



**IMMUNIZATION PLUS AND MALARIA PROGRESS BY
ACCELERATING COVERAGE AND TRANSFORMING SERVICES
(IMPACT) PROJECT**



NPHCDA
National Primary Health Care Development Agency



THE WORLD BANK

**Environmental and Social
Management Plan(ESMP) for the
Rehabilitation of Selected Primary
Health-Care Facilities Across the 31
States and FCT in Nigeria**

DECEMBER 2024

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ABBREVIATIONS

ACM	Asbestos Containing Material
ACT	Artemisinin Combination Therapy
BGRISP	Basic Guide for Routine Immunization Service Providers
BHCPF	Basic Healthcare Provision Fund
BMGF	Bill and Melinda Gates Foundation
CHIPS	Community Health Influencers, Promoters, and Services
CERC	Contingent Emergency Recovery Component
CHVA	Climate and Health Vulnerability Assessment
DA	Designated Account
DFDS	Department of Food and Drug Services
DFF	Decentralized Financing Facility
DHIS	District Health Information System
DHPRS	Department of Health Planning, Research and Statistics
DHS	Demographic and Health Survey
DPH	Department of Public Health
DQA	Data Quality Assessment
DRM	Domestic Resource Mobilization
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
FA	Financing Agreement
FGoN	Federal Government of Nigeria
FM	Financial Management
FMoH & SW	Federal Ministry of Health and Social Welfare
FPFMD	Federal Project Financial Management Department
FY	Fiscal Year
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender-based Violence
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GIS	Geographic Information System
GRM	Grievance Redress Mechanism
HCWMP	Healthcare Waste Management Plan
HNP	Health, Nutrition, and Population
HCF	Health-Care Facility
HCFM	Health-Care Facility Management Committee
HRH	Human Resources for Health
IFR	Interim Financial Report
IMPACT	Immunization plus and Malaria Progress by Accelerating Coverage and Transforming
IPF	Investment Project Financing
IPT	Intermittent Presumptive Therapy
ITN	Insecticide Treated Net
JRM	Joint Review Mission
LGA	Local Government Area

LGHA	Local Government Health Authority
LLIN	Long-lasting Insecticide Treated Net

LMIC	Lower-Middle-income Country
LQAS	Lot Quality Assurance Sampling
MaNCETs	Maternal Newborn and Child Emergency Transport Services
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MoU	Memorandum of Understanding
MPA	Multiphase Programmatic Approach
NBS	National Bureau of Statistics
NCDC	Nigeria Centre for Disease Control
NDHS	National Demographic and Health Survey
NGO	Nongovernmental Organization
NGN	Nigerian Naira
NHAct	National Health Act
NHFS	National Health Facility Survey
NHIS	National Health Insurance Scheme
NIMR	Nigeria Institute of Medical Research
NIPRD	Nigeria Institute of Pharmaceutical Research and Development
NMEP	National Malaria Elimination Program
NNHS	National Nutrition and Health Survey (SMART and NNHS are the same surveys)
NPHCDA	National Primary Health Care Development Agency
NPMT	National Project Management Team
NSC	National Steering Committee
NSHDP	National Strategic Health Development Plan
NSHIP	Nigeria State Health Investment Project
OAGF	Office of Auditor General of Federation
PAPA	Program Assessment for Performance management and Actions
PBF	Performance-based Financing
PDO	Project Development Objective
Penta	Pentavalent Vaccine
PHC	Primary Health Care
PIU	Project Implementing Unit
PMI	President's Malaria Initiative
PPEs	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
PrDO	Program Development Objective
RDT	Rapid Diagnostic Test
RPE	Respiratory Protective Equipment
RMNCH	Reproductive, Maternal, Neonatal, and Child Health
RMNCAH+N	Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition
SBA	Skilled Birth Attendance
SBCC	Social Behavior Change Communication

SSC	State Steering Committee
SDG	Sustainable Development Goal
SMART	Standardized Monitoring and Assessment of Relief and Transition Methods
SMC	Seasonal Malaria Chemoprophylaxis
SMEP	State Malaria Elimination Program
SMoH	State Ministry of Health
SP	Sulfadoxine-Pyrimethamine
SPHCB	State Primary Healthcare Board (Same as SPHCDA—State Primary Healthcare Development Agency)
SPIU	State Project Management Team
SQUATS	Service Quality, Utilization and Accountability Tracking Systems
TA	Technical Assistance
U5MR	Under-Five Mortality Rate
UNICEF	United Nations Children’s Fund
USAID	U.S. Agency for International Development
VBD	Vector-borne Disease
WASH	Water, Sanitation, and Hygiene
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

ES1 Introduction

The Federal Government of Nigeria (FGoN) in collaboration with the World Bank has prepared the Immunization Plus and Malaria Progress by Accelerating Coverage and Transforming Services (IMPACT) Project which is a multi-phased programmatic approach (MPA) with the intent of improving its human capital with the goal of reducing under-five mortality rate (U5MR) in Nigeria from 132 to 79 per 1,000 live births by 2030. This will cut U5MR by 40 percent in 10 years.

The IMPACT project also aims to catalyze overall improvements in health services both at the national participating states to improve access to quality vital services that benefit children and women directly while strengthening the National M&E systems and contributing to demand generation nationally, this shall enhance and improve the overall wellbeing of the population at the grass root (community level).

Major health challenges in the country range from inadequate funding (less than 5% of Nigeria's total annual budget or about \$5 per person), to inaccessibility to HF by communities and poor health infrastructure, fake drugs, insufficient financial investment, and lack of sufficient health personnel. These factors have culminated in low immunization rates, a high rate of U5MR, which has necessitated the intervention of the MPA program.

The Project Development Objective (PDO) of the first phase (IMPACT) of the MPA is to improve the utilization and quality of immunization plus and malaria services in selected states. Immunization plus services refer to provision of immunization, maternal, child, and neonatal services in selected states.

The PDO builds on objectives in the National Strategy for Immunization and Primary Health Care System Strengthening, the National Malaria Strategic Plan, and the overarching RMNCAH-Malaria Integration Strategy currently being rolled out by the FMoH & SW. **The overall objective of the program is to reduce under-five mortality rate in program areas.**

ES2 Rational for the Assignment

The proposed Primary Health Care Facilities improvements will involve renovation and minor repairs to doors, roofs, floors, and walls in the PHCs. These activities will involve some potential environmental and social impacts that may arise during the anticipated works: such as the generation of hazardous, non-hazardous waste and noise/air pollution, accident from the movement of equipment and materials within and away from the site, occupational health & safety risks, risks associated with labour influx, community health and safety issues, grievances and complaints. An Environmental and Social Management Plan (ESMP) is prepared before the commencement of rehabilitation works to address all environmental and social concerns related to the renovation works and develop appropriate mitigation measures to address the negative impacts associated with the renovations.

The ESMP also outlines mitigation costs & responsibilities, and a monitoring plan which will include relevant monitoring parameters, frequency, responsibility and costs. The ESMP will advise on any required updates to the proposed works based on impacts reduction strategies and mitigation hierarchy, the proposed works are minor and impact can be easily mitigated. The ESMP covers the 31IMPACT participating states and FCT.

ES3 Description of Proposed Intervention

The National Primary Health Care Development Agency (NPHCDA) has selected existing Primary Healthcare Centre's (PHCs) where minor renovations will be carried out within a perimeter. These PHCs are located across 31 states and FCT namely Abia, Adamawa, Bauchi, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Gombe, Imo, Jigawa, Kaduna, Kano, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Ondo, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe and Zamfara States. The facilities across the states are located in rural, semi-urban and urban areas with close proximities to schools, markets, some in built-up areas, others around farmland, rivers, mountainous areas, creek, mosques and churches.

The work will involve renovations which will focus on 11 main areas: doors, roofs, floor/tiles, walls and windows. Renovations works of E&S concerns per focus area will involve

1. Doors: The worn our doors will be replaced or fixed during this rehabilitation.
2. Floors: Cracked or worn-out floors will be repaired through plastering, tiling or replacement of the worn off tiles
3. Roof: Leaking roofs or blown out roofs will be fixed together with damaged ceilings will be repaired with zinc and wood where applicable.
4. Walls: Cracks on walls will be repaired and patched with cements before application of paints to cover and make the walls pleasant to look at.

5. Windows: Replacements and repairs of windows, glasses and fixing of burglary proof
6. Toilet: Provision and repair of Toilets
7. Staff Quarter: Provision and repair of the staff quarters.
8. Provision of solar powered motorized boreholes.
9. Installation and use of solar panels in the PHCs
10. Provision and repair of existing non-solar powered boreholes.
11. Reconstruction of the perimeter fencing.

ES4 Legal and Institutional Framework

The Federal and State Ministries, institutions and agencies are responsible for regulating and monitoring environmental and social issues as well as waste management is detailed in Chapter 3

Relevant MDAs

1. Federal Ministry of Health and Social Welfare (FMoH & SW)
2. National Primary Healthcare Development Agency (NPHCDA)
3. National Malaria Elimination Program (NMEP)
4. National Health Insurance Scheme (NHIS)
 - a) State Ministries of Health (SMoH) of the participating project states
 - i. State Primary Healthcare Development Agencies (SPHCDA)
 - ii. State Malaria Elimination Program (SMEPs)
 - iii. State Social Health Insurance Agency (SSHIA)
 - b) Federal Ministry of Environment (FMEnv)
 - c) State Ministries of Environment (SMEnv) of the participating states

Other Relevant State Agencies

These include State Environmental Protection Agencies (SEPA) as well as various state waste management regulatory agencies from the participating states. ES 4.3: Relevant World Bank Policy

The World Bank has 10+1 policies relating to environmental and social management/protection. With regards to the MPA one Safeguard Policy, OP 4.01 on Environmental Assessment is triggered. OP4.01 addresses the potential adverse environmental and social impacts associated with Bank's lending operations early- on in the project cycle and is triggered if a project is likely to have potential adverse environmental and social risks and impacts in its area of influence.

ES5 Project Description

ES5.1: Project Development Objective

In supporting the Nigeria Human Capital Vision 2030, the Program, with other complementary child health investments, is expected to reduce under-five mortality from 132 to 79 per 1,000 births by 2030. Cutting U5MR by 40 percent in 10 years is a stretch goal but is achievable. Achieving a 40 percent decline in U5MR in 10 years would represent the achievement of the top 25 percent of LMCs over the last 25 years and would be much faster than the 16 percent decline observed in Nigeria during the last decade (2008–2018). Given global experience, it is not reasonable to expect Nigeria to achieve a faster rate of decline in U5MR. The overall objective of the program is to reduce under-five mortality rate in program areas.

Ultimately, the Program will contribute towards significantly decreasing U5MR, reducing the burden of malaria particularly among the poor and vulnerable populations, reaping the benefits of routine vaccination, and improving neonatal health.

This would be achieved through three phases of the program with each having a phase objective

ES5.2: PDO Statement

The PDO of the first phase (IMPACT) of the MPA is to improve the utilization and quality of immunization plus and malaria services in selected states. Immunization plus services refer to provision of immunization, maternal, child, and neonatal services in selected states.

The PDO builds on objectives in the National Strategy for Immunization and Primary Health Care System Strengthening, the National Malaria Strategic Plan, and the overarching RMNCAH-Malaria Integration Strategy currently being rolled out by the FMoH & SW.

ES5.3: PDO Level Indicators

Ultimately, the project will contribute toward significantly decreasing U5MR, reducing the burden of malaria particularly among the poor and vulnerable populations, reaping the benefits of routine vaccination, and improving neonatal health.

Under-five mortality rate (number) (PDO Indicator to which the first project will contribute)

Percentage of children under five sleeping under Long-Lasting Insecticide Nets (LLINs) the night prior to the survey (disaggregated by gender)

ES6 Stakeholders Engagement

Stakeholder Engagement Findings

The stakeholder engagement process revealed several key findings, including:

1. Need for Improved Infrastructure: Stakeholders emphasized the need for improved infrastructure, including renovated buildings, upgraded equipment, and reliable water and electricity supply.
2. Shortage of Healthcare Professionals: Stakeholders highlighted the shortage of healthcare professionals, particularly in rural areas.
3. Community Participation: Stakeholders emphasized the importance of community participation in the rehabilitation process.

Public Consultation Findings

The public consultation process revealed several key findings, including:

1. Support for the Project: Community members expressed strong support for the project, citing improved healthcare services and economic benefits.
2. Concerns about Sustainability: Community members expressed concerns about the sustainability of the project, including the need for ongoing funding and maintenance.
3. Need for Transparency: Community members emphasized the need for transparency in the project implementation process

ES7 Potential Impacts and Mitigation

The Primary Health Care facilities within the 31 States plus FCT) are targeted for maintenance are under the IMPACT Project will as part of the overall support.

The procurement and contracting process will be initiated upon clearance of this ESMP.

The subproject will be implemented by local contractor/s in which the contractors' capacity will be assessed, in terms of the technical as well as the environmental and social requirements implementation capacity, following the World Bank guidelines during the competitive bidding process.

The area of influence of the proposed rehabilitation will be described with respect to the following:

1. Physical Environmental Media Influence.
2. Geographical Area of influence.
3. Community influence and vulnerable persons in the institutions and
4. Institutional Influence

ES8 Assessment of potential impacts and analysis of alternatives

The assessment process for the proposed rehabilitation works was conducted using an environmental and social risk assessment checklist, applied through on-site observations and consultations. This approach helped identify site-specific issues and evaluate the potential impacts of the proposed works. Risks were categorized into four levels: high, substantial, medium, and low, with the overall project deemed low-risk due to its focus on rehabilitating existing structures within Primary Health Centers (PHCs). A detailed methodology for identifying and rating these risks is outlined in detail in Chapter

ES9 Grievance Mechanism

GRM is an important mechanism that encourages and promotes ownership of projects. It provides an avenue for communities to give feedback on services received and ultimately leads to a more sustainable and successful project with inputs from the various communities in the project states. It ultimately helps to manage the project risks including social, environmental risks. Experience has revealed that this type of open dialogue and collaborative grievance resolution represent the best practice. Having a GM also shows willingness for transparency in any project.

For a GM to be effective as an all-inclusive engagement tool, it must be structured to accommodate everyone from the PHC to the general public. In addition, clear procedures with timelines must be established for complaints/redress and made easily available to the public by way of public notices and signs posted in all participating HCFs. The grievance mechanisms will;

- Provide a way to reduce risk for projects;

- Provide an effective avenue for expressing concerns and achieving remedies for the grievant; Promote a mutually constructive relationship; and
- Prevent and address community concerns.

Key objectives of the grievance process are:

- Provide affected people with avenues for making a complaint or resolving any dispute that may arise during project implementation;
- Ensure that appropriate and mutually acceptable corrective actions are identified and implemented to address complaints;
- Verify that complainants are satisfied with outcomes of corrective actions;
- Avoid the need to resort to judicial (legal court) proceedings.

ES10 Environmental and Social Management Plan

The overarching objective of the Environmental and Social Management Plan (ESMP) is to ensure that all impacts of the proposed rehabilitation works are contained and brought to an acceptable level to guarantee economic, environmental and social sustainability of the project. The ESMP Matrix has been developed to meet international and national standards on E&S performance. It details the mitigation measures the IMPACT Project will be deploying during the rehabilitation.

ES 11 Cost of Implementing the ESMP

The total estimated cost to effectively implement the mitigation and monitoring measures recommended in the ESMP Matrix above including Capacity Building and others is Thirteen Million, Six Hundred and Ninety Thousand naira only. – **N13,690,000** as seen in Table 18 below. The cost of mitigation is Five Million, Eighty Thousand naira only- **N5,080,000** and should be included in the contract as part of the implementation cost to the Contractor by the SPIU. Four essential trainings were identified before and during the implementation of this ESMP and its cost implication is Five Million, Four Hundred Thousand Naira Only-N5,400,000.

The cost embedded in the ESMP is Health Care Facility specific and should be used to mitigate and monitor the activities of the contractor during the rehabilitation works per facility.

Table 1 : Summary of cost of implementing the ESMP

Item	Responsibility	Cost Estimate in Naira (N)	Cost Estimate in Dollars (\$)
Mitigation	HCFM	5,080,000	3,277
Monitoring	E&S Team SPIU,	2,010,000	1,297
Capacity Building/Training	SPIU/ NPCU	5,400,000	3,483
GRM Operation	SPIU, HCFM	1,200,000	774
Total		13,690,00	8,831.1

CBN RATE 1\$US=N1,550 as at January 24, 2025

ES12 Conclusion

The rehabilitation of primary health care facilities in 36 (31 State plus FCT) states of Nigeria is a critical project aimed at improving healthcare services across the country. The Environmental and Social Management Plan (ESMP) has identified potential environmental and social impacts associated with the project and outlined measures to mitigate them. The ESMP has emphasized the importance of community participation, stakeholder engagement, and transparency in the project implementation process.

ES13 Recommendations

Based on the findings of the ESMP, the following recommendations are made:

- 1 Conduct environmental and social screening for all individual project sites to identify potential impacts and develop mitigation measures.
- 2 Develop a community engagement and participation plan to ensure that local communities are informed and involved in the project implementation process.
- 3 Establish a grievance redress mechanism to address community concerns and complaints.
- 4 Provide training for healthcare workers on environmental and social management best practices.

CHAPTER ONE: INTRODUCTION

1.0 Background and Context

The Federal Government of Nigeria (FGoN) in collaboration with the World Bank has prepared the Immunization Plus and Malaria Progress by Accelerating Coverage and Transforming Services (IMPACT) Project which is a multi-phased programmatic approach (MPA) with the intent of improving its human capital with the goal of reducing under-five mortality rate (U5MR) in Nigeria from 132 to 79 per 1,000 live births by 2030. This will cut U5MR by 40 percent in 10 years.

The IMPACT project also aims to catalyze overall improvements in health services both at the national and participating states to improve access to quality vital services that benefit children and women directly. It is also expected that it will help in strengthening the National M&E systems of the health care system in Nigeria.

The IMPACT Project is implemented by the National Primary Health Care Development Agency (NPHCDA) and the National Malaria Elimination Program (NMEP) with the Project Development Objective (PDO) of the first phase (IMPACT) of the Multiphase Programmatic Approach (MPA) which is to improve the utilization and quality of immunization plus and malaria services in selected states. Immunization plus services refer to provision of immunization, maternal, child, and neonatal services in selected states.

The PDO builds on objectives in the National Strategy for Immunization and Primary Health Care System Strengthening, the National Malaria Strategic Plan, and the overarching RMNCAH-Malaria Integration Strategy currently being rolled out by the FMoH & SW .

The IMPACT Project has the following components

1. Component 1: Malaria Control
2. Component 2: Immunization Plus
3. Component 3: Knowledge for Change
4. Component 4: Contingent Emergency Response Component (CERC)

1.1 Project Development Objective

The PDO of the first phase (IMPACT) of the MPA is to improve the utilization and quality of immunization plus and malaria services in selected states. Immunization plus services refer to provision of immunization, maternal, child, and neonatal services in selected states.

The PDO builds on objectives in the National Strategy for Immunization and Primary Health Care System Strengthening, the National Malaria Strategic Plan, and the overarching RMNCAH-Malaria Integration Strategy currently being rolled out by the FMoH & SW. **The overall objective of the program is to reduce under-five mortality rate in program areas.**

1.2 Rationale for the Environmental and Social Management Plan (ESMP)

The proposed Primary Health Care Facilities improvements will involve renovation and minor repairs to doors, roofs, floors, walls toilets, staff quarters, boreholes, solarization, and fencing, of the PHCs. These activities will involve some potential environmental and social impacts that may arise during the anticipated works: such as the generation of hazardous, non-hazardous waste and noise/air pollution, accident from the movement of equipment and materials within and away from the site, occupational

health & safety risks, risks associated with labor influx, community health and safety issues, grievances and complaints. An Environmental and Social Management Plan (ESMP) is prepared before the commencement of rehabilitation works to address all environmental and social concerns related to the renovation works and develop appropriate mitigation measures to address the negative impacts associated with the renovations.

The ESMP also outlines mitigation costs & responsibilities, and a monitoring plan which will include relevant monitoring parameters, frequency, responsibility and costs. The ESMP will advise on any required updates to the proposed works based on impacts reduction strategies and mitigation hierarchy, the proposed works are minor and impact can be easily mitigated. The ESMP covers the 31 IMPACT participating states and FCT.

1.3 Description of Proposed Intervention

The National Primary Health Care Development Agency (NPHCDA) has selected existing Primary Healthcare Centre's (PHCs) where minor renovations will be carried out within a perimeter. These PHCs are located across 31 states and FCT namely Abia, Adamawa, Bauchi, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Gombe, Imo, Jigawa, Kaduna, Kano, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Ondo, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe and Zamfara States. The facilities across the states are located in rural, semi-urban and urban areas with close proximities to schools, markets, some in built-up areas, others around farmland, rivers, mountainous areas, creek, mosques and churches. The work will involve renovations which will focus on 11 main areas: doors, roofs, floor/tiles, walls and windows. Renovations works of E&S concerns per focus area will involve

1. Doors: The worn our doors will be replaced or fixed during this rehabilitation.
2. Floors: Cracked or worn-out floors will be repaired through plastering, tiling or replacement of the worn off tiles
3. Roof: Leaking roofs or blown out roofs will be fixed together with damaged ceilings will be repaired with zinc and wood where applicable.
4. Walls: Cracks on walls will be repaired and patched with cements before application of paints to cover and make the walls pleasant to look at.
5. Windows: Replacements and repairs of windows, glasses and fixing of burglary proof
6. Toilet: Provision and repair of Toilets
7. Staff Quarter: Provision and repair of the staff quarters.
8. Provision of solar powered motorized boreholes.
9. Installation and use of solar panels in the PHCs
10. Provision and repair of existing non-solar powered boreholes.
11. Reconstruction of the perimeter fencing.

1.4 Scope of Works

The assignment involves the preparation of an ESMP for renovation works to be carried out in all IMPACT implementing PHCs spread across 31 participating States and FCT. This consultancy involves working in close collaboration with the NPHCDA and the various State Project Implementation Unit's (SPIUs) safeguard team and with other actors as directed by the SPIUs and the NPHCDA. The consultancy took into account the technical variants of the proposed renovations and also in return inform the NPHCDA of any major constraints that may arise due to the environmental and social situation on ground.

The specific task for the consultancy assignment shall include but not limited to the following:

1. Review the existing PAD, ESMF prepared for the project;

2. Review Environmental and Social Safeguards policy (OP 4.01 Environmental Assessment) of the World Bank triggered on the project;
3. Identify the policy, legal and administrative framework relevant to the sub-projects.
4. Review of preliminary proposed renovation designs, including their adequacy in each location and make recommendations as required;
5. Describe the proposed project by providing a description of the project relevant components and presenting schematic diagrams, maps, figures and tables where feasible.
6. Capture biophysical, the socio-economic, cultural and risk context per state. It should also capture gender specific statistics;
7. Define and justify the project study area for the assessment of environmental and social impacts.
8. Assess the potential environmental and social impacts related to project activities;
9. Define appropriate mitigation/enhancement measures to prevent, minimize, mitigate negative impacts or to enhance the project environmental and social benefits
10. Carry out consultations with relevant stakeholders in order to obtain their views about the project. These consultations shall occur during the preparation of the ESMPs to identify key environmental and social issues and impacts
11. Prepare an Environmental and Social Management Plan (ESMP). The ESMP should identify:
 - The potential environmental and social impacts resulting from proposed project activities
 - The proposed mitigation measures;
 - The monitoring indicators;
 - The institutional responsibilities for monitoring and implementation of mitigation measures;
 - The costs of mitigation, monitoring activities and implementing the ESMP;

1.5 Approach and Methodology

These activities were strategically deployed for a successful preparation of ESM and the activities involves the following Tasks:

Collection and study of all relevant documents and information from the Client and critical stakeholders:

- Some of the documents collected and studied include the following;
- i. Project Appraisal Document (PAD);
 - ii. Final Environmental and Social Management Framework (ESMF) report;
 - iii. Safeguard Instruments prepared under the project;
 - iv. Engineering designs
 - v. Grievance Mechanism (GM)
 - vi. Maps etc)

Literature Review and Desktop Studies:

The Consultant reviewed the earlier listed documents and others as identified during project implementation. Reviews will enable the consultant to understand the overall project development objective(s) better, appreciate the Clients outlook and viewpoints of the project, and identify critical safeguard parameters, gaps and actions to be taken. The Consultant may also raise questions and comments from the reviews.

An important output will be the preparation of a project's Inventory and Environmental and Social Safeguards Checklists for the exercise.

Preliminary Meetings and Consultations with Client:

This activity is a routine practice of the Consultant and was conducted for the purpose of clarifications, and mainstreaming of activities it will also serve as the official kick-off meeting. A major outcome of the meeting was the preparation of introductory letters, addressed to the management of the IMPACT Project/ NPHCDA at both the state and community levels which will serve as a means to enable smooth running of field works. Letters will be preceded by phone calls made by the Client and followed up by the Consultant.

Site Visits and Onsite Assessments

This activity was done in collaboration with the SPIU and the relevant Officers which include the Environmental and Social Safeguard Officers, M&E Officers through the execution of on-field actions. The activities are listed below and they include

1. NPHCDA inventories for the affected PHCs located in the 31IMPACT implementing States and FCT.
 2. Environmental and social safeguards assessment activities
- All information gotten from all the facility visited were properly documented, analyzed and reported. The Consultant and his team were on the field for 6 days in each state.

An electronic Field assessment form was developed for the Consultancy. The form includes:
Section A: Facility Inventory Data;

Section B: Environmental and Social Safeguards Checklist;

Stakeholder Engagement and Identification

1. Identify stakeholders- Determine the stakeholders who will be impacted by the project, including local communities, Project Affected People (PAP), and other interested parties.
2. Engage with Stakeholders meetings, focus groups, or surveys to gather information on stakeholders' concerns, needs, and expectations.

Environmental and Social Assessment

1. Conduct environmental impact Assessment-Assess potential environmental impacts, including air and water pollution, habitat destruction, and climate change.
2. Conduct social impact Assessment-Assess potential social impacts, including displacement, cultural heritage, and community health.
3. Identify mitigation Measures-Develop measures to mitigate or avoid adverse environmental and social impacts.

Development of the ESMP Report

1. Prepare the ESMP Document-Compile the information gathered during the previous steps into a comprehensive ESMP document.
2. Include management plans and Procedures-Develop management plans and procedures for environmental and social impacts, including monitoring and evaluation.
3. Establish a grievance mechanism- Develop a mechanism for stakeholders to raise concerns or complaints.

CHAPTER TWO: INSTITUTIONAL AND LEGAL FRAMEWORK

2.0 Introduction

The Environmental and Social Management Framework (ESMF) prepared for the IMPACT Project already highlighted all specific relevant policies, legal and regulatory frameworks including the administrative structures for management and implementation of the Project in Nigeria. However, some specific policies and state level legal and administrative frameworks applicable to the project are highlighted in this Chapter.

This assessment will be conducted in accordance with the relevant Federal Government Policies and the participating States where rehabilitations will be carried out with its environmental policies, laws, regulations, guidelines including the applicable World Bank safeguard policy on Environmental Assessment (EA) OP4.01.

Basically, the EA is concerned with the natural environment including air, water, and land; human health and safety; social aspects (involuntary resettlement, indigenous peoples, and physical cultural resources); and transboundary and global environmental aspects. However, the intervention proposed by IMPACT would have minimal environmental or social impact.

2.1 Relevant Nigeria's National Policies

Table 1: Nigerian policies that are relevant to IMPACT Project

Policy	Objectives	Connection with Impact Project
National Policy on the Environment (Revised 2016)	Overall, Policy Objective To define a new holistic framework for guidance and management of the environment as well as natural resources of the country. Objectives Ensuring and securing the quality of Nigeria's environment to support good health and wellbeing Promoting efficient and sustainable use of Nigeria's natural resources and the restoration and maintenance of the biological diversity of ecosystems	The IMPACT project is a health intervention that targets the poor and vulnerable under 5 and pregnant women to improve and sustain health outcomes in communities

	<p>Promoting understanding of essential linkages between the environment, social and economic developmental issues;</p> <p>Encouraging individual and community participation in environmental improvement initiatives;</p> <p>Raising public awareness and engendering a national culture of environmental preservation; and</p> <p>Building partnership among all stakeholders, including government at all levels, international institutions and governments, non-governmental agencies and communities on environmental matters.</p>	
National Health Policy (Revised 2016)	<p>Overall, Policy Objective</p> <p>To strengthen the country's national health system such that it provides effective, efficient, equitable, quality, accessible, acceptable, affordable and comprehensive health services to all Nigerians.</p> <p>Objectives</p> <p>Securing a quality environment adequate for good health and well-being;</p> <p>Sustainable use environmental natural resources for the benefit of the country;</p> <p>Restore, maintain and enhance the ecosystems and ecological processes essential for the functioning of the biosphere to preserve biological diversity and the principle of optimum sustainable yield in the use of living natural resources and ecosystems;</p>	<p>The IMPACT project is aim to increase access to immunization by 15% and to also reduced the maternal death by 15%</p>
	<p>Raise public awareness and promote understanding of the essential linkages between the environment, resources and development, and encourage individuals and communities' participation in environmental improvement efforts; and</p> <p>Co-operate with other countries, international organizations and agencies to achieve optimal use of trans-boundary natural</p>	<p>IMPACT project promote gender mainstreaming at all levels with focus on inclusive access to cost efficient health care services especially amongst the vulnerable (women and children U5) in communities</p>

		resources and effective prevention or abatement of trans-boundary environmental degradation.	
National Gender Policy (2006)		It brings a gender perspective into all aspects of planning policy, developing legislation and transformation activities in Nigeria. It prioritizes the empowerment of women as a way of achieving gender equality and is based on the premise that gender inequality is about power relations between men and women, and that, any policy, plan or practice that seeks gender equality must balance these power relations for the optimum benefit of both parties.	

2.2 Relevant National Acts

Table 2 below shows the Acts relevant to the MPA as well as their objectives.

Table 2: Nigeria Act that are relevant to the Project

/NO	ACT	Description/ Summary of Objectives	
1	National Health Act, 2014	<p>Promote improvement and maintenance of the health of the citizens of Nigeria;</p> <p>Encompass public and private providers of health services;</p> <p>Promote a spirit of cooperation and shared responsibility among all providers of health services in the Federation and any part thereof;</p> <p>Provide for persons living in Nigeria the best possible health services within the limits of available resources;</p> <p>Set out the rights and obligations of health care providers health workers health establishments and users;</p> <p>Protect, promote and fulfil the rights of the people of Nigeria to have access to health care services; and</p> <p>Define and provide a framework for standards and regulation of health services.</p>	<p>Connection with Impact Project</p> <p>The IMPACT project is a health intervention that targets the poor and vulnerable under 5 and pregnant women to improve and sustain health outcomes in communities</p>
2	EIA Act - CAP. E12 L.F.N. 2004	<p>To carry out an EIA on all projects likely to have significant impact on the environment; and</p> <p>Encourage information exchange and consultation between all stakeholders when proposed activities are likely to have significant impact on the environment.</p>	<p>The expected intervention in IMPACT project has little impact on the environment because only micro projects would be revitalized.</p>
3	National Environmental Standards and Regulations, Enforcement Agency Act, (NESREA) 2007	<p>Enforce compliance with national (and international) laws, legislations, guidelines, policies and standards on environmental matters;</p> <p>Coordinate and liaise with, stakeholders, within and outside Nigeria on matters of environmental standards, regulations and enforcement;</p> <p>Ensure that environmental projects funded by donor organizations and external support agencies adhere to regulations in environmental safety and protection;</p> <p>Enforce environmental control measures through registration, licensing and permitting Systems other than in the oil and gas sector; and</p> <p>Conduct environmental audit and establish data bank on regulatory and enforcement mechanisms of environmental standards other than in the oil and gas sector.</p>	<p>The IMPACT project would rely on the World Bank OP4,01 and strict adherence to other national and state relevant laws</p>

		Some relevant sections include	
		<p><u>Section 7:</u> Authority to ensure compliance with all of Nigeria’s environmental laws and treaty obligations; and</p> <p><u>Section 8 (1) K and Section 27:</u> Authority to make and review regulations on air and water quality, discharge of effluents and other harmful substances as well as control of other forms of environmental pollution.</p>	
5	Nigerian Urban and Regional Planning Act CAP. N138 L.F.N. 2004	<p>Facilitates the preparation and implementation of development plans and planning schemes and creating a better environment for living, working and recreation</p> <p>Relevant Sections are:</p> <p><u>Section 30:</u> Requirement for a building plan by a registered architect before commencement of any building project;</p> <p><u>Section 39:</u> Making the acceptance of a land development plan contingent on proof it would not harm the environment or constitute nuisance to the community; and</p> <p><u>Section 74:</u> Ensures effective control in special cases like wasteland</p>	The IMPACT project at the state level should during implementation liaise with relevant MDAs in the design of architectural and engineering plans acceptable by the state and the Bank

6	Harmful Waste (Special Criminal Provisions, etc.) Act 1988	Criminalizes all activities relating to the purchase, sale, importation, transit, transportation, deposit, storage of harmful wastes; and By this Act it is unlawful to dump harmful waste in the air, land or waters of Nigeria	IMPACT intervention during and after revitalization would generate minimal harmful waste. This waste could be handled using local methods with a touch of modern technology like construction of water catchment pit, building incinerator, etc in all sites
7	Employee's Compensation Act 2010	Makes provision for compensation for any death, injury, disease or disability arising out of or in the course of employment; and for related matters	IMPACT project is concerned about the health and safety of the employee
8	Child Rights Act (2003)	The Act was "the child shall be protected against all forms of neglect, cruelty and exploitation. He/she shall not be admitted to employment before an appropriate minimum age 18 in Nigeria); he/she shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his/her health or education, or interfere with his/her physical, mental or moral development."	The IMPACT project does not encourage child labor

2.3 Relevant National Regulations

Table 2 below shows Regulations relevant to the MPA as well as their objectives/description.

Table 2: Regulations relevant to the MPA

S/N	REGULATION	OBJECTIVE(S) AND RELEVANCE
1	National Environmental (Permitting and Licensing System) Regulations, 2009. S. I. No. 29.	The provisions of this Regulation enable consistent application of environmental laws, regulations and standards in all sectors of the economy and geographical regions.
2	National Environmental (Sanitation and Wastes Control) Regulations, 2009. S.I. No. 28	To provide the legal framework for the adoption of sustainable and environment friendly practices in environmental sanitation and waste management to minimize pollution. <i>Particularly relevant in the case of CWM and HCWM and all other waste.</i>
3	National Environmental (Noise Standards and Control) Regulations, 2009. S.I. No 35	To ensure tranquility of the human environment or surrounding and their psychological well-being by regulating noise levels. <i>Particularly relevant in the case of operation of generator sets and civil works</i>
4	National Environmental (Surface and Groundwater Quality Control) Regulations, 2010. S.I. No. 22	To restore, enhance and preserve the physical, chemical and biological integrity of the nation's surface waters, and to maintain existing water uses. <i>Particularly relevant in the case of CWM and HCWM</i>

5	National Environmental (Soil Erosion and Flood Control) Regulations, 2011. S. I. No. 12.	To check all earth-disturbing activities, practices or developments for nonagricultural, commercial, industrial and residential purposes. <i>Particularly relevant in the case of civil works and WM. Also, important particularly to south-western south-eastern states like Abia, Enugu, Imo, Anambra and Bayelsa states where erosion is an environmental issue</i>
6	National Environmental (Watershed, Mountainous, Hilly and Catchments Areas) Regulations, 2009. S. I. No. 27.	To protect of water catchment areas. All land users must observe and respect the carrying capacity of the land; carry out measures for soil conservation and for the protection of water catchment areas using the best available environmentally friendly technologies to minimize significant risks/damage to ecological and landscape aspects. <i>Particularly relevant in the case of civil works and WM</i>
7	National Environmental (Desertification Control and Drought Mitigation) Regulations, 2011. S. I. No. 13.	To provide an effective and pragmatic regulatory framework for the sustainable use of all areas already affected by desertification and the protection of vulnerable lands. <i>Specifically relevant in Borno State where about 50% to 75% of land is lost due to desertification.</i>
8	National Environmental (Control of Bush/Forest Fire and Open Burning) Regulations, 2011, S.I. No. 15	To prevent and minimize the destruction of ecosystem through fire outbreak and burning of any material that may affect the health of the ecosystem through the emission of hazardous air pollutants. <i>Particularly relevant but not limited to burning of HCW and construction waste.</i>
9	National Environmental (Control of Vehicular Emissions from Petrol and Diesel Engines) Regulations, 2011. S. I. No. 20.	The purpose of these regulations is to restore, preserve and improve the quality of air. The standards contained in this regulation provide for the protection of the air from pollutants from vehicular emission and ensuring regular emission testing and maintenance of automobiles operating the road way. <i>Relevant considering possible transportation and distributions of vaccines, wastes and the operations of generating sets.</i>
10	National Environmental (Surface and Groundwater Quality Control) Regulations, 2011. S. I. No. 22.	To restore, enhance and preserve the physical, chemical and biological integrity of the nation's surface waters, and to maintain existing water uses. <i>Particularly relevant but not limited to HCW</i>
11	National Environmental (Construction Sector) Regulations, 2011. S. I. No. 19.	To prevent and minimize pollution from construction, decommissioning and demolition activities to the Nigerian environment. <i>Particularly relevant should there be civil works.</i>
12	National Environmental (Air Quality Control) Regulations, S. I. No 64, 2014.	To provide for improved control of the nation's air quality to such an extent that would enhance the protection of flora and fauna, human health and other resources affected by air quality deteriorations. <i>Particularly relevant in the case of civil works and HCW treatment</i>
13	National Environmental (Hazardous Chemicals and Pesticides) Regulations, S. I. No 65, 2014.	To protect human health and the environment from the harmful effects of hazardous chemicals and pesticides, and other agro-chemicals. It also contributes to the sustainable development. <i>Particularly relevant due to LLINs</i>

14	National Environmental (Construction Sector) Regulations, S. I. No. 19, 2011.	The purpose of these Regulations is to prevent and minimize pollution from Construction, Decommissioning and Demolition Activities to the Nigerian Environment. <i>Particularly relevant due to civil works.</i>
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2.4 Institutional Framework

2.4.1 Relevant Ministries

Table 3 shows the relevant federal and state ministries and their functions

Table 3: Relevant Ministries and Functions

S/N	MINISTRY	RELEVANT FUNCTIONS AND RESPONSIBILITIES
1	Federal Ministry of Environment (FMEnv)	<ol style="list-style-type: none"> 1. Advise the Federal Government on National Environmental Policies and priorities, the conservation of natural resources and sustainable development and scientific and technological activities affecting the environment and natural resources; 2. Cooperate with Federal and State Ministries, Local Government, statutory bodies and research agencies on matters and facilities relating to the protection of the environment and the conservation of natural resources; 3. Prescribe standards for and make regulations on water quality, effluent limitations, air quality, atmospheric protection, ozone protection, noise control as well as the removal and control of hazardous substances; 4. Monitoring and enforcing environmental protection measures; 5. Enforcing international laws, conventions, protocols and treaties on the environment; 6. Prescribing standards for and making regulations on air quality, water quality, pollution and effluent limitations, atmosphere and ozone protection, control of toxic and hazardous substances; and Promoting cooperation with similar bodies in other countries and international agencies connected with environmental protection. 7. Enforcing international laws, conventions, protocols and treaties on the environment; 8. Prescribing standards for and making regulations on air quality, water quality, pollution and effluent limitations, atmosphere and ozone protection, control of toxic and hazardous substances; and 9. Promoting cooperation with similar bodies in other countries and international agencies connected with environmental protection

2	State Ministries of Environment (SMEnv)	<ol style="list-style-type: none"> 1 Liaison with the FMEnv in securing a healthy environment adequate for good health and wellbeing; 2 Liaison with government bodies, private and international organizations in the performance of environmental functions including environmental education/awareness to the citizenry; 3 Ensuring and preserving bio-diversity, conservation and preservation of a sustainable ecosystem; 4 Ensuring institutional reforms for effective environmental management; 5 Initiating, formulation, execution and monitoring of all issues relating to climate change towards mitigating the negative impact of climate change; 6 Conserving, protecting and enhancing the environment, the ecosystem and ecological processes; 7 Reducing land degradation, and developing alternative and renewable energy; 8 Raising of public awareness and promotion of understanding of linkages between environment and development; 9 Co-ordination of environmental protection and natural resources conservation for sustainable development; 10 Supervision of other relevant environmental agencies; 11 Monitoring and evaluation of EIAs and other environmental studies for development projects within their various respective states; 12 Supervising of projects on major channels being funded by World Bank; 13 Initiation, formulation, execution and monitoring of all issues relating to climate change towards mitigating the negative impact of climate change; 14 Supervision and management of donor agencies assisted projects; and 15 Environmental monitoring related to flood, erosion control, pollution control and environmental health.
3	Federal Ministry of Health	<ol style="list-style-type: none"> 1 Providing a people-oriented and sustainable health care delivery system in the State; ▪ Introducing community operational Research for Health; 2 Providing a people-oriented and sustainable health care delivery system in the State; focus on preventive health service with emphasis on the major elements of primary Health Care System; 3 Focusing on Primary the health care system in order to improve management and ensure community participation in planning and administration of health activities; 4 Improving human resource for health; and 5 Focusing on preventive health service with emphasis on the major elements of primary Health Care System and targeted interventions to convert the spread of communicable and non-communicable diseases.

4	31 participating States 'Ministries of Health (SMoH)	<ol style="list-style-type: none"> 1. Improving the health status and socio-economic advancement of individuals in their respective 31 states using preventive, promotive and curative approaches; 2. 3. Establishing health institutions in under-served areas and expand existing health center's across their respective states; 4. Maintaining existing training Institutions for health workers in their respective states; 5. Ensuring that satisfactory standards are maintained in both government and private health institutions throughout their respective states; 6. Providing essential infrastructure in all public health institutions in the state for efficient, qualitative, affordable and effective health services; 7. Ensuring adequate provision of essential drugs, equipment and other materials for health care delivery services in their respective states; 8. Ensuring good working environment and reduce occupational hazards in both public and private sectors; and 9. Assisting in strengthening the capacity of local governments to manage health programs and plans monitoring and evaluation of health institutions and the control of eradication of specific preventable diseases, improvement of access to reproductive/sexual health services.
	31 participating State's Ministry of women affairs and Social Development	<p>The Federal Ministry of Women Affairs and The FMWASD was established by Decree No. 31 of 1989. The broad mandate of the Ministry is to advise the government on gender and children's issues and issues affecting persons with disabilities and the elderly. The Ministry also initiates policy guidelines and leads the process of ensuring gender equality and mainstreaming at both the national and international levels.</p> <p>The 31 states have a replica of the Federal Ministry in their States and they do the same functions in the States.</p>
	31 participating States Environmental Protection Agencies.	<ol style="list-style-type: none"> 1 Advising the State Government on all environmental management policies. 2 Giving direction to the affairs of the Agency on all environmental matters. 3 Preparing periodic Master plan to enhance capacity building of the agency and for the development and natural resources management. 4 Carrying out public enlightenment and educating the general public on sound methods of environmental sanitation and management. 5 Carrying out appropriate test on insecticides, herbicides and other agricultural chemicals 6 Monitoring and controlling disposal of solids, gaseous and liquid wastes generated by both government operations. 7 Setting, monitoring and enforcing standards and guidelines on vehicular emission. 8 Surveying and monitoring surface underground and potable water, air land and soil environments in the state to determine pollution level in them and collect baseline data. 9 Promoting co- operation in environmental science and technologies with similar bodies in other countries international bodies connected with the protection of the environment; and 10 Cooperating with the federal, state and local Governments, statutory Bodies and

		11 Research Agencies on matters and facilities relating to environmental protection
	31 participating State Primary Health Care Boards (SPHCBS)	<ol style="list-style-type: none"> 1. Advising the State Government on all environmental management policies. 2. Giving direction to the affairs of the Agency on all environmental matters. 3. Preparing periodic Master plan to enhance capacity building of the agency and for the development and natural resources management. 4. Carrying out public enlightenment and educating the general public on sound methods of environmental sanitation and management. 5. Carrying out appropriate test on insecticides, herbicides and other agricultural chemicals 6. Monitoring and controlling disposal of solids, gaseous and liquid wastes generated by both government operations. 7. Setting, monitoring and enforcing standards and guidelines on vehicular emission. 8. Surveying and monitoring surface underground and potable water, air land and soil environments in the state to determine pollution level in them and collect baseline data. 9. Promoting co- operation in environmental science and technologies with similar bodies in other countries international bodies connected with the protection of the environment; and 10. Cooperating with the federal, state and local Governments, statutory Bodies and Research Agencies on matters and facilities relating to environmental protection

2.5 Institutional Arrangement

The Federal Ministry of Health and Social Welfare (FMOH & SW) is responsible for the overall policy formulation and program coordination for the MPA as a whole. It will serve as the responsible line ministry for the program and provide policy direction for achievement of targets set by the MPA, monitor progress towards these results and use these to inform policy and programmatic adaptations as the MPA evolves, including requesting for potential restructuring of the Project if needed due to changing situation on the ground (as included the World Bank guidelines).

Under the guidance of the Coordinating Minister of Health and social welfare, the FMOH & SW is responsible for overall program coordination and policy formulation. In recognition of the challenges of limited coordination between NMEP and NPHCDA at the Federal Level, the Federal Ministry of Health and Social Welfare will facilitate coordination between the two implementing agencies as part of the overall coordination role of the Federal Ministry of Health and Social Welfare through the Department of Health Planning Research and Statistics for the achievement of targets. It will also monitor progress towards program results and use same to inform policy and programmatic adaptation of the MPA working through the National Steering Committee (NSC). The DHPRS will facilitate the implementation of the functions of the National Steering Committee. Overall program review and coordination meeting will hold at least quarterly.

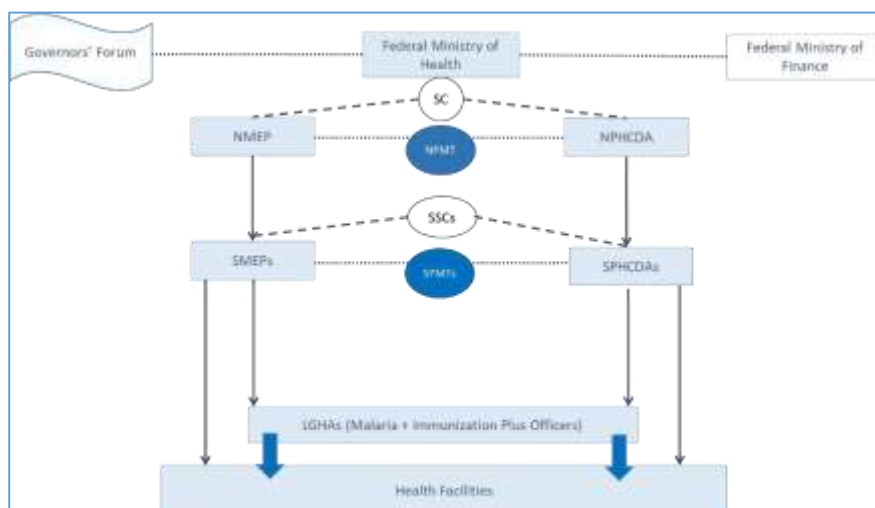


Figure 1: Institutional arrangement for phase 1 of MPA-IMPACT

2.5.1 Federal Level

In Phase I, the MPA will strengthen existing institutional structures by anchoring the malaria component in NMEP within the FMoH & SW while anchoring the immunization plus component within the NPHCDA, consistent with their existing respective mandates. The NMEP and its state counterparts (SMEPs) will be responsible for program implementation of malaria activities while the NPHCDA and its state counterparts (SPHCBA) will be responsible for implementing immunization plus activities.

The National Steering Committee (NSC)

A National Steering Committee shall be constituted for the project and will be responsible for the following:

1. Ensuring Inter-governmental coordination and policy alignment for the program
2. Playing an overall oversight role for project planning, and management
3. Ensuring adequate coordination and timely implementation of the project by the Managers at the various levels of government
4. Approving Project Work Plans and Procurement Plans
5. Proactively address critical issues that could hinder project implementation
6. Meeting at least twice per year to oversee coordination, knowledge sharing and achievement of the PDOs and related results.
7. Receive and review Interim Financial Report (IFR) and programmatic report from the implementing Agencies twice a year for onward transmission to the Federal Ministry of Finance.
8. Receive and review yearly financial statement for onward transmission to the FMoF.

The membership of the Committee comprises of the following:

- i. Minister of Federal Ministry of Health and Social Welfare (Chairman) (correct title)
- ii. Minister of State, Federal Ministry of Health and Social Welfare (Chairman; Alternate)
- iii. Permanent Secretary, Federal Ministry of Health and Social Welfare
- iv. Executive Director, NPHCDA
- v. National Coordinator, NMEP
- vi. Director-General, Nigeria Centre for Disease Control (NCDC),
- vii. Director-General, Nigeria Institute of Medical Research (NIMR)
- viii. Director-General, Nigeria Institute of Pharmaceutical Research and Development (NIPRD)

- ix. Director, Department of Health Planning, Research and Statistics (Member and Secretary of the committee)
- x. Director, Department of Public Health (DPH)
- xi. Director, Department of Food & Drug Services (DFDS)
- xii. Director, Department of Family Health (DFH)
- xiii. Director, International Economic Relations Department (IERD), Federal Ministry of Finance, Budget and Planning
- xiv. Honorable Commissioners, Participating State Ministries of Health
- xv. Honorable Commissioners, Participating State Ministries of Finance
- xvi. Executive Secretaries, Participating State Primary Health Care Boards (SPHCBs)
- xvii. Representatives of Development partners
- xviii. Representatives of Civil Society Organizations (CSOs)
- xix. Other agencies as invited by the Honorable Minister of Health.

The NSC will hold meetings at least twice a year but may hold extraordinary/emergency meetings as necessary if convened by the Chairman. The quorum required is a minimum of ten (10) members per meeting with representation from both malaria and immunization plus components. Notice of meetings to be provided at least 2 weeks before the scheduled date (except for extraordinary/emergency meetings).

Progress on achieving the PDO will be reported annually to the Governors' Forum (regularly scheduled meetings between 36 state governors for peer review and formation of development agenda for the states) to enhance ownership and accountability. The National Project Management Team (NPMT) will be responsible for securing a slot for the Honorable Minister of Health to present progress on the IMPACT project to the Governors' Forum once/twice per year (i.e., following NSC meetings).

Federal Ministry of Finance

The Federal Ministry of Finance (FMoF) will provide overall financial oversight to the project, including:

1. Streamlined and timely fund flow to project implementing agencies against approved annual work plans.
2. Facilitating approval of waivers and no objections on antimalarial commodities.
3. Sign Subsidiary Loan Agreements with benefiting States Ministries of Finance

NMEP Project Implementation Unit (PIU)

The Project Implementation Unit (PIU) housed in the NMEP will be in charge of the overall Project implementation. The NMEP will provide specifications for anti-malaria commodities to be procured by the program and be responsible for the procurement of Long-Lasting Insecticide Treated Nets. NMEP will also provide support to states on the recruitment of NGOs.

The NMEP, in collaboration with its partners, will conduct capacity assessments of states. The capacity assessment will inform the capacity development efforts of technical assistance. Along with the World Bank team, the NMEP will leverage its National Malaria Operations Research Agenda (NMORA) to inform the learning agenda for the malaria component.

The PIU will be headed by a full-time manager to serve as the full-time Project Manager for Malaria component of the IMPACT project. The Project Manager shall be appointed by the National Coordinator, National Malaria Elimination Program. The NMEP PIU will be made up of the following:

1. Program Manager
2. Malaria Case Manager

3. Integrated Vector Management Officer
4. Procurement and Supply Chain Management Specialist
5. Behavior Change Communication Specialist
6. Monitoring and Evaluation (M&E) Specialist
7. Environmental Safeguard Specialist
8. Social Safeguard Specialist
9. Financial Management Specialist
10. Internal Auditor
11. Contract management specialist (Where there is no contract officer at both national and state, NMEP will procure a short-term specialist/consultant who is vast in the area to provide support to the national and the state. The financing will be the responsibility of NMEP.)

Members of the PIU may be seconded from FMOH & SW where available or recruited as consultants where such skills are lacking in the FMOH & SW. The Project Accountant, Internal Auditor and the finance officer are deployed from the Federal Projects Financial Management Department (FPFMD).

The NMEP PIU will have the following roles and responsibilities:

1. Ensure that Project is implemented by all implementing agencies in accordance with the negotiated Financing Agreement for IMPACT-Component 1 (and joint responsibility with NPHCDA for Component 3) and the PIM.
2. Develop the PIU annual work plan and submit to the NSC for approval before submitting to the WB for no objections before November 31 of the preceding year
3. Provide TA to the SMoH PIU for the development and review of annual work plan
4. Oversee the implementation of all project components by efficiently liaising with FMOH & SW /NPHCDA; State Ministries of Health/SPHCBS responsible for implementation at state level and FMOH & SW for multi-sectoral accountability.
5. Coordinate day-to-day administration of IMPACT-Component 1, and joint administration of component 3 with NPHCDA.
6. Carry out routine monitoring and reporting on project activities and specifically, reporting on project performance one month prior to each bi-annual implementation support mission of the project.
7. Communicate to the FMOF and the World Bank on six-monthly non-governmental organizations (NGO) performance results for verification by IVA
8. Co-host and participate in the bi-annual implementation support missions of the project
9. Ensure malaria control states' compliance with the Health Care Waste Management Plan for the project and reporting on the same.
10. Ensure malaria control states' compliance with the Citizen Engagement and Grievance Redress Mechanisms established for the project and reporting on the same.
11. Ensure malaria control states' compliance with the mitigation plan for potential gender-based violence under the project.
12. Submit Interim Financial Report (IFR) and programmatic report twice a year through the NSC to the WB.
13. Submit yearly financial statement through the NSC to the FMOF.
14. Submit yearly audit report through the NSC to the WB.

NPHCDA Project Implementation Unit (PIU)

The NPHCDA will be responsible for implementing immunization plus activities. Like the Polio Eradication Project, the Government, through NPHCDA, will have agreements with UNICEF and WHO on TA and routine immunization operations support, as well as vaccine procurements under the Immunization Plus component.

The NPHCDA PIU will have the following personnel:

- A designated Program Manager supported by case managers
- RI Case Manager
- RMNCH+ Case Manager
- Behavior Change Specialist,
- Monitoring and Evaluation Specialist,
- Logistics and Supply Chain Specialist,
- Environmental safeguard specialist
- Social Safeguards Specialists,
- Financial Management Specialist,
- Internal Auditor, and
- Procurement Specialist.

The NPHCDA PIU will have the following roles and responsibilities:

- Ensure that Project is implemented by all implementing agencies in accordance with the negotiated Financing Agreement for IMPACT-Component 2 (Component 3 jointly with NMEP) and the PIM.
- Develop the PIU annual work plan and submit to the NSC for approval before submitting to the WB for no objections before November 31 of the preceding year.
- Provide TA to the SPHCB PIUs for the development and review of annual work plan.
- Oversee the implementation of all project components by efficiently liaising with FMOH & SW /NPHCDA; State Ministries of Health/SPHCBs responsible for implementation at state level and FMOH & SW for multisectoral accountability.
- Coordinate day-to-day administration of IMPACT-Component 2, and joint administration of Component 3 with NMEP.
- Carry out routine monitoring and reporting on project activities and specifically, reporting on project performance one month prior to each bi-annual implementation support mission of the project.
- Co-host and participate in the bi-annual implementation support missions of the project.
- Ensure the immunization plus states' compliance with the Health Care Waste Management Plan for the project and reporting on the same.
- Ensure the immunization plus states' compliance with the Citizen Engagement and Grievance Redress Mechanisms established for the project and reporting on the same.
- Ensure the immunization plus states' compliance with the mitigation plan for potential gender-based violence under the project.
- Submit Interim Financial Report (IFR) and programmatic report twice a year through the NSC to the WB.
- Submit yearly financial statement through the NSC to the FMOF.
- Submit yearly audit report through the NSC to the WB.

1. The National Project Management Team (NPIU)

A National Project Management team will be set up to be co-led by NMEP and NPHCDA. The NPIU will ensure close collaboration and partnership for the areas of synergy and activities that cut across both PIUs. These include Social and behavior change communication (SBCC), monitoring and evaluation (M&E), learning agenda, and community engagement. PIU will help mitigate implementation risks and inefficiencies by strengthening information flow and collaboration between NMEP and NPHCDA, particularly in contracting firms for M&E, TA and SBCC.

The following principles will guide the operations of the NPIU

1. All joint activities (under component 3) must receive a formal endorsement of the MPA PIU before a World Bank no objection can be issued.
2. For each joint activity, a lead-agency will be agreed and will be the primary focal point for the activity while ensuring adequate input from the secondary PIU for that activity.

The following are the roles and responsibilities of the NPIU

1. Secures a slot for the Honorable Minister of Health to present progress on the MPA to the Governors' Forum once/twice per year (i.e., following SC meetings).
2. Strengthen the implementation of the third component, Knowledge for Change, and other areas of synergy.
3. Mitigate implementation risk by strengthening information flow and collaboration between NMEP and NPHCDA, particularly in contracting firms for M&E, TA and SBCC.
4. Participates in the joint mission of the WB.

2.5.2 State Level

IMPACT Project governance structure at the state level mirrors the set up at the federal level. A state steering committee will maintain overall oversight while the Project Implementation units – SMEP and SPHCBs, will be responsible for the day-to-day implementation of the project.

State Steering Committee (SSC)

The IMPACT project will be under the supervision of a State Steering Committee (SSC) chaired by the Honorable Commissioner of Health and will include representation from state ministries of health and finance, SPHCDBs, relevant development partners and CSOs. The DHPRS of the State Ministry of Health will stand as the secretary of the committee. The composition of the SSC may change in subsequent phases to ensure all relevant ministries and agencies are represented.

The SSC will ensure inter-governmental coordination and policy alignment for the Program and will meet at least twice per year to oversee coordination, knowledge sharing and achievement of the PDOs and relate results.

Other responsibilities of the SSC include;

1. Ensure Intergovernmental coordination and policy alignment for the program
2. Provide overall monitoring of project implementation
3. Ensure adequate coordination and timely implementation of the project by the Managers at the various levels of government
4. Approve Project Work Plans
5. Proactively address critical issues that could hinder project implementation
6. Meet at least twice per year to oversee coordination, knowledge sharing and achievement of the PDOs and related results.

SMEP State Project Implementation Unit

SMEPs domiciled in the SMoHs will collaborate with SPHCBs within their existing mandates in the provision of primary healthcare treatment and diagnosis of malaria. This collaboration between the two state-level entities, will help strengthen management of malaria and other related communicable diseases, including Primary HealthCare related preventive services. All other non-primary healthcare-related activities for malaria will be the responsibility of SMEPs with guidance and supervision from the NMEP. SMEPs will also be responsible for contracting NGOs related to the Malaria Control

Component. The SMEPs will designate a PIU, led by the SMEP program manager, to oversee the malaria activities of the Project.

The SMEP PIU will be made up of the following:

- Program Manager
- Malaria Case Manager
- Integrated Vector Management Officer
- Procurement and Supply Chain Management Specialist
- Behavior Change Communication Specialist
- Monitoring and Evaluation (M&E) Specialist
- Environmental Safeguard Specialist
- Social Safeguard Specialist
- Financial Management Specialist
- Internal Auditor

The SMEP PIUs' will have the following responsibilities:

- Ensures that the project is implemented in accordance with the negotiated Financing Agreement for IMPACT (Component 1 in particular) for its deliverables and the PIM.
- Develops annual work plan and budget, with support from NMEP, and secures its approval from:
 - SSC in a timely manner
 - World Bank before November 31 of the preceding year
- Coordinates day-to-day administration of IMPACT Project implementation in the state.
- Routinely monitors and reporting on project activities to NMEP PIU and specifically, reporting on project performance one month prior to each bi-annual implementation support mission of the project.
- Competitively recruits and manages the implementing NGO(s) from the shortlist provided by the NMEP PIU.
- Ensures compliance of NGOs with the Health Care Waste Management Plan for the project.
- Ensures compliance of NGOs with the Citizen Engagement and Grievance Mechanisms established for the project.
- Ensures compliance with the mitigation plan for potential gender-based violence under the project.
- Communicate NMEP PIU and the World Bank on:
 - Six monthly NGO performance results for verification by IVA
 - Compliance with Health Care Waste Management Plan, citizen engagement and grievance mechanism and mitigation plan for potential risks associated with gender-based violence
 - Co-hosts and participates in the bi-annual joint implementation support missions of the project.

- Convene and fund monthly review meeting with the NGO for discussing reports of their activities.
- Participates and ensures NGOs participate in the state monthly coordination meeting
- Submits Interim Financial Report (IFR) and programmatic report twice a year to the WB through NMEP PIU.
- Submits yearly financial statement to the State Ministry of Health (SMoF).
- Submits yearly audit report to the WB through NMEP PIU.

SPHCB State Project Implementation Unit

The SPHCB PIUs will lead the implementation of immunization plus activities in each of the states. Like the federal

PIU, the state PIU will be led by the SPHCB program manager, to oversee the immunization plus component of the Project. Team members will comprise

- Program Manager
- Case Manager, RMNCAH+N
- Case Manager, RI
- Behavior Change Specialist,
- Monitoring and Evaluation Specialist,
- Environmental Safeguard Specialist
- Social Safeguards Specialists, •
- Financial management specialist, and
- Procurement specialist.
- Internal Auditor
- Logistics and Supply Chain Specialist

The PIU will be responsible for the day-to-day oversight of all the project activities in their states and will collaborate with the SMEPs and other development partners involved in delivering health services in the state.

The SPHCDB PIUs' will have the following responsibilities:

Ensures that the project is implemented in accordance with the negotiated Financing Agreement for IMPACT (Component 2 in particular) for its deliverables and the PIM.

- Develops annual work plan and budget, with support from NPHCDA, and secures its approval from:
 - SSC in a timely manner
 - World Bank before November 30 of the preceding year
- Coordinates day-to-day administration of IMPACT Project implementation in the state.
- Routinely monitors and reporting on project activities to NPHCDA PIU and specifically, reporting on project performance one month prior to each bi-annual implementation support mission of the project.
- Ensures compliance of project facilities with the Health Care Waste Management Plan for the project.
- Ensures compliance of project facilities with the Citizen Engagement and Grievance Redress Mechanisms established for the project.

- Ensures compliance with the mitigation plan for potential gender-based violence under the project.
- Communicate NPHCDA PIU and the World Bank on:
 - Compliance of LGHAs and Project facilities with DFF implementation and supportive supervision activities
 - Compliance with Health Care Waste Management Plan, citizen engagement and grievance redress mechanism and mitigation plan for potential risks associated with gender-based violence
- Co-hosts and participates in the bi-annual joint implementation support missions of the project.
- Submits Interim Financial Report (IFR) and programmatic report twice a year to the WB through NPHCDA PIU.
- Submits yearly financial statement to the State Ministry of Health (SMoF).
- Submits yearly audit report to the WB through NPHCDA PIU.
- Ensure timely disbursement of investment credit and quarterly funds to Health facilities

Other roles and responsibilities as outlined in the DFF user manual.

2.5.3 Local Government Area Level

Local Government Health Authority (LGHA)

At the LGA level, the PHC Coordinator working together with the malaria officers, Routine immunization, and Maternal and child health officers as the case may be, will be responsible for the day-to-day management of the project activities.

The LGHA will be responsible for:

- Conducting supportive supervision to PHCs
- Conducting microplanning of malaria, and immunization plus activities at the LGA level
- Conducting monthly data validation
- Using the results of LQAS to improve service delivery
- General oversight on the implementation of the project in the LGA
- Publicize methods of providing beneficiary feedback through a grievance redress process
- Oversee the overall procurement, financial management, environmental and social safeguard activities within the LGA health system
- Conduct monthly meetings with heads of health facilities
- Develop an annual workplan for the LGHA
- For DFF LGAs, develop a quarterly business plan for the LGHA
- Support DFF health facilities in development of quarterly business plans
- Conduct quality assessment of all health facilities participating in the DFF every six months
- Review monthly financial statements and conduct periodic financial management review of health facilities Health Facility Management committee DFF Management
- Develop quarterly business plans that outline activities to increase the coverage and the quality of services as well as estimated revenue and cost
- Complete the patient data register in legible way, adhering to the norms for Primary and Secondary Register Column Headers as described in the NHMIS
- Ensure availability of all data recording registers and other management tools at the HF, and ensure that such documents are accessible to the SPHCB/B, LGHA and research companies

- Ensure complete transparency and access to information relating to the use of funds generated through DFF and all other sources
- Allocate all the revenues generated through DFF and revenues from other sources to operational expenditure based on the business plan
- Display a service charter stating services provided in the health facility and service

commitment

1. Accurate bookkeeping and submission of monthly financial statements to the LGHA for review ▪
2. Compliance to project guidelines and protocols

NB: Funds gotten from DFF MUST NOT be used for staff performance bonus.

1. Procurement and Prescription of Drugs and Medical Consumables in DFF Health Facilities
2. Procure all drugs and medical consumables from Certified Distributors, using the list of the Certified Distributors in the State issued by the Pharmacists Council of Nigeria (PCN) and the SMOH
3. Only procure essential drugs (as listed in the approved essential drug list) and medical consumables in generic form
4. Keep records of drugs and consumables procured accessible at the pharmacy, and an in-depth audit will need to show a match of stock-in and stock-out
5. Ensure that all drugs and medical consumables prescribed in the HF are prescribed through a prescription sheet, which shall be maintained and accessible at all times for control at the pharmacy
6. Make sure that the prescriptions follow protocols (types of generics and recommended quantities) in the treatment guidelines, and indicate (a) the name and age of the patient; (b) the date; (c) clearly legible listed generic drugs with quantities; (d) name and signature of the prescriber
7. List all drugs and medical consumables available at the health facility and make the list accessible at the public notice board and at the pharmacy. It should: (a) list the unit price; (b) list the number of items for a typical course; and (c) the unit price (the 'retail price') should not exceed the wholesale price + a reasonable mark-up agreed within the Facility RBF Committee.

Other Responsibilities

1. Avoid any activities in contradiction with national health policies and/or accepted medical and professional ethics, including main staff professional licensing/permits
2. Inform the LGHA or HMB at the LGA of any change in HF personnel and equipment at the facility that could hamper its capability to render the Services
3. Report in writing any case of fraud or attempted fraud committed by HF staff members to the SPHCB, and the LGHA or HMB

Ward Area committee on Health

The Ward area committee on health is conceived as strategy for encouraging community participation in health programs and facilitating access to primary health care services. Operating at the grassroot, the committee will ensure ownership by members of the community of all primary health issues such as health promotion and community mobilization, maternal and newborn child health services, nutrition, control of communicable and non-communicable diseases and sexual and reproductive health. They will work with health facilities and other stakeholders to facilitate community participation.

Conclusively, the World Bank's Environmental and Social Policy takes precedence over conflicting National policies or laws,

CHAPTER THREE: DESCRIPTION OF THE PROJECT ENVIRONMENT AND ITS SOCIO ECONOMICS

3.0 Introduction

This chapter covers information on the description of the 31 IMPACT Project implementing States and FCT with the description of selected Health facilities for rehabilitation. The chapter also provides information on their socio-economic characteristics of proposed intervention states, according to geo-political zones in the Country. The data obtained in this chapter comprised both the secondary and primary data. It also presents an overview of the baseline conditions of the PHC Facilities in the 31 IMPACT Project participating States. The outcome is based on data collected during the field work exercise. The information covers WASH, waste management, facility accommodation, sources of power supply etc.

3.1: The 31 MPACT Project Participating States and FCT

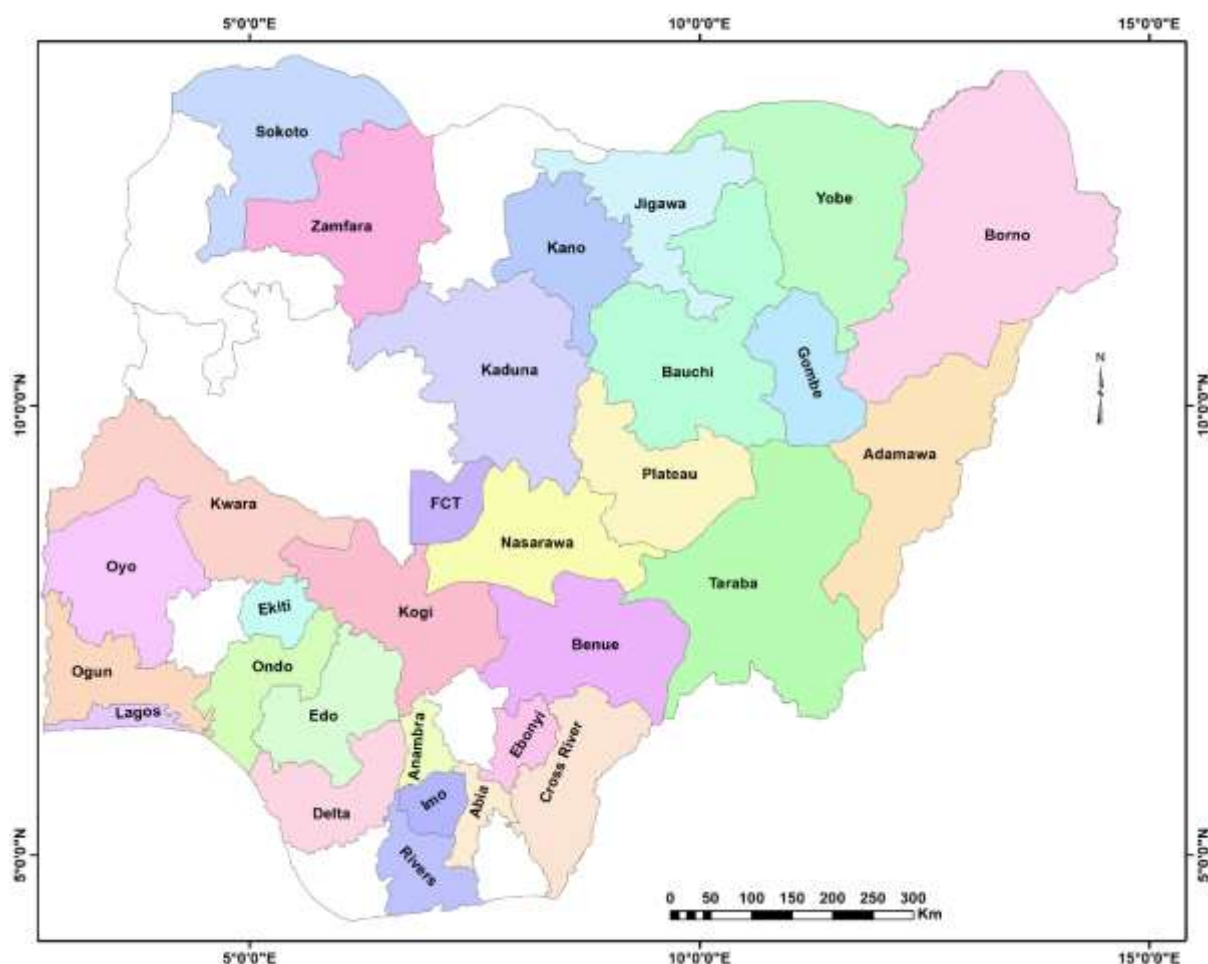


Figure 2: Map of Nigeria showing the participating States

3.2: List of states with the total number of Health Facilities and the total number of Health Facilities selected for rehabilitation under IMPACT Project.

The table below shows the participating States and the number of PHCs under the intervention of IMPACT Project.

Table 4: List of states with number of IMPACT Project intervening PHCs

S/N	STATE	TOTAL NO HFs	Total No of HFs Selected for rehabilitation
1.	Kano	484	187
2.	Ogun	472	75
3.	Edo	108	61
4.	Abuja	279	62
5.	Kogi	239	88
6.	Cross river	196	89
7.	Taraba	168	113
8.	Lagos	225	27
9.	Benue	216	98
10.	Abia	108	87
11.	Zamfara	147	62
12.	Sokoto	244	136
13	Jigawa	287	114
14.	Adamawa	226	79
15.	Nasarawa	147	58
16.	Gombe	114	66
17	Oyo	351	106
18.	Ekiti	117	40
19	Rivers	347	135
20	Kwara	193	103
21	Ondo	203	102
22	Imo	305	150
23	Ebonyi	171	39
24	Bauchi	212	118
25	Kaduna	255	143
26	Yobe	178	45
27	Borno	220	74
28	Delta	260	118
29	Plateau	207	82
30	Kebbi	213	80
31	Niger	319	95
		-	-

3.3: Site Specific Description of the Project Environment

The table 5 below the description of the features and conditions of the PHCs in each of the IMPACT Project Implementing States. The conditions were stated in numbers per state.

Table 5: Description of the features in each of the PHCs in the MPACT implementing States

States	Total number of LGA	Total number of BHCPF Facilities		Total number of Selected HCFs to be revitalized in LGAs	No of facility with source of power	No of facility with source of water	Facility with staff accommodation	Facility without staff accommodation	No of facility with at least 2 functional toilets	No of facility with fence and gate	No of facility without fence and gate	No of facility that is either fenced or with not both	No of facility with less than 2 toilets	No of facility with proper medical waste disposal like incinerator		
		Urban	Rural											Available	functional	Non functional
Abia	17	95	197	87	11	108	69	60	232	60	232	0	55	1	1	107
Benue	23	10	188	98	198	198	86	182	78	32	226	10	190	4	1	3
Nassara wa	13	13	134	58	35		16	131	147	122	25	0	0	2	2	145

Gombe	11	11	103	66	19	12	7	107	114	23	90	1	0	15	1	14
Jigawa	27	31	250	114	31	250	70	217	281	83	198	0	0	0	0	0
Plateau	17	28	179	82	201	95	11	196	207	15	184	8	0	1	1	206
Oyo	33	81	270	106	44	70	146	205	308				43	0	0	0
Kano	44	88	396	187	102	183	135	349	342	233	241	25	142	0	0	0
Ogun	20	31	205	75	236	236	80	147	151	97	118	13	77	11	1	235
Edo	18	8	136	61	129	146	7	139	124	55	91	50	6	0	0	0
Abuja	6	5	57	40	45	38	10	52	40	42	20	47	22	2	0	60
Kogi	21	21	199	88	40	50	10	210	220	20	200	0	0	0	0	0
Cross river	18	57	139	92	42	18	12	80	70	5	87	0	0	0	0	0
Taraba	16	16	152	113	33	44	66	103	25	57	103	7	25	2	2	0
Lagos	20	163	62	27	26	27	2	25	12	20	4	3	15	0	0	0
Zamfara	14	33	114	62	35	95	9	138	86	37	110	0	56	35	15	20
Sokoto	23	51	193	244	82	162	102	142	31	111	133	166	87	0	0	0
Adamawa	14	33	114	62	35	95	9	138	86	37	110	0	56	35	15	20

Ekiti	16	177	40		100	91	82	16	64	92	78	78	28	0	0	0
Rivers	23	25	178	135	60	106	136	67	175	148	55		28	0	0	0
Kwara	16	39	154	70	148	134	86	108	129	62	126	5	64	34	34	159
Ondo																
Imo																
Ebonyi	13	31	140	39	141	138	29	135	45	55	116	6	126	3	1	2
Bauchi	20	25	187	118	196	142	131	81	212	156	42	14	0	18	4	14
Kaduna	23	51	204	143	164	151	148	93	218	189	50	84	14	6	6	0
Yobe	17	26	134	45	178	178	112	47	148	118	37	06	13	27	20	7q
Borno	27	149	71	74	82	102	74	146	132	102	70	48	74	28	6	102
Delta	25	49	211	118	260	260	78	182	260	156	104	156	0	1	0	1

Fill in the information for Ondo and Imo states

3.4: Socioeconomic Description of the Project Environment

Socioeconomic Characteristics of proposed intervention States by Geopolitical Zone

Below is a socioeconomic analysis of the characteristics of the listed states grouped under their respective geopolitical zones. The analysis describes key socioeconomic characteristics for each zone and states therein while summarizing the method used for the analysis.

The analysis uses secondary data sources such as national demographic surveys, statistical yearbooks, and socioeconomic reports from government and international agencies. Key variables analyzed include population, poverty rate, literacy rate, primary economic activities healthcare access etc. Data aggregation focuses on averages and specific state-level nuances for a comprehensive overview. Table 6.

The Socioeconomics is tailored specifically to the Environmental and Social Management Plan (ESMP) for the Rehabilitation of Primary Health Care Centre's (PHCs) across the 30 states in Nigeria. The analysis ties each characteristic to the challenges and opportunities for rehabilitating PHCs and

Table 6: Social Economic Description of the Project Environment

Zone	State	Population (millions)	Literacy Rate (%)	Poverty Rate (%)	Primary Economic Activities	Health Care Facility Density (per 100,000)	Maternal Mortality Rate (per 100,000)	Access to Electricity (%)	Access to Potable Water (%)	Road Infrastructure Index (1–10)	Waste Management Systems in PHCs
South-East	Abia	3.7	84	27	Trade, Agriculture, Small-Scale Industry	15	512	72	62	6	Poor
	Ebonyi	2.9	65	36	Agriculture (Rice, Yam), Quarrying	10	580	54	58	5	Very Poor
	Imo	5.4	89	25	Trade, Oil and Gas, Manufacturing	18	450	78	71	7	Fair
South-South	Cross River	4.2	76	33	Agriculture (Cocoa, Palm Oil), Tourism	12	530	60	64	6	Poor

	Delta	5.6	82	23	Oil and Gas, Trade, Fishing	20	410	84	78	8	Fair
	Edo	4.2	83	22	Trade, Oil and Gas, Agriculture	17	460	81	76	8	Good
	Rivers	7.3	77	18	Oil and Gas, Trade, Shipping	22	400	89	81	8	Fair
South-West	Ekiti	2.7	88	34	Agriculture, Education	14	520	69	68	6	Poor
	Lagos	22.2	92	8	Trade, Manufacturing, Financial Services	25	300	95	85	10	Good
	Ogun	6.1	83	22	Manufacturing, Agriculture, Trade	18	420	84	74	8	Fair
	Ondo	4.7	75	30	Oil and Gas, Agriculture	15	480	71	66	7	Fair
	Osun	4.7	80	29	Agriculture, Trade, Small-Scale Industry	16	500	65	63	6	Poor
	Oyo	9.3	78	28	Agriculture, Trade, Education	20	470	73	70	7	Fair
North-Central	Benue	5.7	62	42	Agriculture (Yam, Cassava), Trade	10	610	47	54	5	Very Poor
	Kogi	4.5	67	35	Agriculture, Mining	11	590	49	59	6	Poor
	Kwara	3.5	75	32	Agriculture, Trade	12	550	63	65	6	Poor
	Nasarawa	2.5	55	48	Agriculture, Mining	9	620	44	50	5	Very Poor

	Niger	5.8	53	47	Agriculture, Fishing, Mining	8	640	41	53	5	Very Poor
	Plateau	4.2	68	38	Agriculture, Mining, Tourism	13	570	55	61	6	Poor
North- East	Adamawa	4.9	46	61	Agriculture, Livestock	7	710	37	43	4	Very Poor
	Bauchi	6.5	44	60	Agriculture, Trade	6	690	39	45	4	Very Poor
	Borno	6.1	40	72	Agriculture, Trade	4	780	35	39	3	Very Poor
	Gombe	3.2	54	53	Agriculture, Trade	8	660	42	49	4	Poor
	Taraba	3.7	48	56	Agriculture (Tea, Cocoa), Livestock	9	700	38	44	4	Very Poor
	Yobe	3.5	37	70	Livestock, Agriculture	5	800	30	38	3	Very Poor
North- West	Jigawa	5.9	43	68	Agriculture, Trade	6	740	36	42	4	Very Poor
	Kaduna	8.9	58	49	Agriculture, Manufacturing	9	610	48	52	5	Poor
	Kano	15.5	55	51	Trade, Agriculture, Manufacturing	10	590	45	50	5	Poor
	Kebbi	7.8	47	53	Agriculture, Trade	7	670	44	41	5	Poor
	Sokoto	4.7	39	68	Agriculture, Trade	5	750	32	41	4	Very Poor
	Zamfara	3.9	38	70	Agriculture, Mining	4	780	34	40	3	Very Poor

CHAPTER FOUR: ASSESMENT OF POTENTIAL IMPACTS AND ANALYSIS OF ALTERNATIVES

4.0: Introduction

This chapter provides a detailed analysis of both the beneficial and adverse impacts of various components of the proposed project on the physical, biological, and human (social, cultural, and economic) environments. The significance of these potential impacts is evaluated based on their nature, extent, intensity, and duration, as well as the sensitivity of the affected environmental and social components and public perceptions.

All major development projects have environmental and/or socio-economic impacts. For the project's objectives to be achieved successfully, the potential environmental, socio-economic, and health impacts must be identified, assessed, and adequately mitigated or enhanced as needed. These impacts, whether positive or negative, can vary greatly in terms of magnitude, extent, and significance.

The assessment process for the proposed rehabilitation works was conducted using an environmental and social risk assessment checklist, applied through on-site observations and consultations. This approach helped identify site-specific issues and evaluate the potential impacts of the proposed works. Risks were categorized into four levels: high, substantial, medium, and low, with the overall project deemed low-risk due to its focus on rehabilitating existing structures within Primary Health Centers (PHCs). A detailed methodology for identifying and rating these risks is outlined in the figure below.

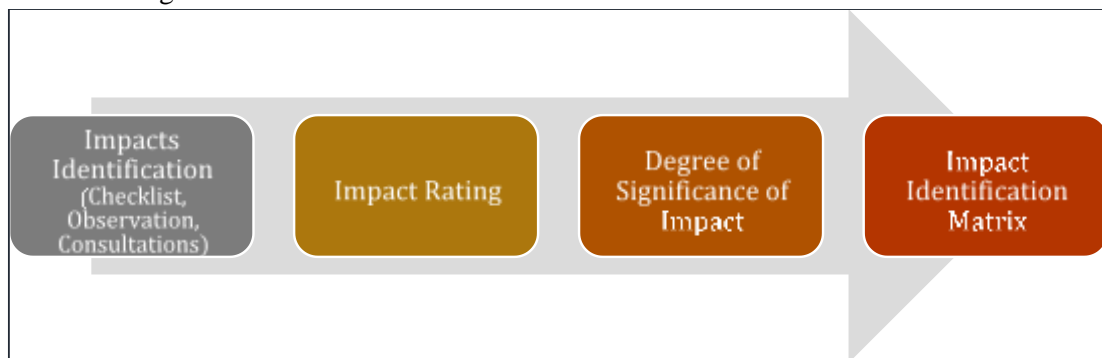


Figure 3: Impact Assessment Methodology

4.1 Impact Assessment Methodology

As is typical for socio-environmental assessments of this scale, a combination of checklists, matrices, public consultations, professional expertise, and field-based judgments were utilized. These tools facilitated a three-phase impact assessment process, which included:

Impact identification:

1. Impact identification: This phase involved listing and categorizing the impacts associated with each stage of the project activities
2. Impact prediction: This phase focused on forecasting the nature, magnitude, extent, and duration of the potential impacts for each project phase.
3. Impact evaluation: This phase assessed the significance of the identified impacts

This structured approach ensured a comprehensive analysis of the socio-environmental implications of the proposed Primary Health centre (PHC renovation works).

4.2 Impact Identification

A checklist based on exhaustive consideration of the immediate environment, normal baseline information and the essential project activities was used to develop a set of lists of the potential impacts of the project. Project impact identification involved the following:

1. The source (origin) and/or the cause of the problem (project activity and or environment aspect);
2. The receptor of the impact (socio-environment component i.e. existing ecological and socioeconomic condition of the project environment);
3. The way and manner in which the effect is diffused from the source to the receptor (pathway and pulse); and
4. The potential consequences (environmental impact).

4.2.1 Impact Prediction

Impact prediction entails a collage of processes that connect the project activities to the environment. Identified impacts were characterized based on the nature, duration, and reversibility of the possible impacts, and involved the following prediction spectral:

1. *Beneficial Impacts*: these are impacts that have positive and useful effects;
2. *Adverse Impacts*: these are impacts that have negative and unpleasant effects;
3. *Direct Impacts*: these are first-order evidential impacts and are directly related to the proposed project and can be connected to the actions that trigger them;
4. *Indirect Impacts*: these are second-order impacts that occur later in time or further away from the impact source;
5. *Cumulative Impacts*: these typically occur from the incremental impacts of an action when combined with impacts from project-related events that have been commenced recently or would be activated in the near future;
6. *Reversible Impacts*: these are impacts over which the components involved have the capability of recovery following the disturbances caused by the impact based on resilience traceable to it;
7. *Irreversible Impacts*: these are impacts whose effects are such that the environmental components cannot be returned to its original state even after adequate mitigation measures are applied, having frail resilience capacity;
8. *Residual Impacts*: these are impacts whose effects remain after mitigation measures have been applied, often requiring a review to deal with;
9. *Short Term Impacts*: these are impacts whose effects remain over a short period and are confiscated after the utility of requisite alleviation measures;
10. *Long-Term Impacts*: these are impacts whose effects remain over a protracted period way beyond the utility of mitigation measures.

4.2.2 Impact Evaluation

This is the third stage in the assessment procedure that involves the evaluation of project-based concerns, issues and impacts. Based on its applicability to the project, the Risk Assessment Matrix (RAM) was used. The RAM approach involves an analysis of the risks of the impacts by determination of the consequence and or severity alongside the probability of occurrence. The severity of the impact was ascertained using the Consequence Severity Table while the Likelihood Ranking Table was used to estimate the probability of an impact. Table 7 details the RAM which was used to determine the risk level and the related significance of the impact. Tables 8 to 9 present the outcome of impact identification, characterization and evaluation for the IMPACT project across the 31 States and FCT.

Table 7: Probability Occurrence, Consequence severity, Likelihood Ranking and Risk Matrix

Probability	Attributes
Certain	Impacts that can reasonably be expected to occur during the project
Likely	Impacts that are likely to occur during the project
Possible	Impacts that might occur sometime during the project
Unlikely	Impacts that can reasonably be expected NOT to occur during the project
Rare	Impacts that are unlikely to occur except in exceptional circumstances
Severity	Attributes
Negligible	No detectable environmental and socio-economic impact
Marginal	Minimum environmental and socio-economic impact. Localized reversible habitat loss or minimal long-term effects on habitat species or media/public health and safety
Critical	Significant environmental and socio-economic harm. Significant widespread and persistent changes in species, habitat and media (e.g. widespread habitat degradation/public health and safety)
Catastrophic	Detrimental environmental and socio-economic impact. Loss of a significant portion of a valued species or effective ecosystem function on a landscape scale/injury and death is possible

Probability	Severity			
	Negligible	Marginal	Critical	Catastrophic
Certain	Yellow	Yellow	Red	Red
Likely	Yellow	Yellow	Orange	Red
Possible	Green	Yellow	Orange	Red
Unlikely	Green	Green	Yellow	Red
Rare	Green	Green	Yellow	Yellow

Low	Green
Medium	Yellow
High	Orange
Extreme	Red

<p>Impact Rating</p> <ul style="list-style-type: none"> • Low Risk: No response plans will be needed for these risks • Medium Risk: Actions may be required to control acceptable risk • High Risk: Adequate action and management attention are required to control risk. There is need for some response planning for these risks • Extreme Risk: Significant additional action and high priority management attention will be required to control risk. There is need for an in-depth response plans for these risks.
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4.2.3 Analysis of Potential Impact for PHCs rehabilitation

The renovation of Primary Healthcare Centers (PHCs) is a crucial initiative aimed at improving healthcare delivery and overall community well-being. This project seeks to enhance the physical infrastructure of PHCs, including essential facilities such as toilets and WASH (Water, Sanitation, and Hygiene) services, while promoting better healthcare access for patients and a conducive working environment for healthcare professionals. While the renovation offers numerous positive impacts, such as improved health outcomes, human capital development, and increased employment opportunities, it is important to also address the potential negative environmental, occupational health and safety (OHS), and social impacts. This analysis outlines both the positive contributions and the challenges associated with the project, along with suggested mitigation strategies to ensure the project's success and sustainability.

Positive Impacts

Environmental & OHS Impacts:

1. Promotion of Synergy Among MDAs: Collaboration between Ministries (Health, Women Affairs, Environment, etc.) to address issues like sand mining and unlicensed quarry impacts.

Social Impacts:

1. Human Capital Development: The project will foster economic growth and contribute to poverty reduction by developing local skills and creating employment.
2. Healthcare Improvement: The project supports healthcare reforms in Nigeria, enhancing the overall health conditions of the population.
3. Reduction in Mortality Rates: The expected improvements in healthcare will directly contribute to a reduction in mortality rates within the community.
4. Improvement in Life Expectancy: The improved healthcare environment will contribute to an overall increase in life expectancy in Nigeria.
5. GBV Activities: Activities such as GBV Mapping, Code of Conduct, and response mechanisms for survivors will strengthen the state's efforts to prevent GBV.
6. Creation of Short-Term Employment: Employment opportunities will be created for both skilled and unskilled workers during the rehabilitation works.
7. Improved Environment for PHC Staff & Patients: Rehabilitation will result in a more conducive environment for both healthcare staff and patients.
8. Rehabilitation of WASH Facilities: Improved sanitation through the rehabilitation of toilets and WASH facilities will promote better hygiene, resulting in better health outcomes for patients and staff.

Negative Impacts

Environmental & OHS Impacts:

1. Occupational Health & Safety Risks: Civil works and machinery operations may lead to accidents and injuries for workers (Minor).
2. Poor Labor Conditions: Unsafe working conditions, such as inadequate wages or lack of protective measures, could lead to health issues and grievances (Minor).
3. Waste Generation from Renovations: Waste (e.g., cement, wood, iron rods) may cause environmental pollution if not properly managed, affecting public health, particularly for patients and staff (Moderate).
4. Electrical & Electronic Waste: Poor management of e-waste (e.g., wires, sockets) could cause toxicity and environmental harm (Minor).
5. Poor Maintenance of WASH Facilities: Failure to maintain toilets and WASH facilities properly could lead to environmental pollution and the spread of disease (Minor).
6. Burning of E-Waste and Debris: Disposing of waste through burning could contribute to global warming and climate change (Minor).
7. Road Deterioration: The project could further degrade earth-based roads, impacting local infrastructure (Minor).
8. Loss of Vegetation: Minor vegetation removal to access renovation areas may impact local ecosystems.
9. Dust Generation: The movement of vehicles and equipment on earth roads may lead to air pollution (Negligible).
10. Noise Pollution: Mobilization of vehicles and machinery/equipment could cause noise disturbance to the community (Negligible).

11. Impact of Material Sourcing: Extracting materials like sand, clay, and gravel from unlicensed quarries could contribute to environmental degradation (Minor).

Social Impacts:

1. Security Risks: Contractors and workers may face threats such as banditry and kidnapping (Minor).
2. Encumbrances Blocking Access: Obstructions such as electric poles or structures along access routes may block access to PHCs, leading to grievances (Minor).
3. Cultural Conflicts from Foreign Workers: Foreign workers may unintentionally violate cultural norms or display behaviors that lead to community conflicts (Minor).
4. Material & Equipment Obstructions: Improper stacking of materials could restrict access for patients and community members (Minor).
5. Increased Traffic and Delays: The movement of materials and equipment to the site may disrupt local markets and religious activities (Negligible).
6. Increased SEA/SH/GBV Risks from Labour Influx: The influx of workers may increase the risk of sexual exploitation and abuse (SEA), GBV, and the spread of STIs/STDs, potentially attracting sex workers to the community (Minor).
7. Resource Conflicts: There may be disputes over scarce resources, such as water, toilets, and healthcare facilities, between the community and PHC management (Minor).
8. Disadvantage to Vulnerable Groups: Vulnerable groups, such as women, children, and the elderly, may not directly benefit from the project, further marginalizing them (Minor).
9. Child Labour and School Dropout Risks: The sourcing of unskilled labour may increase the risk of child labour and school dropout rates, putting children at risk of health and safety issues, as well as Violence Against Children (VAC).
10. Poor Labour Conditions for Community Workers: Low wages and poor working conditions for community workers could lead to grievances (Minor).
11. Disturbance to PHCs and Community Life: Rehabilitation activities may cause minor disturbances in daily PHC operations and community life (Minor).
12. Health & Safety Risks from Equipment Movement: The movement of construction equipment and vehicles could pose health and safety risks to community members, patients, and staff (Minor).
13. Loss of Livelihoods due to Encumbrances: Some community members may lose livelihoods due to farm activities obstructed by the project, while tampering with local infrastructure (e.g., electric poles) may create further grievances (Minor).

4.2.4 Area of influence of the propose Rehabilitation

The area of influence for the proposed rehabilitation project encompasses several key aspects that highlight both the physical and social reach of the initiative. These aspects include:

1. **Physical Environmental Media Influence**
2. **Geographical Area of Influence**
3. **Community Influence**
4. **Institutional Influence**

Physical Environmental Media Influence

The activities associated with the proposed project may significantly impact various environmental factors, including air quality, land, and water resources. The landscape of the project site, which includes soil, flora, and fauna, will be affected by activities such as construction and land

preparation. Moreover, runoff water will be channel to designated drains along the site to prevent flooding or waterlogging. It is crucial that environmental management plans are developed and adhered to, in order to mitigate adverse effects on air quality, soil integrity, and water systems.

Geographical Area of Influence

The geographical influence of the project extends to the immediate surroundings of the Primary Healthcare Centre's (PHCs) designated for rehabilitation. This includes a 30-meter radius around the facilities, which will be directly or indirectly impacted. Potential effects on the surrounding area include disruptions to traffic flow due to construction vehicles, as well as temporary changes in the local environment due to construction activities.

Community Influence

The rehabilitation of PHCs presents numerous opportunities for local communities, especially in terms of economic growth and employment. Vendors and local businesses around the facility are likely to see a boost in trade, particularly food vendors who can cater to construction workers. Additionally, artisans and laborers will be employed on a temporary basis, contributing to the local economy.

Institutional Influence

Several key institutions will be involved or impacted by the proposed rehabilitation, including both local and national agencies. These institutions include:

1. The immediate environment of the Primary Healthcare Facility
2. National Environmental Standards Regulatory Agency (NESREA)
3. Federal Ministry of Environment
4. State Ministry of Environment
5. State Environmental Protection Board
6. State Health Management Board
7. National Primary Health Care Development Agency (NPHCDA)

4.2.5 Project activities of Environmental and Social concern

The environmental and social impacts of the proposed project will be addressed in three major phases: Pre-Rehabilitation, Rehabilitation, and Operation & Maintenance. Below is a breakdown of potential impacts and suggested mitigation measures for each phase.

4.2.5.1. Pre-rehabilitation Phase Impacts

The pre-rehabilitation phase of PHC renovations primarily involves land preparation activities such as clearing the site, setting up infrastructure, and mobilizing equipment. During this phase, several potential impacts can arise, which may affect the environment, local community, and overall safety.

1. Occupational Health and Safety Risks

During land preparation, workers are exposed to various hazards, especially with the use of heavy machinery, tools, and construction materials. These risks include accidents such as falls, cuts, or injuries from operating heavy machinery. The potential for exposure to hazardous materials, such as dust or construction chemicals, also increases, which could cause respiratory issues or skin irritation over time. If safety protocols are not strictly followed, there is a heightened risk of injury or even fatalities.

2. Traffic Disruptions

The movement of heavy vehicles, construction equipment, and building materials to and from the site can create significant traffic disruptions. This can lead to congestion, particularly in busy urban areas, making it difficult for locals to access roads or public services. The movement of large machinery can also cause delays, which is particularly problematic near healthcare facilities where emergency vehicles need unrestricted access. Additionally, traffic disruptions can negatively impact local businesses, residents, and pedestrians, leading to frustration and potential safety concerns.

3. Public Safety Concerns

The construction zone presents inherent risks to the general public, particularly if the site is not properly secured. Open trenches, exposed building materials, or construction debris can be dangerous for passers-by. The site could also become a safety hazard to pedestrians, especially children, who might unknowingly enter unsafe zones. The risk is even higher in areas where construction work is close to active foot traffic or residential zones, creating opportunities for accidents and injuries.

4. Environmental Degradation and Land Disturbance

Land preparation activities typically involve clearing vegetation and disturbing the soil. These actions can lead to soil erosion, especially during heavy rainfall, potentially contaminating nearby water bodies. Additionally, clearing vegetation can disrupt local ecosystems, affecting both flora and fauna in the area. Soil compaction or contamination from construction chemicals could also negatively impact the surrounding environment and local agricultural activities, creating long-term ecological consequences.

5. Noise Pollution

Construction activities during land preparation, such as excavation and the use of heavy machinery, generate significant noise pollution. This noise can disturb the surrounding community, including residential areas, local businesses, and sensitive institutions like schools or other healthcare facilities. Prolonged exposure to high levels of noise can cause hearing impairment, sleep disturbances, and increased stress among community members. Noise pollution can also impact local wildlife, potentially disrupting their habitats.

6. Dust Pollution

The movement of construction vehicles and machinery on unpaved or poorly maintained roads can generate significant amounts of dust. This dust can have harmful effects on air quality, potentially leading to respiratory problems for workers and nearby residents. Dust accumulation on roads and surrounding areas can also contribute to the degradation of local infrastructure, affecting transportation and the aesthetics of the environment.

7. Loss of Vegetation

In order to prepare the land for construction, vegetation such as trees, shrubs, and grass may need to be removed. This can result in a loss of biodiversity in the immediate area and alter the aesthetic and ecological value of the environment. The removal of vegetation can also lead to increased vulnerability to soil erosion and the disruption of local ecosystems, potentially affecting wildlife and plant species that depend on these areas for sustenance and shelter.

The pre-rehabilitation phase of PHC renovations, while necessary to prepare the site for construction, has several potential negative impacts. These include occupational health and safety risks, traffic disruptions, public safety hazards, environmental degradation, noise and dust pollution, and loss of vegetation. These impacts can affect workers, the local community, and the surrounding environment. Therefore, it is crucial to assess these risks early and implement measures to mitigate them, ensuring that the renovation process proceeds smoothly and safely for all stakeholders involved

Table 8: Characteristics and Evaluation of Potential Impacts during Rehabilitation Phase

S/N	Project Activities	Potential Environmental and Social Impact	Impact Qualification										Risk		Impact Category	
			Direct	Indirect	Reversible	Irreversible	Cumulative	Long term	Short term	Beneficial	Adverse	Residual	Probability	Severity		
1	One-off movement of materials, vehicles, and equipment to site	- Dust generation from untarred roads - Exhaust fumes from vehicles and equipment	X		X					X		X		Possible	Marginal	Medium
3	Mobilization of workers and equipment	- Minimal noise impacts	X		X					X		X		Possible	Critical	High
4	Risk of accidents and injuries	- Respiratory diseases from inhalation of dust (e.g., asbestos from roofing or other particulate matter) - Noise pollution - Health and safety risks for workers and the community (staff and residents)	X		X					X		X		Possible	Marginal	Medium
SOCIAL IMPACTS																
	Movement of materials and equipment to staging area	Obstruction of access route for patients and staff - Grievances from locals over movement of equipment and vehicles - Conflicts between locals workers	X		X					X		X		Possible	Marginal	Medium

	Increased noise levels during vehicular movement	- Noise levels exceeding permissible limits (above 90dB) may create disturbances for locals and patients	X		X				X		X		Possible	Marginal	
		Increase in noise level above permissible noise level, (90dB) during vehicular movement may create nuisance for locals & patients	X		X				X		X		Possible	Marginal	Medium
	General renovation and demolition work	- Grievances from residents and staff due to equipment movement and flying debris - Disorganization if equipment is not parked in designated areas	X		X				X		X		Possible	Marginal	Medium
	Presence of non-local workers	Anxiety from locals in terms of insecurity, competing for scarce resources may induce threats to life and safety	X		X				X		X		Possible	Marginal	Medium
	Presence of non-local workers	- Anxiety among locals about security - Competition for scarce resources may increase social tensions - Potential for labour influx to lead to issues such as prostitution, sexually transmitted diseases (STDs/STIs), or violence	X		X				X		X		Possible	Marginal	medium
	Labor influx (Impact on community dynamics)	- An influx of non-local workers may contribute to an increase in social issues such as gender-based violence (GBV) and sexual exploitation (SEA/SH)	X		X				X		X		Possible	Marginal	medium

Table 9: Characteristics and Evaluation of Potential Impacts during Rehabilitation Phase

S/N	Project Activities	Potential Environmental and Social Impact	Impact Qualification									Risk		Impact Category	
			Direct	Indirect	Reversible	Irreversible	Cumulative	Long term	Short term	Beneficial	Adverse	Residual	Probability		Severity
1	works at the facility	Increase in cement and fugitive dusts	X		X				X		X		Possible	Marginal	Medium
		Indiscriminate defecation or open defecation by construction workers	X		X				X		X		Possible	Critical	High
2	Mixing of cement	Noise disturbance in a serene environment Dust due to cement mixer Flying objects/materials may get into eyes, lungs of locals or residents	X		X				X		X		Possible	Marginal	Medium
	Civil works, Roofing, fixing of doors, windows, Wall finishing and painting	Accidental spillage of lubricants and paints chemical													
		Accumulation of solid wastes including construction waste and debris													
	Electrical works at the various blocks, Laboratories, etc	Generation of hazardous waste, ewastes from removal and replacement of electric wires, switches, sockets etc.													
		Accidents such as Injuries, explosions, electrical fires, leakages, falls, slips, release of hazardous energy, deaths etc													
		Community health and safety													

4.2.5.2 Rehabilitation Phase Impacts of PHC Renovations

The rehabilitation phase of PHC renovations is a critical stage where the majority of construction activities take place. During this period, the scale of on-site work increases significantly, leading to both environmental and social impacts. These impacts are often site-specific and can cause disruptions to the workers, surrounding communities, and the environment. The following outlines the most significant positive and negative impacts associated with this phase.

Negative Impacts

1. **Loss of Vegetation and Impacts on Fauna** During the rehabilitation phase, the removal of additional vegetation may be necessary to make space for construction work, leading to a loss of local plant species. This, in turn, affects the fauna that depend on these plants for food and shelter. The disturbance to local ecosystems can have long-term environmental consequences, including a reduction in biodiversity and disruption of local wildlife habitats.
2. **Effects on the Local Microclimate** The process of clearing land and constructing new buildings can alter the local microclimate, especially through changes in the vegetation cover. The removal of trees and plants can increase local temperatures and reduce humidity, leading to a less favorable environment for both the community and surrounding flora and fauna. This can exacerbate heat island effects in urban areas.
3. **Soil Pollution, Disturbance, and Erosion** Excavation activities, construction material storage, and vehicle movement can lead to soil compaction, pollution, and erosion. Disturbed soil is more susceptible to erosion, especially in the absence of adequate drainage systems. Additionally, waste materials like cement dust, chemicals, and construction debris can contaminate the soil, affecting its fertility and stability.
4. **Air Quality Deterioration** Construction work generates dust and particulate matter, which can significantly deteriorate air quality, particularly in areas close to the site. Prolonged exposure to poor air quality can exacerbate respiratory issues for workers and residents, especially in vulnerable groups such as children, the elderly, and those with pre-existing respiratory conditions.
5. **Vibration and Noise Nuisance** The use of heavy machinery, such as bulldozers, excavators, and other construction equipment, produces significant vibrations and noise. This can cause disruptions to the daily lives of those living or working near the site. The continuous noise pollution can lead to stress, sleep disturbances, and potential hearing damage for workers and nearby residents. Vibration can also lead to structural damage in buildings close to the construction site.
6. **Generation and Disposal of Solid Waste** The rehabilitation phase generates a large volume of solid waste, including construction debris, packaging materials, and other refuse. Improper waste disposal or lack of recycling efforts can lead to environmental contamination, public health risks, and aesthetic degradation of the area. Effective waste management strategies must be implemented to mitigate these impacts.
7. **Risk of Pollution and Deterioration of Water Quality** Water quality can be compromised through runoff from the construction site carrying contaminants like oil, fuel, and chemicals into nearby water bodies. Additionally, improper disposal of waste materials could result in the contamination of surface and groundwater, potentially harming aquatic ecosystems and posing health risks to local communities that depend on these water sources.

8. **Hygiene, Health, and Safety of Workers** Workers on the construction site are at risk of exposure to hazardous materials, heavy machinery, and poor sanitation conditions. Lack of proper hygiene and safety measures can lead to infections, injuries, and general health deterioration. Construction workers may also be exposed to hazardous chemicals or substances, leading to long-term health problems, especially if proper protective gear is not used.
9. **Risk of Work Accidents and Occupational Diseases** The nature of construction work inherently involves risks, including the possibility of accidents or injuries from heavy machinery, falling objects, or unsafe working conditions. Without adequate safety protocols and training, workers may face injuries that can have both short-term and long-term consequences, including permanent disabilities. Furthermore, exposure to hazardous materials can lead to occupational diseases, such as respiratory disorders or skin diseases.
10. **Risk of Spread of Respiratory and Skin Infections** Poor hygiene practices on-site, exposure to dust, and contact with contaminated water or materials can lead to the spread of respiratory and skin infections among workers. These diseases can be exacerbated by inadequate medical facilities and sanitation during the construction process, particularly in large or poorly managed projects.
11. **Public Safety Issues** Public safety concerns arise from the increased movement of construction vehicles and equipment, which can pose a risk to pedestrians, cyclists, and local traffic. Without proper barriers, signage, and traffic control measures, there is a heightened risk of accidents, including vehicle collisions or pedestrian injuries. Additionally, the presence of hazardous construction materials in public spaces can increase the risk of accidents and injuries.
12. **Risk of Grievance and Conflict** Community members may experience frustration or grievances as a result of noise, traffic disruptions, and loss of access to public spaces during the rehabilitation phase. If communication with the community is insufficient or if the project management fails to address local concerns, this can escalate into conflicts or even legal disputes.
13. **Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) Risks** The influx of workers, particularly male laborers, can heighten the risks of gender-based violence (GBV), including sexual exploitation and abuse (SEA). Local women and children, in particular, may become vulnerable to these risks due to the social dynamics created by construction projects. Without appropriate safeguards and community engagement, these risks can significantly affect the safety and well-being of vulnerable populations.

Positive Impacts

1. **Increased and Improved Economic Activities Around the Project Site** The rehabilitation phase often leads to increased economic activity in the surrounding area. Local businesses, such as food vendors, transport services, and small shops, may benefit from the influx of construction workers and contractors. Additionally, workers may spend on goods and services, which stimulates the local economy.
2. **Temporary Employment Opportunities and Business Opportunities** The rehabilitation phase provides temporary employment opportunities for local skilled and unskilled workers, including artisans, laborers, and other construction-related jobs. This helps reduce unemployment rates and provides economic relief to individuals and families. Moreover, small businesses may benefit from contracts related to the renovation, further supporting local entrepreneurs.

The rehabilitation phase of PHC renovations is essential for improving healthcare infrastructure, but it also introduces a range of environmental and social impacts. These impacts, including soil pollution, air quality deterioration, health and safety risks, and potential conflicts, require careful management and mitigation strategies to minimize disruptions. On the positive side, the renovation process can stimulate economic activity, create job opportunities, and improve local business prospects. It is crucial to balance these impacts with sustainable practices and community engagement to ensure that the rehabilitation of PHCs contributes positively to both the environment and the community.

4.2.5.3 Operation and Maintenance Phase Impacts of PHC Renovations

The operation and maintenance phase of Primary Health Care (PHC) renovations marks the transition from construction to active use. During this phase, the facility will serve its core purpose of delivering healthcare services to the community. While the ongoing operation is intended to be sustainable and provide long-term benefits, it can still introduce both positive and negative impacts on the surrounding environment and community. Proper management, maintenance, and monitoring are crucial in ensuring that these impacts are minimized, and the benefits are maximized.

Negative Impacts

1. **Waste Management and Disposal** The day-to-day operation of the PHC facility will generate waste, including medical waste, organic waste, and general refuse from patient care activities. Improper waste management can lead to environmental contamination, health risks to staff, patients, and the community, and an increased burden on local waste disposal systems. Medical waste, in particular, must be handled with care to avoid the spread of infectious diseases.
2. **Fire Hazards** The operation of a PHC facility involves electrical equipment, medical devices, and heating systems, all of which pose potential fire hazards. Inadequate safety measures or neglecting fire prevention protocols can lead to accidents, putting the lives of patients, staff, and visitors at risk.
3. **Emission of Bad Odours** Waste management and certain medical treatments can produce unpleasant odors, which can negatively affect the comfort and health of patients, staff, and the surrounding community. Persistent odors, particularly from waste, sewage, or medical treatments, can lead to an unpleasant environment.
4. **Early Degradation of the Building Due to Misuse and Lack of Maintenance** Without proper maintenance and adherence to operational protocols, the newly renovated PHC facility may suffer from early degradation. Misuse of infrastructure, such as overloading electrical systems or inadequate upkeep of plumbing, can lead to long-term issues.
5. **Public Health and Safety Risks** While the facility is meant to improve public health, it can still present risks if health and safety standards are not maintained. The presence of sick patients, exposure to infections, and improper hygiene practices can contribute to the spread of diseases within the facility.
6. **Occupational Health and Safety Risks** Healthcare staff are exposed to various health risks during their daily activities, including potential contact with infectious diseases, physical strain from repetitive tasks, and exposure to hazardous substances.
7. **Gender-Based Violence (GBV) and Sexual Harassment Risks** The operation of the PHC may expose staff, patients, and visitors to the risks of gender-based violence (GBV) and sexual harassment. The presence of vulnerable populations, such as female

patients and children, requires vigilance to ensure their safety from exploitation or harm.

8. Risk of Spread of Respiratory and Skin Infections Health care facilities can be breeding grounds for infections, including respiratory and skin infections, if hygiene and safety standards are not maintained. Poor ventilation, inadequate waste management, or improper sterilization practices can contribute to the spread of diseases.
9. Failure to Take Account of Vulnerable People (Disabled Patients, etc.) Inadequate consideration of vulnerable populations, such as people with disabilities or elderly patients, can lead to access barriers or suboptimal care. Lack of accessibility features, such as ramps, specialized equipment, or tailored care plans, can hinder equal access to health services.
10. Risk of Grievance and Conflict The operation of the PHC facility may lead to grievances from the surrounding community due to issues like noise, overcrowding, or resource allocation. Disputes may arise over the use of shared community resources or the distribution of healthcare services.
11. Noise Pollution Continuous operation of medical equipment, air conditioning units, generators, and other machinery may generate noise pollution, which can negatively affect the surrounding community and cause disturbances.

4.2.6 Criteria for impact evaluation

The following criteria was used to assess the impacts:

The impact's duration: this will consider whether the impact is temporary or permanent. Temporary effects must be reversible, lasting a few days, weeks, or months, whereas permanent effects are frequently irreversible.

The scope of the impact: the scope should be regional, local, or site specific. When a large portion of a region's population is affected, the extent is regional. When it only affects a small portion of the study area, the extent is considered local. If the extent is felt in a small and well-defined space, it is site-specific.

The impact's intensity: an impact's intensity is classified as strong when it is associated with a significant modification of the components. When an impact causes moderate disruption in the use of its components but is not irreversible, it is classified as average. A component is also classified as low or weak intensity if it does not jeopardize some of its usage or characteristics.

Impact severity: an impact can be severe, moderate, or minor. A significant impact is one that has far-reaching environmental consequences that cannot be easily mitigated. When an impact falls within the accepted legal limits and threshold, it is considered moderate. Because of the significant environmental impact, these consequences can be mitigated through specific mitigations. An impact is minor when its environmental impact is minor and can be mitigated with little or no effort.

4.2.7 Impact predictions and types of impact in the renovation activities of PHCs

Impact prediction is a crucial process in assessing the potential consequences of any project, including the renovation activities within the IMPACT Project. It helps to anticipate the various environmental, social, and economic effects that the project might cause, allowing stakeholders to design appropriate mitigation strategies. Specifically, for the renovation activities of Primary Health Care (PHC) facilities under the IMPACT Project, impact predictions focus on identifying

the nature, duration, and reversibility of various impacts. These predictions are based on how renovations may affect both the immediate environment and the broader community over time.

4.2.7.1 Types of Impact in the Renovation of PHCs

The impacts of PHC renovations can be classified into several categories, including beneficial, adverse, direct, indirect, cumulative, reversible, irreversible, residual, short-term, and long-term impacts. Below is a detailed discussion of each impact type as it applies to the renovation activities of the IMPACT Project.

Beneficial Impacts

Beneficial impacts are those that have positive and constructive effects on the environment, community, or economy. In the context of PHC renovations, the main beneficial impacts are improvements in infrastructure, health services, and employment.

Improved Health Services: Renovating PHC facilities enhances the healthcare infrastructure, which will lead to better healthcare delivery. This improves the overall health of the community by increasing access to quality health services.

Economic Growth: The renovation will likely stimulate local economies by creating temporary jobs for construction workers, suppliers, and service providers. Local vendors and artisans can also benefit from increased demand.

Increased Community Engagement: Renovating PHCs may foster greater community involvement in health initiatives and infrastructure planning, ensuring that the community has a direct stake in improved health services.

Adverse Impacts

Adverse impacts are those that cause harm or negative consequences to the environment or the community. The renovation of PHCs may introduce several adverse impacts, particularly during construction.

Dust and Noise Pollution: The use of heavy machinery and the movement of materials can create dust and noise, negatively affecting both the workers and the surrounding community.

Vegetation Loss: Land preparation and excavation during renovation might result in the removal of vegetation, which could disturb local wildlife and contribute to soil erosion.

Waste Generation: Construction activities generate large amounts of solid waste, including debris from old building materials, packaging materials, and non-recyclable items. Improper disposal of waste can lead to environmental pollution and health hazards.

Disruption of Daily Life: Renovation activities might disrupt the regular activities of the PHC facility, causing inconvenience to patients and staff. Traffic disruptions due to the movement of construction vehicles could also impact the surrounding community.

Direct Impacts

Direct impacts are those that occur immediately as a result of the renovation activities. These impacts are typically observable and measurable, and they are directly linked to the actions taken during the renovation process.

Occupational Health and Safety Risks: Workers engaged in construction are at risk of injuries or health hazards due to the nature of their tasks. These risks may include accidents from heavy machinery, exposure to hazardous materials, or physical strain.

Air Quality Degradation: Renovation activities that involve the use of diesel-powered generators, construction vehicles, and other equipment can lead to deterioration in air quality around the site.

Indirect Impacts

Indirect impacts occur as secondary effects of the renovation activities. These impacts might not be immediately visible but emerge later or at a distance from the project site.

Displacement of Local Business Activities: While the renovation creates opportunities for temporary employment, it could also negatively affect local businesses (e.g., vendors) who depend

on the existing operations of the PHC. Businesses may be displaced during the construction phase due to disruptions in access or reduced customer flow.

Community Health Risks: Renovation activities may indirectly lead to health risks, such as the spread of infections from construction workers to the community, especially if safety protocols are not strictly followed.

Cumulative Impacts

Cumulative impacts arise when the effects of the renovation, combined with other ongoing or planned activities in the area, lead to more significant long-term environmental or social consequences.

Traffic Congestion and Infrastructure Strain: If multiple construction projects are occurring simultaneously in the area, it may worsen traffic congestion, which could affect both construction timelines and the everyday activities of the surrounding community.

Cumulative Environmental Degradation: When combined with other local developments, the cumulative effect on natural resources (e.g., water, land) could exacerbate soil erosion, water pollution, or the depletion of natural habitats.

Reversible Impacts

Reversible impacts are those that can be mitigated or restored over time. While the renovation may lead to temporary disturbances, these can be alleviated with appropriate interventions.

Soil Disturbance: During excavation and construction, soil quality may be temporarily disrupted. However, proper restoration measures can allow the soil to recover over time.

Vegetation Loss: While some vegetation may be removed for construction, replanting efforts can restore the landscape once the renovation is complete.

Irreversible Impacts

Irreversible impacts are those whose effects cannot be undone, even with mitigation measures. In the context of PHC renovations, these impacts are rare but may involve the permanent loss of certain environmental features.

Permanent Loss of Biodiversity: If rare or protected species are affected by construction activities, their loss can result in an irreversible decline in local biodiversity.

Permanent Damage to Historical or Cultural Sites: If the renovation site contains culturally or historically significant features that are damaged, their loss may be irreversible.

Residual Impacts

Residual impacts are those that remain after mitigation measures have been applied, typically because the mitigation was not fully effective.

Minor Noise Pollution: Despite efforts to reduce noise during construction, some noise pollution might remain during operation, especially if heavy equipment or generators are still used on-site.

Small-Scale Environmental Degradation: Despite proper waste disposal and landscaping, some areas may still show signs of disturbance after renovation is completed.

Short-Term Impacts

Short-term impacts are those that are temporary in nature and last only during the renovation phase. These impacts tend to subside once construction is completed.

Disruption of Local Activities: The renovation process might temporarily interfere with daily operations at the PHC and in the surrounding community, including disruptions to traffic flow or access to services.

Long-Term Impacts

Long-term impacts extend beyond the completion of the renovation and are typically associated with the sustained use of the improved facility. These impacts can last years or even decades.

Improved Health Outcomes: Once the renovation is complete, the PHC facility will contribute to improved healthcare delivery, leading to long-term benefits such as better health outcomes and increased life expectancy for the community.

Suggestions for Maximizing Long-Term Impacts:

Invest in the long-term sustainability of the PHC facility, ensuring regular maintenance and updates to maintain the quality of services.

Continue to engage the community in the use and development of the facility to ensure it meets evolving health needs.

Impact prediction for the renovation of PHCs under the IMPACT Project is essential to ensure that both the positive and negative effects are effectively managed. By understanding the different types of impacts—beneficial, adverse, direct, indirect, cumulative, reversible, irreversible, residual, short-term, and long-term—stakeholders can make informed decisions and implement measures to mitigate risks and maximize benefits. Proper planning and effective implementation of mitigation measures will enable the PHC renovations to provide lasting positive impacts for the community and the environment.

4.3: Evaluation of Potential Adverse Impacts Associated with the Proposed project

The potential adverse impacts are evaluated with respect to the Pre-rehabilitation phase, rehabilitation phase and the Operation and Maintenance phase. Impacts are classified as Major, Moderate and Minor.

Major Impact: An impact of major significance is one where an accepted limit or standard may be exceeded, or large magnitude impacts occur to highly valued resource. The impact is very strong and cannot easily be reduced.

Moderate Impact: an impact is described as moderate when it is within the accepted limits and standards. The impact on the environment is substantial but can be reduced through specific mitigation measures.

Minor Impact: An impact is minor when the magnitude is sufficiently small and well within accepted standards and receptor is of low sensitivity. The impact on the environment is significant but subdued and may or may not require the application of mitigation measures

4.3.1 Evaluation of potential Pre-rehabilitation phase Adverse Impacts

The identified impacts are evaluated in the table below.

Table 10: Potential Impacts Associated with the Pre-rehabilitation Phase

No.	Impact	Key receptor(s)	Evaluation	Significance
	Occupational health and safety, public issues	Workers, public	Setting out of material placement portion, hoarding of site, positioning of materials and equipment. These may pose injury to workers and the public. The use of standard safety practices will be implemented.	Minor

4.3.2 Evaluation of potential Rehabilitation Phase Adverse Impacts

The identified impacts are evaluated in the table below.

Table 11: Potential Impact Associated with the Rehabilitation Phase

No.	Impact	Key receptor(s)	Evaluation	Significance
	Air quality deterioration	Rehabilitation PHC workers, Ambient air environment and patients	Loading, haulage and dumping of rehabilitation aggregates as well as cement handling will generate dust that can affect the air quality. Dust particles can be blown from the site through winds. Dust levels will be temporary, local in extent and average in intensity depending upon the weather conditions.	Minimal
	Vibration and noise nuisance	Construction and institutional workers, Ambient air environment and patients	The pumping of pre-mix concrete, operation of onsite concrete mixers, carpentry and welding works will generate noise and vibration. The impact from the construction related noise will be intermittent, temporary and of local extent.	Moderate
	Generation and disposal of solid waste	soil	Wall scraped materials are likely to form the bulk of waste to be produced from the rehabilitation activities. Cement papers, food wrappers, used sachet water plastics and domestic refuse from food vendors who may be selling on the site will generate waste. This impact is local extent and temporary, lasting throughout the rehabilitation phase.	Moderate

	Risk of spread of respiratory and skin infections	Construction workers and Artisans	Interaction of workers on site through work activities may create the avenue for the spread of, respiratory and skin Dust from rehabilitation activities is most likely	Minimal
	Occupational health and safety	Construction workers	Movement of equipment, material handling and lifting, dust generation, pose a threat to the staff and artisans on the project site. The extent of impact could be temporary or permanent.	Major
	Public safety issues	Public, PHC	Movement o and transportation of rehabilitation materials such as sand, stone, chippings, reinforcements, cement through the Facility may pose movement safety concerns within the facility.	Minor
	Risk of grievance and conflicts	Construction workers	Grievances and conflicts on sites may disrupt work activities that could ultimately lead to project delays.	Minimal to Non existence

4.3.3 Evaluation of potential Operation and Maintenance Phase Adverse Impacts

Table 12: Evaluation of Potential Impacts Associated with the Operation and Maintenance Phase

No.	Impact	Key receptor(s)	Evaluation	Significance
	☐ Waste management disposal	Community	Disposal of soil and waste from the building. The extent of impact is continuous and local.	Moderate
	☐ Public health and safety	Public	Irregular maintenance of horticultural works and surrounding fauna which may lead to the breeding grounds for mosquitoes and other reptiles like snakes.	Moderate
	☐ Occupational health and safety	Workers	Internal and external cables that are not properly buried can lead to electrocution. Rehabilitation wastes that are still on site after project has been completed. See	Major

			Appendix 3 for the Waste Management Plan	
	<input type="checkbox"/> Fire hazards	Workers, Community	Poor cabling works and lack fire furniture i.e., smoke detectors, fire extinguishers.	Major
	<input type="checkbox"/> Emission of bad odours	Sanitary appliances, waste lines	Lack of proper ventilation of waste lines for W. Cs and installation of sanitary accessories such as bottle traps for basins leading to the emission of bad odours	Moderate
	<input type="checkbox"/> Early degradation of the building due to misuse and lack of maintenance	Building facility	Poor maintenance of building i.e., painting, replacement of damaged fittings etc. that will lead to fast deterioration of the building.	Major
	<input type="checkbox"/> Gender-based violence and sexual harassment	workers	Gender-based sexual advances at the workplace that are unconsent in nature.	Major
	<input type="checkbox"/> Failure to take account of vulnerable people (disabled patients, etc.) risk of grievance and conflict	Building accessibility	Poor initial design to incorporate the account of vulnerable and disabled patients	Major

4.4 Evaluation of Alternative Impacts on the Renovation Activities of the IMPACT Project

When considering alternatives for the renovation activities of Primary Health Care (PHC) facilities within the IMPACT Project, it is crucial to weigh different approaches and their potential impacts. The process of evaluating alternative impacts helps in identifying the most suitable course of action to achieve the project's objectives, ensuring the balance between environmental sustainability, community well-being, and efficient resource use. The alternatives can include delayed-action versus right-away actions, and the consideration of different technical approaches such as civil works, bioengineering, and technological methods for renovations.

4.4.1 Delayed-Action vs. Right-Away Action Alternatives

1. Delayed-Action Alternative

In the context of PHC renovations, the delayed-action alternative implies postponing the necessary renovations, potentially due to budget constraints, political indecision, or logistical challenges. While this might seem like an option in the short term, it could result in significant adverse consequences:

Increased Costs Over Time: Postponing renovations can lead to inflationary pressures, increasing construction material costs and labor expenses. The delay will ultimately raise the overall project budget, making the eventual renovation more expensive. This financial burden could divert resources from other key areas of the project, impacting the overall quality of healthcare services provided.

Degradation of Facilities: Prolonging renovations could lead to the deterioration of the PHC facilities, worsening conditions for both healthcare workers and the community. Issues such as structural damages, outdated medical equipment, and inadequate sanitary conditions could affect the quality of health services, leading to lower patient satisfaction and potential public health risks.

Reputation Damage and Reduced Community Trust: Delays could erode the community's trust in both the facility and the broader healthcare system, which is critical for achieving the objectives of the IMPACT Project. Long delays in renovations may lead to a sense of neglect, decreasing the facility's ability to engage local populations.

2. Right-Away Action Alternative

The right-away action alternative involves immediate action to begin the renovations and improvements at the PHC facilities. This proactive approach brings several benefits:

Cost Containment: By starting the renovations promptly, the project can avoid the impact of inflation on materials and labor costs, leading to more accurate budgeting and more efficient resource allocation.

Immediate Improvement in Healthcare Services: Addressing the renovation needs right away ensures that the PHC facilities are upgraded to meet the current health demands. This improves healthcare delivery, patient satisfaction, and the working environment for healthcare workers, contributing positively to the community's health.

Strengthened Community Trust and Engagement: Taking immediate action signals the government's commitment to improving healthcare infrastructure, which can strengthen community trust and engagement. The rapid progress of renovations will also provide the community with visible evidence of improvement, fostering a sense of hope and empowerment.

4.4.2 Use of Civil Works, Bioengineering, and Technological Options

Civil Works Approach

Civil works typically involve extensive construction activities aimed at improving or upgrading the physical infrastructure of the PHC facilities. In the context of the IMPACT Project, civil works could include the rebuilding of structures, improving the drainage systems, or upgrading the electrical and water systems.

Positive Impacts of Civil Works:

Improved Infrastructure: Civil works will result in better-functioning healthcare facilities, with modern infrastructure that can support more efficient healthcare services.

Job Creation: Significant labor is required for civil works, leading to temporary employment opportunities for local workers, construction experts, and suppliers.

Negative Impacts of Civil Works:

Disruption During Construction: The construction phase can cause noise, dust, and traffic congestion, which can be disruptive for both workers and the surrounding community. The impact on local businesses and residents near the PHC may be significant.

Waste Generation: Civil works often produce large amounts of construction waste, which must be managed properly to avoid environmental pollution.

Bioengineering Approach

Bioengineering involves using vegetation and natural methods to stabilize and restore the environment, often as part of a wider environmental management strategy.

Positive Impacts of Bioengineering:

Sustainability and Aesthetic Appeal: Bioengineering methods can help to create green spaces around the PHC facilities, improving both environmental sustainability and the aesthetics of the site.

Lower Cost and Environmental Benefits: Bioengineering methods are generally more cost-effective than purely civil engineering methods. They can reduce soil erosion, improve air quality, and provide natural habitats for local fauna, all contributing to a healthier environment around the PHC.

Negative Impacts of Bioengineering:

Maintenance Requirements: Bioengineering methods may require long-term care, including monitoring vegetation health and controlling invasive species. Without proper management, these initiatives may not achieve the desired environmental outcomes.

Potential for Invasive Species: If non-native or invasive species are used, they may disrupt the local ecosystem and outcompete native plants.

Technological Options

Technological options in the renovation of PHC facilities may involve incorporating advanced building technologies, energy-efficient systems, or smart healthcare solutions that improve service delivery.

Positive Impacts of Technological Options:

Increased Efficiency and Sustainability: The use of energy-efficient systems, such as solar panels or rainwater harvesting, can reduce the operational costs of the PHC facilities in the long term, making them more sustainable.

Improved Healthcare Delivery: Technological upgrades like telemedicine or electronic health records can enhance healthcare delivery by improving access to healthcare services and streamlining patient management.

Negative Impacts of Technological Options:

High Initial Costs: While technological options may result in long-term savings, they could require significant upfront investment, which could increase the overall cost of the renovation.

Technical Challenges: Implementing advanced technologies may require specialized skills and training for healthcare workers, and any failure to integrate the technology properly could result in inefficiencies.

Evaluating the alternative impacts of the PHC renovations under the IMPACT Project is a critical step in determining the most effective course of action. Among the alternatives considered, the Right-Away Action alternative is the most favourable, as it minimizes delays and ensures that the PHC facilities are quickly renovated to improve healthcare service delivery. Additionally, the Civil Works approach, combined with Bioengineering and Technological Options, offers a comprehensive solution that balances the need for infrastructure upgrades with environmental sustainability and technological advancement. By incorporating these alternatives, the IMPACT Project can achieve long-term improvements in healthcare infrastructure while mitigating negative impacts on the environment and community.

CHAPTER FIVE: ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN

5.0 Introduction

The overarching objective of the Environmental and Social Management Plan (ESMP) is to ensure that all impacts of the rehabilitation works are contained and brought to an acceptable level to guarantee economic, environmental and social sustainability of the project. The ESMP Matrix has been developed to meet international and national standards on E&S performance. It details the mitigation measures the IMPACT Project Safeguard Officers will be deploying during the rehabilitation. This ESMP is prepared for facility-based monitoring and management. The cost provided in the ESMP is to be used specifically for each of the facility to be rehabilitated as all the impacts envisaged are all site-specific and should be mitigated individually by the Safeguard Officers in each Primary Health Care.

The negative impacts identified in the previous chapter will be outlined in this section with adequate details on mitigation measures and its respective plans. These impacts consist of environmental, social and occupational health and safety issues associated with the rehabilitation are described in the matrix table below. The matrix table below is the E&S Management and Monitoring Plan which outlines action plans with well-defined desired outcomes, mitigation measures to address all potential impacts identified with parameters to be measured, methods of measurement, location of measurement, performance indicators (targets or acceptance criteria) that can be tracked over defined time periods, and with estimates of the resources. The table also includes a column for Monitoring Indicators and Monitoring Frequencies with the different phases of the project (Pre-rehabilitation, Rehabilitation and Operation Phases). Based on assessment, most of the potential adverse impacts are likely to arise during the rehabilitation phase of the project.

The Environmental and Social Management Plan (ESMP) is to be implemented by the State Project Implementation Unit with considerable assistance from the Health Care Facility Management (HCFM). The cost of the ESMP attached is for effective monitoring by the SPIU and mitigation by the Contractor throughout the Pre-rehabilitation, Rehabilitation and then during the implementation phase of the facility till its decommissioning, management and monitoring at the level of the HCFM with its Safeguard Officers.

PRE-REHABILITATION PHASE

Table 13: Environmental and Social Management Plan

S/No	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measurement	Performance Indicator	Sampling Location	Monitoring Frequency	Institutional Responsibility (Monitoring)	Cost (N)
ENVIRONMENTAL IMPACTS												
1A	One-Off movement of materials, vehicles and equipment to site	Dust generation from untarred road; exhaust fumes of vehicles, equipment	Ensure that all vehicles are serviced; undergo vehicle emission testing and vehicle exhaust screening (VES). Mark out access route within the PHC Facility	Contractor	0	SO ₂ , NO _x , CO, VOC, PM _{2.5} , PM ₁₀ Number of vehicles/sites Access route marked out	In-situ measurement Site inspection	Air Quality Parameters are within permissible limits Evidence of VET and VES Evidence of compliance	Project area and within 1km Project area	Before movement of vehicles	State Environmental & Protection Agency	150,000

	Mobilization of Workers and equipment	Minimal noise impacts	Carry out activities during PHC patient time out or off-peak periods Provide PPEs for workers Put off equipment when not in use	Contractor	300,000	No of Complaints from affected communities No of retrofitted vehicles; Vehicle movement frequency Usage of ear plugs/ muffs	Noise measurement	Evidence of Compliance	Project Area	Daily	Contractor/SPIU E&S, SEPA	200,000
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2A	Same as 1A	Risk of accidents and injuries Respiratory diseases to Workers due to inhalation of dust from asbestos roofs or other dusts particles Noise Pollution Community Health and Safety both to staff and residents	Training and Implementation of site specific Occupational Health and Safety Management Plan (OHSMP) Adherence to the Asbestos Management Plan Provision of adequate first aid, first aiders, use of PPE, signage (local language and English languages). Cordon off unauthorized areas such as staging area, work area etc Provision of specific personnel	Contractor/HCFM	500,000	Compliance with OHSP No of workers or Trained No of accident incidents injuries Noise level	Site in Consultation Speed limit alarm	Numbers and Minutes of OHS training /tool box meeting Evidence of Compliance through minutes of meetings No accident and or reported cases	Project area	One No accident and or reported cases	SPIU E&S Team /Contractor	50,000 100,000
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			<p>training on worksite OHS management</p> <p>Workers should get a daily induction/tool box before work commences</p> <p>Use reflective tapes and signage integrated in all worksites for safety at night</p>		350,000							
	Sub-total				1,150,000							500,000

SOCIAL IMPACTS

1B	Movement of materials and equipment to staging area	<p>Obstruction of access route for patients and staff</p> <p>Grievances from locals over movement of</p>	<p>Movement of equipment and materials should be done when PHC have closed for the day</p> <p>Explore alternative routes. Plan transportation schedules during</p>	Contractor	400,000	Evidence of cordoned area off access route	Site inspection	No. of complaints	Project site	Weekly	SPIU E&S Team	40,000
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S/No	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measurement	Performance Indicator	Sampling Location	Monitoring Frequency	Institutional Responsibility (Monitoring)	Cost (N)
		equipment and vehicles Conflicts between locals workers	<p>non-peak hours to minimize traffic disruptions. Coordinate with local authorities for traffic management strategies.</p> <p>Implement Traffic Management Plan (TMP)</p> <p>Ensure HCFM employ locals Keep the local community informed about the renovation project, including transportation schedules. Address concerns promptly through community meetings and feedback mechanisms. Sensitization and meetings with the traditional institutions</p>			No of locals recruited	Recruitment records	HCFM compliance		Daily		

		Increase in noise level above permissible noise level, (90dB) during vehicular movement may create nuisance for locals & patients	Ensure all vehicles and machines are serviced before being brought to site Select and use vehicles/equipment with lower sound power levels. Ensure vehicles/equipment not in use are turned off	Contractor HCFM	300,000	Noise level Number and frequency of complaints in project area	In-situ measurement of noise level	Noise level (Not to exceed 90dB(A) for 8 hours working period)	PHC area	Daily	E&S Team SPIU	0
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S/No	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measurement	Performance Indicator	Sampling Location	Monitoring Frequency	Institutional Responsibility (Monitoring)	Cost (N)
2B	General renovation and Demolition works	Grievances from residents, and staff over movement of equipment, flying materials from moving vehicles and if equipment is not parked at designated location.	<p>Mobilization of equipment and machinery should be done at off-peak period</p> <p>Ensure caution signs at strategic locations in both English and local languages to warn stakeholders.</p> <p>Ensure vehicles and equipment are parked at Camp site and designated areas ONLY.</p> <p>Any incident/accidents should be reported immediately to the HCFM & SPIU</p> <p>Cover truck conveying materials to site with tarpaulin to prevent materials falling and causing injuries to pedestrians & motorists</p>	Contractor HCFM	300,000	<p>Appropriate signage's in local languages</p> <p>Incident/Accident Report</p>	<p>Visual observation</p> <p>Interview</p>	<p>No. of complaints received within the project area.</p> <p>Zero incident/accident report</p>	Project Area	Weekly	SPIU E&S Team, Facility E&S Team	100,000

3B	Presence of non-local workers	Anxiety from locals in terms of insecurity, competing for scarce resources may induce threats to life and safety	Provide sensitization training to improve awareness and sensitivity of workers Implement GRM.	Contractor HCFM	100,000	Number of trained Personnel	Attendance list / training report	Compliance to SEA/SH Accountability and Response Plan	Project Area	Prior to project implementation	SPIU Gender/GBV Officer	50,000
		Labour Influx which could lead to Increase in sexual activities and potential spread of	Limit the number of migrant workers by engaging local workers. Awareness campaign on sexual diseases, and	Contractor's OHS, Environmental Personnel HCFM	100,000	No of reported. cases Stakeholders concerns on risk of GBV.	Visual observation and interviews Rapid health survey Consultations GBV Incident Report	Community perception and level of satisfaction. Level of awareness and knowledge of	Project area	Once during prerehabilitation Once during rehabilitation	SSO, Gender & GBV Officers of the SPIU	200,000
S/No	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measurement	Performance Indicator	Sampling Location	Monitoring Frequency	Institutional Responsibility (Monitoring)	Cost (N)
		STDs/STIs the within project area May induce GBV SEA/SH and other Issues	distribution of male and female condoms. Develop an induction program including a code of conduct for all workers.			Workers manual, employment codes etc Level of awareness of local culture by migrant workers.		preventive of measures. Signed CoCs with the SPIU Conduct sensitization campaigns				

		<p>Ensure contractors and workers sign Code of conduct to address the following: Respect for local residents; Zero tolerance of illegal activities such as child sexual exploitation and underage sex, prostitution, harassment of women, GBV, purchase or use of illegal drugs,</p> <p>Disciplinary measures and sanctions (e.g. dismissal) for infringement of the code of conduct and/or company rules;</p> <p>Commitment /policy to cooperate with law enforcement agencies investigating perpetrators of genderbased violence.</p>			<p>Grievance Redress System</p> <p>Ratio of migrant to local workers</p> <p>Presence of security personnel</p> <p>Level of Awareness and Education</p>							
	Sub-total			1,200,000								390,000

	PRE-REHABILITATION SUB TOTAL	2,350,000										890,000
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REHABILITATION PHASE

S/N o	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measure ment	Performance Indicator	Sampling Location	Monitorin g Frequency	Institutional Responsibili ty (Monitoring)	Cost (N)
ENVIRONMENTAL & OHS IMPACTS												

1A	works at the facility	Increase in cement and fugitive dusts	Implement activities after PHC closed or liaise with the Facility Management for appropriate time if the facility runs for 24 hours Use PPEs Ensure watering where applicable prior to and during civil works in order to reduce the release of dusts Implement Waste Management Plan (See Annex 9)	Contractor HSE Personnel	100,000	Period of implementation	Site inspection	Reduction in onsite/work area dust levels	Project facilities; specifically work areas	Weekly	SPIU E&S Team, SEPA	0
		Indiscriminate defecation or open defecation by construction workers	Provision of mobile toilets Staff Toilets in the facility should be rehabilitated	Contractor HSE Personnel Implemented by site Contractor	150,000	Evidence of useable toilets	Site Inspection	HCFM's compliance	Project Area	Daily	SPIU E&S Team, SEPA	200,000
	Mixing of cement	Noise disturbance in a serene environment Dust due to cement mixer Flying objects/materials may get into eyes, lungs of locals or residents	Hire and use only good cement mixer Implement activities during Facility time out or close out Cover vehicles with tarpaulin	Contractor HSE Personnel	0	Noise level and air quality No of complaints as regard facility health disruptions Vehicle Movement Manifest	Site inspection Vehicle inspection	Number of complaints HCFM's compliance and document verification	Project Area	Daily	SPIU E&S Team, SEPA	

						Number of vehicles using tarpaulin						
2A	Civil works, Roofing, fixing of doors, windows, Wall finishing and painting	Accidental spillage of lubricants and paints chemical	Buy and use only required quantity Collect slurry into labelled container	Contractor HSE Personnel	30,000	Number of waste collection containers	Site inspection	HCFM's Compliance	Project Site	Weekly	SPIU E&S Team	0.00
		Accumulation of solid wastes including	Ensure proper sorting; storage and final disposal especially waste from	Contractor HSE Personnel	0	Waste Manifest	Site inspection	Reduction in visible waste site or debris	Project Area	Weekly	SPIU E&S Team, SEPA	0

S/N	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measurement	Performance Indicator	Sampling Location	Monitoring Frequency	Institutional Responsibility (Monitoring)	Cost (N)
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		construction waste and debris	dilapidated roofs and ceilings by a licensed waste disposal agency Implement Waste Management Plan (see annex 2) Ensure recycling of removed materials through approved recycling facilities to conserve resources. Ensure no waste is left behind at project site after construction			Manifest for waste reuse	Verification of documents					
3A	Operation of equipment used during the rehabilitation phase	GHG Emission	Turn off engine when not in use Use or hire vehicles or equipment that are in good condition generally less than 5 years old.	Contractor	0.00	GHG Emissions	Air quality assessment	Compliance Card Report	Project Area	Weekly	SPIU E&S Team,	
4A	Electrical works at the various blocks, Laboratories, etc	Generation of hazardous waste, ewastes from removal and replacement of electric wires, switches, sockets etc.	Collection, segregation and sorting; Implement WMP; Liaise with the SEPA or Sign agreement with a licensed waste	Contractor	0100,000	Waste Manifest	Site inspection	Absence of e-waste on site	Project Area	Weekly	SPIU E&S	200,000

5A	Same as 1-4A	Accidents such as Injuries, explosions, electrical fires, leakages, falls, slips, release of hazardous energy, deaths etc	OHS training and education i.e Conduct routine JHA Use of PPE;	Contractor	100,000	No of workers trained OHS Plan Compliance	Consultation with workers Site Observation	Number of accidents/incidents Minutes of Training /tool box talk	Project Area	Weekly	SPIU E&S Team	0
		Community health and safety	Implement the OHS within this report &: Develop SOP for all tasks	Contractor	300,000		Documentation	No of Complaints from Community/patients/facility Staffs	Project Area	Bi-monthly	SPIU E&S Team	200,000
		Soil contamination from spillages of oil and other petroleum products from leakages and/or improper handling during	Ensure fuel storage tanks are installed in a bunded area and checked daily. Ensure all vehicles and machines are serviced	Contractor	50,000	Installation of impermeable platform at limit zone.	Visual observation	Soil quality	Project camp sites and equipment packing zones	Monthly	SPIU E&S Team, SEPA	

S/N o	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measurement	Performance Indicator	Sampling Location	Monitoring Frequency	Institutional Responsibility (Monitoring)	Cost (N)
		maintenance of vehicles and equipment	before being brought to site to avoid leaks of oil. Prevent unregulated dumping of fuel waste. Install impermeable surface at fuel storage areas, vehicle servicing & limit zone to contain potential leakages.									
		Generation of spoils and other excavated materials	Ensure stockpile and disposal areas are stable and protected against erosion and not interfere with run off or subsequent Construction activities. Stockpile to be covered and stored in a sealed and bonded area in order to divert storm water away. Reuse stockpile as fill materials	Contractor		Evidence of stockpile protection Evidence of spoil reuse	Visual observation	Compliance with Mitigation	Bridge location, along realigned section of the approach road	Monthly		
	Sub-total											

SOCIAL IMPACTS

1B	Renovation of Labs, administrative block, installation of furniture, fittings, roofs, walls, hostels (if any) Roofing, fixing of doors, Wall finishing and painting	Risk of Child Labour which can lead to Violence Against Children	<p>Ensure that children and minors are not employed directly or indirectly on the project</p> <p>Implement sensitization campaign against child labour</p> <p>Good work enforcement procedures</p> <p>Regular stakeholders' meetings</p> <p>All employees and HCFM must sign code of conduct that stipulate zero</p>	HCFM; SPIU Gender/GBV Officer, NGO	To be determined in consultation with the Consultant procured for the Asbestos Management Plan	<p>Categories of employees</p> <p>Number and reports of campaigns and meetings</p> <p>Signed Code of Conduct</p> <p>Compliance to Labour Management Plan (LMP) in Annex 5</p>	Documentation Consultations	<p>HCFM Compliance</p> <p>Absence of underaged children</p> <p>Number of complaints</p>	Project Corridor	Bi-monthly	<p>State Ministry of Health</p> <p>SPIU E&S Team</p>	10,000
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S/N o	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measure ment	Performance Indicator	Sampling Location	Monitorin g Frequency	Institutional Responsibili ty (Monitoring)	Cost (N)
			tolerance to child labour either directly or indirectly Implement LMP which addresses Child labour									
2B	Staging Area	Obstruction to movement of patients, residents and staff	Select and cordon-off areas off access route	HCFM	As recorded in Pre- rehabilitation Stage	Project Site	Site inspection	HCFM Compliance No of complaints	Project site	Daily	SPIU E&S Team, E&S Safeguard Facility Officers Community actors	20,000

3B	<p>Movement of materials and equipment</p> <p>Same as 1-2B</p>	<p>Fugitive Dust may likely affect the community health & safety especially areas with earth-based roads</p> <p>Noise: disturbance in a serene environment may affect their daily work schedule, psychology and peace of mind of both residents and workers</p>	<p>Rehabilitation should be done during PHC close time out or 10am- 4pm for the PHCs that runs for 24hours as observed from the questionnaires administered.</p> <p>Vehicles conveying materials should be covered with tarpaulin</p> <p>Ensure all vehicles and machines undergo service before being brought to site with continuous regular maintenance.</p> <p>Select and use vehicles/ equipment with lower sound power levels.</p> <p>Ensure vehicles/ equipment not in use are turned off</p> <p>Fit vehicles with sound proof devices and use good vehicles</p> <p>Provide PPEs for workers</p>	HCFM	As recorded in Pre-rehabilitation Stage	<p>Air quality</p> <p>Vehicles with tarpaulin</p> <p>Noise level</p>	<p>In-situ measurement</p> <p>Vehicle inspection</p> <p>Consultation with residents</p>	<p>Air quality is within permissible limits</p> <p>HCFM's Compliance</p> <p>Number of complaints</p>	Project Area and its corridor	Weekly	SPIU E&S Team, SEPA	
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S/N o	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measure ment	Performance Indicator	Sampling Location	Monitorin g Frequency	Institutional Responsibili ty (Monitoring)	Cost (N)
4B	Renovation works	Labour Influx; which may lead to conflicts amongst locals and employees; competition for limited resources such as water, light, materials etc.	Engage local workforce in the appropriate skills Incorporate social environmental measures into the civil works contract Implement the LMP within this report	ContractorHCFM	100,000	Number of local work-force Evidence of social and environmental measures in civil works contract	Contract Verification Site inspection Document verification	HCFM compliance to, E&S Measures Number of local employees	Project Corridor	One-off Monthly	Component Lead 1.2, SPIU NPCU E&S Team SPIU E&S Team	
5B	General Renovation, digging and Demolition works	Occurrence of onsite/off-site, social vices (Fights, rape, harassments, theft, vandalization, drug use etc.) Threat to health and safety of locals	Mandatory and regular training for workers on required lawful conduct in host community and legal consequences for failure to comply with laws. Engage local residents as part of employees and train them on code of conduct, GBV (SEA/SH)	Contractor HCFM	300,000	No of Training Conducted and attendance list	Consultation Records Site inspection and observation	HCFM Compliance Level of awareness	Project Area	Monthly	SPIU E&S Team	

		<p>Increase in SH/SEA due to presence of foreign workers near local residents</p>	<p>Training program for project personnel to include GBV(SEA/SH) issues.</p> <p>Project workers should enjoy the privilege of retreating to visit their families before returning to site.</p> <p>Provision of gender-based awareness campaign within the communities.</p> <p>Partnering with NGOs/CBOs in the project area who are</p>									
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S/N o	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measure ment	Performance Indicator	Sampling Location	Monitorin g Frequency	Institutional Responsibili ty (Monitoring)	Cost (N)
		Abuse of cultural norms	actively involved in gender-based issues. Develop an induction program including a code of conduct for all workers. Code of conduct to address the following: Respect for local residents; No hunting or unauthorized taking of products or livestock. Provide cultural sensitization training to improve awareness of and sensitivity of workers to local cultures, traditions, and lifestyles									
6B	Movement of vehicles, materials and equipment	Temporary disruption of PHC operational activities	Construction should be done during Facility Closed time out	ContractorHCFM	0	Construction period Staff time-in and time out	Site inspection	No of complaint	Project Area	Weekly	SPIU E&S Team	0

On-going rehabilitation works	Risk of communicable diseases such as sexually transmitted diseases (STDs) including HIV/AIDS from interaction among construction workers	<p>Provide opportunities for workers to regularly return to their families if there is need for that</p> <p>Institute Sexually Transmitted Infections (STI) prevention programs (peer education etc.)</p> <p>Liaise with appropriate health focused NGOs to undertake health awareness and education initiatives on STDs amongst workers and in nearby communities.</p>	Contractor		Number of trainings, awareness and attendance list	Consultations Interviews	Number of complaints/incidents	Project Area			
	Increase risk of transmission of COVID-19										

S/N o	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measurement	Performance Indicator	Sampling Location	Monitoring Frequency	Institutional Responsibility (Monitoring)	Cost (N)
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			Sensitization and awareness for employees on STIs and the use of non-pharmaceutical preventive measures Ensure compliance to guidelines prepared by the NCDC and WHO			Sensitization record sheets for STIs Sensitization reporting						
7B	Ongoing rehabilitation works	Grievances from nonpayment of staff which can lead to delay in job completion, social vices and other conflicts	Engage only personnel you can adequately pay Engage more casual workers to reduce financial cost Prepare payment schedule alongside materials BOQ	Contractor HCFM	0	Record of payment schedule Number of permanent/casual workers	Document Inspection	No of complaints and no of cases reported	Project Site/community	Daily/Weekly/Monthly	SPIU E&S Team, HCFM/Contractor	500,000
		Use of illicit drugs	Prohibition of drug and alcohol use by workers while on the job through awareness & sensitization on side effects of drug abuse	ContractorHCFM	200,000	Records of awareness	Visual and random observation Discussions	Number of workers fully educated on the side effects	Project Area	Bi-monthly	SPIU E&S Team	

8B	Conveying and lifting heavy equipment Same as 1-3B	Collapse, injuries, falls, cuts, abrasions, deaths which can lead to delay in completion of daily tasks and project timeline	Develop and implement site specific Occupational Health and Safety Plan which will include JHA/PHA, Safe work Practice, Use of PPE Provision of adequate first aid, first aiders, PPE, signages (English and Hausa languages), engineering barriers Restrict unauthorized access to all areas of highrisk activities. Implementation of specific personnel training	Contractor	500,000	No of trained workers, first Aiders Usage of appropriate PPE Usage of signages and demarcations Accident/ Incident Report	Visual observation Records	Zero incident/accident report	Project Site	Weekly	SPIU E&S Team	
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S/N o	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measurement	Performance Indicator	Sampling Location	Monitoring Frequency	Institutional Responsibility (Monitoring)	Cost (N)
			on worksite OHS management. Ensure that staging areas for equipment are adequately delineated and cordoned off with reflective tapes and barriers.									

			<p>Any uncovered work pits should have appropriate signage and protection around them.</p> <p>Workers should get a daily induction/toolbox before going on the site and a refresher of what happened on site a day before.</p> <p>Adequate safety signage within construction sites should be installed to alert community/ drivers/pedestrians.</p> <p>Lighting and reflective tapes and signages should be worn by all workers.</p>									
S/N	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measurement	Performance Indicator	Sampling Location	Monitoring Frequency	Institutional Responsibility (Monitoring)	Cost (N)
		Security risks to workers e.g kidnapping, hostage taking and armed attacks in view of the prevailing insecurity in the country	<p>Appropriate security measures in place to prevent harassment or kidnapping. Consult the local residents on present security measures</p> <p>Employ local vigilantes as security personnel and inform Police and Civil Defence about the project work.</p>	HCFM	600,000	<p>Security personnel engaged.</p> <p>Level of SRMP implementation</p>	Records of consultation and Interviews	No of security incidents	Project Area	Bi-monthly	<p>Supervision Consultant</p> <p>SPIU E&S Team</p> <p>HCFM</p> <p>Police</p>	150,000

			Reduce working hours, road travel and exposure to security threats. Engage local workers to reduce the number of migrant workers. Implement Project security risk management plan										
	Sub-total				2,530,000								1,020,000

OPERATION PHASE

S/No	Activities	Potential Impact	Mitigation Measures	Responsibility for Mitigation	Mitigation Cost (N)	Parameters to be Measured	Method of Measurement	Performance Indicator	Sampling Location	Monitoring Frequency	Institutional Responsibility (Monitoring)	Cost (N)
ENVIRONMENTAL & OHS IMPACTS												
1A	Usage of Facility furniture, WASH and other facilities	Generation of different types of wastes	Provide waste bins that are immovable but can be easily tipped off from down or up Sign an agreement with SEPA or licensed waste collector for regular disposal at some dumpsites	Head of facility/ Director	To be determined	Waste Manifest of Number waste collection	Document inspection	Good housekeeping	Project Area	Bi-monthly	SPIU E&S Team, SEPA	0

		Poor maintenance of WASH Facilities	Prepare maintenance schedule Avoid using water closet for the VIP toilets Attach water points to WASH Facilities	Director/Sanitation staff	N/A	Provision of water	Physical inspection	No of complaints Good housekeeping	WASH Facilities	Bi-monthly	SPIU E&S Team	0
		Termite infestation of furniture/ equipment	All furniture supplied must be coated with termite proof paint Provide seedlings for tree planting	Supplier/HCFM SPIU E&S Team	100,000	Furniture Coated with the appropriate proof paint	Document Inspection	No of Complaints	All Project sites	Quarterly	SPIU E&S Team, HCFM	
	Sub-total				200,000							100,000
SOCIAL IMPACTS												
1B	Closure of civil works	Loss of employment	Inform employees that employment is short term at the beginning of the contract	HCFM	Nil	Information process	Survey	Proper termination of employment	Project Area	One-off	SPIU Team	0
	Sub-total				200,000							100,000
	GRAND TOTAL				5,080,000							2,010,000

5.1 Contractual Measures

As seen in Table 13 (ESMP Matrix) all the mitigation measures are the obligation of the Contractors while the monitoring is primarily with HCFM, SPIU and other State actors mentioned during the pre-rehabilitation and rehabilitation phases of the project.

Table 14: Work Agreement Measures

S/No	Actions	Response
1.	All measures as described in the ESMP Matrix shall be included in the work agreement documents with appropriate flexibility to adjust these measures to site circumstances, and that the potential Contractors will have to prepare their proposals taking into account these measures.	The non-inclusion of these measures in the proposal will lead to a disqualification of the proponent.
2.	Specifically, the measures should be translated into a suite of environmental specification that are written in the same language style and format as the rest of the contract document	This approach will ensure that the environmental and social controls integrate seamlessly and are presented in a familiar form to the accountable member of the HCFM
3.	The cost for mitigation measures should only be added into the cost of the contractual document as provisional sum	The HCFM must consider and put the cost for the environmental and social mitigation requirements specified in the ESMP.
4.	HCFM Code of Conduct – Preventing GBV and Violence Against Child (VAC): A HCFM’s Code of Conduct should be prepared by the HCFM, and given to the Contractor/s to be signed; and forms part of the bids/contract agreement. To a minimum, the Code of Conduct should address: Standards of Conduct such as (i) Conflicts of interest (ii) quality of products and services, (iii) health and safety- reporting injuries and unsafe conditions (iv) workplace violence, labour and human rights, ethics, customer relations, reporting violations, (v) sex with anu person under 18 is prohibited etc	The HCFMs Code of Conduct indicates the HCFMs’ commitment to be of best behavior and comply professionally with the requirements of its contract and World Bank’s safeguards standards

5.	Individual Code of Conduct Preventing SH/SEA and Violence Against Child (VAC): To a minimum, the individual code of conduct should spell out acceptable behaviour, consequence of violation, the routes for resolution of conflicts in any instance where personal interests conflict general interests regarding to the project work, outside work conduct, due diligence in providing required services, individual commitment to sustainable environmental practice during project implementation activities.	The Individual Code of Conduct indicates the employee's commitment to be of best behaviour and comply professionally with the requirements of his/her contract with the SPIU/HCFM
6.	Manager's Code of Conduct Preventing SH/SEA and Violence Against Child (VAC): The Manager's Code of Conduct should to a minimum, will address: Manager's obligations to workers which include a) worker's compensation plan, b) resolution of conflict among workers (c) obligations to payment of workers' salaries (d) workers' health care (e) general communication protocol (f) disciplinary procedures (g) procurement recruitment and termination procedures, etc.	The Manager's Code of Conduct indicates the Manager's commitment to employee welfare and work procedures and ethics

5.2 Monitoring and Evaluation Plan

The monitoring and evaluation plan will be the responsibility of the SPIU for all measures outlined in the ESMP matrix but will delegate certain responsibilities to the HCFM (in this case is responsible for the rehabilitation works) and Such delegation of responsibility shall be documented in the ESMP to guarantee compliance and commitment on the part of the HCFM to supervise the works and implement the mitigation part of the ESMP and others.

The monitoring plan (Internal and External Monitoring) for the ESMP is presented in Table 15 below. Monitoring results shall be documented with preventive/corrective actions to be implemented

Table 15: Monitoring Plan

Monitoring	Action	Responsibility	Period	Performance Indicator
Internal Monitoring	Regular site visit to ensure that the mitigation measures and actions specified in the ESMP Matrix are implemented and as bound by the contract is satisfactorily implemented.	HCFM, E&S Officers from the SPIU	During Pre-rehabilitation, Rehabilitation and Operation Phases	Monitoring Reports and documentation as described below

	Site visit for monitoring and inspection to ensure HCFM adhere strictly to the engineering designs and specifications for the project		During Rehabilitation Phase	Observations and Monitoring Reports presented to the SPIU.
External Monitoring	Regular site visit to ensure project is implemented in an environmentally & socially sustainable manner using the monitoring indicators specified in the ESMP Matrix and other national and international environmental & social requirements	SEPA, FMEnv and other relevant MDAs.	During Pre-rehabilitation, Rehabilitation and Operation Phases	Inspect monitoring reports from Safeguard units Provide feedback on observations. Enforce corrective actions where necessary.

5.3 Institutional Responsibilities and Accountabilities

The successful implementation of the monitoring program will depend on the commitment and capacity of the E&S safeguards unit of the HCFM/SPIU and other third parties/institutions to implement the program effectively. The roles and responsibilities of those that will be involved in the implementation and monitoring of this ESMP are discussed in Table 16 below

Table 16: Institutional Responsibilities and Accountabilities

S/No	Category	Responsibilities
1	NPCU IMPACT Project	Disclosure of the ESMP Overall monitoring of the ESMP implementation in all the 31 participating States and FCT
2	E&S Team HCFM	Assess the Contractor to ensure compliance with the ESMP Ensure adequate review and compliance of the safeguard issues and report to the SPIU Making sure that the ESMP is strictly adhered to.
3	E&S Team SPIU	Assists the SPIU to comply with and fully implement World Bank Safeguards Policies and other relevant laws in Nigeria. Take lead in ensuring adequate screening and scoping of project for the appropriate safeguard instrument Ensure adequate review of all safeguard reports before sending to the NPIU. Supervision of the HCFM (HCFMs), supervisors, training of HCFMs and workers, monitoring of the implementation of the ESMP, and other safeguard instruments.
4	Safeguard Unit, IMPACT Project	Implementing authority, has the mandate to ensure: Compliance with World Bank Safeguards Policies and other relevant laws in Nigeria in line with this ESMF Smooth and efficient implementation of the project Oversight functions of reviewing reports and document policies before sending it to the Bank Implementation of the ESMP and other safeguard instruments developed for each subproject.

5	Federal Ministry of Environment	Review of the ESMP report (in liaison with State Ministry of Environment), receiving comments from stakeholders, public hearing of the project proposals and social liability investigations, monitoring and evaluation process and criteria. Grant approval for Public disclosure of instrument (ESMP)
6	30 Participating State's Environmental Protection Board	Collaborate with the FMEnv and participate in the EA processes and in project decision-making that helps prevent or minimize impacts and to mitigate them and ensures conformity with applicable standards, environmental and social liability investigations, monitoring and evaluation process etc.
7	30 participating State's Ministry of Health	Coordinates state-wide awareness on the operation of the new cons facilities. Support the Project in the operation and maintenance of the new facilities.
8	State Ministry of Women Affairs & Social Development	Oversee GBV issues through identified GBV Service providers Provide personnel or services to the SPIU E&S Team
9	State Government MDAs	Other MDAs come in as and when relevant areas or resources under their jurisdiction are likely to be affected by projects. Participate in the EA processes and project decision-making that helps prevent or minimize impacts and to mitigate them. MDAs may also be required to issue a consent/approval for an aspect of a project; allow an area to be included; or allow impact to a certain extent or impose restrictions/conditions, monitoring responsibility or supervisory oversight.
10	State Environmental Protection Agency	Help the E&S to coordinate the State-wide environment management condition of the project sites Help the E & S Unit of the SPIU in monitoring the management of the Waste that will be generated in the course of the rehabilitation
11	LGAs	Provision of oversight function across project within its jurisdiction for ESMP compliance. Monitoring of activities related to public health, sanitation, waste management amongst others.
	NGOs/CSOs	Assisting in their respective ways to ensure effective response actions, conducting scientific researches alongside government groups to evolve and devise sustainable environmental strategies/techniques.

5.4 Capacity Building

Based on the assessment capacity of the SPIU, the key actors possess just the basic capacity to implement and supervise its project. Nevertheless, for effective implementation of the ESMP, it is recommended that the SPIU undergoes training in order to enhance its capacity in Environmental Assessment (EA), Implementation and Monitoring. Training is essential for ensuring that the ESMP provisions are implemented efficiently and effectively. The PIU shall therefore ensure that all persons that have roles to play in the implementation of the ESMP are competent with appropriate education, skills, training or experience.

It is critical to point out that the HCFM shall be required to undertake general E&S with OHS awareness training for their project workforce including specific training for those whose work may significantly have adverse impact on the environment. This is to ensure that they are fully aware of the relevant aspects of the ESMP and are able to fulfil their roles and functions. As a minimum, the HCFMs shall ensure they provide the following training to their personnel:

- General Awareness in Occupational Health and Safety (OHS) Training; OHS/HSE Induction/Orientation Course for all workers to include (site safety rules, PPE requirements, Emergency Preparedness and Response); Daily tool box talks for workers at the start of each day's job; Refresher OHS Courses as at when required.

- **Project Specific Occupational Health and Safety (OHS) Training:** Material Handling Techniques; First Aid Training (for Site First Aiders); Safe Driving Techniques (for drivers)

The HCFM will be required to forward internal OHS training and procedures to the E&S Team of the SPIU for approval before commencement of civil works.

Based on the assessment of the institutional capacities of the different agencies that will be involved directly in the implementation of the ESMP in particular the HCFM, Project end-users, SPIU, two broad areas of capacity building have already been identified and recommended for effective implementation of the ESMP.

Based on the observed gaps we recommend that the National Coordinating Office of IMPACT Project should organize refresher courses for the SPIU on general ESHS Guidelines, Code of Conduct and E&S Safeguard Standards.

Table 17: Capacity Building/ Training Plan under the ESMP

S/No	Training Modules	Participants	Duration	When	Who Conduct Training to	Budget (₦)
	ESHS Guidelines, Due Diligence and Specifics of ESS, Cost Management for ESMP Implementation, Sustainable Procurement and E&S Standards, Communication Management, GRM Implementation	Environmental, Social, Gender, GRM officers, Procurement.	2 days	During project preparatory stage	Environmental and Social Safeguard Specialist NPMT	1,500,000
	Environment and Social Assessment: including E & S Process, E & S Considerations in project, E&S components affected during rehabilitation and operation stages; Stakeholder participation, GRM, E&S due diligence: ESMP Implementation, Monitoring, Evaluation and Reporting during rehabilitation.	HCFM and their workers	1 day	During project preparatory, twice during rehabilitation stage	Environmental and Social Safeguard Specialist NPMT	900,000
S/No	Training Modules	Participants	Duration	When	Who Conduct Training to	Budget (₦)

	Solid Waste Management including Composting, recycling and earth-based method of disposal	E&S Team SPIU, HCFM workers, Project Endusers	1 day	During project preparatory, twice during rehabilitation stage	Environmental and Social Safeguard Specialist NPMT	1400,000
	Gender Considerations (including GBV, Equity, Environmental, Social and other project specific issues of concern affecting Women, Children and other Vulnerable groups) and Codes of Conducts	E&S Team SPIU, HCFM Workers, Project endusers	2 days	During project preparatory, twice during rehabilitation stage	Gender and Vulnerability Specialist NPMT	1,600,000
Total						₦5,400,000

5.5 Cost of Implementing the ESMP

The total estimated cost to effectively implement the mitigation and monitoring measures recommended in the ESMP Matrix above including Capacity Building and others is Thirteen Million, Six Hundred and Ninety Thousand naira only. – **₦13,690,000** as seen in Table 18 below. The cost of mitigation is Five Million, Eighty Thousand naira only- **₦5,080,000** and should be included in the contract as part of the implementation cost to the Contractor by the SPIU. Four essential trainings were identified before and during the implementation of this ESMP and its cost implication is Five Million, Four Hundred Thousand Naira Only-**₦5,400,000**.

The cost embedded in the ESMP is Health Care Facility specific and should be used to mitigate and monitor the activities of the contractor during the rehabilitation works per facility.

Table 18: Summary of cost of implementing the ESMP

Item	Responsibility	Cost Estimate in Naira (N)	Cost Estimate in Dollars (\$)
Mitigation	HCFM	5,080,000	3,277
Monitoring	E&S Team SPIU,	2,010,000	1,297

Capacity Building/Training	SPIU/ NPCU	5,400,000	3,483
GRM Operation	SPIU, HCFM	1,200,000	774
Total		13,690,00	8,831.1

CBN RATE 1\$US=N1,550 as at January 24, 2025

CHAPTER SIX: STAKEHOLDERS ENGAGEMENT AND PUBLIC CONSULTATION

6.0 Introduction

The Nigerian government has initiated IMPACT project to rehabilitate selected PHC facilities across the country. As part of the preparation of this ESMP, stakeholders' engagement and public consultation were conducted to ensure that the rehabilitation plan meets the needs and expectations of the people.

This Chapter summarizes the stakeholders' engagement activities conducted by the IMPACT Project through the ESMP Consultant for the rehabilitation of selected Primary Health Centre Facilities in Nigeria. The engagement aimed to inform stakeholders about the project, gather feedback, and ensure compliance with environmental and social safeguard standards.

6.1 Stakeholders Engagement

6.1.1 Stakeholders Engaged

The following stakeholders were engaged:

1. Community leaders
2. Local government officials
3. Healthcare professionals
4. Civil society organizations
5. Project-affected communities
6. Staff of the Federal Project Management Unit
7. States Project Implementation Unit (SPIU) (State Project Managers, Environmental and Social Safeguard Officers etc)
8. Officials of Federal and States' MDAs

6.1.1 Engagement Process

The stakeholders' engagement and public consultation process involved the following steps:

- Identification of stakeholders: Relevant stakeholders, including community leaders, healthcare professionals, local government officials, and civil society organizations, were identified.
- Public consultations meetings: Public consultation meetings were held in each of the selected PHC locations, where stakeholders and community members were invited to provide input and feedback on the proposed rehabilitation plan.
- Focus group discussions: Focus group discussions were conducted with specific stakeholder groups, such as healthcare professionals and community leaders, to gather more in-depth feedback.
- Survey questionnaires: Survey questionnaires were distributed to stakeholders and community members to gather additional feedback

Table 19; List of Communities visited for the Stakeholders interaction

S/No	State	Local Government	Ward/Community	Longitude	Latitude
1	Kaduna	Kajuru	Kasuwan Magani	7.715364	10.39614
2	Kaduna	Makarfi	Dandamisa	7.838325	11.25899

3	Kaduna	Zaria	Ang Fatika	7.692555	11.0485733
4	Kaduna	Sabon Gari	Dogarawa	7.4474317	10.5636849
5	Kaduna	Makarfi	Tudun Wada (Makarfi)	7.9075167	11.4074567
6	Kaduna	Soba	Garu	8.0521444	10.9245762
7	Kwara	Ifelodun	Ile-Ire I	5.0310872	8.5523939
8	Kwara	Ilorin West	Ajikobi	4.5370967	8.5096717
9	Kwara	Ifelodun	Idofian I	4.682455	8.408465
10	Kwara	Baruten	Bode/Babane=Gwedere/ Babane	3.1470673	8.8794353
11	Kwara	Asa	Ogele	4.6168018	8.5389704
12	Kwara	Patigi	Lade Ward Iii	5.4723683	8.680955
13	Bauchi	Ningi	Balma	9.57454	11.0938517
14	Bauchi	Dambam	Gargawa Ward	10.2984021	10.774776
15	Bauchi	Katagum	Magwanshi	10.3952381	11.6343463
16	Bauchi	Bogoro	Mwari	9.5160763	9.5488311
17	Bauchi	Jama'are	Dogon Jeji B Ward	9.9478417	11.75258
18	Bauchi	Gamawa	Kafiromi	10.5350608	12.1242314
19	Adamawa	Yola North	Doubeli	12.4343344	9.278331
20	Adamawa	Jada	Jada I	12.155589	8.7550741
21	Adamawa	Maiha	Mayo-Nguli	13.2348733	10.0544783
22	Adamawa	Gombi	Gombi North	12.7424224	10.1617498
23	Adamawa	Mubi North	Sabon Layi	13.2672496	10.2650759
24	Adamawa	Yola North	Jambutu	12.418536	9.2681426
25	Delta	Oshimili South	Okwe	6.7462211	6.1636036
26	Delta	Oshimili South	Okwe	6.7462211	6.1636036
27	Delta	Burutu	Kiagbodo	5.8375266	5.4203756
28	Delta	Isoko North	Ellu (Ellu/Aradhe/Ovrode)	6.32757	5.5889767
29	Delta	Ughelli South	Ekakpamre	5.8526939	5.5379774
30	Delta	Uvwie	Ugbomro(Ugbomoro/Ugbolokposo)	5.8134646	5.5746179
31	Plateau	Jos Norh	Kabong	8.8605712	9.9471155
32	Plateau	Jos Norh	Jos Jarawa	8.9437683	9.91297
33	Plateau	Pankshin	M/Nyelleng	9.4469267	9.433195
34	Nasarawa	Toto	Umaisha	7.1824685	8.0090896
35	Nasarawa	Kokona	Agwada	8.0013483	8.5440983
36	Nasarawa	Doma	Agbashi	8.1196217	8.0060633
37	Nasarawa	Kokona	Haderi	8.0637695	8.8488236
38	Nasarawa	Obi	G/Ausa 1	8.5279897	8.4985878
39	Nasarawa	Obi	Obi	8.7682535	8.3676891
40	Oyo	Ibadan South East	Oy Owode Ward	3.9624432	7.3086553
41	Oyo	Afijio	Oy Jobele Ward	3.9354102	7.7800579
42	Oyo	Ibadan North West	Oy Afonta Ward	3.8505763	7.3002291
43	Oyo	Egbeda	Wakajaye	3.9819433	7.4229093
44	Oyo	Saki West	Oy Adabo Ward	3.3856653	8.6707453

45	Oyo	Ido	Oy Ogundele Alaho/Siba Ward	3.8186255	7.3666799
46	Kogi	Lokoja	Lokoja -Ward A	6.7375239	7.8064764
47	Kogi	Kabba/Bunu	Okedayo	6.1147652	7.7527043
48	Kogi	Dekina	Abocho	6.98273	7.49257
49	Kogi	Olamaboro	Ogugu 2	7.5516363	7.1897324
50	Kogi	Ofu	Ogbonicha	7.310245	7.249105
51	Kogi	Ijumu	Iyara	5.9764832	7.8432708
52	Yobe	Bade	Dagona Phc Center	10.7621885	12.8493398
53	Ebonyi	Ikwo	Ekpelu	8.0136236	6.0712476
54	Kogi	Yagba West	Odo Egbe I	5.5135453	8.2247478
55	Ebonyi	Ohaozara	Ugbogologo	7.8665481	6.0533866
56	Oyo	Lagelu	Ajara/Opeodun	3.9519974	7.4515918
57	Plateau	Barkin Ladi	Mazat	8.9589567	9.4445083
58	Plateau	Barkin Ladi	Marit	8.9934683	9.4744017
59	Yobe	Bade	Dagona Phc Center	10.7621885	12.8493398
60	Plateau	Kanke	Ampang B Ward	9.5793569	9.3371166
61	Plateau	Barkin Ladi	Pomol Chit	8.8908428	9.6235272
62	Nasarawa	Obi	Kyakale	8.5633458	8.2962366
63	Plateau	Mangu	Langai	9.1966546	9.5835889
64	Bauchi	Bauchi	Makama-B	9.8377796	10.3013995
65	Plateau	Bokkos	Mbar/Mangar	8.9595551	9.2874095
66	Oyo	Ibarapa East	Oy Anko Eruwa Ward	3.4253868	7.5437084
67	Oyo	Ona Ara	Badeku Ward 4	3.9958739	7.38126
68	Plateau	Wase	Kumbur	9.8882567	8.95685
69	Adamawa	Shelleng	Kiri	11.995981	9.6854492
70	Bauchi	Gamawa	Gololo-South	10.6919999	12.3202024
71	Delta	Udu	Emadaja(Udu li)	5.8197264	5.4365158
72	Yobe	Damaturu	Mairi I Phc Center	0	0
73	Nasarawa	Toto	Karmo Buga	7.4896183	8.4966233
74	Bauchi	Bogoro	Dutsen Lawan Ward	0	0
75	Delta	Aniocha North	Issele-Azagba	6.5518184	6.2672843
76	Kwara	Ilorin West	Baboko	0	0
77	Kaduna	Sabon Gari	Bomo	7.6314733	11.1825033
78	Kaduna	Soba	Richifa	7.7713831	11.1872899
79	Yobe	Yunusari	Kujari Phc Center	11.9235746	12.8928606
80	Adamawa	Yola North	Karewa	12.4249833	9.2485585
81	Oyo	Akinyele	Moniya	3.90992	7.5318183
82	Oyo	Ogbomoso South	Ijeru I Ward	4.243005	8.1265267
83	Kaduna	Kubau	Haskiya	8.3757704	10.9631402
84	Bauchi	Bogoro	Lusa	9.5617617	9.6266017
85	Nasarawa	Lafia	Shabu/Kwandere	8.5101463	8.5210725
86	Ebonyi	Onicha	Enuagu	7.8012783	6.1518741
87	Ebonyi	Ikwo	Ekpelu	8.0136236	6.0712476

88	Adamawa	Fufore	Ribadu	12.7251831	9.3003796
89	Plateau	Jos Norh	Naraguta B	8.913324	9.9363769
90	Kogi	Dekina	Ogbabede	6.9044017	7.54875
91	Oyo	Kajola	Oy Ilaji -Oke/Iwere Oke Ward	3.3382617	8.05621
92	Bauchi	Tafawa-Balewa	Lere South Ward	9.4566367	9.6950617
93	Plateau	Riyom	Fangroi	8.6164933	9.6972367
94	Ebonyi	Afikpo South	Owutu	7.8556656	5.8063143
95	Bauchi	Shira	Kilbori A&S™	10.1169912	11.583772
96	Kwara	Edu	Tsaragi Ii	4.9531097	9.0694785
97	Oyo	Ibadan North	Oy Basorun Ward	3.9315968	7.4176102
98	Ebonyi	Ivo	Amagu Ihe	7.5590855	5.9393345
99	Yobe	Bade	Dagona Phc Center	10.7621885	12.8493398
100	. Plateau	Kanke	Ampang B Ward	9.5793569	9.3371166
101	. Plateau	Barkin Ladi	Pomol Chit	8.8908428	9.6235272

Table 20: Summary of Minutes during the Stakeholders Engagement

SUMMARY OF STAKEHOLDERS ENGAGEMENT AND PUBLIC CONSULTATION			
Overview			
31 Participating States and FCT			
Venue: Virtual			
Participants: World Bank Team, National PIU members, State Project Manager, Environmental Safeguard, Social Safeguard, Commissioners, Executive Secretaries, State Directors, State Steering Committee members, LGA Directors of Health Facility Management, Staff, Patients (Ward Development Committees), Faith-based organizations, Community-based Organizations - (354)			
Date – 10th September 2024			
Consultations were held with the 31 States' Primary Health Care Board, the Project Manager with the Staff and other stakeholders. The representative of the IMPACT Project and the E&S Consultants introduced the project and ESMP process and objectives to the stakeholders. The Consultant further highlighted potential environmental and social risks and impacts that may be caused by the rehabilitation activities and emphasized the role that each stakeholder had to play to ensure that the negative impacts are minimized and the positive impacts enhanced.			
The participants appreciated the team and expressed their concerns/questions which were addressed by the consultant. The summary of the key concerns/questions/issues raised during the consultations at the project sites are presented below, including the consultant's responses/remarks.			
No.	Agenda	Concerns/Questions	Consultant's Response/Remark

	Perception of the project	<ol style="list-style-type: none"> 1. The State Primary Health Care Management Board (SPHCMB), staff and patients complained about deficient infrastructure, especially within the rural areas which currently isn't quite suitable due to the dilapidated floors, walls and absence of furniture's, hence they were happy that IMPACT Project will help in bridging these gaps. 2. The SPHCMB also appreciated the extensive stakeholder consultations they have been holding with them. 3. They also enquired if PHC Facilities lacking furniture's and equipment will also be investigated 	The team responded that the need for each facility was taken into consideration before now. Those facilities that have deficiency in areas of furniture and equipment will be taken care of.
	Potential Adverse impacts	<ol style="list-style-type: none"> 1. The end-user inquired if there would be any risks such as OHS associated with the rehabilitation works? 2. They are also skeptical about having strangers/foreigners within the community. 	The consultant allay their fears of possible risks, as the ESMP Matrix is well detailed with mitigation measures, responsibilities and monitoring principles to reduce such risks to the barest minimum.
			<ol style="list-style-type: none"> 1. Rehabilitation activities will be implemented during off- patient hours or weekend 2. More so, the Facility or project sites would likely be vacated during rehabilitation period, thus there will be less interference. 3. There will be adequate sensitization through the SPHCMB on ways to avoid been exposed to SEA/SH. <p>RESPONSE OF SPIU</p> <p>The SPIU also stated that the project will conduct such sensitization in the State and project communities; in addition, Health Care Facility Manager (HCFM) will sign Code of Conducts against GBV/SEA/SH.</p> <p>The SPHCMB also promised to coordinate the activities of the HCFMs.</p>

Concerns raised by other stakeholders	<ul style="list-style-type: none"> □ In some PHC, availability of water is an issue for the patient and staff. □ Some other PHC complained of how dilapidated the PHC are, and how unfit it is for the patients as most of them sit on bare floor, due to insufficient furniture's. They are really hoping the project will commence soon and such issues would be prioritized 	<ol style="list-style-type: none"> 1 The PHC was advised to list their needs in terms of priority 2 The consultants assured them that all pressing issues will be efficiently documented and properly addressed through the appropriate channels
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Summary			
<p>31 Participating States and Federal Capital Territory Venue: Lagos Participants: World Bank Team, National Project Implementation Unit Members for Immunisation and Malaria components, State Project Manager for Immunisation and Malaria component of IMPACT, Environmental Safeguard, Social Safeguard- 109 Date – 1st -5th December, 2024</p>			
<p>Consultations were held with the 31 States' and FCT Primary Health Care Board, the Project Manager with the Staff and other stakeholders. The representative of the IMPACT Project and the E&S Consultants introduced the project and ESMP process and objectives to the stakeholders. The Consultant further highlighted potential environmental and social risks and impacts that may be caused by the rehabilitation activities and emphasized the role that each stakeholder had to play to ensure that the negative impacts are minimized and the positive impacts enhanced. The team displayed the code of conduct form, OHS and emphasis the need to localize the ESMP per state.</p>			
<p>The participants appreciated the team and expressed their concerns/questions which were addressed by the consultant. The summary of the key concerns/questions/issues raised during the consultations at the project sites are presented below, including the consultant's responses/remarks.</p>			
No.	Agenda	Concerns/Questions	Consultant's Response/Remark
1.	Perception of the project	<p>The Participants encourage the recruitment of locals for construction work to ensure stability of local norms, empower the locals economically and breed sustainability.</p> <p>The participants raised concerns about possible hoodlum activities that might undermine project execution.</p> <p>The participants inquire about how the project intends to preserve the cultural norms of the host community while executing projects.</p>	<p>The team supported the idea of inclusive employment of locals to mitigate possible Grievances or risk of strangers working on the project.</p> <p>The team encouraged dialogue and thorough sensitization prior to the execution.</p> <p>The team advised the State PIU members to lead acculturation sensitization for contractors where necessary.</p>
2.	Potential Adverse impacts	They are also skeptical about having strangers/foreigners within the community especially as this might increase the SEA/SH/GBV.	The consultant allays their fears of possible risks, as the ESMP Matrix is well detailed with mitigation measures, responsibilities and monitoring principles to reduce such risks to the barest minimum.



Figure 4: Cross-Section of participants at the Lagos Stakeholders Engagement

Summary			
<p>31 Participating States and Federal Capital Territory Venue: Lagos Participants: World Bank Team, National Project Implementation Unit Members for Immunization and Malaria components, Environmental Safeguard, Social Safeguard- 56 Date – 21st – 24th January 2025</p>			
<p>Consultations were held with the 31 States’ Primary Health Care Board, the Project Manager with the Staff and other stakeholders. The representative of the IMPACT Project and the E&S Consultants introduced the project and ESMP process and objectives to the stakeholders. The Consultant further highlighted potential environmental and social risks and impacts that may be caused by the rehabilitation activities and emphasized the role that each stakeholder had to play to ensure that the negative impacts are minimized and the positive impacts enhanced. The team displayed the code of conduct form, OHS and emphasis the need to localize the ESMP per state.</p> <p>The participants appreciated the team and expressed their concerns/questions which were addressed by the consultant. The summary of the key concerns/questions/issues raised during the consultations at the project sites are presented below, including the consultant’s responses/remarks.</p>			
No.	Agenda	Concerns/Questions	Consultant’s Response/Remark
1.	Perception of the project	<p>The Participants encourage the recruitment of locals for construction work to ensure stability of local norms, empower the locals economically and breed sustainability.</p> <p>The participants raised concerns about possible hoodlum activities that might undermine project execution.</p> <p>The participants inquire about how the project intends to preserve the cultural norms of the host community while executing projects.</p>	<p>The team supported the idea of inclusive employment of locals to mitigate possible Grievances or risk of strangers working on the project.</p> <p>The team encouraged dialogue and thorough sensitization prior to the execution.</p> <p>The team advised the State PIU members to lead acculturation sensitization for contractors where necessary.</p>

2.	Potential Adverse impacts	They are also skeptical about having strangers/foreigners within the community especially as this might increase the SEA/SH/GBV.	The consultant allay their fears of possible risks, as the ESMP Matrix is well detailed with mitigation measures, responsibilities and monitoring principles to reduce such risks to the barest minimum.
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Figure 5: Cross section of Stakeholders at the Abuja Stakeholders meeting

6.1.2 Stakeholder Engagement Findings

The stakeholder engagement process revealed several key findings, including:

- 4. Need for Improved Infrastructure: Stakeholders emphasized the need for improved infrastructure, including renovated buildings, upgraded equipment, and reliable water and electricity supply.
- 5. Shortage of Healthcare Professionals: Stakeholders highlighted the shortage of healthcare professionals, particularly in rural areas.
- 6. Community Participation: Stakeholders emphasized the importance of community participation in the rehabilitation process.

6.1.3 Public Consultation Findings

The public consultation process revealed several key findings, including:

- 4. Support for the Project: Community members expressed strong support for the project, citing improved healthcare services and economic benefits.
- 5. Concerns about Sustainability: Community members expressed concerns about the sustainability of the project, including the need for ongoing funding and maintenance.
- 6. Need for Transparency: Community members emphasized the need for transparency in the project implementation process

6.2 Labour Influx

The project may face an influx of non-local labor and working conditions issues as skilled laborers might not be available in some of the project sites. The project will take concrete measures to mitigate potential labor influx related risks such as workers' sexual relations with minors and resulting pregnancies, presence of sex workers in the community, the spread of HIV/AIDS, sexual harassment of female employees, child labor and abuse, inadequate resettlement practices, and fear of retaliation, failure to ensure community participation, poor labor practice, and lack of road safety. These risks require careful consideration to improve social and environmental sustainability, resilience and social cohesion. Therefore, the project will include mitigation measures such as:

- a) assessing living conditions of workers' camps and ensuring appropriate living conditions;
- b) establishing and enforcing a mandatory Code of Conduct for the company, managers and workers, and an Action Plan for implementation;
- c) ensuring appropriate location for these camps;
- d) taking countermeasures - indicated in the Social Management Plan - to reduce the impact of the labor influx on the public services; and,
- e) devising and implementing a strategy for maximizing employment opportunities for local population, including women.

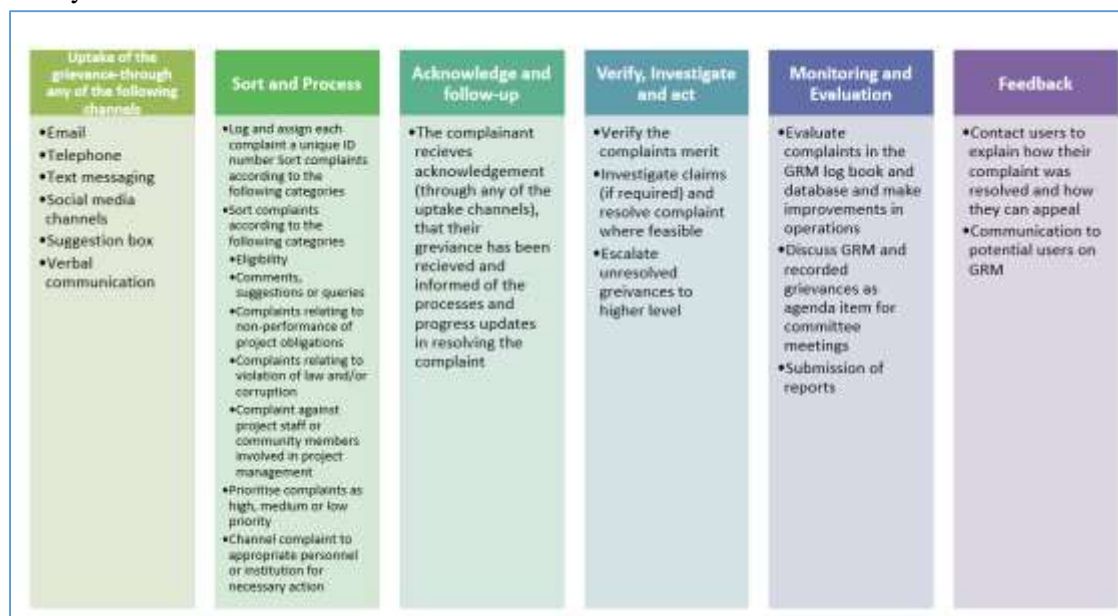
The following guidelines lay out the principles that are key to properly assessing and managing the risks of adverse impacts on project area communities that may result from temporary induced labor influx.

- f) The Contractor will have to hire, to the maximum extent, skilled and unskilled workers from affected communities in the project area. The SPMU will adopt or implement all possible measures to avoid if not minimize labor influx into the project area.
- g) The SPMU will assess and manage labor influx risk based on appropriate instruments such as those based on risks identified in the ESIA and the Bank's sector-specific experience in the country.
- h) Depending on the risk factors and their level, appropriate mitigation instruments need to be developed including the ESMP, Site-specific Labor Influx Management Plan and/or a Workers' Camp Management Plan².
- i) Risk factors to the SPMU that should be considered, include,
- j) weak institutional capacity of the implementing agency;
- k) predominant presence of contractors without strong worker management and health and safety policies; □ anticipated high volumes of labor influx;
- l) pre-existing social conflicts or tensions;
- m) weak local law enforcement
- n) prevalence of gender-based violence and social norms towards it in the community (acceptance of gender based violence);
- o) prevalence of transactional sex;
- p) local prevalence of child and forced labor;
- q) existing conflict situation between communities;
- r) absorption capacity of workers to the community
- s) The SPIU will be required to incorporate social and environmental mitigation measures into the civil works contract and responsibilities for managing these adverse impacts. This will be a binding contractual obligation on the SPIU, with appropriate mechanisms for addressing non-compliance.

- t) The Supervision Consultant shall be responsible for monitoring the contractor performance and adherence to the labor influx guideline and that of its Sexual Exploitation and Abuse (SEA) obligations, with a protocol in place for immediate, timely, mandatory and confidential reporting in case of incidents to project community.
- u) This allows the SPIU to enforce the implementation of such mitigation measures, which are required to ensure the consultant’s own compliance with Bank policy requirements. While the Bank reviews and clears project-level safeguard instruments such as the ESIA/ESMP, it is the SPIU’s responsibility to: (i) ensure the ESMP is reflected in the contractor’s Contract and (ii) ensure the project is implemented in accordance with the ESMP, safeguard instruments and other relevant contractual provisions.

6.3 Grievance Mechanism (GRM)

Grievance is a concern or complaint raised by an individual or a group affected by project operations. Both concerns and complaints can result from either real or perceived impacts of a project. Based on the impacts identified in chapter 5 of this ESMP, there are potentials for conflicts and grievances to arise as a result of project activities, thus it is important to have a pathway for addressing such conflicts when they arise. The IMPACT project has prepared a detailed GM Manual which was prepared and is being operationalized by various states.



6.3.1 Time Frame for Processing Grievances

Table 21 below outlines the timeframe, process, task and responsibility for reporting grievances

Table 21: Timeline for Grievance Mechanism Process

PROCESS	DESCRIPTION	COMPLETION TIME FRAME	RESPONSIBLE AGENCY/PERSON
Receipt of complaint	Document date of receipt, name of complainant, location, nature of complaint etc.	1 day	Secretary to GRC at project level

Acknowledgement of grievance to the complainant	By letter, email, phone	1 day	Secretary to GRC at project level
Screen and Establish the Merit of the Grievance	Review the complaint/ Listen to the complainant and assess the merit	2 days	Project level GRC Secretary & the aggrieved PAP or his/her representative
Refer unrelated project grievances	Where complaint is not related to IMPACT refer to appropriate authority and inform complainant	2 days	Project level GRC Secretary & the aggrieved PAP or his/her representative
PROCESS	DESCRIPTION	COMPLETION TIME FRAME	RESPONSIBLE AGENCY/PERSON
Investigate the grievance	Visit the site, conduct investigations and interviews	1 – 3 days	Project level GRC members
Implement a redress action	Discuss and agree on the grievance resolution	1 – 7 days	Project level GRC members & the aggrieved PAP or his/her representative
Escalate to SPIU for a dissatisfied scenario	Refer the complainant to the SPIU GRC	3 – 10 days	Project level GRC Chairman
Receipt and record of complaint at SPIU GRC	Document date of receipt, name of complainant, location, nature of complaint etc.	1 day	SPIU GRM Officer
Investigate/ Implement a redressal action	Review the previous action by the project level GRC/ conduct investigations and interviews. Recommend grievance resolution	2 – 7 days	SPIU GRC
Escalate to IMPACT NPCU for a dissatisfied scenario	Refer the complainant to the NPCU GRC	3 – 10 days	State Project Manager
Receipt and record of complaint at NPCU GRC	Document date of receipt, name of complainant, location, nature of complaint etc.	1 day	IMPACT GRM Officer
Investigate/ Implement a redressal action	Review the previous action by the GRCs/ conduct investigations and interviews. Recommend grievance resolution	2 – 5 days	IMPACT GRC
Last resort - Advice complainant of option to seek judicial redress	Where resolution is not reached, complainant is free to seek judicial redress. NPCU to document the case including all attempts at resolution and send a report to the TTL	7days 5days	National Project Manager
Close the case	Follow up to obtain feedback and document resolution in logbook	As required	GRM officers

6.4 Gender Based Violence (GBV)

Gender-Based Violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed gender differences. Gender-based violence is a phenomenon deeply rooted in gender inequality, and continues to be one of the most notable human rights violations within all societies. Gender-based violence is violence directed against a person because of their gender. Both women and men experience gender-based violence but the majority of victims are women and girls.

Identification and Reporting

IMPACT Project Sexual Exploitation and Abuse (SEA) as well as Sexual Harassment (SH) allegations will be addressed separately from the general project related grievances because of the sensitivity of GBV cases and how it directly affects an individual’s well-being. IMPACT project will adopt to the specific GBV GM model which links project grievance mechanism to an identified GBV Service Provider to handle SEA/SH allegations. The GBV Service Provider will provide services to all members of the communities as well as relevant stakeholders. SEA/SH allegation can be reported through Project-Level GM Channels or directly to the GBV Service Provider. If SEA/SH allegation is received through the formal grievance mechanism, the GM Operator refers the matter to the Service Provider.

Protocols for reporting and responding to incidence



Figure 6: Grievance Reporting Value Chain
The SEA/SH Grievance Mechanism will put in place channels for registering, recording, and handling such cases in a safe and confidential manner. In addressing SEA/SH risks, IMPACT will use the four key guiding principles (**confidentiality, non-discrimination, survivor safety and security**) of the survivor-centered approach using informed consent to systematically and adequately respond to the specific nature of SEA/SH cases.

Addressing complaints related to GBV and SEA/SH

The IMPACT GM takes complaints related to gender-based violence (GBV) and sexual exploitation and abuse / sexual harassment seriously. A separate GBV accountability and Response Framework have been prepared to address GBV allegations and to hold perpetrators accountable. However, for any complaint that is reported to the GM (including complaints involving other forms of GBV that are not related to the project), the GM will also have procedures in place to refer the individual to GBV Service Providers.

Expectation when grievances arise

IMPACT will ensure that all grievances are handled and resolved within the specified time frame depending on the category of complaint. The maximum time frame for resolving categories of issues that are within the purview of IMPACT will be 3 months (90 days).

- IMPACT will ensure that feedback is provided to complainants on the status of their grievances within 28 working days from the time the complaint was first received.
- Where investigations are likely to take more than 7 days, IMPACT will provide complainants with a progress update.
- IMPACT will guarantee that all complainants are treated with respect and fairness.
- IMPACT will ensure that persons with disabilities and other vulnerable groups can easily access the GM using available channels for registering complaints.
- IMPACT will ensure that GBV and SEA/SH complaints are treated appropriately following a survivor-centered approach.

Table 22: IMPACT Reporting procedure for SEA/SH during Implementation

Who	To whom	What	When
GM Operators at the health care facilities	SPM, NPM and the World Bank TTL (concurrently)	Reporting of SEA/SH incidents with three (3) key data (with the informed consent of the survivor) Nature of the case Project related Age and sex (if available)	Within 24 hours
IMPACT SPIU Social team	NPM/WB	Agreed project SEA/SH indicators Whether the GM is working accurately for taking and resolving complaints Whether resolving mechanism is established and working well Percentage of workers that have signed CoC Number of grievances in the reporting period and cumulative Number of closed grievances within the stipulated timeframe Number of open grievances	Quarterly

CHAPTER SEVEN: RECOMMENDATION AND CONCLUSION

7.1 Conclusion

The rehabilitation of primary health care facilities in 31 States and FCT of Nigeria is a critical project aimed at improving healthcare services across the country. The Environmental and Social Management Plan (ESMP) has identified potential environmental and social impacts associated with the project and outlined measures to mitigate them. The ESMP has emphasized the importance of community participation, stakeholder engagement, and transparency in the project implementation process.

Recommendations

Based on the findings of the ESMP, the following recommendations are made:

- 1 Conduct Environmental and Social screening for each project sites: Conduct comprehensive environmental and social screening to identify potential impacts and develop mitigation measures.
- 2 Develop Community Engagement and Participation Plan*: Develop a community engagement and participation plan to ensure that local communities are informed and involved in the project implementation process.
- 3 Establish Grievance Redress Mechanism*: Establish a grievance redress mechanism to address community concerns and complaints.
- 4 Provide Training for Healthcare Workers*: Provide training for healthcare workers on environmental and social management best practices.

7.1.1 Implementation and Monitoring

The project implementation should be monitored and evaluated regularly to ensure that the environmental and social management measures are effective. The monitoring and evaluation will be conducted by the project management unit, with support from environmental and social specialists. The project will also establish a complaints and grievance mechanism to address any concerns or complaints from the community. The project implementation schedule will be as follows:

7.1.2 Summary of Key Findings

The ESMP identified several key environmental and social impacts associated with the project, including environmental impacts (noise pollution, air pollution, water pollution, and waste management issues) and social impacts (displacement of communities, loss of livelihoods, and cultural heritage impacts).

7.1.3 Summary of Mitigation Measures

The ESMP outlined several mitigation measures to address the potential environmental and social impacts, including environmental mitigation measures (implementation of noise reduction measures, air quality monitoring, water quality monitoring, and waste management plans) and social mitigation measures (development of a resettlement action plan, provision of alternative livelihoods, and cultural heritage impact assessment).

7.2 Recommendations

Based on the findings of the ESMP, the following recommendations are made:

- 5 Conduct environmental and social screening for all individual project sites to identify potential impacts and develop mitigation measures.
- 6 Develop a community engagement and participation plan to ensure that local communities are informed and involved in the project implementation process.
- 7 Establish a grievance redress mechanism to address community concerns and complaints.
- 8 Provide training for healthcare workers on environmental and social management best practices.

7.2.1 Institutional Framework

The project should strengthen the already utilized institutional framework to ensure effective implementation of the ESMP. This will include the establishment of a project management unit, appointment of environmental and social specialists, and establishment of a community liaison office.

7.2.2 Monitoring and Evaluation

The project should establish and implement a monitoring and evaluation framework to track progress and identify areas for improvement. This will include regular monitoring of environmental and social impacts, conducting annual audits to assess compliance with environmental and social standards, and establishment of a complaints and grievance mechanism.

7.3 Conclusion and Recommendations

In conclusion, the rehabilitation of primary health care facilities in 31 states and FCT is a critical project that requires careful consideration of environmental and social impacts. The ESMP has identified potential impacts and outlined measures to mitigate them. The project recommends that the ESMP be implemented in accordance with the institutional framework, monitoring and evaluation framework, and budget and financing plan outlined in this report.

References

This report was prepared based on the following references:

- Nigerian Environmental Policy
- Nigerian Social Policy
- World Bank Environmental and Social Safeguard Policies
- International Finance Corporation Environmental and Social Performance Standard
- Environmental and Social Management Framework (Prepared for the IMPACT Project)
- Project Appraisal Document (PAD)

APPENDIX 1: TERMS OF REFERENCE

IMMUNIZATION PLUS AND MALARIA PROGRESS BY ACCELERATING COVERAGE AND TRANSFORMING SERVICES (IMPACT) PROJECT PREPARATION OF AN ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP) FOR THE RENOVATION OF ALL IMPACT IMPLEMENTING PRIMARY HEALTHCARE FACILITIES ACROSS 31 STATES AND FCT IN NIGERIA

Background and Context

The Federal Government of Nigeria (FGoN) in collaboration with the World Bank has prepared a Program called Immunization Plus and Malaria Progress by Accelerating Coverage and Transforming Services (IMPACT) Project. The Program follows the multi-phased approach (MPA) with the intent of reducing under-five mortality rate (U5MR) in Nigeria from 132 to 79 per 1,000 births by 2030. This will cut U5MR by 40 percent in 10 years.

The IMPACT project also aims to catalyze overall improvements in health services both at the national participating states to improve access to quality vital services that benefit children and women directly. IMPACT project will also strengthen National M&E systems and contribute to demand generation nationally, thereby enhancing and improving the overall wellbeing of the population at the grass root (community level).

Major health challenges in the country range from inadequate funding (less 5% of Nigeria's total annual budget or about \$5 per person) to inaccessibility to HCF by communities and poor health infrastructure, fake drugs, insufficient financial investment, and lack of sufficient health personnel. These factors have culminated in low immunization rates, a high rate of U5MR which has necessitated the MPA program.

In addition, slashing U5MR has important socio-economic benefits for Nigeria, including on its human capital formation and particularly in (i) Cognitive Development: Improved child health has an important influence on cognitive development; (ii) Nutritional Impact: Children who are frequently sick are also at high nutritional risk. Frequent illness and malnutrition combine in a vicious cycle; (iii) Fertility reduction: There has never been a significant reduction in fertility that wasn't preceded by a steep reduction in U5MR; (iv) Economic Growth: reductions in mortality account for about 11% of recent economic growth in low and middle-income countries based on national income accounts; (v) Reductions in Child Mortality have preceded economic take-off: Whether they are causal or not, improvements in child mortality preceded the economic take-off observed in East Asian "tiger" economies

The IMPACT Project is implemented by the National Primary Health Care Development Agency (NPHCDA) and the National Malaria Elimination Program (NMEP) with the project development objective to improve the utilization and quality of immunization plus and malaria services in selected states.

The Project Development Objective of the IMPACT Project is to improve the delivery and uptake of immunization and malaria services in selected states. The total financial outlay of IMPACT is US\$ 650m.

The IMPACT Project has the following Four components

Component 1: Malaria Control (US\$188.0 Million Equivalent IDA Credit):

Component 2: Immunization Plus: (US\$409.3 Million Equivalent IDA Credit)

Component 3: Knowledge for Change (US\$52.7 Million Equivalent IDA Credit)

Component 4: Contingent Emergency Response Component (CERC) (Us\$0 Million IDA)

However, this Consultancy will be focused on Component 2 which will support strengthening service delivery and health systems for immunization, maternal, child and neonatal services and will finance vaccines and cold chain strengthening. This component is under management/supervision of the NPHCDA. As part of the activities under Component 2, the Project will provide Decentralized funding with performance-based allocation for quality improvement directly to primary healthcare (PHC) facilities. The project will provide operating budgets directly to PHC facilities, an innovative approach known as Decentralized Financing Facility (DFF). DFF will strengthen provision of immunization services; curative care for under-five children; outreach activities in reproductive, maternal, and child health services; skilled delivery; postnatal care; and maintenance and minor repair of existing PHC infrastructure. Due to some potential environmental and social impacts associated the rehabilitation of the facilities, the World Bank Operation Policy (OP) 4.01 on Environmental Assessment is triggered on the Project. The project has been assigned an Environmental Assessment (EA) Screening Category “B”. This rating is based on the scope of the project, which indicates limited adverse environmental and social impacts.

In meeting the requirements of OP 4.01, the Project has developed an Environmental and Social Management Framework (ESMF) and a Healthcare Waste Management Plan (HCWMP). The ESMF and HCWMP were disclosed in country on 7th October 2019 as well as in two national daily newspapers.

1. RATIONAL FOR THE ASSIGNMENT

The proposed health facilities improvements will involve renovation and minor repairs to doors, roofs, floors, and walls in the PHCs. These activities will involve some potential minor environmental and social impacts that may arise during the anticipated works: such as the generation of hazardous, non-hazardous waste and medical wastes, noise/air pollution, accident from the movement of equipment and materials within and away from the PHCs, occupational health & safety risks, risks associated with use of labour, community health and safety issues, grievances and complaints. Before the commencement of such works, an Environmental and Social Management Plan (ESMP) is prepared to address all potential environmental and social concerns related to the renovation works. Since the proposed works are minor and impact easily mitigated, the ESMP will cover the 31 states and FCT supported by the IMPACT Project.

2. DESCRIPTION OF PROPOSED INTERVENTION

The National Primary Health Care Development Agency (NPHCDA) has selected Primary Healthcare Centres (PHCs) where minor renovations will be carried out. These PHCs are located across 31 states namely Abia, Adamawa, Bauchi, Bayelsa, Benue, Delta, Ebonyi, Edo, Ekiti, Gombe, Imo, Jigawa, Kaduna, Kano, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Osun, Ondo, Oyo, Plateau, Rivers, Sokoto, Yobe and Zamfara States. The works will involve renovations which will focus on 5 main areas: doors, roofs, floor/tiles, walls and windows. Renovations works of E&S concerns per focus area will involve

- a Doors: Replacement/fixing of doors, renovation of doors
- b Floors: Plastering, tiling, replacement of tiles
- c Roof: Fixing of leaking sections of roofs, repairs of ceilings, fixing of roofs largely with zinc and wood
- d Walls: painting, plastering, covering of cracks

- e Windows: Replacements and repairs of windows, glasses and fixing of burglary proof

3. OBJECTIVES OF THE ESMP

The specific objective of the ESMP will be to assess the potential environmental and social impacts of the proposed works and prepare an Environmental and Social Management Plan (ESMP) with appropriate mitigation measures to address the negative impacts associated with the renovations. The ESMP will also outline mitigation costs & responsibilities for each sub-activity.

4. SCOPE OF WORKS

The assignment is for the preparation of an ESMP for renovation works to be carried out in All IMPACT implementing PHCs spread across 31 states and FCT. The consultant will work in close collaboration with the NPHCDA and the various State Project Implementation Unit's (SPIUs) safeguard team, and with other actors as directed by the SPIUs and the NPHCDA. The consultant will have to take into account the technical variants of the proposed renovations.

The specific task for the consultancy assignment shall include but not limited to the following:

- Review the existing PAD, ESMF prepared for the project.
- Review Environmental and Social Safeguards policy (OP 4.01 Environmental Assessment) of the World Bank triggered on the project.
- Identify the policy, legal and administrative framework relevant to the sub-projects.
- Review of preliminary proposed renovation designs.
- Describe the proposed project by providing a description of the project relevant components.
- Present desktop information on the biophysical, the socio-economic, cultural and risk context per state.
- Assess the potential environmental and social impacts related to project activities.
- Define appropriate mitigation/enhancement measures to prevent, minimise, mitigate negative impacts or to enhance the project environmental and social benefits
- Visit 2 Primary Healthcare facilities to understand the scope and boundary of the facilities and carry out consultations with relevant stakeholders in order to obtain their views about the project. These consultations shall occur during the preparation of the ESMPs to identify key environmental and social issues and impacts
- Prepare an Environmental and Social Management Plan (ESMP). The ESMP should identify:
 - The potential environmental and social impacts resulting from project activities
 - The proposed mitigation measures;
 - The monitoring indicators;
 - The institutional responsibilities for monitoring and implementation of mitigation measures;
 - The costs of mitigation, monitoring activities and implementing the ESMP.
- Ethical requirements
- Before undertaking any activity, the team will make sure that it understands all ethical considerations related to working GBV (in particular Sexual Exploitation and Abuse). The consultant should not collect any primary data, they should NOT conduct interviews or research using the SEA survivors and will

only make use of secondary sources and data. This is with the objective to minimize harm to women and children.¹

The typical contents of an ESMP Report are presented hereafter in section I. It shall be noted that the presentation of the Report may be adapted pending on the nature and specific requirements of the project.

E. QUALIFICATION OF CONSULTANT

- At least a master's degree in environmental sciences, natural sciences, environmental management or similar field.
- The consultant must have a working knowledge of World Bank Environmental and Social Framework, Operational safeguards policies gained through hands-on experience in the preparation and implementation of environmental and social management plans in an urban/rural area
- Proven skill in World Bank (WB) Environmental and Social safeguard policy implementation including addressing cross-cutting issues in development project and must have prepared at least five (5) ESMPs for World Bank funded projects.
- Excellent communication and report writing skills

F. DELIVERABLES AND TIMING

An inception meeting will be organized with the World Bank E&S team to understand the scope of the assignment.

Inception Report: An Inception report detailing the workplan for execution, review of relevant project documents and preliminary impacts identified shall be submitted to the SPIU two days after contract signing.

Draft Report: A draft ESMP report shall be submitted to the NPHCDA for review one (1) week from the date of contract signing.

Draft Final Report: A Draft Final ESMP report taking into account all comments from the NPHCDA and World Bank shall be submitted within two (2) weeks from the date of contract signing.

Final ESMP Report: A Final ESMP report shall be submitted within three (3) weeks for a No Objection from the Bank date of contract signing.

1. PAYMENT MILESTONE

15% upon submission of Inception Report

45% upon submission and acceptance of the Draft ESMP

20% upon submission and acceptance of the draft final ESMP 20%

upon approval of the Final ESMP Report

2. REPORT OUTLINE

¹ "A woman may suffer physical harm and other forms of violence if a partner finds out that she has been talking to others about her relationship with him. Because many violent partners control the actions of their girlfriends or wives, even the act of speaking to another person without his permission may trigger a beating." For more information on ethical considerations see: VAWG Resource guide, <http://www.vawgresourceguide.org/ethics>

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ABBREVIATIONS AND ACRONYMS

EXECUTIVE SUMMARY

CHAPTER ONE: INTRODUCTION

Background, Description of the proposed intervention; Scope of the assignment; Rationale for ESMP; Objectives of the ESMP; Methodology

CHAPTER TWO: ADMINISTRATIVE & REGULATORY FRAMEWORK

Summary of relevant local and federal policy, legal, regulatory, and administrative frameworks

Discussion of the World Bank safeguard policy triggered by IMPACT and the proposed activity including the disclosure process

CHAPTER THREE: PROJECT DESCRIPTION

Description of the Proposed Project, Project Component and Activities

CHAPTER FOUR: DESCRIPTION OF PROJECT ENVIRONMENT

Description of the environmental and social baseline (brief description required)

CHAPTER FIVE: POTENTIAL IMPACTS AND MITIGATION

Methods and techniques used in assessing and analyzing the environmental and social impacts of the proposed project

Discussion of the potentially significant negative environmental and social impacts of the proposed project

CHAPTER SIX: GRIEVANCE REDRESS MECHANISM

- Description of grievance redress mechanism (in alignment with the ESMF and Project's GRM)

Manual to address situations of conflicts or disagreements about some of the project activities

CHAPTER SEVEN : ENVIRONMENTAL & SOCIAL MANAGEMENT PLAN

The ESMP table should itemize the impact, mitigation, attendant cost for mitigation and monitoring for project specific activities, e.g. painting, fixing of roofs, tiling, etc.

Institutional responsibilities and accountabilities

Capacity building plan

Monitoring and evaluation plan, including suitable indicators for the proposed project

Implementation Schedule

Costs of implementing the ESMP

CHAPTER EIGHT: PUBLIC CONSULTATION

Summary of consultations with relevant stakeholders

CHAPTER NINE: CONCLUSION AND RECOMMENDATIONS REFERENCES

APPENDIX 1: TERMS OF REFERENCE FOR THE ESMP

APPENDIX 2: SIMPLIFIED WASTE MANAGEMENT PLAN

APPENDIX 2: WASTE MANAGEMENT PLAN

The categories of waste envisaged under the sub-project are as follows:

Vegetal waste – This will be vegetation clearance during site preparation and mobilization of equipment to the site. However, vegetal waste is expected to be minimal considering most of the PHCs are already in existence.

Rehabilitation waste – This will include Cement, sands, Paints, Zincs, Metal Scraps, Woods etc.

Particulates Matter & Gases – from movement of vehicles, machine operations, site clearing activities, mixing of materials and chemicals such as paints

Liquid waste - Leakages from vehicles, oil containers, chemicals, adhesives, etc.

Sanitary waste – Waste generated by workers onsite, campsite. Such as, domestic sewage, faeces, urine, wastewater, food remnant, food packaging etc.

The table 37 below shows how this waste generated will be managed.

Table 37: Waste Management Plan

S/N	Potential Source	Waste Type	Waste Streams	Management
A	PRE-REHABILITATION			
1	Movement of vehicles on unpaved surface and engine exhaust	Emission	CO _x , SO _x , NO _x , CO, Dust	Use water suppression to prevent dust emission Maintain vehicles and machineries to reduce emission Maintain low speed to reduce dust and gaseous emission

2	Site Clearing and Installation of temporary workers camp and offices and workshops	Non-Hazardous	Vegetal Waste Industrial Waste: Metal scraps, packaging waste	Vegetal waste shall be supplied to farmers for use as compost. Woody vegetal shall be supplied to host communities for domestic uses including as fuel wood for cooking. Segregated and stored on site to be collected at least once a week for reuse or recycle through the Kano State Environmental Planning and Protection Agency or licensed third party facilities.
3	Workers' camp	Domestic and Sanitary	Food remnant, kitchen wastes. Food packaging etc	To be transferred to locals for use as compost and animal feed. Plastic and other packaging to be recycled through licensed recycling

			Domestic Sewage	third parties or collected by refuse management and sanitation board Sewage will be collected in a properly closed constructed septic tank and will be evacuated in conjunction with State's Waste Management Board at least twice during the period or as required.
B	REHABILITATION			
1	Movement of vehicles on unpaved surface and engine exhaust	Emission	COx, SOx, NOx, CO, Dust	Use water suppression to prevent dust emission Maintain vehicles and machineries to reduce emission Maintain low speed to reduce dust and gaseous emission Use of cleaner technologies and modern equipment

2	Civil works Workers' camp/offices	Non-Hazardous /Industrial	Spoils Waste Packaging and Dunnage such as scrap wood, scrap metal, steel, glass, plastic, paper and cardboard, empty metal containers, excess concrete, broken equipment, or components Domestic-type waste: wastepaper and food scraps, metal cans	Segregated and kept securely in closed containers on site. To be evacuated by State's Waste Management Board or transferred to approved recycling third parties for reuse/recycling. Non-recyclables to be removed by State's Waste Management Board) or other approved waste company in the state To be transferred to locals for use as compost and animal feed. Plastic and other packaging to be evacuated by State's Waste Management Board or recycled through licensed recycling third parties.
3	Civil Works	Hazardous Waste	Solid Wastes: used batteries, chemical containers, concrete etc	Store on site in closed and labelled containers with secondary containment to be evacuated by the State's Waste Management Board
			Liquid Waste: spent lubricating oils, hydraulic fluids, brake fluids, battery electrolyte, and dielectric fluids, chemical cleaning agents, paints, primers, thinners, and corrosion control coatings; sealants and adhesives etc	
	Civil works	Waste Water	Wastewater from equipment washing and concrete production	Discharged to the ground as only very small quantity is envisaged at this stage.

	Civil works	Electrical and electronic waste (e-waste)	Electrical wirings, cables, damaged computers etc.	This will be sent to Material Recovery Facilities/ recycling facilities in the state for proper management
C	OPERATION			
1	Movement of vehicles	Emission	COx, SOx, NOx, CO, Dust	See A1
2	Operations	Solid waste Chemical waste Sewage E-waste	Maintenance of buildings, roofing sheets, iron sheets, paint. Sewage evacuation from constructed toilets	Segregated and kept securely in closed containers on site to be collected by State's Waste Management Board. Non-recyclable solid waste to be sent to approved State's dumpsites. Recyclable waste to be sent to a facilities and recycling facilities, this will be done in liaison with State's Waste Management Board. Liaise with WASH departments at the LGA and other WASH projects like SURWASH on Sewage management and WASH facilities
Cost (Also captured the relevant section of ESMP Matrix Table)				

APPENDIX 3: OCCUPATIONAL HEALTH AND SAFETY PLAN

Every project poses its own HSE risks. This plan is developed to meet up with OHS standards and to achieve the objectives set for this site specific project. The project team shall undertake to ensure high performance standards and conformity with contract requirements by managing the works in a systematic and thorough manner.

- Competency

All personnel required to operate or work with any equipment or machine must be competent, be tested for each equipment that he/she shall be operating. All personnel who as part of their profession require licensing or certification must obtain the necessary certification before he/she shall be allowed to work on the site.

1. Fitness

All personnel working on site shall be required to be certified medically fit to do so by an approved medical facility or Medical Doctor (pre-employment medical examination)

2. HSE Training

Induction/Orientation

Every new or rehired employee and employees must undergo mandatory OHS orientation / induction. The purpose of the Induction is to educate workers and make them aware of the major potential hazards he or she

shall come into contact with while working on the site; also, it is one more opportunity to stress the importance of HSE being the first priority in the operations.

The content of the HSE orientation / induction shall cover the following subjects:

1. Site safety rules.
2. Personnel protective equipment requirements (PPE).
3. Environmental sensitivity and protection.
4. Preparation and planning of the job (Daily Pre-task talk).
5. Emergency plan and muster points.
6. SEA/SH and GBV prevention strategies
7. COVID-19 prevention strategies

Project Specific HSE Training

In addition to the HSE orientation /induction, there shall be specific site HSE trainings which shall cover the following topics:

- a Manual handling.
- b Electrical Safety
- c Emergency Prevention, Preparedness and Response
- d Work at height training
- e First Aid training (for site First Aiders)
- f Lifting and Rigging
- g Safe Driving techniques (for drivers)

EMERGENCY PREPAREDNESS AND RESPONSE

Emergency procedures and evacuation plan shall be developed by the HSE Department and displayed on the notice board. These procedures shall be communicated to all staff. Also each section/department shall have at least a trained first aider at all times.

HSE IMPLEMENTATION AND PERFORMANCE MONITORING

HSE Meetings

HSE management meetings shall be held once a month. The meeting is to help identify safety problems, develop solutions, review incident reports, provide training and evaluate the effectiveness of our safety program. Some of the meetings shall be:

- h Project/Site Management HSE Meeting for management and supervision (Monthly).
- i Tool box talk meetings for all workforce (Weekly).
- j Pre-task briefing for all workforces (Daily). □ Special situation meeting (As required).

HSE Reporting

All incidents and illnesses must be reported to site supervisor after which investigation shall commence and recorded so that appropriate corrective actions shall be implemented to prevent any re-occurrence and report findings shall be forwarded to management for review. Reporting requirements shall include notification of incident, investigation report, and monthly report. Notification of Incident form shall be developed which shall be filled and submitted to HSE department for investigation.

HSE Inspection and Audits

For continual improvement of HSE management system, HSE inspection and audit shall be conducted. An inspection checklist shall be developed. This is to ensure that the HSE management system is being adhered to. The inspection shall be conducted by the HSE department together with site management.

Corrective and Preventive Actions and Non Conformities

During the course of inspections, concerns raised shall be addressed and closed out. It is expected that in a period of two weeks, a close out inspection shall take place to verify that the corrective actions have been closed.

Project HSE Rules

The project HSE rules shall be developed and supervision shall develop specific rules and procedures when necessary.

The following site rules shall be implemented at all times. The Site Manager shall draw these rules to the attention of their own workmen or staff. All sub-Hs must ensure that these rules are drawn to the attention of their workmen and staff.

The HCFM may implement additional site rules during the contract programme. Any such additional rules shall be notified to all personnel engaged on the project prior to their implementation. The HSE rules shall include but not limited to:

1. Personal Protective Equipment must be worn at all times.
2. All instructions issued by the Site Manager regarding the storage, handling or cleaning of materials, plant and equipment must be followed.
3. All vehicles must be parked in the designated areas.
4. Any workman suffering from a medical condition that might affect his work and/or that could require specific Medical treatment must inform the supervisor before commencing work.
5. All site tools shall either be battery operated or 110 volts.
6. No one shall be permitted on site if it is believed that they are under the influence of alcohol or drugs.
7. Vehicles must not reverse without a banksman in attendance.
8. All visitors to site must undergo a site-specific induction and operative Identity badges must be worn at all times.
9. All excavations must be secured.
10. Smoking and eating shall only be permitted in the designated area. This area shall be identified during induction.
11. No hot works operations are permitted without a hot work permit in place.
12. There shall be no radios or other music playing devices on site.
13. Good housekeeping practices to be adopted.
14. Compliance with all Ethical Power Permit to Work systems The site keyed access procedure must be strictly adhered to.
15. All HCFMs must comply with Site Health & Safety Guidelines / Site Safety Method Statement
No untrained worker shall be permitted to operate heavy machineries.
16. COVID-19 protocols to be adhered to including frequent handwashing, use of nose masks when in crowded spaces, timely reporting of any symptoms to HSE officer and immediate isolation

Safe Work Practices/Personal Protective Equipment (PPE)

The basic PPE required for the project shall be Safety Glasses, Safety Boots, Hand Gloves, Hard Hat, ear plugs and Coverall. Any other PPE shall be used as applicable. Management is responsible for the provision of PPE and usage shall be enforced at all time.

PPE shall be provided in circumstances where exposure to hazards cannot be avoided by other means or to supplement existing control measures identified by a risk assessment. An assessment shall be made to ensure that the PPE is suitable for purpose and is appropriate to the risk involved.

Information, instruction & training shall be given to all employees on safe use, maintenance and storage of PPE. Employees shall, in accordance with instructions given, make full use of all PPE provided and maintain it in a serviceable condition and report its loss or defect immediately to the maintenance department where it shall be replaced.

PPE shall be replaced when it is no longer serviceable and returned on a new for old basis. Employees shall sign to state that they have received PPE when issued.

Welfare Facilities

The provision of welfare facilities on the site shall be communicated to all operatives at site induction. A cleaning regime shall be implemented and maintained for the duration of the construction phase to ensure the site welfare facilities remain in a clean and tidy condition.

If mains drinking water becomes unavailable during the construction phase bottled water shall be brought to site for all operatives for the necessary period.

Signage

Adequate provision for warning and directional signs shall be made.

APPENDIX 4: TRAFFIC MANAGEMENT PLAN (TMP)

The main objective of this TMP is to provide safe passage for community members, pedestrians, motorcyclist, cyclists and vehicular traffic in the project areas during the construction.

The HCFM should designate a TMP Supervisor who will oversee traffic management along major roads within the project corridors.

The following are the minimum requirements for traffic management on the project:

i. Design and layout of Road Systems

The HCFM in conjunction with the community, SPIU and FRSC must: -

9. Plan traffic routes to give the safest route between places within the project route
10. Make traffic routes wide enough for safe movement of the largest vehicle using them.
11. Ensure all drops and falls are adequately protected.
12. Avoid traffic routes passing close to vulnerable areas such as fuel tanks.
13. Ensure there are designated safe areas for loading, unloading and plant maintenance.
14. Avoid sharp corners or blind bends, if these cannot be avoided install mirrors.
15. Road crossings and junctions, should be clearly signed and marked.
16. Make entrances and gates wide enough.
17. Set speed limits and clearly mark on traffic routes; (5mph).
18. Give prominent warning of limited headroom and overhead cables.

1. Liaisons with Government Traffic Agencies

The TMP will ensure liaisons with the FRSC at the State level. In situations where heavy traffic impacts are envisaged, the HCFM will liaise with the FRSC to ensure traffic coordination and mitigate adverse traffic impacts.

2. Pedestrians

- Provide separate routes for pedestrians and where needed provide suitable barriers.
- If traffic routes are used by both pedestrians and vehicles they should be wide enough.
- Provide suitable well marked crossing points.

S/N	Aspects	Descriptions	Responsible Party
1	Traffic/Safety Signage	<ol style="list-style-type: none"> 1. Safety signage should be put at strategic locations to warn road users of the ongoing construction activities. 2. Signages should also be located along borrow pits, engineering yards and workers' camp. 	HCFM
2	Movement of Vehicles and Equipment	<ol style="list-style-type: none"> 1. Mobilization of equipment and materials should be done at offpeak period (10am – 4pm), mainly on weekends, holidays □ Enforce speed limit. 2. Ensure vehicles and equipment are parked at Camp site and designated areas ONLY. 3. Untarred access roads shall be sprinkled with water frequently to suppress dust emissions. 4. The HCFM must ensure that trucks carrying sand/soil to and from the sites are well covered in order not to cause injury to the public. 	HCFM
		<ul style="list-style-type: none"> • Station flagmen at junctions, diversion points, near public crossings such as PHCs and speed bumps will be installed in built up areas and near public facilities such as schools, mosques, churches to reduce speed and dust • During peak periods, such as market days FRSC will also be involved in assisting traffic and road safety management. Furthermore, the HCFM will engage the services of FRSC to train all project drivers. 	
3	Training	<ol style="list-style-type: none"> 1. Hire drivers with appropriate driver's license. 2. Liaise with FRSC to train drivers 3. As part of refresher course for construction workers, train drivers on defensive driving and enforce speed limits 	HCFM
4	Communication	<ol style="list-style-type: none"> 1. All Traffic and Safety signages should be boldly written in English & local languages. 2. Any incident/ accidents should be reported immediately to the SPIU within 24hrs. The SPIU will also report to the NPCU/WB within 48hrs including immediate action taken 	HCFM SPIU HCFM
	Cost	All actions and costs have been embedded in the ESMP Matrix Table	

APPENDIX 5: LABOUR MANAGEMENT PLAN

This plan identifies labor requirements and sets out the procedures for addressing labor conditions and risks associated with the proposed rehabilitation project, which is aimed at helping IMPACT Project to determine the resources necessary to address project labor issues.

Sub-Category	Worker Impacts\Risks	Project Impacts\Risks	Mitigation Measures	Monitoring	Monitoring Frequency	Responsibility
Employment	Influx of many foreigners into project communities	Competition on livelihood and job opportunity with locals	Unskilled labour shall be from the project communities. Where possible qualified skilled workers on contract shall also be sourced within the community	Verify	Onset of Rehabilitation bi-works and weekly	HCFM Monitoring: Supervision Consultant SPIU E&S team
Housekeeping.	The general appearance of the camp deteriorates making camp life unpleasant.	The overall camp experience is compromised which in turn leaves workers demoralised and unproductive.	Ensure that camp grounds and common areas are routinely cleaned and organised with appropriate signage in place. Establish easily accessible, designated smoking areas which are clearly highlighted and regularly cleaned.	Verify	Daily	HCFM Monitoring: Supervision Consultant SPIU E&S team
Recreation.	Workers spend most of their time in the camps	Tensions arise from the local communities as	Provide appropriate recreational	Assessment	Daily	HCFM

	and could become disenchanted and bored. They may want to leave the camps and go into the local towns and villages in search of recreation.	workers impact their activities in search of recreation. An increase in alcohol consumption and prostitution could result due to the influx of workers into local communities.	facilities and activities, that are suitable to the workers' interests, while also been mindful of the community's cultural norms. These should be discussed with the camp residents' committee.			Monitoring: Supervision Consultant SPIU E&S team
Spiritual /Religion.	Workers will want access to places of worship for their chosen religion. They may leave the camps and go into the local towns and villages in search of an appropriate place of worship.	Tensions arise from the local communities as workers impact their activities.	Provide appropriate places of worship where residents express a need for this in accordance with cultural sensitivities, and assess transport arrangements on a case-by-case basis. Ensure that equipment and facilities are kept clean and well maintained.	Assessment	Weekly	HCFM Monitoring: Supervision Consultant SPIU E&S team

SUB-CATEGORY	WORKER IMPACTS\RISKS	PROJECT IMPACTS\RISKS	MITIGATION MEASURES	MONITORING	MONITORING FREQUENCY	RESPONSIBILITY
Security.	Workers may be exposed to security risks such as banditry and kidnapping	Workers are kidnapped and stop work is issued until the issue is resolved	Security management to be prepared by the SPIU, HCFMs, supervision consultant in conjunction with the State Government and security agencies. Areas that have high security threats should be avoided	Assessment	Continuous	HCFM Monitoring: Supervision Consultant SPIU -E&S Team
Community relations.	Communities are negatively impacted by camp activities: noise, waste, traffic, lighting and so forth. This may result in negative actions towards camp operations such as road closures and the prevention of workers or suppliers from entering the worksite.	Workers are stopped from going to work, which affects productivity.	Implement control measures to avoid and minimise the impacts of camp and living conditions on communities. Limit foreign worker interaction with communities and provide cultural sensitivity awareness training to facilitate	Assessment	Weekly	HCFM Monitoring: Supervision Consultant SPIU E&S TEAM

			appropriate interaction with communities.			
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APPENDIX 6: ASBESTOS MANAGEMENT PLAN

This Asbestos Management Plan is principles-based and **should** be revised during implementation with the assistance of an asbestos expert to provide more specific guidance on management of asbestos containing materials (ACM) that will be encountered during rehabilitation process. The Management Plan draws on good international industry practice with the objective of protecting worker and community health.

Background and Problem Definition

Asbestos is a group of naturally occurring fibrous minerals with current or historical commercial usefulness due to their extraordinary tensile strength, poor heat conduction, and relative resistance to chemical attack (WHO). The properties that make asbestos fibers so valuable to industry are its high-tensile strength, flexibility, heat and chemical resistance, and good frictional properties.

There are two main types of asbestos containing materials (ACM): a) friable and b) bonded.

1. Friable asbestos products are soft and loose and can be crumbled into fine material or dust with very light pressure, such as crushing with your hand. Such products usually contain high levels of asbestos (up to 100% in some instances), which is loosely held in the product so that the asbestos fibers are easily released into the air. Friable asbestos products are dangerous because the asbestos fibers can get into the air very easily and may be inhaled by people living or working in the vicinity. Bonded asbestos products are made from a bonding compound (such as cement) mixed with a small proportion (usually less than 15%) of asbestos.
2. Bonded asbestos products are solid, rigid and non-friable. The asbestos fibres are tightly bound in the product and are not normally released into the air. When in good condition, bonded asbestos products do not normally release any asbestos fibres into the air and are considered a very low risk for people who are in contact with them, as long as appropriate safety precautions are used when they are disturbed (enHealth 2013).

The asbestos used as heat insulator in the identified building belongs to bonded asbestos products. And asbestos content can be upto 15%. Asbestos powder enters the body by inhalation of airborne particles or by ingestion and can become embedded in the tissues of the respiratory or digestive systems. Prolonged exposure to asbestos can cause numerous disabling or fatal diseases. Among these diseases are asbestosis, an emphysema-like condition; lung cancer; mesothelioma, a cancerous tumour that spreads rapidly in the cells of membranes covering the lungs and body organs; and gastrointestinal cancer (OSHA, 1995).

Some PHCs management reported that the ceiling of their facility is made of asbestos, which is an outdated substance by the international bodies because of its health-risk when exposed to human.

Currently, about 125 million people in the world are exposed to asbestos at the workplace and approximately half of the deaths from occupational cancer are estimated to be caused by asbestos. In 2004, asbestos-related lung cancer, mesothelioma and asbestosis from occupational exposures resulted in 107,000 deaths and 1,523,000 (WHO, 2018)

Most people who develop asbestos-related diseases have worked on jobs where they frequently breathed in large amounts of asbestos fibres.

Regulatory Environment

International Labour Organisation (ILO)

The International Labour Conference at its 95th Session in 2006 adopted a resolution noting that all forms of asbestos, including chrysotile (so called blue asbestos), are classified as human carcinogens by the International Agency for Research on Cancer (IARC), and expressing its concern that workers continue to face serious risks from asbestos exposure, particularly in asbestos removal, demolition, building maintenance, ship breaking and waste handling activities. The resolution calls for the elimination of the future use of asbestos and the identification and proper management of asbestos currently in place as the most effective means to protect workers from asbestos exposure and to prevent future asbestos-related diseases and deaths.

The ILO Asbestos Convention, 1986 (No. 162), provides for the measures to be taken for the prevention and control of, and protection of workers against, health hazards due to occupational exposure to asbestos.

Key provisions of Convention No. 162 concern:

1. replacement of asbestos or of certain types of asbestos or products containing asbestos with other materials or products evaluated as less harmful;
2. total or partial prohibition of the use of asbestos or of certain types of asbestos or products containing asbestos in certain work processes; and
3. measures to prevent or control the release of asbestos dust into the air and to ensure that the exposure limits or other exposure criteria are complied with and also to reduce exposure to as low a level as is reasonably practicable.

The ILO Occupational Cancer Convention, 1974 (No. 139), provides for the measures to be taken for the control and prevention of occupational hazards caused by carcinogenic substances and agents.

Key provisions of Convention No. 139 concern:

1. periodically determining the carcinogenic substances and agents to which occupational exposure shall be prohibited or made subject to authorization or control;
2. making every effort to have carcinogenic substances and agents to which workers may be exposed in the course of their work replaced by non-carcinogenic substances or agents or by less harmful substances or agents;
3. reducing the number of workers exposed to carcinogenic substances or agents and the duration and
4. degree of such exposure to the minimum.

World Bank Policy

The World Bank policy on asbestos (World Bank Group, 2009) promotes good practice in minimising the health risks associated with ACM by:

1. avoiding its use in new construction and renovation; and

2. by using internationally recognized standards and best practices to mitigate health and safety risks when removing existing ACM.

In all cases, the Bank expects borrowers and other clients of World Bank funding to use alternative materials wherever feasible. ACM should be avoided in new construction, including construction for disaster relief. In reconstruction, demolition, and removal of damaged infrastructure, asbestos hazards should be identified, and a risk management plan adopted that includes disposal techniques and end-of-life sites.

Asbestos Removal Procedures

The following is a general list of requirements for asbestos removal activities derived from the Safe Work Australia (2018) *Code of Practice: How to safely remove asbestos*.

Supervision

All asbestos removal activities must be supervised by a trained expert. For this project the supervision team will comprise the consultant asbestos specialist and the duly trained contractor's supervisor.

Training

A training program will need to be developed for the contractor's workers that will be involved in the removal, packaging, transport and disposal of ACM. The training program must be appropriate for the activity, undertaken prior to the commencement removal activities and include the following elements:

- the nature of the hazards and risks
- how asbestos can affect a person's health and the risks arising from exposure to airborne asbestos
- the control measures in place and maintenance of the asbestos removal control plan for that job
- the methods and equipment that will be used to do the job properly
- choosing, using and caring for personal protective equipment (PPE) and respiratory protective equipment
- (RPE)
- decontamination procedures 8. waste disposal procedure; and
- emergency procedures.
- Two levels of training are proposed under the Safety Instruction on Asbestos Handling:
- Supervisor (40 hours) - focused on planning and organizing asbestos removal and handling activities; and
- Worker (8 hours) - focused on hazard awareness, protective equipment and following the asbestos management plan.

Asbestos Removal Control Plan

An Asbestos Removal Control Plan is a document that identifies the specific control measures to be used to ensure workers and other people are not at risk when asbestos removal work is being conducted. It is focused on the specific control measures necessary to minimise any risk from exposure to asbestos. An asbestos removal

control plan helps ensure the asbestos removal is well planned and carried out in a safe manner. The Control Plan must include details of:

- how the asbestos removal will be carried out, including the method, tools, equipment and PPE to be used; and
- the asbestos to be removed, including the location, type and condition of the asbestos.
- Each contractor will be required to prepare its own Control Plan which will need to specify the PPE that will be provided to workers and also the budget provision in its bill of quantities (BoQ).

Access Control

Signs are to be erected at each removal site to indicate where the asbestos removal work is being carried out and barricades erected to delineate the asbestos removal area. Access to the removal area must be limited to the following people:

- workers who are engaged in the removal work;
- other people who are associated with the removal work; and
- people who are allowed under the Regulations to be in the asbestos removal area (for example inspectors, emergency service workers).

Decontamination

Decontamination for the work area, workers, PPE and tools used in asbestos removal work is an important process in eliminating or minimising exposure to airborne asbestos fibres, particularly to people outside the asbestos

removal work area. The risks of each individual asbestos removal job should be assessed to determine the appropriate decontamination procedure.

Decontamination facilities must be available to decontaminate the asbestos removal work area, any plant used in that area, workers carrying out the asbestos removal work, and other persons who have access to the asbestos removal area because they are associated with the asbestos removal work.

Waste Containment and Disposal

Proper disposal of ACM is important not only to protect the community and environment but also to prevent scavenging and reuse of removed material. ACM should be transported in leak-tight containers to a secure landfill operated in a manner that precludes air contamination that could result from ruptured containers (World Bank, 2009).

The removal contractor must ensure that asbestos waste is contained and labelled before it is removed from the asbestos removal area. Waste must be disposed of as soon as is practicable at a site authorised to accept asbestos waste. The disposal site and method for disposal and containment will be determined in consultation with the

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Removing Friable Asbestos

The asbestos within the pipe insulation is friable posing an increased risk of airborne fibre generation. All friable asbestos must be removed using the wet spray method. This method requires the use of a constant low-pressure water supply for wetting down asbestos and related items to suppress asbestos fibres. Asbestos fibres are significantly suppressed under this method however they are not entirely eliminated so the use of RPE is also essential. Consideration should be given to applying a polyvinyl acetate (PVA) emulsion as it may be more effective than water in minimising fibre release. Fully or partially enclosing shall be used at worksite with friable asbestos removal to avoid asbestos contamination spread to environment.

4. Personal Protective Equipment

As asbestos removal is a high hazard activity, appropriate personal protective equipment (PPE) must be worn regardless of other health and safety control measures in place. PPE must be selected to minimise the risk to health and safety by ensuring it is:

- suitable for the nature of the work and any hazard associated with the work;
- a suitable size and fit and reasonably comfortable for the person wearing it;
- maintained, repaired or replaced so it continues to minimise the risk, including ensuring that the PPE is
 - o clean, hygienic and in good working order; and
 - o used or worn by the worker, so far as is reasonably practicable.
 - o Workers must be provided with information, training and instruction in the proper use and wearing of PPE; and its
 - o storage and maintenance. A worker must, so far as reasonably able, wear the PPE in accordance with any information, training or reasonable instruction.

The effectiveness of PPE relies heavily on workers following instructions and procedures correctly, as well as fit, maintenance and cleaning. If PPE must be used for long periods, if dexterity and clear vision are needed for the task, or if workers have not been adequately trained on how to fit and use PPE properly, workers might avoid using it.

PPE includes the following items:

- Coveralls - ideally disposable coveralls should be provided which are of a suitable standard to prevent tearing or penetration of asbestos fibres; one size too big, as this will help prevent ripping at the seams; and fitted with hood and cuffs to prevent entry of asbestos fibres;

- Gloves - gloves should be worn when conducting asbestos removal work. If significant quantities of asbestos fibres may be present, single-use disposable nitrile gloves should be worn. Gloves used for asbestos removal work should be disposed of as asbestos waste;
- Safety footwear - safety footwear (for example steel-capped, rubber-soled work shoes or gumboots) should be provided for all workers removing asbestos. Safety footwear should be laceless, as laces and eyelets can be contaminated and are difficult to clean. The footwear should remain inside the asbestos removal area for the duration of the asbestos removal work and should not be shared for hygiene reasons;
- Respiratory protective equipment (RPE) - all workers engaged in asbestos removal work must wear RPE conforming to the appropriate international standard,

Occupational Health and Safety, Occupational Health and Hygiene Requirements. The selection of suitable RPE depends on the nature of the asbestos removal work, the probable maximum concentrations of asbestos fibres expected and any personal characteristics of the wearer that may affect the facial fit of the respirator (for example facial hair and glasses).

Waste Transport and Disposal

When developing a waste transport and disposal plan, the following should be taken into account:

- the containment of waste so as to eliminate the release of airborne asbestos fibres;
- details of any asbestos or ACM to be left in situ;
- the location and security of waste storage on site;
- the transport of waste within the site and off site;
- the location of the waste disposal site;
- approvals needed from the relevant local disposal authority; and
- any local disposal authority requirements that may apply to the amount and dimensions of asbestos waste.

Loose asbestos waste must not accumulate within the asbestos removal work area. The loose asbestos waste should be placed in labelled asbestos waste bags or wrapped in heavy-duty polyethylene sheeting (minimum 200 µm thickness) and labelled. Once the labelled asbestos waste has been removed from the asbestos removal area it should either be placed in a solid waste drum, bin or skip; or removed immediately from the site by an approved/licensed carrier for disposal.

Specific guidance for the IMPACT Project

A detailed methodology for the removal activities under the IMPACT Project will be prepared by the asbestos expert in consultation with the World Bank, IMPACT Project, Federal Ministry of Health and Social Welfare , Federal Ministry of Environment and the 31 participating States' Ministries of Environment and the asbestos

removal contractor. Methodology will focus on workers and community safety and follow above laid guidelines as well as Nigeria regulation – Safety Instruction on Asbestos Handling when adopted. The methodology will be prepared in advance of project works and will be a condition for initiation of tendering for works.

The methodology will focus on:

- Requirements for contractor's and stipulations of clauses in the tendering documents
- Risk assessment – determining the content of asbestos and risks of exposure incurred by workers, to assess them and to take the necessary precautions.
- Notification to the occupational health and safety authority responsible for the work site of any demolition, refurbishment and maintenance work prior to commencement
- Work plan⁹ with working instructions- lay down the technical and personal protective measures to be taken in a work plan. Working instructions for workers should be concise and clearly formulated
- Training of project stakeholders and training of contractor and workers: initial and ongoing should be planned and documented.
- Transport, Storage and Disposal of Asbestos

