facility (GFF) at an estimated budget of US\$60 Million. The project will address health sector challenges, such as inadequate essential medicine supply and healthcare worker motivation. The project aims to consolidate efforts from the World Bank and development partners to provide relief and strengthen health systems against economic shocks, climate disasters, and public health emergencies, aligning with the Government's focus on Pandemic Preparedness and Response after COVID-19.

The project is expected to generate both positive and negative impacts, including social risks like discriminatory working conditions, gender-based violence, sexual harassment, and exploitation and environmental risks such as risk of water pollution and risk of soil contamination due to poor management of waste.

The project is being implemented in line with the World Bank Environmental and Social Framework and national laws, which require the development of safeguards instruments, including this ESMP. This ESMP should be applied together with other associated safeguards instruments prepared for the project, including Stakeholder Engagement Plan (SEP), Labour Management Procedures (LMP), Environmental and Social Commitment Plan (ESCP), Project Implementation Manual and an updated Infection Control and Waste Management Plan (ICWMP). The project is expected to commence in January 2025.

NATURE AND SCOPE OF THE PROJECT

Key activities will include developing and operationalizing national and local emergency preparedness plans, enhancing disease surveillance systems for early detection, training healthcare workers and emergency responders, pre-positioning medical supplies, improve in ICT system, and establishing rapid response teams for effective crisis management. To bolster community resilience, activities focus on raising public awareness about health emergencies, supporting community-driven disaster risk reduction initiatives, and providing social safety nets for vulnerable populations. The project will invest in climate-proofing designs, focusing on flood prevention, clean energy access, and energy-efficient buildings while strengthening health system resilience and multisectoral preparedness for emergencies. The project will not finance actual construction or infrastructure development activities. The Ministry of Health (MoH) will implement the project activities in 29 health districts in collaboration with all district councils in Malawi.

METHODOLOGY FOR PREPARATION OF THE ESMP

The information that was used to prepare this ESMP was sourced through literature review, site visits, and stakeholder consultations and shown in the appendix 2 (showing issues raised), appendix 3 (showing the list of people consulted) and appendix 8 (showing the photos taken during the stakeholder engagement).

1.3 SUMMARY OF ENVIRONMENTAL AND SOCIAL IMPACTS OF THE PROJECT

The potential environmental and social risks for the project activities were identified, and the corresponding mitigation measures are presented in the table below.

Table 1: Potential Environmental & Social Risks

S/N	Impacts	Key Enhancement / Mitigation Measures
Positive Impacts		
1.	Increased employment opportunities	<ul style="list-style-type: none"> Advertise employment opportunities through many outlets; Provide equal employment opportunities to women and men who qualify.
2.	Promotion of knowledge and skills transfer	<ul style="list-style-type: none"> Provide equal employment opportunity to both men and women. Additionally, the capacity building programs implemented will build the capacity of the project team in emergency and pandemic response.
3.	Improved climate-proof designs for health delivery infrastructure development	<ul style="list-style-type: none"> Ensure all key stakeholders are consulted for inputs in the designs Source funding for actual construction works of approved designs
Negative Impacts		
1.	Increased safety and health risks for the workers, clients and the public	<ul style="list-style-type: none"> Providing appropriate PPE to workers and enforce its use; and Restrict unauthorized public access to possible infectious area. Sensitize workers and the community on safety and health.
2.	Increased risk of spread of HIV and AIDS and STIs	<ul style="list-style-type: none"> Conduct sensitization on HIV/AIDS and STIs to workers and surrounding communities; and Put condoms (both male and female) in strategic areas accessible to workers and encourage their use.
3.	Increased risk of land and water pollution from poor waste management	<ul style="list-style-type: none"> Sensitize staff on appropriate use of liquid waste drainage facilities.

S/N	Impacts	Key Enhancement / Mitigation Measures
		<ul style="list-style-type: none"> ● Improve waste management and waste segregation in the health facilities. ● Avoid disposing of hazardous chemicals in the liquid waste drainage facilitates.
4.	Increased risk of gender-based violence (GBV), sexual exploitation and abuse and sexual harassment	<ul style="list-style-type: none"> ● Develop and implement code of conduct for all staff involved in implementation of the project apart from the PIT ● Develop and implement Sexual Exploitation and Abuse and Sexual harassment (SEA/SH) action plan and Labor Management Plan (LMP; And ● Sensitize all staff on Gender-Based Sexual Exploitation and Abuse (GSEA; ● Develop and implement effective GRM system.
5.	Risk of conflicts between junior and senior staff over preferences for training	<ul style="list-style-type: none"> ● Develop appropriate staff training for each health facility and disseminate it to all staff. ● Institute grievance redress mechanism that people can use to lodge complaints where conflict has occurred.
6.	Increased generation of general waste and hazardous waste including healthcare waste and e-waste	<ul style="list-style-type: none"> ● Procure standard incinerator where and incinerate all infectious health care waste on site; And ● Procurement must consider recyclable electronics.
7.	Risk of discrimination in the workplace for employees with limited or no digital health knowledge	<ul style="list-style-type: none"> ● Provide training opportunities to male and female staff ● Develop and implement a staff training plan
8.	Risk of overburdening of health workers with new system	<ul style="list-style-type: none"> ● Ensure that workers are aware of selection criteria in all training ● Ensure TOT is established and train others on time
9.	risks of exposure of patient-level data to unauthorized people	<ul style="list-style-type: none"> ● Adequately train staff on new methodologies prior to implementation
10.	Increased risk of air pollution	<ul style="list-style-type: none"> ● Avoid open burning of waste ● Ensure that health facilities burn waste in standard incinerators ● Regularly service project vehicles and equipment

SUMMARY OF ENVIRONMENTAL AND SOCIAL MANAGEMENT AND MONITORING PLANS AND THEIR IMPLEMENTATION AND MONITORING ARRANGEMENTS

The PIT will have an overall responsibility for implementing and monitoring this ESMP, whereby the Environmental and Social Safeguards Specialist for the project will take a lead in implementing and monitoring the ESMP. The Ministry of Health will be responsible for reporting the measures implemented in the ESMP to the Malawi Environment Protection Authority (MEPA) and the World Bank. The District Environment Sub-Committee, District Directorate of Health and Social Services, Ministry of Health, and Project Implementation Team will implement and monitor the ESMP for District Health Offices benefiting from the HEPRR Project. On the other hand, other Ministries Departments and Agencies (MDAs) such as Environmental Affairs in collaboration Environmental and Social Standards Specialist (PIT) will support the orientation of staff on key safeguard topics while MEPA and PIT Team will monitor the implementation of the ESMP and enforce the environmental laws and standards including National Environmental Policy, 2004, Infection Prevention and Control Policy (2006), Occupational Health and Welfare Act, 1997, Public Health Act, 1948, Environment Management (Waste Management & Sanitation) Regulations, 2008, Environment Management (Chemicals and Toxic Substances Management) Regulations, 2008, Malawi Standards (MS) 615: 2005: Waste within health-care facilities, handling and disposal (code of practice) among others described in chapter three of this ESMP and also World Bank Environmental and Social Standards such as Environmental and Social Risks and impacts (ESS1), Labour and working conditions (ESS2), Resource Efficiency and Pollution prevention and management (ESS3), Community Health and Safety (ESS4), and stakeholder engagement and information disclosure (ESS10). The ESMP, along with other safeguard instruments, will enhance positive impacts and mitigate negative ones. Regular monitoring will be conducted through interviews and visuals at health facilities inspections. The estimated total cost of implementation of this ESMP is US\$118,200.

A separate Stakeholder Engagement Plan (SEP) has been prepared for the Project, based on the World Bank's Environmental and Social Standard 10 on Stakeholder Engagement. The SEP can be found [here](https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099042524105518029/p505187167275d0e1829a1b0a112183c51); <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099042524105518029/p505187167275d0e1829a1b0a112183c51>

CHAPTER 1: INTRODUCTION

1.1 Background

The Malawi Health Emergency Preparedness, Response, and Resilience (HEPRR) Project will be implemented by the Republic of Malawi, primarily through the Ministry of Health, with financing from the International Development Association (IDA) and Global Financing Facility (GFF) with an estimated budget of US\$60 Million. The project aims to address critical health sector challenges in responding to health emergencies, including inadequate essential medicine supply and healthcare worker motivation, as highlighted during the recent cholera outbreak that has claimed 990 lives since 2022. The project aims to consolidate efforts from the World Bank and development partners to provide relief and strengthen health systems against economic shocks, climate disasters, and public health emergencies, aligning with the Government's focus on Pandemic Preparedness and Response after COVID-19.

The project will focus on technical assistance rather than infrastructural activities. Key activities will include a) Conducting training sessions. b) Assessing vulnerabilities of existing infrastructure, particularly at urban health centers designated for upgrades through non-project funding to reduce congestion at district and central hospitals. c) Developing architectural plans, bill of quantities, and bidding documents for enhancing the capacity of these centers, emphasizing climate change adaptation. d) Conducting environmental impact assessments for the selected urban health centers. The project is expected to commence in December 2024.

Implementation of the project is expected to generate both positive and negative impacts. The project anticipates the emergence of environmental impacts including generation of general waste and healthcare waste and poor waste management; water, air, and soil contamination from fumes, emissions, hydrocarbons, and heavy metals; occupational health and safety to workers, health and safety to patients and communities. Social risks as a result of discriminatory working and labor conditions in health facilities, gender-based violence, sexual harassment, and exploitation that is mostly associated with the health sector. Therefore, this ESMP is prepared to support other project safeguards instruments that will ensure positive impacts are enhanced and negative impacts are mitigated accordingly. The development of this ESMP follows the World Bank Environmental and Social Framework (ESF), and relevant national laws and regulations. Additionally, the project carried out environmental and social screening whereby key environmental and social issues were identified and incorporated into this ESMP. The screening results and people consulted have been included under appendix 4. The screening targeted district and health center level stakeholders in selected districts in Malawi, namely; Mchinji, Mangochi,

Zomba, Chikwawa, Nkhata bay, and Blantyre. This ESMP should be applied together with other associated safeguards instruments prepared for the project, including:

- Stakeholder Engagement Plan (SEP);
- An updated Labour Management Procedures (LMP);
- Environmental and Social Commitment Plan (ESCP); and
Project Implementation Manual; and
- An updated Infection Control and Waste Management Plan (ICWMP).

1.2 Nature and Scope of the Project

The project is working on strengthening systems including strengthening the preparedness and resilience of the health system to manage Health Emergency Services. The project will support technical assistance activities that will include: (i) training; (ii) conducting a vulnerability assessment of existing infrastructure, including selected earmarked urban health centers to be upgraded through non-project funding to alleviate the congestion at district and central hospitals; (iii) developing architectural drawings, bill of quantities and bidding documents to enhance the capacity of the structures with a focus on adaptation to changing climate patterns and earmarked urban health centers for upgrading under non-project funding; (iv) Obtaining environmental clearance for these earmarked urban centers; And Support procurement of digital equipment, solar systems, mobile vans, ambulances, medicines, medical equipment, and reagents. The project will not undertake any infrastructural activities.

1.3 Justification for Preparing the Environmental and Social Management Plan (ESMP)

Based on the World Bank EES framework the project was categorized as moderate but requires that projects be implemented in a sustainable manner. These instruments require that an environmental assessment should be carried out for such projects. In this regard, the Ministry of Health was therefore tasked to prepare an Environmental and Social Management Plan in order to integrate environmental and social issues into the project implementation.

1.4 Objectives of the ESMP

The main purpose of the ESMP was to identify and assess potential environmental and social risks and impacts of the proposed project and suggest measures for mitigation of significant negative impacts and enhancement of positive impacts to ensure that the project is developed with minimal negative impacts on the lives of people and their environment. The specific objectives of this ESMP were to:

- Identify the type, nature, and scale of the project activities;

- Identify relevant regulatory and policy requirements for the smooth implementation and operation of the proposed project;
- Describe the physical, biological, and socio-economic conditions of the project area, including changes anticipated during project implementation;
- Propose mitigation and monitoring measures to address potential negative impacts and enhancing positive impacts for the proposed project;
- Identify and assess the main potential environmental and social impacts of the proposed project activities;
- specify appropriate roles and responsibilities, and outline the necessary reporting procedures for managing and monitoring environmental and social issues related to the activities;
- identify the staffing requirements, as well as the training and capacity building needed to successfully implement the provisions of the ESMP;
- Establish the budget requirements for the implementation of the ESMP.

1.5 Methodology for Preparation of the ESMP

The development of this ESMP has been undertaken according to the requirements of the World Bank Environmental and Social Standards (ESS), project Environmental and Social Commitment plan, Project Appraisal document and also in accordance with national requirements as stipulated in the Environment Management Act, 2017 and in line with Guidelines of Environmental Impact Assessment (1997). To achieve the above objectives, the following methods were used:

1.5.1 Literature Review

This involved an existing literature review, desk study, and review of national documents, policies, and legislation. Pertinent regulations were reviewed and included but were not limited to, the Environment Management Act (2017), Local Government Act (Amendment, 2017), Malawi National Health Policy, 2020, Occupational Safety, Health and Welfare Act (1997), Health Care Waste Management Policy, 2024, Water Resources Act (2013) and Gender Equality Act (2013), World Bank EHS guidelines for Healthcare facilities, among others. In addition, Literature reviews included examining reports and socio-economic information. The review also included environmental and social management plans, project appraisal document, environmental and social commitment plan, infectious control and waste management plan and a stakeholder Engagement Plan related to the project mainly the Southern Africa Tuberculosis and health services support project.

1.5.2 Site Visits

The project sampled selected districts for consultation to establish the capacity gaps, working environment as well as immediate surrounding areas. The districts consulted include; Mangochi, Zomba, Mchinji, Nkhata-Bay, Nkhotakota, Chikwawa and Blantyre from 10th November 2024 to 04th January 2025. In addition, the field visits provided an opportunity to meet with the relevant district stakeholders.

1.5.3 Stakeholder Consultations

During the development of this ESMP, different meetings (interviews and/or focus groups) with stakeholders were conducted in order to incorporate their input. The stakeholder consultation aimed to inform the district and national level stakeholders about project plans, obtain the views of different people on the proposed project, to determine how the project will affect them and how best it can be implemented to minimize adverse environmental and social impacts. The Ministry of Health and PIT Team held a series of stakeholder consultations throughout the study period and the drafting of the report most at community and District level. The mode of consultation involved key informant interviews using formal meetings one on one meetings and Focus Group Discussions (FGDs) with relevant central Government Officials and district officials. The key stakeholders consulted have been indicated in Appendix 3 and issues raised have been included under appendix 2.

CHAPTER 2: PROJECT DESCRIPTION

The Republic of Malawi, through the Ministry of Health, will implement the HEPRR Project. The Project Development Objective (PDO) is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Malawi. This chapter describes the components and the description of the project.

The project has four components including the following;

2.1 Component 1: Strengthening the Preparedness and Resilience of the Health System to Manage Health Emergencies

This component enhances Malawi's health system's preparedness and resilience for managing emergencies with four sub-components to address readiness and response aspects.

2.1.1 Subcomponent 1.1: Enhancing Multisectoral Planning, Financing, and Governance for Improved Resilience to Health Emergencies (US\$ 5.3million)

The subcomponent aims to improve health emergency resilience through multisectoral planning, financing, and governance, including developing National Action Plans for Health Security (NAPHS), One Health, contingency response plans, infection prevention plans integrating climate and health vulnerability assessments into national strategies and addressing gender and equity issues.

2.1.2 Subcomponent 1.2: Strengthening Health Workforce Development (US\$6.4 million equivalent IDA)

The subcomponent aims to improve the health workforce's skills, particularly female participation, and strengthen regulatory and management mechanisms for health and climate emergencies. This will involve training initiatives, enhancing e-learning platforms, and integrating continuous professional development into pre-service curricula and on-the-job training.

2.1.3 Subcomponent 1.3: Improving Access to Quality Health Commodities (US\$6.3 million IDA).

The subcomponent aims to enhance access to high-quality health commodities, particularly during health and climate emergencies, by strengthening supply chain management systems using digital technologies, developing Framework Contracts, and ensuring quality assurance throughout the supply chain.

2.1.4 Subcomponent 1.4: Enhancing Information Systems for Health Emergencies and Digitalization of the Health Sector (US\$9.7 million; of which US\$3.7 million equivalent IDA, US\$6.0 million GFF Trust Fund).

The subcomponent aims to improve the utilization of interconnected information systems and digital tools in Malawi for effective health emergency preparedness and response. It will enhance existing systems like DHIS2, eLMIS, iHRIS, and MaHIS, and develop an integrated dashboard for automated analytics. It will also enhance a primary care telehealth application.

2.2 Component 2: Improving Early Detection and Response to Health Emergencies Through a Multisectoral Approach ((US\$26.7 million; of which US\$25.2 million equivalent IDA, US\$1.5 million GFF Trust Fund)

This program component focuses on enhancing early detection and response to health emergencies (HEs) through a collaborative and multi sectoral approach with three sub-components aimed at addressing key aspects of preparedness and response.

2.2.1 Subcomponent 2.1: Collaborative Multi sectoral Surveillance and Laboratory Diagnostics (US\$7.8 million equivalent IDA)

The subcomponent aims to improve early detection and response to health emergencies by enhancing surveillance data and laboratory diagnostics. It will develop an Integrated Early Warning System (EWS) and support capacity building for sub-national Public Health Emergency Operations Centers. The One Health Laboratory Network will enhance laboratory capacity and collaboration, enabling timely and accurate diagnostics during health emergencies.

2.2.2 Subcomponent 2.2: Emergency Management, Coordination, and Essential Service Continuity (US\$18.1 million; of which US\$16.6 million equivalent IDA, US\$1.5 million GFF Trust Fund)

The subcomponent focuses on strengthening emergency management systems, maintaining essential health services continuity, ensuring WASH availability in remote and climate-risk areas, and building climate resilience in health facility infrastructure. It will integrate logistics, transport, and communication capabilities, address equity and gender gaps, and develop plans to enhance WASH infrastructure. The project will not finance construction or infrastructure development but invest in climate-smart and resilient development documents.

2.2.3 Subcomponent 2.3: Risk Communication and Community Engagement (RCCE), Empowerment, and Social Protection During Health Emergencies (US\$0.8 million equivalent IDA)

Under this subcomponent, the project aims to improve risk communication, community engagement, and social protection during health emergencies, using gender-sensitive

approaches. Key activities include updating national and subnational RCCE plans, engaging diverse groups, establishing a two-way community feedback mechanism, training personnel, developing infodemic management plans, and implementing climate resilience in social protection initiatives. These activities will align with the project's Grievous Redress Mechanisms.

2.3 Component 3: Project Management (US\$5.0 million equivalent)

This component will ensure efficient and effective management and implementation of the project by the Project Implementation Unit

2.3.1 Subcomponent 3.1: Enhancing Project Monitoring and Evaluation (M&E) (US\$1.2 million equivalent IDA; of which US\$0.5 million equivalent IDA, US\$0.7 GFF Trust Fund)

The sub-component will implement a unified M&E framework, prioritizing disaggregated data for informed decision-making across various levels, with the PCU responsible for data collection and regular reporting.

2.3.2 Subcomponent 3.2: Delivering Tailored Technical Assistance and Facilitating a Learning Agenda (US\$0.8 million equivalent IDA)

The project aims to collaborate with key partners like WHO and Africa CDC to develop a proactive knowledge agenda, including a structured learning plan, evidence-based policy dialogues, and regional and South-to-South learning.

2.3.3 Subcomponent 3.3: Strengthening Project Management through Support of the Implementing Institutions and Multisectoral Collaboration (US\$3.6 million; of which US\$3.1 million equivalent IDA, US\$0.5 million GFF Trust Fund).

The support will involve staff recruitment, work plan development, procurement, financial management, risk management, and reporting under the project through technical advisory services, training, operating costs, and goods acquisition.

2.4 Component 4: Contingent Emergency Response Component (CERC) (US\$0)

This component will facilitate access to rapid financing by allowing for the reallocation of uncommitted project funds in the event of a natural disaster in a country, either by a formal declaration of a national emergency or upon a formal request from the government. This component is to be activated as needed based on established procedures described above.

2.5 Location of the Project

The Ministry of Health (MoH) will collaborate with 29 District Health Offices to implement project activities in all district councils in Malawi. The District Councils are responsible for the provision of primary and secondary level care as well as Emergency care in their respective districts. The MOH in collaboration with relevant stakeholders will implement project activities in all districts in the country targeting several health facilities at the district as summarized in **Appendix 1**.

2.6 Environmental and Social Baseline

2.6.1 Socio-economic Characteristics of the Country

Malawi, is one of the densely populated agriculture-dominated economy, which has a per capita GDP of \$360 in 2018. In terms of the poverty line, 70% of its population lives below the international poverty line. Agriculture contributes 28% of Malawi's GDP, over 80% of national export earnings, and 64% of the workforce (World Bank (2017)). However, weather-related shocks and limited crop diversity hinder its productivity. Severe weather conditions have led to crop failure, affecting food prices and agricultural outputs, and forcing two out of every five households into poverty (Dang, Hai-Anh H.; Dabalén, Andrew L. 2017). The country's negative impacts are expected to worsen due to high population growth and environmental degradation.

2.6.2 Malawi's Physical Environment

2.6.2.1 Climate

Malawi has a subtropical climate characterized by a rainy season (November to April) and a dry season (May to October). The rainy season brings heavy rainfall, particularly in the southern and central regions, often causing floods and infrastructure damage, which can exacerbate the spread of waterborne diseases like cholera. The dry season, marked by high temperatures and occasional droughts, increases the risk of food insecurity and malnutrition due to reduced agricultural yields.

The country is also vulnerable to extreme weather events such as cyclones and tropical storms, particularly in southern districts. These events can disrupt healthcare delivery, displace populations, and increase the prevalence of vector-borne diseases like malaria. Climate variability has further strained health systems, necessitating robust emergency preparedness and climate-resilient health infrastructure for effective response and mitigation.

The following section provides detailed status of the rainfall and temperatures of the country.

Rainfall

In Malawi, annual average rainfall ranges from 725 mm to 2,500 mm, with specific averages of 900 mm in Lilongwe, 1,127 mm in Blantyre, 1,289 mm in Mzuzu, and 1,433 mm in Zomba. The country has experienced extreme weather events, such as the drought during the 1991/92 season and the floods in the 1988/89 and 2014/2015 seasons.

Rainfall distribution is influenced by factors like topography (orographic effects) and proximity to Lake Malawi, which shapes the overall climate. The lowest rainfall amounts are typically found in rain shadow areas, such as the Shire Valley, the western slopes of the Shire Highlands, and the Zomba Plateau (e.g., Lake Chirwa area), as well as the northwestern regions of the Viphya and Nyika plateaus. Meanwhile, high-altitude areas, like Mulanje, Nyika, and Viphya plateaus, receive the highest rainfall (Department of Climate Change and Meteorological Services) (see figure 2-1)

It is also notable that urban areas, particularly Blantyre and Lilongwe, have recorded increased rainfall in recent years. The country was significantly impacted by Cyclone Freddy, with Blantyre and surrounding districts including Phalombe, Mulanje and Chiradzulu being particularly affected. Therefore, the designs for urban health facilities under this project must incorporate climate-proofing measures based on appropriate climate change models.

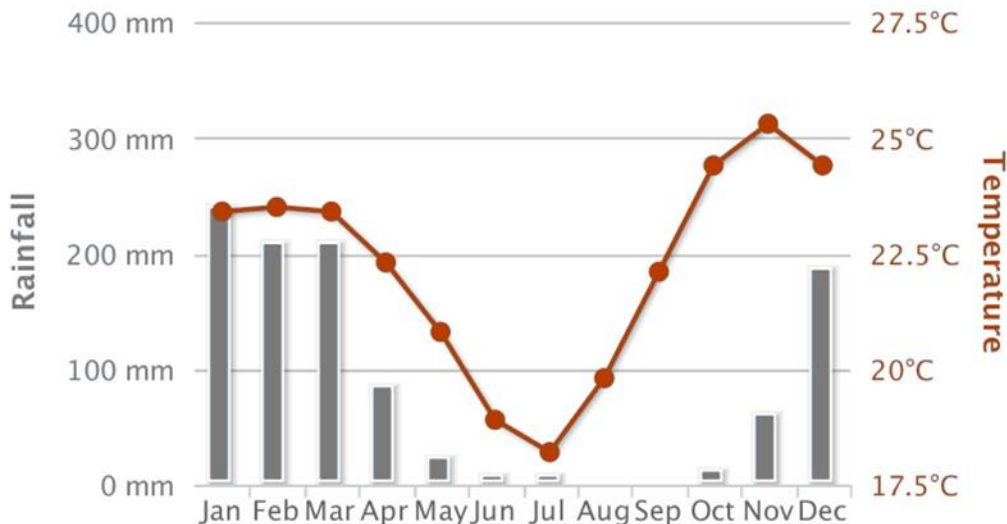


Figure 1: Annual Average Rainfall & Temperature in Malawi

However, the country is increasingly facing erratic rainfall due to climate change, leading to prolonged droughts or heavy flooding. This variability has significant implications for the health

sector. Flooding can disrupt water and sanitation infrastructure, leading to waterborne diseases such as cholera and dysentery, while droughts can exacerbate malnutrition and lead to food insecurity, impacting public health. Moreover, climate-related changes in vector-borne diseases, such as malaria, are becoming more pronounced as the changing climate affects the breeding cycles of mosquitoes. These challenges place added pressure on the healthcare system, requiring effective health management strategies that integrate climate change adaptation and disease prevention measures to safeguard the health of the population.

Temperature

Malawi experiences warm temperatures throughout the year, with variations depending on altitude. Low-lying areas, such as the Shire Valley, are typically hot, with average temperatures ranging from 25°C to 32°C. Highland regions, such as the Nyika Plateau, are cooler, with temperatures averaging 15°C to 22°C.

During the hot dry season (September to November), extreme heat can exacerbate dehydration, heat stress, and other heat-related illnesses, particularly in vulnerable populations such as children and the elderly. Additionally, higher temperatures create favorable conditions for the proliferation of disease vectors like mosquitoes, increasing the risk of malaria transmission.

Temperature extremes, combined with limited access to cooling infrastructure, place additional burdens on healthcare systems. Effective health emergency projects must consider these temperature-related risks, focusing on disease prevention, community awareness, and resilient health infrastructure.

2.6.2.2 Topography

Malawi's diverse topography significantly influences health-related challenges and opportunities. The country features a mix of low-lying areas, plateaus, and highlands. The Great Rift Valley dominates the landscape, including Lake Malawi, one of the largest freshwater lakes in Africa. The low-lying Shire Valley in the south is prone to flooding during the rainy season, increasing risks of waterborne diseases, displacement, and disruptions to healthcare services.

The central and northern plateaus, characterized by rolling hills, provide better access and infrastructure but can still face challenges during extreme weather events. Highland areas, such as the Nyika Plateau, are cooler and less affected by some tropical diseases but may have limited access to healthcare facilities due to rugged terrain. The varied topography influences transportation and healthcare accessibility, particularly in emergencies.

2.6.2.3 Waste management and treatment in hospitals

Healthcare waste management (HCWM) in Malawi faces several challenges, including inconsistent waste quantification, inadequate segregation, and suboptimal treatment methods. A study assessing HCWM practices in Malawian healthcare facilities revealed unsafe waste transportation and storage, with prevalent use of inadequate incineration methods. Additionally, waste handlers often lacked essential personal protective equipment and were unvaccinated against Hepatitis B. Despite the existence of a comprehensive HCWM policy, significant gaps persist in both the legal framework and practical application (Sethy Et al, 2024).

Malawi Government has taken efforts to manage medical waste through various means including disinfection, incineration among others. Furthermore, organizations like WaterAid have supported healthcare facilities by providing comprehensive waste management infrastructure, including incinerators, ash pits, toilets, refuse pits, and placenta pits (Water Aid, 2023).

2.6.2.4 Common diseases in Malawi

Malawi faces a significant burden from both communicable and non-communicable diseases. According to the World Health Organization (WHO), the country experiences high incidences of malaria, tuberculosis, and HIV/AIDS. Malaria remains a major public health concern, with approximately 4.8 million cases reported annually. In addition to infectious diseases, non-communicable diseases (NCDs) are on the rise, accounting for an estimated 40% of deaths in 2019. The Health Sector Strategic Plan III 2023-2030 highlights NCDs as the fastest-growing health burden in Malawi. Furthermore, maternal and neonatal disorders continue to impact the population, with neonatal mortality rates remaining above the Sustainable Development Goal targets. These health challenges underscore the need for comprehensive strategies to address both infectious and non-infectious diseases in Malawi (WHO 2023).

2.6.2.5 Medical labor force and practices in Malawi

Malawi faces significant challenges in its medical labor force, including a severe shortage of skilled healthcare workers, with fewer than 23 health professionals per 10,000 people, which is below the threshold for delivering essential services. This shortage is exacerbated by poor working conditions, inadequate compensation, and limited opportunities for professional development. The lack of a robust workforce undermines the country's ability to respond effectively to health emergencies, as it strains existing staff, reduces the quality of care, and leads to high attrition rates. These factors necessitate targeted efforts to strengthen healthcare capacity, particularly during emergencies, to ensure timely and effective responses. (pmc.ncbi.nlm.nih.gov, thinkwell.global), The project will on addressing these challenges.

2.6.2.6 Status of infections prevention

In Malawi, infection prevention and control (IPC) practices are critical to mitigating the spread of infectious diseases. The government has developed IPC and water, sanitation, and hygiene (WASH) guidelines to enhance healthcare quality. The status of IPC in Malawi has significant implications for health projects. Effective IPC measures are essential for preventing healthcare-associated infections, ensuring the safety of patients and healthcare workers, and maintaining the integrity of health services, especially during emergencies. Strengthening IPC practices is vital for improving health outcomes and the overall effectiveness of health interventions in the country.

2.6.2.7 Public health and sanitation in Malawi

Malawi faces significant public health challenges, including a high burden of infectious diseases such as malaria, HIV/AIDS, and tuberculosis, as well as rising non-communicable diseases like hypertension and diabetes. The country also contends with high maternal and child mortality rates, with 37% of children suffering from chronic malnutrition.

These health challenges have profound implications for health emergency projects. The high incidence of infectious diseases necessitates robust surveillance and rapid response systems to manage outbreaks effectively. The shortage of healthcare workers and limited resources can strain the health system during emergencies, potentially compromising the quality and accessibility of care. Additionally, the prevalence of malnutrition and chronic diseases can exacerbate the severity of health emergencies, leading to higher morbidity and mortality rates. Addressing these challenges requires comprehensive strategies that strengthen healthcare infrastructure, enhance disease surveillance, and improve access to essential health services. Investing in the health workforce and ensuring the availability of necessary medical supplies are also critical to improving health outcomes and the effectiveness of health emergency responses in Malawi.

2.6.3 The Malawi Health Care System

Malawi's healthcare system is a public-private mix, with the government providing primary services and private providers offering supplementary care. The system faces several challenges, including a shortage of healthcare workers, inadequate infrastructure, and limited financial resources. It comprises three sectors: public, private for-profit (PFP), and private not-for-profit (PNFP), with the latter including NGOs and religious institutions.

Despite government policies aimed at improving access, quality, and governance, issues persist, such as high infectious disease rates, significant costs, and insufficient services in rural areas. The

healthcare framework is structured into community, primary, secondary, and tertiary levels, supervised by district councils.

2.6.3.1 Community Level

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

2.6.3.2 Primary Level

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

2.6.3.3 Secondary Level

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

2.3.3.4 Tertiary Level

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

2.3.3.5 Ministry of Health Headquarters

The functions of the central level include policy making, standards setting, quality assurance, strategic planning, resource mobilization, technical support, monitoring and evaluation and international representation. Five Zonal Health Support Offices (ZHSOs) are an extension of the central level and provide technical support to districts.

CHAPTER 3: REVIEW OF RELEVANT ENVIRONMENTAL AND SOCIAL POLICIES, REGULATIONS, AND LAWS

This chapter outlines relevant national policy and legal framework applicable to this project. It outlines the relevant sectoral policies and legislations that are relevant to providing a technical and legal framework that will ensure the sustainability of the project. In addition, it summarizes applicable World Bank Environmental and Social Standards (ESS).

3.1 National Policies and Legal Framework

This ESMP has been prepared with adherence to National Legislation, World Bank Environmental and Social Standards, Environmental, health, and safety guidelines for health care facilities and World Bank Environmental, Health, and Safety (EHS) Guidelines. These standards, legislations, and guidelines will be adhered to by MoH during any activities throughout the project life cycle. Table 2 below summarizes the relevance of these policies and legislations and how the project will ensure compliance.

Table 2: Summary of relevant National & World Bank Policies and Legislations

Policy Frameworks	Description and Relevance to the Project
National Policies	
The National Environmental Policy, 2004	The Malawi National Environmental Policy, 2004 aims to promote sustainable environmental management, addressing issues such as pollution, natural resource degradation, and public health. It emphasizes integrating environmental concerns into development planning and improving health through clean water, sanitation, and waste management. The policy focuses on environmental health and resource management, as it helps mitigate risks related to waterborne diseases, pollution, and the spread of infections during emergencies. The project will adhere to this policy by ensuring that health interventions align with environmental sustainability and public health objectives
National Health Policy, 2020	The Malawi National Health Policy, 2020 focuses on improving the quality, accessibility, and equity of health services, with an emphasis on universal health coverage, strengthening health systems, and addressing key health challenges like infectious diseases and maternal and child health. For emergency health projects, this policy provides a framework to ensure that health responses are inclusive, sustainable, and aligned with national health priorities. It stresses preparedness, rapid response, and strengthening of health infrastructure, making it vital for effectively managing health crises, ensuring equitable healthcare access, and improving outcomes during emergencies. The project will contribute directly to the achievement of the policy goals through capacity building and provision of essential services..

National Sanitation Policy, 2006	The policy as indicated in section 2.4 aims to improve sanitation and hygiene practices for health and socioeconomic development. It provides guidelines and an action plan for access to improved sanitation, safe hygienic behavior, and recycling of waste. The proposed project will ensure waste segregation, clearly labelled refuse bins placed in strategic areas, an updated infectious control management plan, and appropriate disposal of liquid waste in compliance with policy provisions.
Decentralization Policy Second Edition, 2024	The Policy outlines the roles of the Council, which include implementing or facilitating development projects in a sustainable manner and mobilising masses for socio-economic development at the local level. In addition, the Policy provides for environmental services such as refuse disposal, sewage removal and disposal, environmental reclamation, and environmental education. Therefore, for effective implementation of the project by the Ministry of Health ensure councils are fully involved.
The National Gender Policy (2015)	The policy advocates for gender responsiveness in development projects and programs, aiming to reduce poverty in rural and urban areas by considering gender needs and benefits. The project will ensure that both men and women are given equal employment and training opportunities and remuneration through the development and implementation of Gender in preparedness resilience and response plan
Infection Prevention and Control Policy (2006)	The policy stipulates that all healthcare facilities (public and private) in Malawi shall have an active Infection Prevention Control (IPC) program in place; aimed at promoting IPC practices and surveillance focusing on clients, patients, healthcare personnel and the environment. Therefore, the project activities on strengthening capacity of Health Facilities on IPC program contributes to adherence with this policy.
Legal Frameworks	
Environment Management Act (2017)	Section 31 of the Act and associated guidelines prescribed by the Minister establishes a legal framework for environmental impact assessments for projects, requiring stakeholder consultations for Environmental and Social Impact Assessments (ESIA). Therefore, the development of this ESMP complies with this Act's requirement.
Pharmacy, Medicines and Poisons Act (2014)	The Act establishes the Pharmacy, Medicines and Poisons Board in Malawi, regulates the profession, and ensures the employment of pharmacy experts. It also mandates the procurement and disposal of expired essential medicines and supplies in accordance with the Act. The project will facilitate, procurement and disposal of expired essential medicine and supplies comply to the requirements of the Act.
Nurses and Midwives Act (2014)	The Act establishes the Nurses and Midwives Council of Malawi, regulates nursing education and training, and controls the nursing profession in Malawi. During the implementation of the project, the Ministry of Health will collaborate with the Council to identify capacity gaps and train nurses.

National Local Government Act, 1998	The Act mandates local councils to manage waste, urbanize, afforestation, and control soil erosion, ensuring effective planning, environmental planning, and development programs. In section 2 second schedule the act provides environmental functions of the councils. Therefore District Environmental Subcommittees will coordinate the project's implementation of ESS, providing advice to health facilities on managing and disposing of waste generated in their districts.
Occupational Health and Welfare Act, 1997	The Act regulates the requirements for adequate environmental health and safety measures within workplaces. Section 66 provides for the procedure for accidents causing injury or death from doing his normal duties. Section 55 stipulates measures relating to confined space and section 56 provides for fire preventive measures. The PIT will develop and implement Occupational Health and Safety Plans and provide adequate and relevant Personal Protective Equipment (PPE) to workers and enforce its use.
Gender Equality Act, 2013	The Act aims to promote gender equality, prohibit sex discrimination, and raise public awareness. In section 11(1) requires public service authorities to appoint 40% and 60% of either gender in public service. The project will ensure equal employment and training opportunities and where possible observe the 60:40 rule. In addition, the project will develop and implement sexual Harassment Action plan and Gender in preparedness resilience and response plan
Public Health Act, 1948	Part X of the Act requires developers to provide adequate sanitary and health facilities to avoid harmful effects of waste on public waters. In addition, the act regulates and control among others handling of water supply, sewerage and solid waste among others with respect to preventing diseases. The project proponent will, therefore, comply with the requirements of this Act by ensuring that health facilities have adequate toilets for both male and female and putting in place waste management facilities and ensuring proper disposal.
HIV and AIDS Prevention and Management Act (2018)	Section 6 (1) prohibits discrimination on a basis related to HIV or AIDS. Section 7 gives rights to persons living with HIV to access medication necessary for anti-retroviral therapy or treatment. Ministry of Health will ensure that HIV/ AIDS is not a precondition for securing employment and participating in trainings.
The Labor Relations Act, 1996	The Act promotes labour relations, collective bargaining, and efficient dispute settlement, fostering social justice and economic development. It outlines dispute resolution procedures and encourages internal dispute handling machinery. The project will use existing ombudsman system in order to manage grievances health facility, district and national level.
Environment Management (Waste Management &	Part III of these regulations outline the management of general and municipal waste, requiring individuals to sort and separate hazardous waste from general or municipal solid waste. The project will encourage segregation of waste and put clearly labeled refuse bins in strategic areas.

Sanitation) Regulations, 2008	
Environment Management (Chemicals and Toxic Substances Management) Regulations, 2008	The regulations in Malawi apply to anyone involved in handling toxic substances and chemicals, including manufacturing, repackaging, and exporting. Section 19 prohibits importation of chemical products with less than half of their shelf-life remaining upon arrival. The project will ensure that they get guidance from MEPA prior to procurement of chemicals on transportation and management of chemicals.
Malawi Standards (MS) 615: 2005: Waste within health-care facilities, handling and disposal (code of practice)	The standard provides criteria for segregation, collection, movement, storage and on-site disposal of waste within health-care units. The standards will be observed at all health facilities in the management of healthcare waste (liquid and solid). The project will ensure that all waste management infrastructure and equipment meet the acceptable standards.

3.2 National Environmental and Social Assessment and Permitting

Malawi Environmental Protection Authority (MEPA) is the regulatory body which was established under the Environment Management Act of 2017. The EMA specifies a need to carry out environmental and social assessment for specific projects which have significant impacts on social and physical environmental aspects. The EMA is also implemented along other environmental related regulations which makes provisions of acquiring specific permits and licenses for interventions concerning a particular project. For this project, there will also be a need to acquire specific permits are shown in the following table 3.

Table 3: List of Stakeholders Managing Environmental Assessments & Permitting

Regulations/ Standards/ Approvals	Description	Legal Requirements	Issuing Institution	Applicant
Environmental Clearance	An approval letter is issued after the ESMP is submitted and approved.	Environment Management Act, 2017	Malawi Environment Protection Authority (MEPA)	Ministry of Health
Licence for storage and transportation of general waste	Licence to transport and store waste is issued after filling out application forms and payment of fees	Environment Management (Waste Management & Sanitation) Regulations, 2008	Malawi Environment Protection Authority (MEPA)	Ministry of Health

Regulations/ Standards/ Approvals	Description	Legal Requirements	Issuing Institution	Applicant
Licence to store and transportation of hazardous waste	Licence to transport and store hazardous waste is issued after filling application forms and payment of fees	Environment Management (Chemicals and Toxic Substances Management) Regulations, 2008	Malawi Environment Protection Authority (MEPA)	Ministry of Health

3.3 World Bank Standards and Key Gaps with the National Framework

The HERPP project will be implemented in line with the World Bank Environmental and Social Standards (ESSs), as well as the World Bank Group Environmental, Health and Safety Guidelines. According to the Project Appraisal Document, the project was categorized as a moderate risk category. However, there are several ESS standards which are applicable to the project, and these have been provided under the following table 4. Since the project will follow the ESF and National environmental and social regulations and legislations, the project has ensured that the two regulatory frameworks are implemented complimentary. The report identified the gaps existing between the World Bank ESF and the Malawi regulations. Furthermore, the project has provided measures on how the gaps will be bridged as shown in the following table 4.

Table 4: Relevant World Bank ESF & Key Gaps with the National Framework

ESS triggered by the project	Description and Relevance to the Project	Gaps with national requirements and measures applied to bridge the gap
Environmental and Social Risks and impacts (ESS1)	This standard sets the requirements for environmental and social assessments and management of development projects and activities that the Bank finances. This requires that borrowers conduct environmental and social assessments of proposed projects and activities, identify and assess the environmental and social risks and impacts, and put in place measures to avoid, minimize or manage these impacts. This ESMP is developed in compliance to this standard which also includes integration of health and safety impacts, climate change management measures, social impact assessments, and post-project monitoring	The EMA does not clearly specify measures to deal with health and safety measures climate change management, social impact assessment and post - project monitoring. However, the project has developed the ESMP which provides measures to mitigate negative impact and enhance the positive impacts of the project.
Labour and working conditions (ESS2)	ESS2 is part of the World Bank Environmental and Social Framework (ESF) and deals with "Labor and Working Conditions." This standard sets the requirements for ensuring that labor and working conditions in development projects and activities funded by the Bank are safe, fair, and decent for all workers.	Labour Management Plans (LMP) or Procedures are not explicitly outlined in national legislation; however, national laws such as the Labour Relations Act mandate the establishment of

	<p>ESS2 requires that borrowers comply with relevant national and international labor laws and standards, and that workers on Bank-financed projects have access to safe and healthy working conditions, fair wages, and opportunities for training and advancement. This project will ensure that health workers are treated in respect of the provisions in this standard ensuring a functional grievance redress mechanism to address any deviations.</p>	<p>committees to mediate labor disputes. To address this gap, the Environmental and Social Management Plan (ESMP) has measures to manage the labor force which will be involved in the project implementation.</p>
<p>Resource Efficiency and Pollution prevention and management (ESS3)</p>	<p>Focuses on minimizing environmental impacts by promoting efficient use of resources and controlling pollution. It emphasizes sustainable resource use, waste reduction, and proper management of emissions and effluents.</p>	<p>National laws and regulations focus on pollution prevention and not on resource efficiency and to merge this gap the project will update and implement Infection Control and Waste Management Plan (ICWMP) to mitigate the impacts of pollution from solid and liquid wastes which includes Healthcare waste.</p>
<p>Community Health and Safety (ESS4)</p>	<p>ESS4 is designed to promote safe and healthy working and living conditions for communities in Bank-financed projects, and to ensure that the Bank's operations do not have adverse impacts on health and safety.</p>	<p>Addresses the health, safety, and security risks and impacts on project-affected communities. While Community health and safety (CHS) is not emphasized in the national laws such as Occupational Safety, Health and Welfare Act, (1997). Therefore to merge this gap potential risks and impacts on communities have been identified and included in the ESMP.</p>
<p>Stakeholder engagement and information disclosure (ESS10)</p>	<p>ESS10 requires that borrowers engage with stakeholders, including affected communities and other relevant parties, in the assessment and management of environmental and social impacts of development projects and activities. This includes providing opportunities for stakeholders to participate in the decision-making process, giving consideration to their views and concerns, and providing relevant information and feedback.</p>	<p>The project recognizes the significance of open and transparent engagement between the Borrower and project stakeholders. Although national legislation does not require the development and implementation of a Stakeholder Engagement Plan (SEP) or a Grievance Redress Mechanism (GRM), the project has proactively developed a SEP and will enhance the existing GRM in all districts. Additionally, a National Grievance Redress Mechanism Committee (GRMC) will be established to promote transparency and accountability.</p>

CHAPTER 4: POTENTIAL ENVIRONMENTAL AND SOCIAL RISKS, IMPACTS, STANDARD MITIGATION MEASURES AND IMPACT ANALYSIS

This chapter identifies and analyzes the potential environmental and social risks and impacts associated with the project. It examines both direct and indirect effects on the environment and local communities. Based on these identified risks, standard mitigation measures are outlined to minimize or eliminate negative impacts while enhancing positive outcomes. The chapter also provides an in-depth impact analysis to assess the effectiveness of the proposed mitigation strategies, ensuring that the project's activities comply with national and international environmental and social standards.

4.1 Identification of Potential Impacts

The Implementation of the proposed HEPRR project will generate both negative and positive impacts. This chapter explores the potential environmental and social impacts of the proposed HEPRR project, It assesses the extent and significance of predicted impacts, and recommendations for mitigating and enhancing these impacts.

4.2 Methodology for Impact Identification

Several methods are used in identifying impacts. The proposed project's impacts were identified using checklists, matrices, site inspection, stakeholder consultations, professional judgment, including assessments of baseline conditions in existing health facilities, project inputs, activities, outputs, and environmental and social impacts. The approach focused on determining possible environmental and social risks and impacts.

4.3 Impact Evaluation

Project impacts are evaluated based on magnitude, significance, probability of occurrence, duration, and reversibility. These factors are graded into 0-3 scales, with each impact assigned a value based on its impact's degree of adversity or potential benefit. The impact's score ranges from -3 to +3, with a score of -3 indicating a negative impact negative impact of the highest degree of adversity and a score of +3 indicating a positive impact the highest degree of potential benefit. If the impact is considered negligible, it is assigned a value of "0". The following table 5 below describes the evaluation criteria used.

Table 5: Scoring Matrix

Extent or Magnitude of impact		Score
Site	Impact confined to a small area within the project area	1
Local	Impact is limited within the radius of 3-5 km of the project area	2
Regional	The impact extends beyond the borders of the project area to influence other areas as a whole	3
Significance of the impact		
Low	Where the impact has a relatively small effect on the biophysical and socioeconomic environment and is very difficult to detect it	1
Moderate	Where the impact is or can be measured but does not necessarily alter biophysical and socioeconomic environmental processes	2
High	The impact is very likely to alter biophysical and socioeconomic processes and hence needs mitigation measures	3
Probability of occurrence of the impact		
Possible	The impact may occur but at a probability of less than 35%	1
Probable	The impact is very likely to occur at a probability of between 35% and 65%	2
Definite	The impact will occur (unavoidable) at a probability of greater than 65%	3
Duration of impact		
Short	Impact lasts for a period of less than 5 years	1
Long	Impact continues at any point for a period between five to ten years	2
Permanent	Impact never lasts once it occurs	3
Reversibility		
Reversible	Environment can repair itself naturally as a result of the impact	1
Reversible	Environment will require human input to repair	2
Irreversible	Impact will cause the environment never to repair	3

The values are then added to make a composite score (impact severity) for each impact using all five factors. The composite score is a proxy value that provides decision and, policymakers a basis for comparing the severity of impacts across different biophysical and socio-economic environments. For this project, severity is defined as shown in Table 6 below.

Table 6: Definition of Severity of Impacts

Positive Impact		Negative Impacts	
Score	Definition	Score	Definition
+1 ≤ +5	Low	-1 ≤ -5	Low
+6 ≤ +10	Medium	-6 ≤ -10	Medium
+11 ≤ +15	High	-11 ≤ -15	High

Table 7 illustrates the scoring of the anticipated impacts of the project on the biophysical and socioeconomic environment. Overall, most negative impacts are assessed as medium level, while the positive impacts range from medium to high.

Table 7: Evaluation of Potential Project Impacts

ID	Potential Impact	Extent	Significance	Probability	Duration	Reversibility	TOTAL SCORE	Severity
	Assessment							
1.								
1.1.	Positive Impacts during planning phase							
1.1.1.	Increased employment opportunities	+3	+1	+3	+1	+2	+10	Medium
1.1.2.	Promotion of knowledge and skills transfer	+3	+3	+3	+3	+2	+14	High
1.2.	Positive Impacts During Implementation /Operation Phase							
1.2.1.	Development of improved climate proof designs for health delivery infrastructure development	+1	+3	+2	+3	+1	+10	Medium
1.2.2.	Promotion of knowledge and skills transfer	+3	+3	+3	+3	+3	+15	High
1.2.3.	Increased disposable income for employees	+1	+2	+1	+3	+2	-8	Medium
1.3.	Positive impacts during closure Phase							
1.3.1.	Well trained health staff on health emergencies	+1	+2	+3	+3	+3	12	High
1.3.2.	Fully equipped health facilities for emergencies	+1	+2	+1	+2	+3	9	medium
1.3.3.	Strengthened collaboration among health workers	+1	+1	+2	+1	+3	7	low
1.4.	Negative Impacts planning Phase							
1.4.1.	Conflict among staff on preferences	-3	-1	-3	-1	-1	-9	Medium
1.5.	Negative Impacts implementation/operation Phase							
1.5.1.	Increase generation of general waste	-1	-3	-1	-2	-2	-9	Medium
1.5.2.	Increase generation of healthcare waste	-1	-3	-1	-2	-2	-9	Medium
1.5.3.	Increase generation of general e-waste	-1	-3	-1	-2	-2	-9	Medium
1.5.4.	Increased risk of air pollution	-1	-3	-1	-2	-2	-9	Medium

ID	Potential Impact	Extent	Significance	Probability	Duration	Reversibility	TOTAL SCORE	Severity
	Assessment							
1.5.5.	Increased risk of water and soil contamination and pollution water from liquid and solid waste	-1	-3	-1	-2	-2	-9	Medium
1.5.6.	Increased safety and health risks for the workers, clients and the public	-1	-2	-1	-2	-2	-8	Medium
1.5.7.	Increased risk of Gender-Based Violence, Sexual Exploitation and Abuse as well as Sexual Harassment	-1	-3	-3	-1	-2	-10	Medium
1.5.8.	Risk of poor, climate and disability unfriendly designs	-1	-3	-1	-2	-2	9	medium
1.5.9.	Risk of social conflicts among staff on training preferences	-1	-1	-1	-1	-2	-6	Medium
1.5.10.	Risk of theft of equipment and supplies	-1	-2	-1	-1	-2	-7	Medium
1.5.11.	Increased risk of spread of HIV and AIDS and STIs	-1	-3	-3	-1	-2	-10	medium
1.5.12.	Increased risk of child labour	-1	-1	-1	-1	-1	-1	low
1.5.13.	Risk of discrimination of in the workplace for employees with limited or no digital health knowledge	-2	-2	-2	-1	-2	-9	low
1.5.14.	Risk of overburdening of health workers with new system	-1	-1	-1	-1	-1	-5	low
1.5.15.	risks of exposure of patient-level data to unauthorized	-1	-1	-1	-1	-1	-5	low
1.5.16.	Negative impacts during closure phase							
1.5.17.	Loss of income source	-1	-1	-2	-1	-1	-6	medium
1.5.18.	Risk of discrimination of in the workplace for employees who actively participated in the project	-2	-2	-2	-1	-2	-9	Medium
1.5.19.	Failure to adopt new system by health workers	-1	-1	-1	-1	-1	-5	Medium

The overall rating, the negative impacts have been evaluated as of medium severity and, proper implementation of mitigation measures is expected to lower the severity of the impacts. The positive impacts are of medium to high severity and there is need to enhance them to increase severity.

4.4 Environmental and Social Risks and Mitigation Measures

The implementation of HEPRRP, project will generate both positive and negative impacts on both the biophysical and socio-economic environment. This section describes the potential impacts and their proposed mitigation measures to ensure that project activities in all phases are conducted in an environmentally and socially acceptable and sustainable manner. Table 4.4 below presents environmental and social risks, mitigation measures; and roles and responsibilities for entities responsible for implementation and monitoring implementation of mitigation measures.

Table 8: Environmental & Social Risks and Mitigation Measures

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)* ¹	Monitoring cost/year (USD)* ¹
				Enhancement/ Mitigation	Monitoring		
1.1.	Planning phase						
1.2.	Positive Impacts during the Planning Phase						
1.2.1.	Employment of consultants	Increased employment opportunities	<ul style="list-style-type: none"> • Employ Local consultants • Advertise employment opportunities through many outlets; • Provide equal employment opportunities to women and men who qualify. • Implement Gender Based Violence Prevention Plan as shown in appendix 7 • Implement the Labor management plan as provided under appendix 5 	Ministry of Health	Ministry of Labour	600 for advertising job	0
1.2.2.	<ul style="list-style-type: none"> • Skills transfer to health workers • Development of safeguards Instruments 	Knowledge and skills transfer	<ul style="list-style-type: none"> • Ensure all PIT and Health workers participate in all relevant preparatory activities • Orientation of Training of PIT and Health workers on project requirements • Engage qualified and registered Environmental Impact Assessment consultants to ensure independence and objectivity in development of safeguards tools 	Ministry of Health	Ministry of Health	N/A	Part of project cost
1.2	Negative impacts during planning						

¹ USD is equivalent to MWK 1,734¹ as of November, 2024

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/ Mitigation	Monitoring		
1.2.3.	Training of staff	Risks of Conflicts between junior and senior staff due to discrimination of staff without basic computer and other relevant skills	<ul style="list-style-type: none"> • Ensure that all staff are trained in basing computer skills and other project requirements prior to commencement of project • Implement Gender Based Violence Prevention Plan as shown in appendix 7 	MoH ,PIT	MoH,PIT	operations budget	operations budget
2.	Implementation/ Operation PHASE						
2.1.	Positive Impacts during the implementation/operation Phase						
2.1.1.	<ul style="list-style-type: none"> • Architectural and engineering designing of a proposed building in urban health facilities 	Development of improved climate proof designs for health delivery infrastructure development	<ul style="list-style-type: none"> • Engage registered and experienced design professionals i.e. Architects, Engineers and Surveyors. • Engage qualified and registered Environmental Impact Assessment consultants to ensure independence and objectivity in development of safeguards tools • Ensure all key stakeholders are consulted for inputs in the designs • Design child-friendly facilities in emergency response settings • Source funding for actual construction works of approved designs. • Ensure that persons with disabilities are consulted in designs for urban facilities 	Consultant PIT	Ministry of Health	operations budget	operations budget

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/ Mitigation	Monitoring		
			<ul style="list-style-type: none"> Design to following relevant building standards i.e. National Construction Industry Council (NCIC) and Ministry of Health specifications. 				
2.1.2.	Training of Health workers	Improved Capacity to Address Health Emergencies	<ul style="list-style-type: none"> Develop and implement staff training plan Strengthen health workforce capacity through targeted training in emergency response protocols. Equip health facilities with essential tools, including digital health systems, medical equipment, and ambulances, to improve emergency management capabilities. Promote collaboration among health facilities, local governments, and communities to ensure seamless emergency response efforts. Develop and implement robust monitoring and evaluation (M&E) mechanisms to ensure the project's social and environmental impacts are tracked and managed Provide equal opportunities to both male and female staff 	MoH,PIT	MoH, PIT, DGO	5,000	6000

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/Mitigation	Monitoring		
			<ul style="list-style-type: none"> Implement Gender Based Violence Prevention Plan as shown in appendix 7 				
2.1.3.	Employment of additional staff for PIT and Subsistence allowances during residential trainings	Increased disposable income for employees	<ul style="list-style-type: none"> Sensitize workers on savings Provide equal opportunities to both male and female staff Implement Gender Based Violence Prevention Plan as shown in appendix 7. 	PIT MoH	PIT, Ministry of Health_HR	2500	1000
2.2.	Negative Impacts During implementation/operation Phase						
2.2.1.	<ul style="list-style-type: none"> Procurement of Health supplies and essentials Residential training of health workers More people being served at health facility due to improved service delivery 	Increase generation of general solid waste	<ul style="list-style-type: none"> Sensitize workers on 3 Rs Segregate waste and put well labeled refuse bins in strategic areas around health facility; procurement of equipment, electronic gadgets and test kits which are recyclable Implement an infection control and waste management plan (ICWMP) developed for the project; and Dispose waste in areas designated by District councils. 	MoH PIT DESC	MEPA EDO EHO	6,000	5000
2.2.2.	<ul style="list-style-type: none"> Procurement of Health supplies and essentials Treatment of an increased number of patients accessing health 	Increased generation of general healthcare waste .	<ul style="list-style-type: none"> Segregate waste and put well labeled refuse bins in strategic areas around health facility. Implement an infection control and waste management plan (ICWMP) developed for the project Procure standard incinerator and ensure that all infectious 	MoH PIT DESC	MEPA EDO EHO		

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/ Mitigation	Monitoring		
			<p>health care is Incinerated waste on site or nearest health facility</p> <ul style="list-style-type: none"> • Train staff on waste management. • Obtain license for transportation of waste from MEPA. 				
2.2.3.	Procurement of electronic gadgets	Increased generation of E-Waste	<ul style="list-style-type: none"> • Procure recyclable electronics and those with environmentally friendly labels • Purchasing durable equipment to reduce breakages or malfunctioning • Implement an infection control and waste management plan (ICWMP) developed for the project • Encourage Reuse and recycle of old electronic devices instead of throwing away. And • Dispose in areas designated by Local Authority. 	MoH PIT DESC	MEPA MACRA EDO		
2.2.4.	<ul style="list-style-type: none"> • Poor waste management practices • Use of vehicles and other equipment that emit carbonyl dioxide 	Increased risk of air pollution	<ul style="list-style-type: none"> • Avoid open burning of waste • Ensure that health facilities burn waste in standard incinerators • Regularly service project vehicles and equipment 	PIT EDO EHO	MEPA MoH	3000	2000
2.2.5.	<ul style="list-style-type: none"> • Procurement of Health supplies and essentials including liquid chemicals 	Increased risk of water and soil contamination and pollution	<ul style="list-style-type: none"> • Provide appropriate channels and tanks for discharge of liquid chemicals • Implement an infection control 	MoH PIT DESC	MEPA EDO EHO	3,000	3000

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/ Mitigation	Monitoring		
	<ul style="list-style-type: none"> Poor disposal of liquid waste 	water from liquid and solid waste	<ul style="list-style-type: none"> and waste management plan (ICWMP) developed for the project Procure and put well labelled refuse bins in strategic areas. Dispose solid waste in areas designated by the District council 				
2.2.6.	<ul style="list-style-type: none"> Handling patients Handling of hazardous chemicals Handling equipment medical Poor management of site, chemicals and waste Poor Disposal of hazardous waste Social Interactions among health workers and community 	<ul style="list-style-type: none"> Increased safety and health risks for the workers, clients and the public 	<ul style="list-style-type: none"> Train workers on prevention and managing incidents; Install warning and safety signage in all high-risk areas of the health facility Restrict unauthorized public access to possible infectious area. Implement Gender Based Violence Prevention Plan as shown in appendix 7 Provide workers with Personal Protective Equipment and enforce its use Implement an infection control and waste management plan (ICWMP) developed for the project Provide personal protective equipment (PPE) to all workers and ensure its use. Store and handle hazardous materials as prescribed by the manufacturer; 	PIT, District Health office, District Council	MoH , DLO	6,000	1500

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/ Mitigation	Monitoring		
			<ul style="list-style-type: none"> Restrict public access to hazardous areas, such as waste storage and disposal sites. Conduct regular community sensitization programs on safety precautions. Provide a first aid kit and train workers on its application; Carry out stakeholder engagement activities as per developed Stakeholder engagement plan for the project. Dispose waste in designated areas by the council 				
2.2.7.	<ul style="list-style-type: none"> Architectural and engineering designing of a proposed building in urban health facilities 	Risk of poor, climate and disability unfriendly designs	<ul style="list-style-type: none"> Engage registered and experienced design professionals i.e. Architects, Engineers and Surveyors; Design to following relevant building standards i.e. National Construction Industry Council (NCIC) and Ministry of Health specifications Conduct thorough design reviews; and Seek input from stakeholders including users of the facility and climate change specialist. 	DHSS,MoH	MoH,PIT,NCCI, Department of Buildings	2250	500
2.2.8.	<ul style="list-style-type: none"> Preferences on who should attend the training 	Risk of social conflicts among	<ul style="list-style-type: none"> Sensitize workers on GBV, SEA and OSH Develop and implement 	PIT, MOH	MoH ,Ministry of labour	3500	2000

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/ Mitigation	Monitoring		
	<ul style="list-style-type: none"> interaction between junior and senior staff 	staff on training preferences	<ul style="list-style-type: none"> Workers' Code of Conduct should be included and signed in individual employee; and Establish and implement GRM mechanism for the project Implement the Labor management plan as provided under appendix 5 				
2.2.9.	<ul style="list-style-type: none"> Procurement of new equipment and supplies site 	Risk of theft of equipment and supplies	<ul style="list-style-type: none"> Employ more security guards to enhance security capacity at the health facilities with new equipment Limit access to areas with new equipment and supplies Collaborate with Malawi police and also local/community policing efforts Report and prosecute all cases of theft; and Include Community Policing Officers in Grievance Redress Committees at health facility. 	DHSS,PIT	MoH ,MPS	2250	1000
2.2.10.	<ul style="list-style-type: none"> Social interaction among health staff and also between staff and community members 	Increased risk of spread of HIV and AIDS and STIs	<ul style="list-style-type: none"> Conduct sensitization on HIV/AIDS and STIs to workers and communities; Put both male and female condoms in strategic areas and encourage their use; Develop and enforce a Code of Conduct for all project staff, contractors, and stakeholders 	DHSS	PIT, Ministry of Health ,SHN	3500	1450

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/ Mitigation	Monitoring		
			<p>to explicitly prohibit GBV and SEA.</p> <ul style="list-style-type: none"> • Implement Gender Based Violence Prevention Plan as shown in appendix 7; and • Provide voluntary counselling and testing (VCT) services. 				
2.2.11.	<ul style="list-style-type: none"> • Preferences on who should participate in capacity building activities 	Increased risk of Gender-Based Violence, Sexual Exploitation and Abuse as well as Sexual Harassment	<ul style="list-style-type: none"> • Develop and implement code of conduct for staff • Develop and implement Sexual Exploitation and Abuse and Sexual harassment (SEA/SH) action plan and Labor Management Plan (LMP); • Develop and enforce a Code of Conduct for all project staff, contractors, and stakeholders to explicitly prohibit GBV and SEA. • Implement a GBV prevention plan as provided under appendix 7; • Provide gender-sensitive training programs to project stakeholders, emphasizing respect, equity, and inclusivity. • Collaborate with local gender-focused organizations to strengthen community awareness and response mechanisms to GBV and SEA; and 	DHSS,PIT,EAD	MoH, DGO, Ministry responsible for Gender	5,000	4000

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/ Mitigation	Monitoring		
			<ul style="list-style-type: none"> • Sensitize all staff on GBV and SEA; • Develop and implement GRM system. 				
2.2.12.	<ul style="list-style-type: none"> • Recruitments of consultant staff and additional; staff. 	Increased risk of child labour	<ul style="list-style-type: none"> • Use of identity cards (IDs) to verify ages during recruitment • Sensitize the community on the dangers of child labour; • Encourage the community to report to the authorities in cases of child labour; • Include child safeguarding policy in the contracts with consultants • Implement the Labor management plan as provided under appendix 5 	Consultant PIT, DLO	MoH, PIT	3600	5000
2.2.13.	Preferences on who should attend capacity building workshops	Risk of discrimination in the workplace for employees with limited or no digital health knowledge	<ul style="list-style-type: none"> • Provide training opportunities to male and female staff • Develop and implement a staff training plan • Carry out stakeholder engagement activities as per developed Stakeholder engagement plan for the project. 	MoH,DHSS, PIT	MoH ,PIT	1500	2000
2.2.14.	Capacity building in digital health areas	Risk of overburdening of health workers with new system	<ul style="list-style-type: none"> • Ensure that workers are aware of selection criteria in all training • Ensure TOT is established and train others on time 	MoH,DHSS, PIT	MoH ,PIT	2000	2000

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/Mitigation	Monitoring		
2.2.15.	Capturing patients data on computer using new system	Risks of exposure of patient-level data to unauthorized people	<ul style="list-style-type: none"> Adequately train staff on new methodologies prior to implementation 	MoH,DHSS, PIT	MoH ,PIT,MPS	Operational cost	Operational cost
3.	PROJECT CLOSURE PHASE						
3.1.	Positive Impacts during Closure Phase						
3.1.1.	<ul style="list-style-type: none"> Capacity building targeting Health workers 	Availability of well-trained health staff on health emergencies	<ul style="list-style-type: none"> Consider promoting brilliant staff Carry out stakeholder engagement activities as per developed Stakeholder engagement plan for the project. 	MoH,DHSS,PIT	MoH ,PIT	1500	100
3.1.2.	Procurement of equipment and vehicles	Availability of Fully equipped health facilities for emergencies	<ul style="list-style-type: none"> Develop and implement maintenance plan Adhering to health and safety guidelines meant for both workers and communities to follow 	MOH, PIT	MoH,PIT	1000	500
3.1.3.	Conducting Stakeholder meeting	Strengthened collaboration among health workers	<ul style="list-style-type: none"> Sensitize all stakeholder on the upcoming activities There is need to revamp structures for emergencies preparedness, including disaster management committees. Orient frontline workers (e.g., Health Surveillance Assistants, Child Protection Officers, Community Development 	DHSS,EAD	MoH,PIT	1000	1500

S/N	Activity	Risks and Impacts	Enhancement / Mitigation Measures	Responsible Entity		Management cost/year (USD)*1	Monitoring cost/year (USD)*1
				Enhancement/ Mitigation	Monitoring		
			Assistants) at the Traditional Authority (T/A) level, which could be an asset in emergency response.				
3.2.	Negative Impacts closure Phase						
3.2.1.	Laying off of workers especially for the consultants, end of residential trainings	Loss of income source	<ul style="list-style-type: none"> Sensitize workers on the duration of the project during orientation before they commence work; 	DHSS	MoH,PIT	N/A	N/A
3.2.2.	Preferences of same people attending training	Risk of discrimination of in the workplace for employees who actively participated in the project	<ul style="list-style-type: none"> Develop and implement training plan 	DHSS,MoH , PIT	MoH,PIT,	2000	1200
3.2.3.	Installation of new system for capturing data	Failure to adopt new system by health workers	<ul style="list-style-type: none"> Adequately train staff of Computer skills and cyber security 	DHSS,MoH PIT	MoH,PIT,MPS	operational cost	operational cost
TOTAL ESTIMATED COST						46,475	28,925

CHAPTER 5: IMPLEMENTATION ARRANGEMENTS

Implementation of the ESMP and the Monitoring Plan requires shared responsibilities among various stakeholders. The key stakeholders include the Ministry of Health as project proponent existing Project Implementation Team at the Ministry of Health, the Environmental Affairs Department, Consultants, the Malawi Environment Protection Authority, the District Environmental Subcommittee (DESC), and Community leaders. Therefore, this chapter describes the implementation arrangements of the project.

Table 9 below summarizes the roles and responsibilities regarding the implementation arrangements for Environmental and Social Management.

Table 9: Implementation Arrangements

• Responsible Party	• Roles and Responsibilities
<ul style="list-style-type: none"> • PIT 	<ul style="list-style-type: none"> • Provide oversight on implementation of the project and this ESMP • Ensure that the Project complies with the national environmental laws and standards and donor requirements • Ensure that environmental and social management capacity-building activities for key staff is conducted • Obtain relevant permits including ESMP approval prior to the commencement of all activities • Ensure that the recommendations of the ESMP are fully implemented. • Day to day running of project activities • Updating and responding to queries from World Bank on ESS • Ensuring that all the Environmental and Social Safeguards are implemented to satisfy the funding conditions • Conducting inspections and monitoring activities in various districts in collaboration with key stakeholders • Providing progress reports
<ul style="list-style-type: none"> • District Environment Subcommittee 	<ul style="list-style-type: none"> • Monitoring the project activities during implementation including monitoring of Management of General waste and Healthcare Waste, Sensitize staff on GBV, SEA, child welfare and contents of the ESMP • Ensure that Frontline staff and other key personal are mobilized to monitor the implementation of the ESMP and general compliance • Monitor implementation of approved ESMP for the project
<ul style="list-style-type: none"> • Directorate of Health Services 	<ul style="list-style-type: none"> • Develop and coordinate district-level plans for medical waste management in line with national strategies. • Provide training for health facility staff on proper waste segregation, handling, storage, and disposal methods

• Responsible Party	• Roles and Responsibilities
	<ul style="list-style-type: none"> • Regularly monitor health facilities to ensure proper waste management practices are being followed and provide support for improvement where necessary • Raise awareness within the community on the health risks associated with improper medical waste management. • Develop and implement strategies to handle medical waste during health emergencies or outbreaks, ensuring safety and hygiene. • Manage the disposal of medical waste within the district jurisdiction.
<ul style="list-style-type: none"> • Consultants Design Consultant: 	<ul style="list-style-type: none"> • Ensure that all relevant stakeholders including vulnerable groups are adequately consulted in the process of coming up with the designs • Work with the PIU to in Designing health facility climate proof structures • Ensure mitigation measures and any necessary corrective actions are being followed in Designing
<ul style="list-style-type: none"> • EAD 	<ul style="list-style-type: none"> • Providing policy guidance and national requirements on safeguards. • Coordinating the implementation of safeguards at national level • Conducting relevant trainings and awareness campaigns on safeguard for District staff
<ul style="list-style-type: none"> • MEPA 	<ul style="list-style-type: none"> • Determination of the level of environmental assessment a project is to undergo and the provision of environmental clearance • Reviewing the ESMP and issuing an approval to proceed with the development and • Ensure legal enforcement through inspections and monitoring of project activities and compliance with the approved ESMP.
<ul style="list-style-type: none"> • Community Leaders including Area Project Team 	<ul style="list-style-type: none"> • Mobilizing community members for sensitization meetings targeting communities • Ensuring that management and monitoring of specific enhancement/mitigation measures. • Provide feedback on the success or failure of Safeguards instruments

5.2 Proposed Training and Capacity Building

The capacity-building programs will enable the stakeholders to effectively monitor project activities in compliance with national laws and standards as well as World Bank requirements. The capacity building programs will target all key stakeholders including Ministry of Health staff, PIT Consultants and their staff, DESC as well as Community Leaders that will be responsible for the implementation of mitigation measures identified in this ESMP. Table 10 outlines a list of the required training, the target audience including the responsible institution and the required level for implementation of the training.

Table 10: Proposed Training & Capacity Building Approach

Level	Responsible Party	Audience	Proposed Themes	Estimated Cost (USD)
National	PIT World bank	<ul style="list-style-type: none"> Ministry of Health staff Key national stakeholders 	<ul style="list-style-type: none"> ESMP implementation Environmental and Social Safeguards GBV, SHEA and Child Labour GRM OSH Risk Management Emergency Preparedness and Response mitigation Labour relations 	4000
	PIT	<ul style="list-style-type: none"> GRM Committee Consultant Workers 	<ul style="list-style-type: none"> LMP ESMP implementation Grievance Redress Mechanism (GRM) Code of Conduct 	2000
District	PIT	<ul style="list-style-type: none"> DESC members including; Director of planning Director of Finance Director of Public Works District Labour officers EDOs Gender Officers Community development Officers District Environmental Health Officers Consultant Relevant Health workers among others 	<ul style="list-style-type: none"> ESMP implementation Environmental and Social Safeguards GBV, SHEA and Child Labour GRM OSH Risk Management Emergency Preparedness and Response mitigation Labour relations 	14,000
Community Level	DESC	<p>Community Leaders GRM Committee Members APT</p>	<ul style="list-style-type: none"> ESMP contents Grievance Redress Mechanism (GRM) GBV, SHEA and Child Labour 	9500
TOTAL ESTIMATED COST				29,500

5.3 Estimated ESMP Implementation Budget

Table 11 lists estimated cost items for the implementation of the ESMP, which have been included in the overall project budget:

Table 11: Summary of ESMP Implementation Budget

S/N	Activity/Cost Item	Potential Cost/ Year (USD)
1.	Implementation of ESMPs and other site-specific plans	55,300
2.	Capacity building training (venue, travel, refreshments, etc.)	29,500
3.	Software for data collection/supervision/monitoring/grievance redress	200
4.	Printing of awareness-raising materials/grievance redress materials	15,000
5.	Cost of obtaining clearances or permits (ESMP) scrutiny fees	200
6.	Travel budget for environmental and social staff site visits	21,000
TOTAL		118,200

CHAPTER 6: STAKEHOLDER ENGAGEMENT, GRIEVANCE REDRESS MECHANISM, DISCLOSURE AND CONSULTATIONS

This chapter outlines the approaches and strategies for stakeholder engagement, grievance redress throughout the course of the project implementation. Effective communication and consultation with stakeholders are essential to ensure the success of the project, particularly in addressing the needs and concerns of affected communities. The chapter describes the processes for engaging relevant stakeholders, including local communities, government bodies, and non-governmental organizations, to ensure their active participation. Additionally, it details the grievance redress mechanism (GRM) designed to address any complaints or concerns raised by stakeholders during project implementation.

6.1 Stakeholder Engagement

The project Stakeholder Engagement Plan (SEP) was developed based on the World Bank's Environmental and Social Standard 10 on Stakeholder Engagement. This ESMP, as well as the SEP and the Environmental and Social Commitment Plan (ESCP) that have been prepared for this project, and documents can be found in the this link : <https://www.health.gov.mw/download/sep-mpa-hepr-malawi-appraisal-april-2024/>

Guided by ESS10 a wide range of stakeholders were consulted during the development of this ESMP. The consultations were conducted through Key Informant Interviews (KII) and Focus Group Discussions (FGD) in order to incorporate the input of different stakeholders at national, district, and community levels as shown under appendix 1 (shows issues raised and how the issues were addressed in the report), appendix 2 (shows the list of stakeholders consulted) and appendix 8 (showing photos taken during stakeholder consultations). At the national level, the project consulted the Ministry of Health, Malawi Environmental Protection Authority, Ministry of Gender, Lilongwe City Council, District councils, Department of Disaster Management Affairs, Environmental Affairs Department, Hospital Management Committees, community members and Health Centers representatives. To ensure representativeness, at least one district per region was sampled for stakeholder engagement activities from 10th November 2024 to 04th January 2025. A detailed account of the issues raised during stakeholder consultations is presented in Appendix 2.

6.2 Grievance Redress Mechanism

The Ministry of Health through the existing PIT project will adopt the existing ombudsman system in the hospitals of which they are responsible for handling grievances. Through the quality management division under the Ministry of Health, the committee will ensure that the following five main steps are achieved whenever handling grievances. These steps include; grievance

reporting, complaint handling and assessment, case resolution and closure, registry update and GRM monitoring and evaluation.

a) Grievance Reporting and Grievance Recording

The ombudsman at the facility will have to make available multiple ways for grievance reporting. Complaints of grievances may be reported in different ways including but not limited to the following:

- **Face-to-Face:** this includes verbal or written submissions through face-to-face interactions with members of grievance redress committees.
- **Grievance Box:** these will have to be placed in strategic places around Ministry of health and all health facilities being NCE campus.
- A dedicated **GRM Phone Number** with WhatsApp and text facilities
- A dedicated **Email Address.**

b) Responding to and Resolving Complaints

Complainants should be attended to and responded to within a maximum period 14days after receipt of the complaint regardless of whether a decision has been reached. The Safeguards Specialist will be designated officer responsible for responding. The complainant should be informed that their complaint has been received and that:

- i. If the complaint is upheld, advise the complainant what action will be taken.
- ii. If a complaint is not upheld, the complainant must be informed of this, the reason why, their right to recourse, and where to take the complaint.
- iii. If a decision has not been reached by the committed timeframe, the complainant will be provided with a progress report and an indication of a likely date of conclusion.

c) Assessment of a Complaint / Grievance Received

When a complaint is received, an assessment shall be done to determine whether the complaint or grievance is related to the HEPRRP project implementation or not. If the complaint is not related to the project the complainant shall be advised to channel their complaint to the relevant institution. If the complaint or grievance is related to the project, the GRM committee shall hear the case and make the necessary follow-ups to establish the truth of the matter. The outcome of the analysis shall be communicated to the complainant within 14 days.

d) Resolution and Closure

Where a resolution has been arrived at and the complainant accepts the resolution, the complainant shall be required to sign the resolution and closure section in the Grievance Resolution Agreement Form. A member of the GRM committee (preferably Chairperson or Secretary) shall also be required to counter sign. This shall signify that the complaint or

grievance which was presented, has been fully discussed and closed. In case of a referral, the same members shall be required to sign signifying that the case was not closed and has been referred to another entity.

e) Registry and Monitoring

All grievances received should be recorded into a publicly accessible register for grievances that can easily be tracked and monitored. The register will present a database showing the number of complaints: that have been received, for which an agreement has been reached, for which an agreement has not yet been reached, that have been resolved and that have gone to mediation.

The information provided in the database is expected to help the project team to improve the grievance redress mechanism and to better understand how to address adverse impacts of the project. Each complaint shall have an individual reference number that can be tracked and whose recorded actions are complete. The grievance registry should contain a record of the person responsible for the complaint and should have dates for the following events:

- i. The date the complaint was reported;
- ii. The date of and information on proposed corrective action sent to the complainant (if appropriate);
- iii. The date the complaint was closed out; and
- iv. The date the response was sent to the complainant.

7.0 CONCLUSION AND RECOMMENDATIONS

Based on the findings and analysis of potential environmental and social risks associated with the project, this chapter presents a set of recommendations aimed at improving project implementation, enhancing sustainability, and ensuring compliance with environmental and social standards. These recommendations address both the immediate needs of the health emergency response and long-term considerations for strengthening environmental and social risk management frameworks to support future projects in similar contexts. The aim is to maximize positive impacts while minimizing any potential adverse effects on public health, the environment, and local communities.

7.1 Conclusion

From the environmental assessment conducted for the project, the project potentially has some significant negative impacts that relate to both the physical and social environment. The impacts relate to issues pertaining to the risk of pollution of the environment in case of improper solid and liquid waste disposal, Risk of GBV, Risk of sexual harassment, Risk of discrimination in the workplace for employees with limited or no digital health knowledge, Risk of overburdening of health workers with new system, and risks of exposure of patient-level data to unauthorized among others.

It should be noted, however, that despite the above potential negative impacts, it is possible with adequate resources and implementation measures advanced in this ESMP to mitigate the environmental and social impacts and reduce them to acceptable levels. It is recommended that strict monitoring measures are instituted both from environmental and social points instituted both from environmental and social points, considering the sensitivity of the workplaces in all Health Districts. This will ensure that the project adheres to acceptable practices and standards.

The project will assist in enhancing the capacity of health workers in Malawi in health emergency preparedness which is the most positive significant impact of the project. The capacity of health staff will assist in enhancing the performance of the Ministry of Health and will also assist in improving health service delivery at all levels. In addition, procurement of vehicles and other equipment under the project, when in use, will be used by staff and enable people to have easy access to quality health services in different health facilities near them.

7.2 Recommendations

The implementation of the project will influence the environmental and social components positively or negatively hence the development of this ESMP. The ESMP will guide the users in

managing, minimizing, mitigating, and monitoring the environmental and social impacts that will emanate from the planning and operation phases. The study, particularly makes the following recommendations that must be considered:

- Fully implement the approved ESMP according to the set schedules and targets in all phases;
- Ensure the availability of resources to facilitate the implementation of the ESMP and the monitoring plan;
- All major stakeholders of the project should be fully engaged and given full access to the health facilities and progress reports for purposes of monitoring;
- Provide regular awareness and community sensitization campaigns on GBV, SEA, and occupational safety measures at the health facility.
- Ensure that workers are provided with appropriate orientation and use of relevant PPE at their workplaces period;
- Provide equal employment opportunities to men and women.
- Publicize the approved ESMP and ensure it is followed in all phases of the project.
- Follow the standards and guidelines as set by the relevant departments to safeguard and envisage environmental and social management principles during all phases of the project. and
- Implement all relevant safeguard tools developed for the project.
- All involved project team should sign the code of conduct on prevention of the Sexual exploitation and abuse and prevention of gender based violence.

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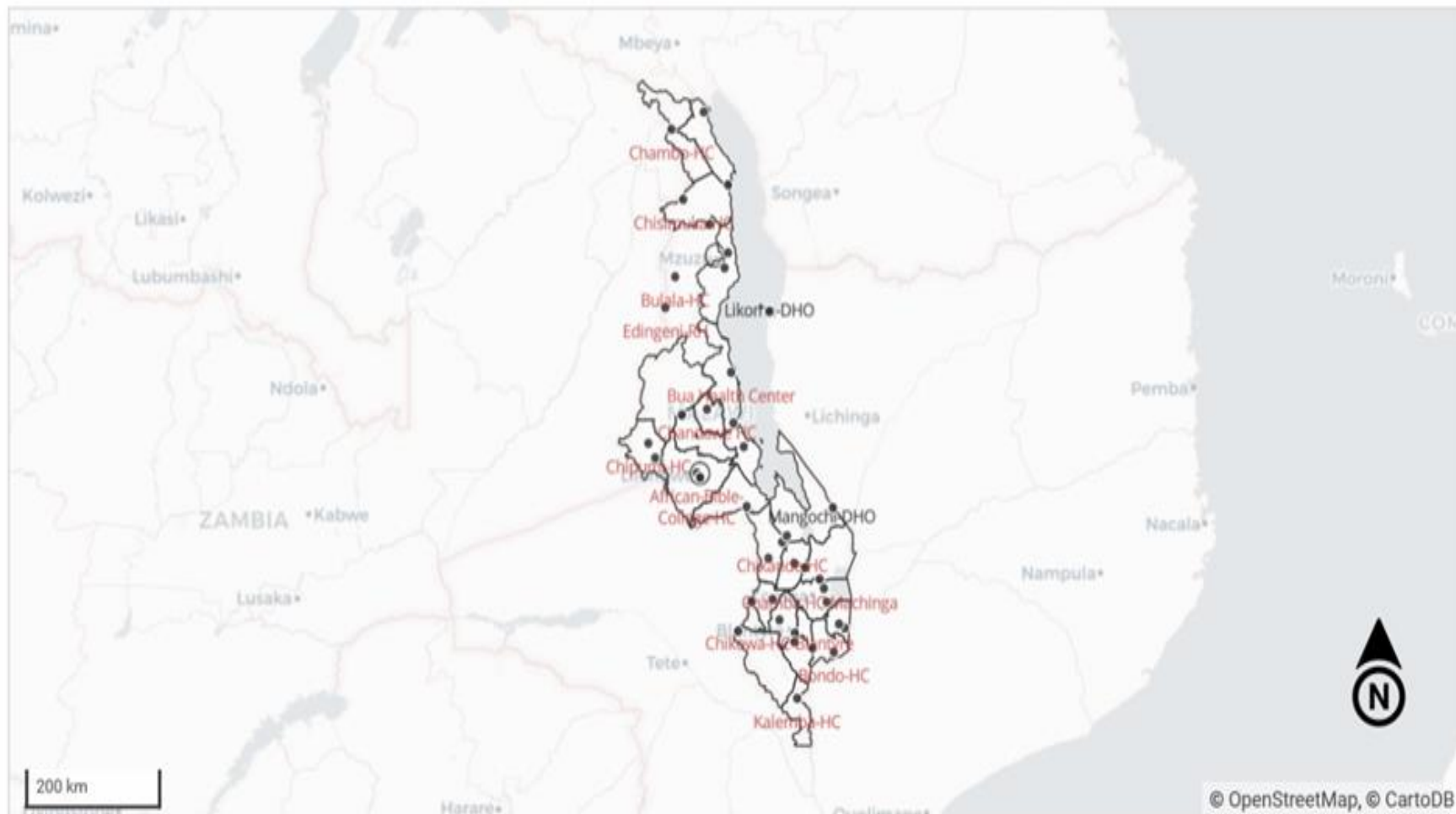
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Ministry of Health, Lilongwe, Malawi
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APPENDICES

APPENDIX 1: Targeted Health facilities

Item No.	DISTRICT	NUMBER OF HEALTH CENTRES
1	Ntcheu	40
2	Mchinji	19
3	Dowa	25
4	Machinga	23
5	Mwanza	4
6	Mzimba	33
7	Ntchisi	17
8	Rumphi	20
9	Nkhotakota	21
10	Nsanje	15
11	Chiladzulu	15
12	Blantyre	39
13	Chitipa	14
14	Mulanje	23
15	Likoma	4
16	Mzimba North	31
17	Neno	14
18	Phalombe	16
19	Zomba	48
20	Dedza	36
21	Lilongwe	61
22	Chikwawa	32
23	Kasungu	36
24	Mangochi	49
25	Karonga	22

Item No.	DISTRICT	NUMBER OF HEALTH CENTRES
26	Thyolo	42
27	Nkhata-bay	18
28	Balaka	17
	TOTAL	734



Map 1: Showing location of some targeted health facilities

APPENDIX 2: Issues raised during the consultation

STAKEHOLDER	ISSUES RAISED	HOW ISSUES ARE ADDRESSED
Thandie Msukuma	- Ensure that persons with disabilities are consulted in designs for urban facilities	- ESMP has incorporated the need to consult all vulnerable groups and key stakeholders
Maureen Luba	- The project is very good and we strongly support the HEPRR project but there is need to emphasis on the need for continuous Stakeholder engagements and regular updates on project developments is necessary for its success.	- The ESMP has made recommendations on implementing project ESS instruments including SEP.
Edna Tembo	Develop and implement robust monitoring and evaluation (M&E) mechanisms to ensure the project's social and environmental impacts are tracked and managed.	The ESMP has roles and responsibilities for both implementing mitigation measures and propose estimates cost for the same
Bosco Kaluwa	- There is no need for a new GRM platform, preference should be given to use existing grievance structures within the district. - This will ensure that key stakeholders should not miss in the GRM structures. In addition, there is need for development of clear, transparent guidelines on how grievances will be addressed through the project's GRM structure.	- ESMP has proposed putting in place a management of grievances through the ombudsman offices
David Kamkwamba	Ensure that the project conducts awareness campaigns on ESMP contents, GBV, SEA and inform beneficiaries about the GRM and how to lodge grievances.	-ESMP has proposed sensitization meeting and trainings on GBV, SEA and GRM among others
	GRM structures must be particularly at the national district and community (health facility) levels and must be inclusive key groups like women, children, and disabled individuals be well represented.	The project will make consideration in consultation with key stakeholders like them.
Robson Kayira	- There is need to revamp structures for emergencies preparedness, including disaster management committees. - Orient frontline workers (e.g., Health Surveillance Assistants, Child Protection Officers, Community Development Assistants) at the Traditional Authority (T/A) level, which could be an asset in emergency response.	- The project will focus on capacity building all levels of health care and they will include emergencies - The ESMP has proposed DESC to train frontline staff.

Steve Chirwa, Lovemore Zondani	Lack of permanent evacuation centers at both community and district levels	The ESMP has proposed consultation of key stakeholders in developing designs for urban health centers so that key features must be included
	Lack of permanent storage facilities for emergency supplies.	
Dr Grace Momba	Limited isolation/quarantine treatment units in most health facilities. Limited medical supplies and drugs available for emergency situations	The ESMP has proposed consultation of key stakeholders in developing designs for urban health centers so that key features must be included The project will procure some key medical supplies
	Limited laboratory test kits and diagnostic tools. Worn-out medical equipment in hospitals and a lack of reliable rescue services.	The project will consider procurement of some equipment and test kits and the ESMP has proposed purchasing of recyclable electronic equipment must be considered.
Maziko Matemba	Lack of child-friendly facilities in emergency response settings	The ESMP has proposed consultations with all key stakeholders included in SEP and some of them represent children

APPENDIX 3: List of People Consulted

Appendix 3-1: National Level

Name	Gender	Position	Institution	Contact
Mrs Emily Chirwa	F	Deputy Director – Health Financing	Ministry of Health HQ	0999550776
Dr Chitsa Banda	M	Deputy Director-PHIM	Ministry of Health	0999936937
Dr Grace Momba	F	Director of Health and Social Services	Chikwawa DHO	0999313223
Dr Alinafe Kalanga	F	Director of Health and Social Services	Zomba Central Hospital	0996884784
Dr Topcy Mndolo	M	Director of Health and Social Services	Nkhatabay DHO	0888553227
Dr Stalin Zinkanda	M	Director of Health and Social Services	Mulanje DHO	0995655574
Dr Henry Chibowa	M	Director of Health and Social Services	Mangochi DHO	0992246061
Innocent Mvula	M	CPHO	Zomba DHO	0888864661
Veronica Mkukumila	F	CPHO	Thyolo DHO	0888758295
James Mtonga	M	DEHO	Ntchisi DHO	0884512222
Fred Minyaliwa	M	DEHO	Nsanje DHO	0995400554
Rudolf Zimkanda	M	DEHO	Kasungu DHO	0999391066
Kennedy Kaonga	M	DEHO	Mzimba North DHO	0888512573
Gabriel Chipeta	M	DEHO	Likoma DHO	0888582150
Chimwemwe Jella	M	DEHO	Mangochi DHO	0888117229
Robson Kayira	M	DEHO	Mchinji DHO	0888504467
Bosco Kaluwa	M	DEHO	Ntcheu DHO	0980707207
Maziko Matemba	M	Executive Director	Health Rights and Education Program	0999951274
David Kamkwamba	M	Executive Director	Network of Journalists living with HIV(JONEHA)	0993193471
Thandie Msukuma	F	Compass Coordinator	PANGEA	0996257667
Maureen Luba	F	Senior Advisor Global Policy	AVAC	0999643638

Edna Tembo	F	Executive Director	Coalition of women living with HIV	0888309917
Manase Mhango	M	HCMC Chair	Rumphu DHO	0999225579
Moses Gondwe	M	HCMC Chair	Mwazisi Health Centre	0998839765
Felix Maononga	M	HCMC Chair	Mpala Health Centre (Mulanje)	0999241247
Chitsekule Silaji	M	HCMC Chair	Katuli Health Centre (Mangochi)	0993048855
Rashid John	M	HCMC Treasurer	Mkumba Health Centre (Mangochi)	0999092693
Francis Nkhoma	M	HCMC Chair	Monkeybay Rural Hospital (Mangochi)	0997217125
Steve Chirwa	M	HCMC Member	Chimwankango Health Centre (Mchinji)	0995766494
Elord Geresoni	M	VHC Member	Chang'ambika Health Centre (Chikwawa)	
Zione Chadelekha	F	VHC Chair	Changoima (Chikwawa)	
Lovemore Zondani	M	ADC Member	Changoima (Chikwawa)	0887879994

Appendix 3-2: District and Health Centre level consultations

MINISTRY OF HEALTH
MALAWI HEALTH EMERGENCY PROJECT TO SUPPORT ESSENTIAL HEALTH SERVICES (MEPEHS)
ATTENDANCE SHEET: WORKSHOPS/MEETINGS

ACTIVITY NAME: Health Emergency Preparedness Recovery & Resilience

NO.	FULL NAME	INSTITUTION	DESIGNATION	PHONE NUMBER	DATE	
					DAY 1	DAY 2
MH	Patrick M. Nyirenda	EAD	CEO	0999037350	1	1
	Sydney Paul	KOH	CPHO	0999357901	1	1
	Akai Hassan Nsonwura	HMC	Drugs Store Chair	0999855309	1	1
	Sheikh Fahd Kamali	HMC	General Chair	0999776444	1	1
	LASTON Chikwawa	GAZDHO	ABDO	0991881440	1	1
	Annett Mlenge	MH-DC	EDO	0999324119	1	1
	Aishah Chimbeni	HMC	CHAIR	0997332417	1	1
	Atusayi Mlisa	MH-DHO	ETHO	0995831707	1	1
	Grasiano Nicholas	HMC	Secretary	0888731645	1	1
	ELTON MASTER	KOH	CO	0999126950	1	1
	VUSO TEMBO	MDH	SPI	0885134452	1	1
ZA	LINDA MAIATATA	ZCC	PSWD	0996636776	1	1
	Kalwanku Chikwawa	JA DHO	MH/DH Director	0886732793	1	1
	DICKSON KAZEMBA	ZA DHO	ETHO	0998206626	1	1
	CONWEGANI NYUZULU	ZCC	ETHO	0874101716	1	1
16						
17						
18						
19						
20						


Submitted by (Name) _____ Signature _____ Date _____

NAME	COMMITTEE	POSITION
Enita Waresi	management committee	member
NAOMI MATHYOKA	H M C	MEMBER
Ellen penyasi	sub drug	member
Cathy Banda	H.M.C	vice chair
FEDMARS DAKA	Sub Drug Comite member	member
Grace Kabemawa	management HMC	Treasurer
Chifmelo Nekoma	MC-DC Gender	Assistant leader officer
Cesmas Maleka Pini	MC-HMC	
Shinghai Chipeta	Vs Secretary HMC	Vs. Sec HMC
Ellen Pemba	HMC Chair	Chair
	HMC member	member

APPENDIX 4: Environmental and social screening forms in sampled facilities

Appendix 4-1: Environmental and social screening for Mchinji District

SCREENING FORM



MINISTRY OF HEALTH

ENVIRONMENTAL AND SOCIAL SCREENING FORM

PART A: GENERAL INFORMATION

Sub Project Name	HEPRR	Project Site	Mchinji Hospital
Project Objectives			
Does the Project involve the following activities			
Activity 1: Construction or rehabilitation of temporary healthcare facilities			
Activity 2: Procurement and distribution of medical supplies and equipment	yes		
Activity 3: Capacity-building for health professionals, training in emergency response	yes		
Activity 4: Public health awareness campaigns	yes		
Activity 5: Provision of emergency medical treatment and care	yes		
Names, Designation and signatures of Field Evaluators			
(i) Patrice Medupe Nyirenda			
(ii) Fortune Mwachujawa			
(iii) Robson Kayira			
Date of Field Appraisal	27-12-2024		

PART B: BRIEF DESCRIPTION OF THE PROPOSED ACTIVITIES
Provide information on the type and scale of the activity (e.g. number of people affected, land size, etc).

PART C: ENVIRONMENTAL BASELINE INFORMATION OF THE PROJECT SITE

CATEGORY OF BASELINE INFORMATION	BRIEF DESCRIPTION
<p>GEOGRAPHICAL LOCATION</p> <p><input type="checkbox"/> Name of the Area (District/City)</p> <p><input type="checkbox"/> Proposed location of the project</p> <p>(Coordinates in UTM) – Fill the details on a separate sheet for Clusters</p>	<p>Mchinge District Hospital Robert village T/A Zulu Mchinge</p>
<p>LAND RESOURCES</p> <p><input type="checkbox"/> Topography (slope type e.g. steep, gentle, flat)</p> <p><input type="checkbox"/> Soils of the area (e.g. sandy, clay loam)</p>	<p>flat area Clay Loam</p>
<p><input type="checkbox"/> Main land uses and economic activities</p>	<p>Industrial/Commercial</p>
<p>WATER RESOURCES</p> <p><input type="checkbox"/> Available water resources (e.g. rivers, lakes, springs, boreholes, etc)</p>	<p>Bug River 200m from site</p>
<p>BIOLOGICAL RESOURCES</p> <p><input type="checkbox"/> Flora (include threatened/endangered/endemic species)</p> <p><input type="checkbox"/> Fauna (include threatened/endangered/endemic species)</p> <p><input type="checkbox"/> Sensitive habitats including protected areas e.g. national parks and forest reserves</p>	<p>Acacia, Gmelina, Cindella Mango, Mbaazi Mchinge Forest Reserve 2km away Birds Mchinge Mankin</p>
<p>CLIMATE</p> <p><input type="checkbox"/> Temperature (e.g. hot, warm, cool)</p> <p><input type="checkbox"/> Rainfall (high, medium, low)</p>	<p>Warm Medium to High</p>

PART D: SCREENING CRITERIA

1.0 SCREENING CRITERIA FOR ENVIRONMENTAL IMPACTS DURING IMPLEMENTATION AND OPERATION

Will the implementation and operation of the project activities within the selected site generate the following impacts?

	SCOPE AND FOCUS OF SCREENING	METHODOLOGY OF SCREENING						POTENTIAL MITIGATION MEASURES
		Appraisal of Impacts		Severity of impact				
		No	Yes	L	M	H		
1.1	Could the project/programme directly or indirectly use natural resources, e.g., plantation forestry, commercial harvesting, agriculture, livestock, fisheries and aquaculture leading to Loss of trees/vegetation	✓						
1.2	Soil erosion and siltation of water courses	✓						
1.3	Damage of wildlife species and habitat	✓						
1.4	Increased exposure to chemical / hazardous material pollutant		✓	✓				
1.5	Chemical pollution from medical waste		✓		✓			
1.6	Nuisance from dust emission, bad smell or noise emission or noise or vibrations		✓		✓			
1.7	Reduced water quality		✓	✓				
1.8	Increase in costs of water treatment	✓						
1.9	Soil contamination		✓					
1.10	Loss of soil fertility	✓						
1.11	Reduced flow and availability of water for users	✓						
1.12	Long term depletion of water resources	✓						
1.13	Increased incidence of flooding	✓						
1.14	Salinisation or alkalinisation of soils	✓						

1.15	Manufacturing, trading, and/or using medicines and/or chemicals subject to international action bans or phase-out chemicals?	✓					
1.16	Introduce alien plants and animals in the area	✓					
1.17	Increased incidences of diseases due to improper waster management		✓	✓			
1.18	Poor waste disposal	✓					
1.19	Increased cases of open disposal of waste	✓					
1.20	Destabilization of riverbanks and or drainage systems due to sand mining	✓					
1.21	Creation of borrow pits arising from extracting of construction materials	✓					
1.22	Rubble or heaps of excavated soils	✓					

2.0 SCREENING CRITERIA FOR NEGATIVE SOCIAL AND ECONOMIC IMPACTS

Will the implementation and operation of the project activities within the selected site generate the following socio-economic costs/impacts?

	SCOPE AND FOCUS OF SCREENING	METHODOLOGY OF SCREENING					POTENTIAL MITIGATION MEASURES
		Appraisal of Impacts		Severity of impact			
		No	Yes	L	M	H	
1.1	Loss of land for human settlement, farming, grazing	✓					
2.1	Loss of property – houses, agricultural produce, etc.	✓					
2.2	Loss of cultural sites – graveyards, monuments, etc.	✓					
2.3	Interference in marriages for local people	✓					
2.4	Loss of income generating capacity	✓					
2.5	Spread of HIV and AIDS, STIs	✓					

2.6	Changes in human settlement patterns of villages	✓					
2.7	Conflicts over use of natural resources such as water and forest resources	✓					
2.8	Population influx	✓					
2.9	Conflicts over land use and ownership	✓					
2.10	Disruption of important services, pathways, roads etc	✓					
2.11	Loss of access to public facilities e.g. churches, schools	✓					
2.12	Increase in cases of theft and crime		✓	✓			
2.13	Risk of child labour	✓					
2.14	Increase in cases of gender-based violence	✓					
2.15	Risk of injuries to workers and communities	✓					
2.16	Increasing incidences of diseases	✓					
2.17	Public health risks related to the project (e.g., exposure to diseases, safety concerns)	✓					
2.18	Could the working environment pose a potential threat to technical staff (e.g. gas leakage, exposure to chemicals and/or other hazardous materials, electric shocks, use of potentially hazardous tools, machinery and equipment, exposure to heights, etc.)?	✓					

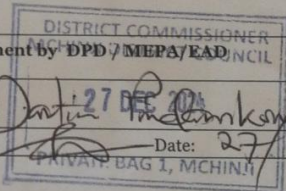
OVERALL EVALUATION OF THE SCREENING PROCESS ON THE SITE AND PROJECT ACTIVITY

Overall evaluation of Environmental and Social Screening Exercises

The results of the screening process would be either the proposed sub - projects would be exempted or subjected to further environmental and resettlement assessment. The basis of these options is listed in the table below:

Review of Environmental Screening	Tick	Review of Social Screening	Tick
1. The project is cleared. No serious impacts. (When all scores are "No" in form)	✓	1. The project is cleared. No serious social impact. (Where scores are all "No", "few" in form)	✓
2. There is need for further assessment. (when some score are "Yes, High" in form)		2. There is need for resettlement/compensation. (When some score are "Yes, High" in form)	
3. Need to prepare ESMP	✓	3. Need to prepare RAP	
4. Need to prepare an infection control and waste management plan	✓	4. Need to prepare a Stakeholder Engagement plan	
Other actions (please specify):		5. Need to prepare a Labor Management Plan	
		6. Need to prepare a Gender Action Plan (GAP)	
		Other actions (please specify):	

Endorsement by Environmental District Officer	Endorsement by DPD / MEPA/EAD
Name: Fortune Mwafulirwa	Name: N. Daniel
Signature: [Signature]	Signature: [Signature]
Date: 27/12/24	Date: 27/12/24



Appendix 4-2: Environmental and social screening for Mangochi District

SCREENING FORM



MINISTRY OF HEALTH

ENVIRONMENTAL AND SOCIAL SCREENING FORM

PART A: GENERAL INFORMATION

Sub Project Name	HEPRR	Project Site	Mangochi District Hospital
Project Objectives	Procurement of medical supplies and training of staff		
Does the Project involve the following activities			
Activity 1: Construction or rehabilitation of temporary healthcare facilities	N/A		
Activity 2: Procurement and distribution of medical supplies and equipment	YES		
Activity 3: Capacity-building for health professionals, training in emergency response	YES		
Activity 4: Public health awareness campaigns	YES		
Activity 5: Provision of emergency medical treatment and care	YES		
Names, Designation and signatures of Field Evaluators			
(i)	A. Mungochi DHU (D.H.U.)		
(ii)	C. Mungochi - Mungochi		
(iii)	Annett Mungochi - Mungochi		
Date of Field Appraisal	30-12-2024		

PART B: BRIEF DESCRIPTION OF THE PROPOSED ACTIVITIES

Provide information on the type and scale of the activity (e.g. number of people affected, land size, etc).

DISTRICT COMMISSIONER
MANGOCHI DISTRICT COUNCIL
07 JAN 2025
PRIVATE BAG 138, MANGOCHI
MALAWI

PART C: ENVIRONMENTAL BASELINE INFORMATION OF THE PROJECT SITE

CATEGORY OF BASELINE INFORMATION	BRIEF DESCRIPTION
<p>GEOGRAPHICAL LOCATION</p> <p><input type="checkbox"/> Name of the Area (District/City)</p> <p><input type="checkbox"/> Proposed location of the project</p> <p>(Coordinates in UTM) – Fill the details on a separate sheet for Clusters</p>	<p>Chigwe, Mangochi Town, Senior Chief Mpanda</p>
<p>LAND RESOURCES</p> <p><input type="checkbox"/> Topography (slope type e.g. steep, gentle, flat)</p> <p><input type="checkbox"/> Soils of the area (e.g. sandy, clay loam)</p> <p><input type="checkbox"/> Main land uses and economic activities</p>	<p>Flat</p> <p>Sandy</p> <p>Institution/Commercial</p>
<p>WATER RESOURCES</p> <p><input type="checkbox"/> Available water resources (e.g. rivers, lakes, springs, boreholes, etc)</p>	<p>Shire River</p>
<p>BIOLOGICAL RESOURCES</p> <p><input type="checkbox"/> Flora (include threatened/endangered/endemic species)</p> <p><input type="checkbox"/> Fauna (include threatened/endangered/endemic species)</p> <p><input type="checkbox"/> Sensitive habitats including protected areas e.g. national parks and forest reserves</p>	<p>Mangochi Forest Reserve ≈ 3km away</p> <p>Indeele within Masau, Anelimo, Mvura Mungo, Mthatha. Only birds</p>
<p>CLIMATE</p> <p><input type="checkbox"/> Temperature (e.g. hot, warm, cool)</p> <p><input type="checkbox"/> Rainfall (high, medium, low)</p>	<p>Hot</p> <p>low to medium</p>

PART D: SCREENING CRITERIA

1.0 SCREENING CRITERIA FOR ENVIRONMENTAL IMPACTS DURING IMPLEMENTATION AND OPERATION

Will the implementation and operation of the project activities within the selected site generate the following impacts?

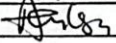
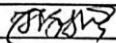
	SCOPE AND FOCUS OF SCREENING	METHODOLOGY OF SCREENING					POTENTIAL MITIGATION MEASURES
		Appraisal of Impacts		Severity of impact			
		No	Yes	L	M	H	
1.1	Could the project/programme directly or indirectly use natural resources, e.g., plantation forestry, commercial harvesting, agriculture, livestock, fisheries and aquaculture leading to Loss of trees/vegetation	✓					
1.2	Soil erosion and siltation of water courses	✓					
1.3	Damage of wildlife species and habitat	✓					
1.4	Increased exposure to chemical / hazardous material pollutant		✓		✓		
1.5	Chemical pollution from medical waste		✓	✓			
1.6	Nuisance from dust emission, bad smell or noise emission or noise or vibrations		✓	✓			bad smell can be controlled by use of bio
1.7	Reduced water quality	✓					
1.8	Increase in costs of water treatment	✓					
1.9	Soil contamination	✓	✓		✓		
1.10	Loss of soil fertility	✓					
1.11	Reduced flow and availability of water for users	✓					
1.12	Long term depletion of water resources	✓					
1.13	Increased incidence of flooding	✓					
1.14	Salinisation or alkalinisation of soils	✓					

OVERALL EVALUATION OF THE SCREENING PROCESS ON THE SITE AND PROJECT ACTIVITY

Overall evaluation of Environmental and Social Screening Exercises

The results of the screening process would be either the proposed sub - projects would be exempted or subjected to further environmental and resettlement assessment. The basis of these options is listed in the table below:

Review of Environmental Screening	Tick	Review of Social Screening	Tick
1. The project is cleared. No serious impacts. (When all scores are "No" in form)	✓	1. The project is cleared. No serious social impact. (Where scores are all "No", "few" in form)	
2. There is need for further assessment. (when some score are "Yes, High" in form)	✓	2. There is need for resettlement/compensation. (When some score are "Yes, High" in form)	
3. Need to prepare ESMP	✓	3. Need to prepare RAP	
4. Need to prepare an infection control and waste management plan		4. Need to prepare a Stakeholder Engagement plan	✓
Other actions (please specify):		5. Need to prepare a Labor Management Plan	✓
		6. Need to prepare a Gender Action Plan (GAP)	✓
		Other actions (please specify):	N/A

Endorsement by Environmental District Officer	Endorsement by DPD / MEPA/EAD
Name: Annett Mlenss	Name: PATRICIA M. NYIRENDA
Signature: 	Signature:  Date: 30/12/2024

2.6	Changes in human settlement patterns of villages	✓				
2.7	Conflicts over use of natural resources such as water and forest resources	✓				
2.8	Population influx	✓				
2.9	Conflicts over land use and ownership	✓				
2.10	Disruption of important services, pathways, roads etc	✓				
2.11	Loss of access to public facilities e.g. churches, schools	✓				
2.12	Increase in cases of theft and crime		✓	✓		Sensitization Code of Conduct
2.13	Risk of child labour	✓				
2.14	Increase in cases of gender-based violence		✓	✓		Sensitization Transparency
2.15	Risk of injuries to workers and communities		✓	✓		Sensitization PPE
2.16	Increasing incidences of diseases		✓	✓		
2.17	Public health risks related to the project (e.g., exposure to diseases, safety concerns)		✓	✓		
2.18	Could the working environment pose a potential threat to technical staff (e.g. gas leakage, exposure to chemicals and/or other hazardous materials, electric shocks, use of potentially hazardous tools, machinery and equipment, exposure to heights, etc.)?		✓	✓	✓	Low due to the Project intervention

Positive Impacts

- 3.1 Risk reduction
- 3.2 Effective response
- 3.3 Increased access to
- 3.4 health care
- 3.5 Capacity building
- 3.6 Sustainable availability of drugs
- 3.7 Increased readiness to
- 3.8 respond to emergencies - prevent communicable diseases
- 3.9 Enhance coordination among stakeholders

1.15	Manufacturing, trading, and/or using medicines and/or chemicals subject to international action bans or phase-out chemicals?	✓					
1.16	Introduce alien plants and animals in the area	✓					
1.17	Increased incidences of diseases due to improper waster management		✓			✓	
1.18	Poor waste disposal	✓					Trainings
1.19	Increased cases of open disposal of waste	✓					
1.20	Destabilization of riverbanks and or drainage systems due to sand mining	✓					
1.21	Creation of borrow pits arising from extracting of construction materials	✓					
1.22	Rubble or heaps of excavated soils	✓					

2.0 SCREENING CRITERIA FOR NEGATIVE SOCIAL AND ECONOMIC IMPACTS

Will the implementation and operation of the project activities within the selected site generate the following socio-economic costs/impacts?

	SCOPE AND FOCUS OF SCREENING	METHODOLOGY OF SCREENING					POTENTIAL MITIGATION MEASURES
		Appraisal of Impacts		Severity of impact			
		No	Yes	L	M	H	
1.1	Loss of land for human settlement, farming, grazing	✓					
2.1	Loss of property – houses, agricultural produce, etc.	✓					
2.2	Loss of cultural sites – graveyards, monuments, etc.	✓					
2.3	Interference in marriages for local people	✓					
2.4	Loss of income generating capacity	✓					
2.5	Spread of HIV and AIDS, STIs	✓					

Appendix 4-3: Environmental and social screening for Queen Elizabeth Central Hospital

SCREENING FORM



MINISTRY OF HEALTH

ENVIRONMENTAL AND SOCIAL SCREENING FORM

PART A: GENERAL INFORMATION

Sub Project Name	MHCRRP	Project Site	QOECH / GATEWAY
Project Objectives			
Does the Project involve the following activities Activity 1: Construction or rehabilitation of temporary healthcare facilities Activity 2: Procurement and distribution of medical supplies and equipment Activity 3: Capacity-building for health professionals, training in emergency response Activity 4: Public health awareness campaigns Activity 5: Provision of emergency medical treatment and care			
Names, Designation and signatures of Field Evaluators			
(i)	Tiyamika Salanjira		
(ii)	Julius Kalanga		
(iii)	Stephan Sechi		
(iv)	Robert Kalanga		
Date of Field Appraisal			

PART B: BRIEF DESCRIPTION OF THE PROPOSED ACTIVITIES

Provide information on the type and scale of the activity (e.g. number of people affected, land size, etc).

SCREENING FORM



MINISTRY OF HEALTH

ENVIRONMENTAL AND SOCIAL SCREENING FORM

PART A: GENERAL INFORMATION

Sub Project Name	MHERPP	Project Site	QOECH / GATEWAY
Project Objectives			
Does the Project involve the following activities Activity 1: Construction or rehabilitation of temporary healthcare facilities Activity 2: Procurement and distribution of medical supplies and equipment Activity 3: Capacity-building for health professionals, training in emergency response Activity 4: Public health awareness campaigns Activity 5: Provision of emergency medical treatment and care			
Names, Designation and signatures of Field Evaluators			
(i)	Tiyamike Salanjira		
(ii)	Julius Kalanga		
(iii)	Stephanus Suda		
(iv)	Rochus Kalanga		
Date of Field Appraisal			

PART B: BRIEF DESCRIPTION OF THE PROPOSED ACTIVITIES

Provide information on the type and scale of the activity (e.g. number of people affected, land size, etc).

PART C: ENVIRONMENTAL BASELINE INFORMATION OF THE PROJECT SITE

CATEGORY OF BASELINE INFORMATION	BRIEF DESCRIPTION
<p>GEOGRAPHICAL LOCATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name of the Area (District/City) <input type="checkbox"/> Proposed location of the project <p>(Coordinates in UTM) – <i>Fill the details on a separate sheet for Clusters</i></p>	
<p>LAND RESOURCES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Topography (slope type e.g. steep, gentle, flat) <input type="checkbox"/> Soils of the area (e.g. sandy, clay loam) 	
<ul style="list-style-type: none"> <input type="checkbox"/> Main land uses and economic activities 	
<p>WATER RESOURCES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Available water resources (e.g. rivers, lakes, springs, boreholes, etc) 	
<p>BIOLOGICAL RESOURCES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flora (include threatened/endangered/endemic species) <input type="checkbox"/> Fauna (include threatened/endangered/endemic species) <input type="checkbox"/> Sensitive habitats including protected areas e.g. national parks and forest reserves 	
<p>CLIMATE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Temperature (e.g. hot, warm, cool) <input type="checkbox"/> Rainfall (high, medium, low) 	

PART D: SCREENING CRITERIA

1.0 SCREENING CRITERIA FOR ENVIRONMENTAL IMPACTS DURING IMPLEMENTATION AND OPERATION

Will the implementation and operation of the project activities within the selected site generate the following impacts?

	SCOPE AND FOCUS OF SCREENING	METHODOLOGY OF SCREENING					POTENTIAL MITIGATION MEASURES
		Appraisal of Impacts		Severity of impact			
		No	Yes	L	M	H	
1.1	Could the project/programme directly or indirectly use natural resources, e.g., plantation forestry, commercial harvesting, agriculture, livestock, fisheries and aquaculture leading to Loss of trees/vegetation		X				
1.2	Soil erosion and siltation of water courses		X				
1.3	Damage of wildlife species and habitat		X				
1.4	Increased exposure to chemical / hazardous material pollutant		X				
1.5	Chemical pollution from medical waste		X			X	need to construct proper waste mgmt facility
1.6	Nuisance from dust emission, bad smell or noise emission or noise or vibrations		X				
1.7	Reduced water quality		X				
1.8	Increase in costs of water treatment		X				
1.9	Soil contamination		X				
1.10	Loss of soil fertility		X				
1.11	Reduced flow and availability of water for users		X				
1.12	Long term depletion of water resources		X				
1.13	Increased incidence of flooding		X				
1.14	Salinisation or alkalinisation of soils		X				
1.15	Manufacturing, trading, and/or using medicines and/or chemicals subject to international action bans or phase-out		X				checking all products medicines delivered to the facility

	chemicals?							
1.16	Introduce alien plants and animals in the area							
1.17	Increased incidences of diseases due to improper waster management		✓					Develop a waste management plan
1.18	Poor waste disposal		✓					provide proper disposal of waste
1.19	Increased cases of open disposal of waste		✓					provide proper disposal of waste
1.20	Destabilization of riverbanks and or drainage systems due to sand mining							
1.21	Creation of borrow pits arising from extracting of construction materials							
1.22	Rubble or heaps of excavated soils							

2.0 SCREENING CRITERIA FOR NEGATIVE SOCIAL AND ECONOMIC IMPACTS

Will the implementation and operation of the project activities within the selected site generate the following socio-economic costs/impacts?

	SCOPE AND FOCUS OF SCREENING	METHODOLOGY OF SCREENING					POTENTIAL MITIGATION MEASURES
		Appraisal of Impacts		Severity of impact			
		No	Yes	L	M	H	
1.1	Loss of land for human settlement, farming, grazing	X					
2.1	Loss of property – houses, agricultural produce, etc.	X					
2.2	Loss of cultural sites – graveyards, monuments, etc.	X					
2.3	Interference in marriages for local people	X					
2.4	Loss of income generating capacity	X					
2.5	Spread of HIV and AIDS, STIs		✓				increased awareness campaign
2.6	Changes in human settlement patterns of villages	X					
2.7	Conflicts over use of natural resources such as water and forest resources	X					

2.8	Population influx	X				
2.9	Conflicts over land use and ownership	X				
2.10	Disruption of important services, pathways, roads etc	X				
2.11	Loss of access to public facilities e.g. churches, schools	X				
2.12	Increase in cases of theft and crime	X				
2.13	Risk of child labour	X				
2.14	Increase in cases of gender-based violence		✓		✓	- sensitization of workers
2.15	Risk of injuries to workers and communities					
2.16	Increasing incidences of diseases					
2.17	Public health risks related to the project (e.g., exposure to diseases, safety concerns)		✓			- provision of PPE - availability of adequate
2.18	Could the working environment pose a potential threat to technical staff (e.g. gas leakage, exposure to chemicals and/or other hazardous materials, electric shocks, use of potentially hazardous tools, machinery and equipment, exposure to heights, etc.)?	X				

OVERALL EVALUATION OF THE SCREENING PROCESS ON THE SITE AND PROJECT ACTIVITY

Overall evaluation of Environmental and Social Screening Exercises

The results of the screening process would be either the proposed sub - projects would be exempted or subjected to further environmental and resettlement assessment. The basis of these options is listed in the table below:

Review of Environmental	Tick	Review of Social Screening	Tick
-------------------------	------	----------------------------	------

Screening	
1. The project is cleared. No serious impacts. (When all scores are "No" in form)	1. The project is cleared. No serious social impact. (Where scores are all "No", "few" in form)
2. There is need for further assessment. (when some score are "Yes, High" in form)	2. There is need for resettlement/compensation. (When some score are "Yes, High" in form)
3. Need to prepare ESMP	3. Need to prepare RAP
4. Need to prepare an infection control and waste management plan	4. Need to prepare a Stakeholder Engagement plan
Other actions (please specify):	5. Need to prepare a Labor Management Plan
	6. Need to prepare a Gender Action Plan (GAP)
	Other actions (please specify):

Endorsement by Environmental District Officer	Endorsement by DPD / MEPA/EAD
Name: Maxwell Mbulje	Name: <i>[Signature]</i>
<i>[Signature]</i>	Signature: <i>[Signature]</i> Date: 7/01/2025

District Commissioner
07 JAN 2025
Blantyre District Council
Private Bag 97, Blantyre

Appendix 4-4: Environmental and social screening for Zomba District

SCREENING FORM



MINISTRY OF HEALTH

ENVIRONMENTAL AND SOCIAL SCREENING FORM

PART A: GENERAL INFORMATION

Sub Project Name	HPRR	Project Site	Zomba DHO
Project Objectives	1		
Does the Project involve the following activities			
Activity 1: Construction or rehabilitation of temporary healthcare facilities			
Activity 2: Procurement and distribution of medical supplies and equipment	yes		
Activity 3: Capacity-building for health professionals, training in emergency response	yes		
Activity 4: Public health awareness campaigns	yes		
Activity 5: Provision of emergency medical treatment and care	yes		
Names, Designation and signatures of Field Evaluators	(i) Comergan Nyajulu Zomba city council (ii) Bileka Kazembe ZADHO (iii) Sylvester Chipalimwajau ZADHO Linda Matoyakye Zomba City Council		
Date of Field Appraisal			

PART B: BRIEF DESCRIPTION OF THE PROPOSED ACTIVITIES

Provide information on the type and scale of the activity (e.g. number of people affected, land size, etc).

DISTRICT COMMISSIONER
 ZOMBA DISTRICT COUNCIL
 130 DEC 2024
 P.O. BOX 23, ZOMBA

PART C: ENVIRONMENTAL BASELINE INFORMATION OF THE PROJECT SITE

CATEGORY OF BASELINE INFORMATION	BRIEF DESCRIPTION
GEOGRAPHICAL LOCATION <input type="checkbox"/> Name of the Area (District/City) <input type="checkbox"/> Proposed location of the project (Coordinates in UTM) – Fill the details on a separate sheet for Clusters	DHO, Zomba City Zomba City
LAND RESOURCES <input type="checkbox"/> Topography (slope type e.g. steep, gentle, flat) <input type="checkbox"/> Soils of the area (e.g. sandy, clay loam) <input type="checkbox"/> Main land uses and economic activities	Gentle slope - sandy clay Instructions
WATER RESOURCES <input type="checkbox"/> Available water resources (e.g. rivers, lakes, springs, boreholes, etc)	Likangala River ~ 100m away
BIOLOGICAL RESOURCES <input type="checkbox"/> Flora (include threatened/endangered/endemic species) <input type="checkbox"/> Fauna (include threatened/endangered/endemic species) <input type="checkbox"/> Sensitive habitats including protected areas e.g. national parks and forest reserves	Zomba Mountain > 1 km Monkeys Snakes fish but not domestic of big interest
CLIMATE <input type="checkbox"/> Temperature (e.g. hot, warm, cool) <input type="checkbox"/> Rainfall (high, medium, low)	Cool to warm low to medium

PART D: SCREENING CRITERIA

1.0 SCREENING CRITERIA FOR ENVIRONMENTAL IMPACTS DURING IMPLEMENTATION AND OPERATION

Will the implementation and operation of the project activities within the selected site generate the following impacts?

	SCOPE AND FOCUS OF SCREENING	METHODOLOGY OF SCREENING						POTENTIAL MITIGATION MEASURES
		Appraisal of Impacts		Severity of impact				
		No	Yes	L	M	H		
1.1	Could the project/programme directly or indirectly use natural resources, e.g., plantation forestry, commercial harvesting, agriculture, livestock, fisheries and aquaculture leading to Loss of trees/vegetation	✓						
1.2	Soil erosion and siltation of water courses	✓						
1.3	Damage of wildlife species and habitat	✓						
1.4	Increased exposure to chemical / hazardous material pollutant	✓						
1.5	Chemical pollution from medical waste		✓		✓			
1.6	Nuisance from dust emission, bad smell or noise emission or noise or vibrations		✓		✓			
1.7	Reduced water quality		✓		✓			
1.8	Increase in costs of water treatment	✓						
1.9	Soil contamination		✓		✓			
1.10	Loss of soil fertility		✓		✓			
1.11	Reduced flow and availability of water for users	✓						
1.12	Long term depletion of water resources	✓						
1.13	Increased incidence of flooding	✓						
1.14	Salinisation or alkalinisation of soils	✓						

1.15	Manufacturing, trading, and/or using medicines and/or chemicals subject to international action bans or phase-out chemicals?		✓						Using proper Procurement procedures
1.16	Introduce alien plants and animals in the area	✓							
1.17	Increased incidences of diseases due to improper waster management			✓				✓	
1.18	Poor waste disposal			✓				✓	
1.19	Increased cases of open disposal of waste			✓				✓	
1.20	Destabilization of riverbanks and or drainage systems due to sand mining	✓							
1.21	Creation of borrow pits arising from extracting of construction materials	✓							
1.22	Rubble or heaps of excavated soils	✓							

2.0 SCREENING CRITERIA FOR NEGATIVE SOCIAL AND ECONOMIC IMPACTS

Will the implementation and operation of the project activities within the selected site generate the following socio-economic costs/impacts?

	SCOPE AND FOCUS OF SCREENING	METHODOLOGY OF SCREENING						POTENTIAL MITIGATION MEASURES
		Appraisal of Impacts		Severity of impact				
		No	Yes	L	M	H		
1.1	Loss of land for human settlement, farming, grazing	✓						
2.1	Loss of property – houses, agricultural produce, etc.	✓						
2.2	Loss of cultural sites – graveyards, monuments, etc.	✓						
2.3	Interference in marriages for local people	✓						
2.4	Loss of income generating capacity	✓						
2.5	Spread of HIV and AIDS, STIs	✓						

2.6	Changes in human settlement patterns of villages	✓					
2.7	Conflicts over use of natural resources such as water and forest resources	✓					
2.8	Population influx	✓					
2.9	Conflicts over land use and ownership	✓					
2.10	Disruption of important services, pathways, roads etc	✓					
2.11	Loss of access to public facilities e.g. churches, schools	✓					
2.12	Increase in cases of theft and crime		✓	✓			
2.13	Risk of child labour	✓					
2.14	Increase in cases of gender-based violence		✓	✓			
2.15	Risk of injuries to workers and communities		✓	✓			
2.16	Increasing incidences of diseases		✓	✓			
2.17	Public health risks related to the project (e.g., exposure to diseases, safety concerns)		✓	✓			
2.18	Could the working environment pose a potential threat to technical staff (e.g. gas leakage, exposure to chemicals and/or other hazardous materials, electric shocks, use of potentially hazardous tools, machinery and equipment, exposure to heights, etc.)?		✓	✓			

Positive Impacts

- 3.1 Improve waste management leading to clean environment
- 3.2 Enhance capacity in managing emergencies
- 3.3 Improve supply of stocks
- 3.4 Improved public awareness
- 3.5 Improved public emergencies management
- 3.6 Promotion of gender, equity & inclusion / vulnerable population
- 3.7 Gender sensitivity

OVERALL EVALUATION OF THE SCREENING PROCESS ON THE SITE AND PROJECT ACTIVITY

Overall evaluation of Environmental and Social Screening Exercises


The results of the screening process would be either the proposed sub - projects would be exempted or subjected to further environmental and resettlement assessment. The basis of these options is listed in the table below:

Review of Environmental Screening	Tick	Review of Social Screening	Tick
1. The project is cleared. No serious impacts. (When all scores are "No" in form)	✓	1. The project is cleared. No serious social impact. (Where scores are all "No", "few" in form)	✓
2. There is need for further assessment. (when some score are "Yes, High" in form)		2. There is need for resettlement/compensation. (When some score are "Yes, High" in form)	X
3. Need to prepare ESMP	✓	3. Need to prepare RAP	X
4. Need to prepare an infection control and waste management plan	✓	4. Need to prepare a Stakeholder Engagement plan	✓
Other actions (please specify):	N/A	5. Need to prepare a Labor Management Plan	X
		6. Need to prepare a Gender Action Plan (GAP)	X
		Other actions (please specify):	N/A




Endorsement by Environmental District Officer	Endorsement by DPD / MEPA/EAD
Name: <i>Zomba City Council</i>	Name: <i>PATRICK M. NYIRENDA</i>
<i>City</i>	Signature: <i>[Signature]</i> Date: <i>31-12-2024</i>

Appendix 4-5: Environmental and social screening for Chikwawa District

SCREENING FORM



MINISTRY OF HEALTH
ENVIRONMENTAL AND SOCIAL SCREENING FORM

PART A: GENERAL INFORMATION		Project Site
Sub Project Name	Chikwawa District Hospital	
Project Objectives		
Does the Project involve the following activities Activity 1: Construction or rehabilitation of temporary healthcare facilities Activity 2: Procurement and distribution of medical supplies and equipment Activity 3: Capacity-building for health professionals, training in emergency response Activity 4: Public health awareness campaigns Activity 5: Provision of emergency medical treatment and care		
Names, Designation and signatures of Field Evaluators		
(i) <i>Ryanike</i> (ii) <i>Julius</i> (iii) <i>Richard V. Banda</i>	<i>Salanjira</i> <i>Kalanga</i>	  
Date of Field Appraisal		

PART B: BRIEF DESCRIPTION OF THE PROPOSED ACTIVITIES
Provide information on the type and scale of the activity (e.g. number of people affected, land size, etc).

DISTRICT COMMISSIONER
CHIKWAWA DISTRICT COUNCIL

03 JAN 2015

PRIVATE BAG 1
CHIKWAWA

PART D: SCREENING CRITERIA

1.0 SCREENING CRITERIA FOR ENVIRONMENTAL IMPACTS DURING IMPLEMENTATION AND OPERATION

Will the implementation and operation of the project activities within the selected site generate the following impacts?

	SCOPE AND FOCUS OF SCREENING	METHODOLOGY OF SCREENING					POTENTIAL MITIGATION MEASURES
		Appraisal of Impacts		Severity of impact			
		No	Yes	L	M	H	
1.1	Could the project/programme directly or indirectly use natural resources, e.g., plantation forestry, commercial harvesting, agriculture, livestock, fisheries and aquaculture leading to Loss of trees/vegetation	X					
1.2	Soil erosion and siltation of water courses	X					
1.3	Damage of wildlife species and habitat	X					
1.4	Increased exposure to chemical / hazardous material pollutant	X					
1.5	Chemical pollution from medical waste		X				Put in place disaster management plan
1.6	Nuisance from dust emission, bad smell or noise emission or noise or vibrations	X					
1.7	Reduced water quality	X					
1.8	Increase in costs of water treatment	X					
1.9	Soil contamination	X					
1.10	Loss of soil fertility	X					
1.11	Reduced flow and availability of water for users	X					
1.12	Long term depletion of water resources	X					
1.13	Increased incidence of flooding	X					
1.14	Salinisation or alkalinisation of soils	X					
1.15	Manufacturing, trading, and/or using medicines and/or chemicals subject to international action bans or phase-out	X					

	chemicals?						
1.16	Introduce alien plants and animals in the area	X					
1.17	Increased incidences of diseases due to improper waster management		✓				
1.18	Poor waste disposal		✓				
1.19	Increased cases of open disposal of waste		✓				
1.20	Destabilization of riverbanks and or drainage systems due to sand mining	X					
1.21	Creation of borrow pits arising from extracting of construction materials	X					
1.22	Rubble or heaps of excavated soils	Y					

2.0 SCREENING CRITERIA FOR NEGATIVE SOCIAL AND ECONOMIC IMPACTS

Will the implementation and operation of the project activities within the selected site generate the following socio-economic costs/impacts?

	SCOPE AND FOCUS OF SCREENING	METHODOLOGY OF SCREENING					POTENTIAL MITIGATION MEASURES
		Appraisal of Impacts		Severity of impact			
		No	Yes	L	M	H	
1.1	Loss of land for human settlement, farming, grazing	Y					
2.1	Loss of property – houses, agricultural produce, etc.	X					
2.2	Loss of cultural sites – graveyards, monuments, etc.	Y					
2.3	Interference in marriages for local people	.					
2.4	Loss of income generating capacity						
2.5	Spread of HIV and AIDS, STIs						
2.6	Changes in human settlement patterns of villages						
2.7	Conflicts over use of natural resources such as water and forest resources						

2.8	Population influx							
2.9	Conflicts over land use and ownership							
2.10	Disruption of important services, pathways, roads etc							
2.11	Loss of access to public facilities e.g. churches, schools							
2.12	Increase in cases of theft and crime							
2.13	Risk of child labour							
2.14	Increase in cases of gender-based violence							
2.15	Risk of injuries to workers and communities							
2.16	Increasing incidences of diseases							
2.17	Public health risks related to the project (e.g., exposure to diseases, safety concerns)							
2.18	Could the working environment pose a potential threat to technical staff (e.g. gas leakage, exposure to chemicals and/or other hazardous materials, electric shocks, use of potentially hazardous tools, machinery and equipment, exposure to heights, etc.)?							

OVERALL EVALUATION OF THE SCREENING PROCESS ON THE SITE AND PROJECT ACTIVITY

Overall evaluation of Environmental and Social Screening Exercises

The results of the screening process would be either the proposed sub - projects would be exempted or subjected to further environmental and resettlement assessment. The basis of these options is listed in the table below:

Review of Environmental	Tick	Review of Social Screening	1
--------------------------------	-------------	-----------------------------------	----------

Screening	
1. The project is cleared. No serious impacts. (When all scores are "No" in form)	1. The project is cleared. No serious social impact. (Where scores are all "No", "few" in form)
2. There is need for further assessment. (when some score are "Yes, High" in form)	2. There is need for resettlement/compensation. (When some score are "Yes, High" in form)
3. Need to prepare ESMP	3. Need to prepare RAP
4. Need to prepare an infection control and waste management plan	4. Need to prepare a Stakeholder Engagement plan
Other actions (please specify):	5. Need to prepare a Labor Management Plan
	6. Need to prepare a Gender Action Plan (GAP)
	Other actions (please specify):

Endorsement by Environmental District Officer	Endorsement by DPD / MEPA/EAD
Name: LEUSIOUS MAFUTA	Name:
<i>[Signature]</i> 03/01/2025	Signature: _____ Date: _____

DISTRICT COMMISSIONER
 CHIKWAWA DISTRICT COUNCIL

 03 JAN 2025
 PRIVATE BAG 1
 CHIKWAWA

APPENDIX 5: Labor Management Plan

1. Introduction

These Labour Management Procedures (LMP) have been prepared for the proposed Malawi Health Emergency Preparedness, Response And Resilience Program (MHEPRR). The main objective of LMP is to ensure that all labour issues are managed properly including occupation, health and safety issues during the implementation of the project.

1.1 Specific Objectives of the Labour Management Plan

The LMP seeks to achieve the following:

- To promote safety and health at work;
- To promote the fair treatment, non-discrimination and equal opportunity of all staff including project workers;
- To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this labour laws) and migrant workers, contracted workers, community workers and primary supply workers, as appropriate’
- To prevent the use of all forms of forced labour and child labour;
- To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law; and
- To provide project workers with accessible means to raise workplace concerns.

2. Types of Workers for MHEPRR Project

It is expected that the implementation of MHEPRR project will engage different categories of workers, national and international. These will include: Direct Workers, Contracted workers, Community Workers, Migrant workers and Primary Supply Workers.

Direct workers: Direct workers will include Ministry of health Staff, District councils staff, Buildings Department personnel and representatives of MDAs such as the departments responsible for Gender and social welfare, Occupational Health and safety, environmental affairs and MEPA. These also include personnel employed specifically for this project and from all local authorities being targeted by the project.

Contracted Workers: These will include Specialists who provide expert advice or services for a particular aspect of the project, such as epidemiology , One health , climate nexus Health and additional Technical experts in public health or emergency response who may be brought in for specific tasks. In addition, will include design Engineers/Architects for designing climate friendly urban

structures in urban health facilities and supervision activities workforces. Key personnel for contracted workers will be skilled workers but they will also require the support of unskilled workers. .

Temporary Community workers: The community members will provide services as decided by the Health facilities. The following terms and conditions will guide management of community workers or casual labours enrolled under the project activities:

- Community workers will be enrolled in various training to equip them to work as volunteers at the health facility.
- Community workers to be enrolled as volunteers in project activities should be above 18 years
- Monthly wages are not applicable to community workers but they will be provided with accommodation and meals during training where applicable.

Migrant workers: The project will require a combination of local workers from nearby locations, workers from other parts of Malawi, and workers from other countries incase an international contractor is recruited to design the proposed structured in urban health facilities. The “internal migrants” will mostly be workers who already have experience working on infrastructure designing projects in different parts of the country. Foreign “migrant” workers are likely to be management and technical staff and possibly a few household staff (for cleaning, cooking, etc.). The number of migrant workers will depend on decisions made by hired design contractors as required by the proposed activities to be implemented.

Supply workers: Procurement will be done for across the project components .Both local suppliers and International suppliers to provided services to the project on need basis and upon agreed deliverables. The agreements will be spelt out in the respective contracts.

As part of the environmental and social assessment, the project will identify potential risks of child labor and serious safety issues which may arise in relation to primary suppliers. The labor management procedures will set out roles and responsibilities for monitoring primary suppliers. The project will engage primary suppliers that can demonstrate that they are meeting the relevant requirements of this LMP.

3. Assessment of Key Potential Labour Risks

a. Project activities

Significant use of labour is mostly expected to arise during the implementation of the proposed project.

b. Key Labour Risks

During consultations that were held with key stakeholders at both national and district level it revealed that a number of labour related risks that are anticipated, but not limited to the following:

- Occupation, Safety and Health risks;
- Risk of GBV, Sexual Exploitation and Abuse/ Sexual Harassment

- Risk of spreading HIV and AIDS and other STIs;
- Increased risk of child labour
- Risk of discrimination of in the workplace for employees with limited or no digital health knowledge
- Risk of overburdening of health workers with new system
- Risk of Labour disputes including conflicts between junior and senior staff over preferences for training

The project will address these risks by undertaking site-specific risk and hazard assessments and incorporating mitigation measures for the identified risks into the project specific environmental, social, health and safety management plans. Table 1 presents a summary of the possible mitigation measures for the potential identified risks.

Table 12 : Possible Mitigation Measures for the Potential Risks

	<ul style="list-style-type: none"> - Provide appropriate PPE to workers; - Train workers regularly on occupational safety and health risks prevention; - Enforce the use of PPE by workers; - Put appropriate warning signs in areas with high risk of safety; and - Facilitate the formation of Occupational safety, Health Welfare Committee at each construction site.
<i>Risk of GBV, Sexual Exploitation and Abuse/ Sexual Harassment</i>	<ul style="list-style-type: none"> - Develop and implement code of conduct for workers - Implement Sexual Exploitation and Abuse and Sexual harassment (SEA/SH) action plan (as shown under appendix 6) and Labor Management Plan (LMP) as shown under appendix 5; And - Sensitize all staff on GSEA; - Develop and implement effective GRM system
<i>Risk of spreading HIV and AIDS and other STIs;</i>	<ul style="list-style-type: none"> - Sensitize workers and surrounding communities on HIV and AIDS; - Put both male and female condoms in strategic and accessible areas to workers within health facilities ; - Provide Information, Education and Communication materials to workers
<i>Increased risk of child labour</i>	<ul style="list-style-type: none"> - Employ people that are aged 18 and above; - Use national IDs to verify ages of people during recruitment - Sensitize the community on the dangers of child labour; - Encourage the community to report to the authorities in cases of child labour; - Include child safeguarding policy in the contracts with consultants
<i>Risk of discrimination of in the workplace for employees with limited or</i>	<ul style="list-style-type: none"> - Provide training opportunities to male and female staff - Develop and implement a staff training plan

<i>no digital health knowledge</i>	
<i>Risk of overburdening of health workers with new system</i>	<ul style="list-style-type: none"> - Ensure that workers are aware of selection criteria in all training - Ensure TOT is established and train others on time
<i>Risk of Labour disputes including conflicts between junior and senior staff over preferences for training</i>	<ul style="list-style-type: none"> - Develop and implement staff training plan - Establishment of WGRMC - Develop and implement a LMP

4. Workers Grievance Redress Mechanism(WGRM)

The Ministry of Health will establish GRM at National District and facility level to ensure that workers have the ability and opportunity to lodge complaints or concerns, without cost, and with the assurance of a timely and satisfactory resolution of issues. All workers under the project will be informed of the GRM and the procedures that will be involved. All workers including Consultants will have to be informed about a requirement to have a well laid out GRM within their systems.

5. Code of Conduct

All Consultants and design contractors who may be engaged under the project will be required to develop and implement a code of conduct that will commit them to create and maintain an environment which prevents social risks. The code of conduct aims at preventing and/ or mitigating social risks within the context of the project. The social risks that may arise include but not limited to GBV; VAC; HIV and AIDS infection and prevention and Occupational Health and Safety.

6. Conclusion

These Labour Management Procedures will identify the main labour requirements and risks associated with the project, and help the project to determine the resources necessary to address project labour issues. The LMP is a living document, which is initiated early in project preparation, and is reviewed and updated throughout development and implementation phases. For more information on labour management under the project , a detailed labour Management procedures of the project can be found in the following link; https://www.health.gov.mw/download/sep-mpa-hepr_malawi_appraisal_april-2024/

APPENDIX 6: Sexual Exploitation and Abuse/ Sexual Harassment (SEA/SH) Prevention and Response Plan

Introduction

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

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

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

Purpose

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

Scope

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

Objectives

- To increase awareness and knowledge about GBV and SEA/SH to MoH employees and surrounding communities;
- To provide channels for reporting SEA/SH incidences that are connected to the Project;
- To provide a platform for addressing any SEA/SH issues that may arise in the course of the project and ensure the issue is properly referred to the law enforcers in line with the wishes of the survivor;

- Conducting sensitization meetings on GBV (SEA/SH) to employees and the surrounding communities
- Training or orienting employees in GBV (SEA/SH);
- Distribution of information, education and communication (IEC) materials; on GBV and SEA/SH at facilities and surrounding communities.

Risks

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

- Influx of transient workers into the communities surrounding the hospital which are rural/semi-rural with most people in the low to medium economy class; in which women and girls are vulnerable;
- Construction workers that have access to money and are away from their families and have a tendency of using their money for illicit behaviors which may result in GBV incidences;
- Lack/ inadequate information on GBV;
- Lack/ inadequate access to GBV service providers;
- Interaction of construction workers with guardians especially women that may result in GBV;
- Male workers transporting goods (e.g. essential medicine), who can perpetrate GBV on routes and at truck stops associated with the project, even if not on the project site.
- Informal workers, whose informality means they may either be more vulnerable to GBV due to lack of contracts or that potential perpetrators may go unidentified due to lack of information about them.
- Income-earning opportunities for women through direct employment in Projects, or indirect employment (e.g. catering, traders), which may also increase household tension and create community backlash against women in areas where the perception is that they should not work outside the home or that a woman cannot earn more money than the man.

Mitigation Measures

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

- Will conduct sensitization meetings with the community and employees once every month
- GBV issues will be one of the topics in tool box talks at the site.
- MoH shall put up information, education and communication (IEC) materials; on GBV and SAE on site and surrounding communities.

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

APPENDIX 7: GBV Prevention Plan

Item No.	Risk	Potential mitigation measures	Output Indicators	Target	Responsible person	Implementation Time-frame	Cost (MKW)
1	Influx of transient workers into the communities surrounding the PROJECT site	<ul style="list-style-type: none"> •sensitization meetings with the community (including hospital personnel and guardians) and employees once every month, • All working at site shall sign and adhere to the Code of Conduct. • GBV issues will be one the topics in toolbox talks at the site weekly. • Hire more local workers • Implement the Labor management plan as provided under appendix 5 	<ul style="list-style-type: none"> •Sensitization meetings done every month. • All employees signed and adhering to Code of Conduct (CoC). Toolbox talks done weekly with GBV as one of the topics. • More hired workers from the communities 	<ul style="list-style-type: none"> • All workers • Community (including hospital personnel and guardians) 	MOH Social Specialist District Labour Office	Ongoing	Covered in Table 4 of the ESMP in Chapter 8
2	Money motivated illicit behaviors/poor code of conduct which may result in GBV incidences;	<ul style="list-style-type: none"> •sensitization meetings with the community (including hospital personnel and guardians) and employees once every month, • All working at site shall sign and adhere to the Code of Conduct. • GBV issues will be one the topics in 	<ul style="list-style-type: none"> •Sensitization meetings done every month. • All employee signed and adhering to CoC. • Toolbox talks done weekly with GBV as one of the topics. 	<ul style="list-style-type: none"> • All workers • Community (including hospital personnel and guardians) 	MOH GBV Specialist	Ongoing	
3	Lack/ inadequate information on GBV;	<ul style="list-style-type: none"> •sensitization meetings with the community (including hospital personnel and guardians) and employees once every month, 	<ul style="list-style-type: none"> • Sensitization meetings done every month. • All employees signed and adhered to CoC. 	<ul style="list-style-type: none"> • All workers • Community (including hospital personnel and guardians) 	MOH Gbv Specialist	Ongoing	

		<ul style="list-style-type: none"> • All working at site shall sign and adhere to the Code of Conduct. • GBV issues will be one the topics in 	<ul style="list-style-type: none"> • Toolbox talks done weekly with GBV as one of the topics. 			
4	Lack/ inadequate access to GBV service providers;	<ul style="list-style-type: none"> • toolbox talks during staff meetings shall identify and engage the district social welfare office and district gender office to connect survivors to GBV service providers 	<ul style="list-style-type: none"> • The availability and accessibility of a GBV service provider to the project and project area. 	<ul style="list-style-type: none"> • All workers • Community (including hospital personnel and guardians) 	MOH	Ongoing

5	Drivers transporting project goods (e.g. truck drivers), who can perpetrate GBV on routes and at truck stops associated with the project.	<ul style="list-style-type: none"> • The MoH' transporting drivers shall sign and adhere to the Code of Conduct even when they are off-site. • Sensitized weekly through toolbox talks. • For drivers of temporarily hired transporting vehicles; the MoH shall include a statement of Code of Conduct for the drivers of the hired vehicle to sign and adhere to during the period of the assignment. This shall be done for every new arrangement or assignment. 	<ul style="list-style-type: none"> • All drivers signed and adhering to CoC. • Toolbox talks done weekly with GBV as one of the topics. All drivers present • Presence of signed copies of a special CoC for drivers of temporary hired vehicles. 	Construction (Drivers of hired vehicles	MOH The owners of the hired vehicle	Ongoing
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6	Cultural perceptions that may result into GBV due to income-earning opportunities for women through direct employment at the project, or indirect employment (e.g. catering, traders), which may also increase household	<ul style="list-style-type: none"> • sensitization meetings with the community and employees once every month, • Safe and easy access to the GRC by ensuring confidentiality and by being available and reachable. 	<ul style="list-style-type: none"> • Sensitization meetings done every month. • GBV cases being received, addressed and recorded by the GRC. 	<ul style="list-style-type: none"> • All workers • Community (including hospital personnel and guardians) 	MOH GBV specialist Community GRC	Ongoing	
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APPENDIX 8: Photos during stakeholder engagement pictures of the project screening meeting



Stakeholder engagement with Chikwawa District Council



Meeting with gateway Clinic representatives of GRM and PMC committee in Blantyre



Consultations with Zomba DHO



Consultation with Mangochi District council



Consultation with Mchinji District Council

