LESOTHO NUTRITION AND HEALTH SYSTEM STRENGTHENING PROJECT
(LNHSSP)

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK
(ESMF)

Prepared for: Ministry of Health
Maseru
Lesotho
OTHER REPORTS IN THIS SERIES

The Lesotho Nutrition and Health System Strengthening Project (LNHSSP) Environmental and Social Management Framework (ESMF) is intended to provide complete documentation for the requirements of a holistic Environmental and Social Framework to assess and manage the environmental and social risks and impacts of the project. This ESMF contains the findings of a study conducted for the Health sector of the Kingdom of Lesotho and the instrument has been developed on the basis of the local conditions and findings.

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<td>CC</td>
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<td>CERC</td>
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<td>DAO</td>
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EXECUTIVE SUMMARY

Background
With World Bank technical and financial support, the Government of Lesotho (GoL), through the Ministry of Health, has identified a need to strengthen nutrition and health systems and will achieve this through the proposed “Lesotho Nutrition and Health System Strengthening Project (P170278) (LNHSSP)”. The Project will be implemented over a period of five years in all ten districts of Lesotho and will comprise various sub-projects with different levels of environmental and social impacts and located at various locations throughout the country. The sub-project activities have a bearing on physical and social environments, necessitating the preparation of environmental and social safeguards instruments, in this case an Environmental and Social Management Framework (ESMF).

The proposed Lesotho Nutrition and Health System Strengthening Project is an integrated program in nature, and will be implemented through four inter-linked components as follows:

- **Community-Based Health and Nutrition Services (US$ 13.2 million)**
  This will support improved quality and service delivery in nutrition using a multisectoral approach.

- **Improving Health Facility-Based Service Delivery (US$ 34.9 million)**
  This component will finance the efficiency and effectiveness in health facility management and training of the health workforce.

- **Strengthen Government Stewardship, Project Management, and M&E ($11.7 million)**
  This component will strengthen the overall nutrition advocacy, co-ordination, monitoring and reporting, Ministry of Health (MoH) stewardship and M&E function, and project management.

- **Contingency Emergency Response Component/CERC (US$0.2 million).**
  In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to the said Eligible Crisis or Emergency.

Components 1, 2 and 3 are comprised of activities which have a bearing on physical and social environments, hence the need to prepare an Environmental and Social Management Framework (ESMF).

Summary of Key Environment and Social Issues
The proposed Project is expected to have generally positive environmental impacts and components are not anticipated to result in any substantial or irreversible impacts as the project will not support any construction activities. However, it is anticipated that activities under Component 2, to support the strengthening of health systems, will result in the increase of health services utilization which will, in turn, lead to marginal increases in the generation, handling and disposal of health care waste streams. Related environmental risks would be expected related to the inappropriate and unsafe handling, transportation, treatment and
disposal of hazardous medical waste, including infectious waste; pharmaceutical waste; chemical waste; and sharps. Potential impacts are expected to be site specific, reversible and managed through established and proven mitigation measures.

Furthermore, the project footprint is small with limited and manageable adverse social impacts that can be mitigated and managed with the application of appropriate mitigation measures. The social rating takes into account the moderate GBV risk rating and limited capacity of the MOH and the PIU at both national, district and community levels in the application of the Environmental and Social Framework (ESF) and applicable Standards. Though labor influx is not anticipated, the site specific ESMPs will include measures to avoid, minimize, manage and mitigate any Gender Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) risks.

Rationale for the LNHSSP ESMF
The ESMF is a methodological document developed at the initial stage of the project. It establishes procedures and forms for individual sub-projects at the stage of their implementation. Implemented sub-projects can have a negative environment and social impact during both construction and operation. The ESMF sets out the procedures and mechanisms as well as practical approaches to be used to ensure the compliance of the project activities with national laws and requirements of the World Bank. This ESMF has been prepared as a guide for the initial screening of proposed activities for any negative environmental and social impacts, which would require attention prior to project implementation. Additionally, the geographical scope of the Project is countrywide and specific locations have not yet been identified at this stage, therefore a framework approach has been adopted to assess the potential environmental and social impacts and risks of the LNHSSP.

The WB Environmental and Social Standards relevant for the project are mainly ESS1 (Environmental Assessment), ESS2 (Labor and Working Conditions), ESS3 (Resource Efficiency and Pollution Prevention and Management), ESS4 (Community Health and Safety and ESS10 (Stakeholder Engagement and Information Disclosure). The ESMF provides tools to screen for environmental and social impacts in general, and to mitigate impacts related mostly to ESS 1, ESS2, ESS3, ESS4 and ESS10.

Project Coordination and Implementation Arrangements
The proposed Project will be implemented by the Ministry of Health (MoH), which has experience in implementing World Bank funded projects under the Safeguard Operational Policies, namely, the Southern Africa TB and Health Systems Support Project (SATBHSSP) and Lesotho Health Sector Performance Enhancement Project. The proposed Project will be implemented through the existing SATBHSSP Project Implementation Unit (PIU). The PIU will coordinate project interventions with the various institutions in charge of implementing activities. These include technical units of the MoH, Ministry of Education and Training (MoET), Ministry of Agriculture and Food Security (MAFS), Department of Rural Water Supply (DRWS) and participating districts and communities/villages through the District and Community Councils. However, the PIU will have the overall responsibility for environment and social risk management including monitoring compliance with the agreed-on mitigation measures and actions as outlined in the Project’s Environmental and Social Commitment Plan.
(ESCP). However, given the expanded scope of the ESF and the MOH’s unfamiliarity with the ESF, the MOH will need training in the Bank’s Environmental and Social Standards (ESSs) to ensure that the project will be implemented in accordance with the Bank’s ESF requirements.

The ESMF Process
The ESMF development process consisted of the following tasks: (i) establishment of baseline biophysical and socio-environmental conditions, (ii) review of policy, regulations, institutional framework, (iii) assessment of potential environmental and social impacts, (iv) preparation of the environmental and social mitigation plan and a monitoring plan and (v) providing guidelines for the implementation of the measures.

The process involved extensive review of related literature from published and unpublished documents, field surveys and investigations and a high degree of consultations with the various stakeholders. The rationale of these extensive consultations was to take on board views from a cross section of people, which includes the communities, various actors in the health sector, intergovernmental organizations, NGOs and government departments at least from the local level, district level, and National level. Overall, the ESMF ensures that the substantive concerns of the relevant World Bank Standards and the Lesotho legislation will be taken into account during the implementation of the LNHSSP activities.

Institutional Framework and the ESF
The policy and legal review established that the LNHSSP program will be supported by a host of laws, regulations and institutions that promotes sustainable health and nutrition strengthening, protection of the environment and well-being of the people of Lesotho. All these instruments are guided by the Lesotho Constitution which emphasizes prudent management of the environment and accords future generations full rights to the environment and benefits thereof.

The World Bank remains committed to mainstreaming environmental, social, and climate change solutions in Bank-funded programs, thus LNHSSP was designed and informed by the World Bank’s Environmental and Social Framework. The Environmental and Social Framework consists mainly of the Environmental and Social Policy for Investment Project Financing (IPF) with ten Environmental and Social Standards that it uses to examine potential environmental and social risks and benefits associated with Bank lending operations.

Project Risk Categorization
LNHSSP is categorized as ‘Moderate Risk’. The proposed Project is expected to have generally positive environmental and social impacts. Project components are not anticipated to result in any substantial or irreversible impacts as the project will not support any construction activities. Potential impacts are expected to be site specific, reversible and managed through established and proven mitigation measures. However, it is anticipated that activities under Component 2 will result in the increase of health services utilization which will, in turn, lead to marginal increases in the generation, handling and disposal of health care waste streams. Thus, the project footprint is small with limited and manageable adverse social impacts that can be mitigated and managed with the application of appropriate mitigation measures.
**Monitoring and Evaluation Framework**

The arrangements for monitoring the ESMF and site specific ESMPs will fall under the overall responsibility of the Ministry of Health’s Project Implementation Unit (PIU). The PIU will prepare and submit regular environmental and social monitoring reports presenting the state of compliance with the actions set out in the Project’s Environmental and Social Commitment Plan (ESCP) and, particularly, in relation to the preparation and implementation of the environmental and social management tools and actions prepared for the project.

**Capacity Building**

The successful implementation and monitoring of the Environmental and Social Management Framework (ESMF), will require that target groups and stakeholders who play a role in the implementation of the ESMF, be provided with appropriate training and awareness. This is necessary because the implementation of the activities will require inputs, expertise and resources which will be adequately taken care of if the concerned parties are well trained. Careful and strategic identification of training recipients should be carried out at the beginning of the project.

Generally, MoH and the PIU at the national, district and community levels have limited capacity in the application of the ESMF and applicable E&S Standards.

**ESMF Budget**

The total estimated amount needed to cover all the work to be carried out under the ESMF preparation and implementation for the sub-projects is **US$ 630,300.00**. The key indicative aspects that would require a budget include: training and capacity building for the project PIU; training and capacity building for the project district and local level teams; and implementation of the stakeholder engagement plan.

**Disclosure of ESMF/ESMPs**

Before the implementation of the project, the site specific ESMPs for each sub-project shall be prepared to guide implementation of activities. As required by the ESF, the ESMF, ESMPs and ESMP checklists will be publicly disclosed. The ESMPs may be adjusted/updated when necessary. These adjustments/updates shall be communicated to the Bank prior to the project implementation. This Environmental and Social Management Framework will be disclosed in-country and on the World Bank’s external website.
1. **PROJECT OVERVIEW**

1.1 **INTRODUCTION**

The Government of Lesotho through the Ministry of Health is in the process of preparing a Nutrition and Health System Strengthening Project (The Lesotho Nutrition and Health System Strengthening Project (P170278)), with World Bank technical and financial support. As one of the prerequisites for World Bank funding, an Environmental and Social Management Framework (ESMF) has to be developed.

The Lesotho Nutrition and Health System Strengthening Project will be implemented over a period of five years in all ten districts of Lesotho and will comprise various sub-projects with different levels of environmental and social impacts at various locations throughout the country. The sub-project activities have a bearing on biophysical and social environments, necessitating the preparation of environmental and social safeguards instruments, in this case an ESMF.

The proposed Lesotho Nutrition and Health System Strengthening Project comprises four components as follows (See Section 2.1 for details): (i) Community-Based Health and Nutrition Services (US$13.2 million); (ii) Improving Health Facility-Based Service Delivery (US$34.9 million); (iii) Strengthen Government Stewardship, Project Management, and M&E ($11.7 million); and (iv) Contingency Emergency Response Component/CERC (US$0.2 million). Components 1 and 2 are comprised of activities which have a bearing on biophysical and social environments, hence the need to prepare an ESMF.

This ESMF is to be used by the LNHSSP in order to ensure that all environmental and social standards are adequately addressed and that the relevant capacity building and training needs are established in order for the recommended measures to be implemented effectively.

1.2 **PROGRAM DESCRIPTION**

The aim of the project is to implement a multisectoral approach to improve health and nutrition outcomes over a five-year period. The project will strengthen the overall health system by emphasizing allocative efficiency across levels of care, financial sustainability, and an evidence-based focus on results. It will finance the implementation of a coordinated package of selected health and nutrition interventions involving the Ministries of Agriculture; Education and Training; Health; Water, Sanitation and Hygiene (WASH); and Social Protection (SP) and the Food and Nutrition Coordination Office (FNCO). Nutrition interventions will prioritize the first 1,000 days of life (pregnancy and the first years of a child) when low cost interventions have been proven to have the most impact. Adolescent girls will be strategically targeted given the high rate of teenage pregnancy and its related risks to the health of young mothers and their infants.

The multisectoral coordinated approach will be strengthened at the central level and in communities. It will strengthen institutional coordination, and selected nutrition-related interventions provided in health centres, Early Childhood Care and Development (ECCD) centres (Early Childhood Stimulation), etc. This facility-based support will be complemented...
with community-based interventions such as outreach activities by agricultural extension workers, and existing community-based platforms (e.g. youth groups, women’s groups) to maximize impact at the local level.

1.3 PROJECT DEVELOPMENTAL OBJECTIVE
The objective of the proposed project is to support the Government of Lesotho in increasing utilization and quality of key nutrition and health services.

1.3.1 PDO LEVEL INDICATORS
The PDO level indicators include:

i) **Utilization and quality of nutrition services**
   a) Number of pregnant women with anemia
   b) Number of women age 15-19 currently using modern contraceptive method (nutrition sensitive, utilization)
   c) Percentage and number of children age 12-23-month with minimum dietary diversity
   d) Percentage and number of children under 6 months with exclusive breastfeeding

ii) **Utilization and Quality of health service delivery**
   a) Percentage and number of women with institutional delivery
   b) Percentage of health facilities certified at level 2 or above with quality rating system
   c) Bed occupancy rate in regional and district hospitals

1.4 PROJECT COMPONENTS
To address the key sector challenges and support the achievement of the PDO, the proposed project consists of three interlinked components plus a Contingency Emergency Response Component.

1.4.1 Component 1. Community-Based Health and Nutrition Services.
This component will support a package of nutrition-specific and -sensitive interventions that will be implemented on a community-level. Activities will be tested in three districts with the highest levels of stunting (Butha-Buthe, Mokhotlong and Thaba Tseka) before a nation-wide roll out.

This component will prioritize interventions aimed at reducing the risk of stunting from conception to two years of age to reduce the most severe impact of physical and cognitive development, while also allocating resources to interventions that cover adolescents for their health and well-being, as well as to minimize the risk of stunting in future cohorts. The project’s main target populations are pregnant and lactating women, children under five, and adolescents/women of reproductive age.

The activities will focus on community-based nutrition and health activities implemented by village health workers (VHWs) and will be centered around the coordination of health and WASH issues, and adolescent fertility issues including counselling through planned school health days.
This will be done through two sub-components:

- **Strengthening Village Health Worker Functions.**
  This will support the coordination of nutrition and health service delivery at the community level, and the collaboration across providers. It will help strengthen the functions of the VHWs who form the core of the community-based service delivery mechanism working closely with primary health care centers.

- **Early Childhood Care and Development (ECCD).**
  This will provide assistance to MOET to improve on its ECCD functions including early stimulation, proper feeding, WASH practices for children 3 to 5 years of age.

- **Adolescent Health of Boys and Girls.**
  This will target the provision of health and nutrition services for adolescent boys and girls aged 10-19, through schools and non-formal education (NFE) centers. Community-based school health days would be held several times a year during which general health, nutrition and reproductive health counseling and services will be provided to both in school and out of school youth.

- **Coordinating Community NGO.**
  An NGO would be hired to work closely with the MOH in coordinating the implementation of the above community-based activities with the involved actors including the district health management teams, VHWs, AEO’s, MoET, schools, non-formal education (NFE’s) and ECCD centers.

1.4.2 **Component 2: Improving Health Facility-Based Service Delivery**

This component will finance the efficiency and effectiveness of health facility management and training of the health workforce such that quality of care will improve and utilization of public health facilities will increase, in line with the NSPS and the GoL’s National Health Strategy. This will be done through two sub-components:

- **Quality and Bonus Financing.**
  This provides payments to recognize the quality work done in health facilities, and a bonus payment for the best performing health facilities.

- **Improve quality of care in health facilities and train** human resource for health (HRH) **(in-service and pre-service).**

1.4.3 **Component 3. - Strengthen Government Stewardship, Project Management, and M&E**

This component will strengthen the overall nutrition advocacy, co-ordination, monitoring and reporting, MoH stewardship and M&E function, and project management. The project will also support strengthening institutional capacity to implement programs, create sustainable platforms and coordination mechanisms across key sectors. This will be done through three components:

- **Overall Nutrition Advocacy, Co-ordination, Monitoring and Reporting.** The Project will support institutional capacity development of the Food Nutrition Coordination Office (FNCO).

- **MoH stewardship and Monitoring and Evaluation Capacities.**
  This involves the development and implementation of policies, strategies and guidelines that will help improve the effectiveness of the sector.

- **Project Management.**
This involves the day to day management of project activities by the Project Implementing Unit (PIU) that is housed in the MoH.

1.4.4 Component 4. Contingency Emergency Response Component/CERC.
In the event of an Eligible Crisis or Emergency, the project will contribute to providing an immediate and effective response to said Eligible Crisis or Emergency. An amount has been allocated to reduce time spent on assessing which activities to cut and reallocate funds from. Any unused amount would be reallocated to other components if the CERC component is not triggered a year prior to project closing.

1.5 PURPOSE AND OBJECTIVES OF THE ESMF
This ESMF was prepared because the location, design and magnitude of the impacts of the eventual sub-projects is not yet known at project appraisal stage, even though the types of potential subprojects are fairly well defined. It provides a guide for the integration of environmental and social considerations into the planning and implementation of the project activities that Lesotho is proposing. It further provides a basis for environmental and social assessments of all sub-projects to be carried out under this proposed financing.

The ESMF focuses on the nature and extent of significant adverse environmental and social impacts that may result from any of the Health and Nutrition activities, and also serves as a framework for screening environmental and social issues for all possible Health and Nutrition activities that will be undertaken. It establishes a unified process for addressing all environmental and social standards issues on sub-projects from preparation, through review and approval, to implementation. The ESMF provides a clear, comprehensive and practical guidance to the PIU and other project implementation entities, on integrating environmental and social considerations into the project.

The ESMF also describes a process that will ensure that the substantive concerns of the applicable World Bank Environmental and Social Standards and Lesotho legislations are addressed during the implementation of the Health and Nutrition Strengthening Project activities. It also allows for the establishment of relevant capacity building and training needs, in order for the recommended measures to be implemented effectively.

The main purpose of the ESMF is to:

i. Identify all relevant potential environmental risks and social concerns that may arise as a result of the project and the subprojects that will be supported by the LNHSSP;
ii. Develop a generic ESMP that can be applied to manage the identified environmental and social risks and set out the monitoring plan that will be undertaken to confirm correct ESMP delivery;
iii. Establish clear procedures and methodologies for the environmental and social assessment, screening, review, approval and implementation of sub-projects to be financed under the LNHSSP;
iv. Review and make an assessment of the capacity of the national project implementation entities to screen subprojects and monitor the implementation of the project ESMP; and make proposals for capacity enhancement as appropriate;
v. Specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring environmental and social concerns related to project activities;

vi. Determine the training, capacity building and technical assistance needed to successfully implement the provisions of the ESMF;

vii. Establish the budgetary requirements for the implementation of the main project ESMP;

viii. Develop a public consultation and stakeholder engagement strategy;

ix. Define appropriate environmental and social standards performance indicators.

x. Provide practical information resources for implementing the ESMF.

1.6 SUBPROJECT EXCLUSIONS (NEGATIVE LIST)

Table 1-1 below is an indication of the sub-projects which will not be eligible for financing under this project:

<table>
<thead>
<tr>
<th>No.</th>
<th>Negative sub project list</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>require acquisition of land and displacement of people</td>
</tr>
<tr>
<td>2</td>
<td>where there is a risk of fragile ecosystems being affected</td>
</tr>
<tr>
<td>3</td>
<td>block the access to or use of land, water points etc. used by others</td>
</tr>
</tbody>
</table>
2. BIO-PHYSICAL ENVIRONMENT AND SOCIO-ECONOMIC BASELINE REVIEW

2.1 COUNTRY CONTEXT
Lesotho is a landlocked state in Southern Africa which is completely surrounded by the Republic of South Africa. It is situated approximately between 28° S and 31°S latitudes and longitude 27° E and 30° E. Lesotho is a predominantly mountainous country, with an average altitude of more than 1600 meters above sea level. It covers approximately 30,350 square kilometers and has limited natural resource endowments. One quarter of the land is lowlands and the remainder is highlands. Lesotho’s highlands constitute two-thirds of territory; less than 10% of which is suitable for cultivation.

The country is a lower-middle-income country with a population of 2.2 million in 2017 and a per capita gross national income of US$1,280 (in current US$).\(^1\) It generates income mainly through the agriculture sector, and from exporting textiles, water, and diamonds. The country is however food deficient due to frequent climate shocks, recurrent droughts, dry spells and floods, especially in rural areas.

2.2 BIOPHYSICAL ENVIRONMENTAL BASELINE
The Lesotho Nutrition and Health Strengthening Project will be implemented in all ten districts of the country. The following subsections review some of the key country’s background information as regards the bio-physical environment.

2.2.1 Topographical Features
The rugged and broken terrain makes it difficult to deliver health care services to the majority of the population especially in the rural areas.

2.2.2 Water Resources and Sanitation
Lesotho is known to have abundant water, but its distribution in the country is disproportionate owing to rainfall and other physical factors. The highlands receive more rainfall than the lowlands where most of the people reside.

In general, the provision of clean water rose from 52% to 63% in the 1990s (GoL, 2006) on a national scale, but the situation has been steadily deteriorating in the peri-urban areas, especially with the number of people per collection point. So, there is a critical shortage of water supply to potential development sites like industries and factories and health care delivery centers. This has ripple effects to the health care delivery system.

2.3 SOCIO-ECONOMIC ENVIRONMENT
Lesotho’s economic growth has declined in recent years and fiscal challenges remain elevated, leading to fiscal consolidations. Real Gross Domestic Product (GDP) growth has declined from 3.1 percent in 2017 to 1.7 percent in 2018. Economic risks are related to the sharp declines in Southern African Customs Union (SACU) revenues, uncertainty of the Africa

\(^1\) World Bank National Accounts Data.
Growth and Opportunity Act renewal, inflation due to drought-induced higher food prices, and South Africa’s declining growth.

Lesotho faces high levels of poverty and inequality. Between 2002 and 2017, the national poverty rate declined only modestly, from 56.6 percent to 49.7 percent. Urban areas recorded strong poverty reduction (from 41.5 to 28.5 percent) while rural poverty stagnated at 61 percent, adding to an already large urban-rural divide. Food poverty declined from 34.1 to 24.1 percent while the poverty gap declined from 29.0 to 21.9 percent. Consumption growth between 2002 and 2017 was inclusive for the poorest segments of the population, leading to a reduction in the Gini coefficient of nearly 7 points. Although Lesotho is now more equal than its neighbors, with a Gini coefficient of 44.6, it remains one of the 20 percent most unequal countries in the world.

Lesotho’s Human Capital Index is lower than what would be predicted for its income level. Lesotho’s human capital index is 0.37 and below the Southern African Development Community average of 0.43.

Prevalence of HIV/AIDS among the population aged between 15 – 59 years is high at 25.6 percent. Life expectancy is 50.1 years and under-five mortality 98 per 1,000 live births; both these levels represent a worsening compared to the late 1990s.

Malnutrition is an acute problem, with a high stunting prevalence, and widespread micronutrient deficiencies in children and adolescents. The prevalence of acute malnutrition (wasting) among children under five years old has declined from 5.5 to 2.8 percent between 2004 and 2014 (LDHS, 2014). In seven out of ten districts stunting rates exceed emergency thresholds of 30 percent. Stunting is higher in rural than in urban areas (36 vs. 28 percent) and among children 2-23 months. Child stunting is 12.8 percent in the richest household compared to 35 percent among the poorest, with the same group of children five times as likely to suffer from acute malnutrition.

The Government’s 2018-2023 National Development Strategic Plan (NSDP II) aims to address these challenges by improving health and nutrition and enhancing education and skills development. It also recognizes the need to address food and nutrition security.

The prevalence of HIV/AIDS has had a significant impact on the population of Lesotho. The UN estimated that 30.1% of adults between the ages of 15–49 were living with HIV/AIDS in 2001. The AIDS epidemic causes higher death and infant mortality rates and lowers life expectancy.

2.3.1 Socio-economic Conditions
Gross domestic product (GDP) growth at 4.6%, in 2017, and was being driven primarily by mining production, construction and government services.

With so many men working away from home, many women in Lesotho are left to take care of the family and tend their fields alone. When the men do not send enough money home, women have to find alternative ways to make ends meet, such as selling handcrafts, brewing
beer or working on neighbor’s farms. Thus, the majority of the workforce that will be available for LNHSSP is expected to be women.

**Baseline socio-economic data**

As a component of the Environmental Assessments (EAs), socioeconomic studies shall be conducted to assess the impact of the subprojects on the existing communities and settlements located within the respective subproject’s neighborhood. It is mandatory to integrate community, women and other vulnerable groups’ views at the project design stage. Socio-economic and community health impact assessment tools will be designed to integrate the desires and aspirations of the community with those of the project proponent. In line with Environmental Assessment objectives, wide consultations shall be held, and community aspirations shall be recorded.

Using structured questionnaire, the respondents from the project affected communities shall be carefully selected to represent all sector of the community. The main objectives of the studies include among others:

- To appraise the socio-economic and cultural structure of the communities within the subproject areas. This includes assessment of the population structure, settlement patterns, cultural practices, economic activities and existing infrastructural facilities.
- To evaluate the possible impact of the project activities on the socio-economic and cultural structure of the communities (i.e. assess social change processes invoked by the project).
- To assess the perception of the affected people on the subproject, problems affecting their communities and their needs.

**2.3.2 Social Services relevant to LNHSSP**

a) **Education**

Officially, almost all children enroll in school but only half complete their final primary year. Only 41 percent of children of relevant age complete lower secondary school, and enrollment in secondary school is 33.4 percent. There are no government secondary schools, so many families cannot afford secondary education, even for successful students.

In contrast to some other countries, some girls in Lesotho are able to continue their education further than boys because they are not forced to leave home early to find employment. Other parents prefer to see their daughters married young. Estimates of adult literacy vary widely, but there are significant numbers of adults who cannot read and write.

b) **Health**

Diseases such as TB and HIV/AIDS are wreaking havoc in Lesotho (24% of the population). The scourge was exacerbated by the system of labor migration, which generally exposed people to high-risk behavior and made migrants more vulnerable to infection. The migrants imported the diseases back to their families, infecting a large number of people who never migrated. Then the additional consequence is that rural people’s scarce resources are used in caring for the sick ones, covering funeral expenses.
and supporting orphans. With an HIV prevalence of 24%, Lesotho ranks as the second country most impacted by HIV/AIDS in the world.

Lesotho is facing an acute human resource for health (HRH) crisis. The available workforce constitutes a large number of women, many whose husbands are former mineworkers or who no longer work due to disease (especially tuberculosis and HIV/AIDS) or disability (18 percent)

2.3.3 Gender considerations and related issues
The proposed Project activities are expected to promote positive health outcomes for infants, children, adolescents, women and families. The Project’s focus on improving nutrition sensitive activities in all districts of the country, means women, especially those in rural areas, would be a major beneficiary group. This is because most of these activities are directed towards reproductive-aged women, and over 60 percent of Lesotho’s population is rural. Children and infants are also a specific target beneficiary group that would benefit directly from the Project. The PDO indicators show a strong focus on outcomes related to children’s health. The focus on ECCD centres and underserviced rural communities would directly target children from poorer families. Improved child health would have a positive impact on women who are the primary care givers, as well as on school attendance rates. With 57 percent of adolescent females enrolled in secondary schools compared to only 35 percent of adolescent boys, adolescent girls will benefit from the school health interventions. The families and wider community would also benefit from the positive spill-over effects caused by better health for women and children. The project M&E would disaggregate data to the extent feasible to capture the gender-specific impacts on adolescents, women and children.

a) Head of household:
Nationwide, 35 percent of households are headed by women. Female-headed households are slightly more likely than male-headed households to live in urban areas: of all male-headed households’ 29.5 percent are in urban areas, and the rest are in rural areas. For female-headed households, 30.1 percent are in urban areas and the rest are in rural areas.

b) Gender Based Violence (GBV):
Lesotho has made efforts to attain gender equity and equality, but legislation, customary law and practice still contain considerable gaps and GBV incidents are common. The GBV risk for the project will be assessed thoroughly in the ESMP once potential subproject sites and specific project activities have been identified. Interventions will be tailored to project realities and in-country context and may include e.g. increasing girls and young women’s health care services, unconscious bias trainings, career choice guidance, addressing child care service gaps, institutionalizing GBV prevention and response mechanism, establishing women’s professional networks and access to upskilling and training opportunities.

c) Labor Influx and associated social impacts.
Activities to be implemented under this project are not likely to result in establishment of labor camps, thus labor influx is unlikely in beneficiary communities. Though, labor influx is not anticipated, the site specific ESMPs will
include measures to avoid, minimize, manage and mitigate any Gender Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) risks. Additionally, GBV/SEA, HIV/AIDS risks will be monitored throughout the project cycle. In addition, the project will be guided by a Stakeholder Engagement Plan which includes an accessible (format and location) Grievance Redress Mechanism (GRM). The project GRM recommends, that if the complaint is related to an allegation of GBV/SEA, the survivor shall be referred within 24 hours to the GBV Service Provider. The GRM is designed to address concerns and complaints promptly and in a transparent manner, with no implications (cost, discrimination) for any concerns and feedback by the stakeholders.

d) **Social inclusion:**
The Project will be guided by a Stakeholder Engagement Plan (SEP). The project SEP includes a GRM. Citizen engagement will be a key component and the PIU will oversee ongoing and meaningful consultation in communities. A social assessment (SA) will therefore be under implementation to identify potential social risks, local people’s social concerns and opinions for the social dimension of the project, especially on the vulnerable groups of the society (such as the elderly, disabled, women, orphans and vulnerable children).
3. INSTITUTIONAL FRAMEWORK

3.1 INTRODUCTION

The Constitution of Lesotho, which is the basic law governing the Kingdom of Lesotho, was adopted in 1993 and has been revised five times. One of the aims of the Constitution is promoting and consolidating sustainable socio-economic development in the country through the mainstreaming of environmental and social considerations in project planning and implementation. Amongst others, the following instruments are used:

- The National Environmental Action Plan;
- The National Environmental Policy of 1998;
- The National Health Policy of 2011;
- The Lesotho Poverty Reduction Strategy (PRS) Paper;
- The Environmental Act of 2008; and

Health is articulated as one of the principles of Equality and Justice in the Constitution of Lesotho of 1993 in Chapter III. As regards health, the Constitution states that Lesotho shall adopt policies aimed at ensuring the highest attainable standard of physical and mental health for its citizens, including policies designed to: (a) provide for the reduction of stillbirth rate and of infant mortality and for the healthy development of the child; (b) improve environmental and industrial hygiene; (c) provide for the prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) create conditions which would assure to all, medical service and medical attention in the event of sickness; and (e) improve public health.

Government further committed itself to equitable access to standard quality health service in Lesotho in its Vision 2020 statement which reads: “The country will have a good quality health system with facilities and infrastructure accessible and affordable to all Basotho, irrespective of income, disabilities, geographical location and wealth. Health personnel will provide quality health service.”

Thus, the National Constitution and the legal framework have set a good basis for the implementation of good health care delivery for all. The following paragraphs highlight some of the policies and laws that are applicable in the planning and implementation of public sector projects more especially those in the Environment, Health, and nutrition sectors.
3.2 REVIEW OF THE LEGAL FRAMEWORK
The following is an overview of relevant legal framework:

3.2.1 Constitution of Lesotho
Section 36 of the Constitution of Lesotho lays the foundation for environmental legislation and stipulates that Lesotho will adopt policies designed to protect and enhance the natural and cultural environment of Lesotho for the benefit of both present and future generations and shall endeavor to ensure for all citizens, a sound and safe environment adequate for their health and well-being (GoL, 2002). The LNHSS Project will adopt approaches that will conform to the requirements of the Constitution.

3.2.2 Environment Act No. 10 of 2008a
Environment Act makes provision for the protection and management of the environment and conservation and sustainable utilization of natural resources of Lesotho. The Act emphasizes on the use and conservation of the environment and natural resources of the Basotho nation for the benefit of both present and future generations, taking into account the rate of population growth and the productivity of available resources and to require prior environmental impact assessment of proposed projects or activities which are likely to have adverse effects on the environment or natural resources (GoL, 2008a).

The proposed health and nutrition strengthening activities will have various effects on the environment and the relevant clauses that cover the protection and management of the environment include the following:

- **Part V: Environmental Impact Assessment, Audits and Monitoring:**
  This clause provides for undertaking environmental impact assessment of the project developments.

- **Part VI: Environmental Quality Standards:**
  Makes provision for soil, water, air, waste, noise, ionization, and other radiation, control of noxious smells, guidelines for environmental disasters and other standards.

- **Part VII: Pollution control:**
  Makes provision for prohibition of discharge of hazardous substances, chemicals and materials or oil into the environment and spiller's liability.

- **Part VIII: Environmental Management:**
  Makes provision for the notifications of any spill, including the measures to be taken, like clean-ups, recovery of expenses and spill liabilities.

- **Part IX: Environmental restoration order:**
  Identification and protection of areas which are at risk of degradation

The LNHSSP will have to meet the requirements of the Environment Act No. 10 of 2008 by providing for environmental planning and management in all its sub-projects so that they can be implemented in an environmentally friendly manner.

The activities at each sub-project site have the potential of impacting on the environment and each sub-project must be screened for potential environmental and social impacts and then a site specific environmental and social management plan (ESMP) has to be prepared and
implemented for mitigating the potential risks that would have been identified in the screening.

3.2.3 Public Health Order No. 12 of 1970
The Order sets out the functions of the Ministry of Health as the promotion of the personal health and environmental health within Lesotho; to prevent and guard against the introduction of disease from outside; to prevent or control communicable disease; to advise and assist district administrations and local authorities in regard to matters affecting public health; to promote or carry out researches and investigations in connection with the prevention and treatment of human diseases; to prepare and publish reports and statistics or other information relative to the public health; to report on the work of the Ministry to the Minister who may submit such report to the Council of Ministers each year; to provide for the appointment of advisers, advisory bodies or councils to assist the Minister in all matters concerning public health; and generally to administer the provisions of this Order (GoL, 1970).

Generally, the Order makes provisions for all matters concerning public health in Lesotho and thus the objectives of the current project will be adequately covered by its provisions.

3.2.4 The Hazardous and Non-Hazardous Waste Management Act, 2008
This Act covers all aspects of waste management, i.e., both general or non-hazardous waste and hazardous waste. It addresses health care waste, both general and risk waste (GoL, 2008b).

The objectives of this Act are to make provision for the generation, transportation, storage, importation, exportation, recycling and disposal for both hazardous and non-hazardous waste. It also makes provision for institutional measures for the control and management of hazardous and non-hazardous waste.

Participating Health facilities or institutions must comply with the requirements of this Act and handle all waste accordingly.

3.2.5 Hazardous (Health Care) Waste management Regulations (2012)
These regulations operationalize relevant sections of the Environment Act, 2008 in respect of hazardous waste management, specifically health care risk waste (HCRW) as a component of hazardous waste (GoL 2012).

The regulations will control the manner in which HCRW is managed from the point of generation to ultimate disposal. Participating Health facilities or institutions must comply with the requirements of this Act and handle all waste accordingly.

3.2.6 Education Act 2010
Governs and regulates the administration of schools, teachers and all other matters relating to education in Lesotho. It is pursuant to the principle of provision of education of the people of Lesotho, and in particular, ensuring that amongst others (a) every child is provided with opportunities and facilities to enable him to develop physically, mentally, morally, spiritually
and socially in a healthy, normal manner and in conditions of freedom and dignity (GoL, 2010a).

The objectives of the LNHSSP project are provided for in this act as the project is targeting the education of people from pre-school to adolescents.

3.2.7 Water Act No. 15 of 2008

The Water Act provides for the ownership of all water resources to be vested in the Basotho nation and held in trust by the King. It also makes provision for the management, protection, conservation, development, and sustainable use of the Lesotho’s water resources (GoL, 2008c).

The Water Act also provides for the prevention of pollution of water resources through measures such as the control of processes causing pollution, the control or prevention of movement of pollutants, compliance with prescribed standards or management of waste, and the elimination of any sources or potential sources of pollution.

These provisions have direct relevance to the activities of the LNHSSP project roll out as the objectives of the LNHSSP project are provided for in this act through the drive to provide clean and safe potable water for all which will enhance the health and nutrition of the people in many ways. Absence of water borne diseases will ensure that the nutrients taken are fully utilized by the body.

3.3 REVIEW OF INTERNATIONAL CONVENTIONS AND TREATIES

Lesotho is a signatory and party to more than twenty-one international, conventions, treaties and protocols. Of the many treaties, the following will be relevant to the Lesotho NHSS project:

3.3.1 The Basel Convention

The *Basel Convention Technical Guidelines* is focused on reducing the impacts on health and the environment of biomedical and healthcare wastes that is based on the major classification in Annexes I, II, VII of the Basel Convention, but specified for practical use in the healthcare sector. This guideline focuses on: (i) a strict definition and classification of the relevant waste streams, (ii) the segregation at source of the waste, and (iii) access to the best available information for the identification of waste.

The activities of the Lesotho LHSS project may induce an increase in the use of medical facilities and hence an increase in the generation of health care waste. The project has to make sure it handles these anticipated increases properly.

3.3.2 Stockholm Convention on Persistent Organic Pollutants

This is an important convention for the proper management of HCW as it recognizes that persistent organic pollutants possess toxic properties that are transported through air, water and migratory species across international boundaries and are deposited far from their place of release, where they accumulate in the ecosystems. The dioxins and furans from the thermal treatment process of incineration is an important contributor.
The Lesotho National Implementation Plan (NIP), produced in May 2005, outlines enabling activities to facilitate early action on the implementation of this convention.

In the NIP, under Intervention Area 3.3.1 Institutional and regulatory strengthening measures, the GoL undertook to develop an Integrated Waste Management and Pollution Control policy framework and to amend relevant legislation to ensure significant reduction in the release of dioxins and furans. As part of this plan, the Environment Act 2008 was promulgated. The provisions of this convention have to be adhered to in handling any health care waste in the Lesotho NHSS project.

3.3.3 African Charter on the Rights and Welfare of the Child (1990)
The African Charter on the Rights and welfare of the Children (also known as ACRWC or Children’s Charter) was adopted by the Organisation of African Union (OAU) in 1990, and was entered into force in 1999. ACRWC is a comprehensive instrument that sets out rights and defines universal principles and norms for the status of children.

It recognises the child’s unique and privileged place in African society and that African children need protection as well as special care. Thus, the project has to operate within the provisions of the rights of the children.

3.3.4 Convention on the Rights of the Child (CRC)
The United Nations Convention on the Rights of the Child (CRC) is a human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children. The convention defines a child as any human being under the age of eighteen, unless the age majority is attained earlier under national legislation.

The Convention deals with child-specific needs and rights. It requires that the Nations that ratify this Convention are bound to it by International Law. Ratifying states must act in the best interest of the child. In all jurisdictions implementing the Convention requires compliance with child custody and guardianship laws as that every child has basic rights, including the right to life, to their own name and identity, to be raised by their parents within a family or cultural grouping, and to have a relationship with both parents, even if they are separated. Thus, the project has to operate within the provisions of the rights of the children.

3.3.5 Summative comment on legislation for LNHSSP
The International conventions, although binding for the GoL, are not fully incorporated into the national legislation. It is not possible to prosecute where a breach of these laws has occurred because there are no local laws that deal specifically with items being regulated under these conventions.

The Environmental Law of 2008 does go some way to addressing this gap. The Hazardous and Non-Hazardous Waste Management Act, 2008 also go some way to addressing the gap in the control of HCW.
3.4 REVIEW OF THE WORLD BANK ENVIRONMENTAL AND SOCIAL FRAMEWORK

The World Bank’s Environmental and Social Framework consists mainly of the environmental and social policy with ten Environmental and Social Standards that it uses to examine potential environmental and social risks and benefits associated with Bank lending operations. The environmental and social standards are designed to avoid, mitigate or minimize adverse environmental and social impacts of projects supported by the bank.

This Framework comprises:

- A Vision for Sustainable Development, which sets out the Bank’s aspirations regarding environmental and social sustainability;
- The World Bank Environmental and Social Policy for Investment Project Financing, which sets out the mandatory requirements that apply to the Bank; and
- The Environmental and Social Standards, together with their Annexes, which set out the mandatory requirements that apply to the Borrower and projects.

The following ESS are anticipated to be relevant to the LNHSSP:

- **ESS 1 – Assessment and Management of Environmental and Social Risks and Impacts:** ESS 1 sets out the Borrower’s responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of project supported by WB through Investment Project Financing, in order to achieve environmental and social outcomes consistent with the Environmental and Social Standards (ESSs).

The Project will undertake an assessment of the environmental and social risks and impacts of the proposed subprojects under Component 1 and Component 2. It is probable that implementation of activities under these components will result in some potential adverse environmental and social impacts which will need to be mitigated and managed through the implementation of this Environmental and Social Management Framework (ESMF). The ESMF precedes the project appraisal and the site-specific Environmental and Social Management Plans (ESMPs) to be implemented for each health facility/school/ECCD centre will be developed during project implementation. The proposed project will not support any construction activities, nor any form of food growing, but will focus on Health; education, and WASH activities. These activities will have minimal environmental and social impacts such as causing an increase in Health care waste generation but will have small footprints.

The Consolidated Lesotho National Health Care Waste Management Plan (CLNHCWMP) was prepared in 2012 by the MoH specifically for adoption in the management of health care waste under the Bank funded Lesotho Health Sector Performance Enhancement Project (P166946). Prior to project appraisal and as part of the ESMF, the Plan will be reviewed and updated to meet ESF requirements, if necessary, and implemented to manage health care waste during project implementation.

Currently the project GBV risk rating is assessed as moderate (see Appendix 9). Lesotho has made efforts to attain gender equity and equality, but legislation, customary law
and practice still contain considerable gaps and GBV incidents are common. The GBV risk for the project is therefore contextual and it is not expected that the project will induce additional GBV risk. The GBV risk rating will be reassessed once potential subproject sites and specific project activities have been identified. Though labour influx is not anticipated, the site specific ESMPs will include measures to avoid, minimize, manage and mitigate any Gender Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) risks. Additionally, GBV/SEA, HIV/AIDS risks will be monitored throughout the project cycle.

In addition, the project will be guided by a Stakeholder Engagement Plan which includes a Grievance Redress Mechanism will be finalised and disclosed by MoH and should be operational prior to project appraisal. There is recommendation in the draft GRM, that if the complaint is related to an allegation of GBV/SEA, the survivor shall be referred within 24 hours to the GBV Service Provider.

- **ESS 2 – Labor and Working Conditions**
  ESS 2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth.

  The Project footprint is relatively small and with no construction activities nor any form of food growing, but will focus on health; education, and WASH activities and are not expected to have significant adverse impacts in terms of labour and working conditions as specified in ESS2 and in accordance with the requirements of national laws (Lesotho Labour Code, 2000). A Labour Management Procedure (LMP) has been prepared and as part of the ESMF and will be finalised and disclosed by MoH. The LMP meets ESS 2 requirements for: terms and conditions of employment; non-discrimination and equal opportunity; worker’s organizations; child labour; forced labour; an accessible workers’ grievance mechanism; and, occupational health and safety (OHS).

  Civil servants from the implementing ministries working in the project full-time or part-time will remain subject to the terms and conditions of their existing public service employment or agreement, unless there has been an effective legal transfer of their employment or engagement in the project.

  The LMP will include a workers’ GRM for labour disputes. The National Labour Code and related amendments cover many of the principles included in ESS2. Measures for prevention and mitigation of GBV/SEA risks involving project workers will be put in place before project effectiveness. The LMP will include requirements for preparation of OHS plans and the proposed Project’s OHS requirements will align with the Bank’s General Environment, Health and Safety Guidelines (EHSGs), the industry sector EHSGs for Health Care Facilities and other good international industry practice (GIIP).

- **ESS 3 – Resource Efficiency and Pollution Prevention and Management**
  ESS 3 sets out the requirements to address resource efficiency and pollution prevention and management throughout the project life cycle.
It is anticipated that Project financed activities under Component 2 which will support the strengthening of health systems will result in the increase of health services which will, in turn, lead to the risk of generation, handling and disposal of biomedical waste. This risk will be mitigated through the implementation of the **Infection Control and Health Care Waste Management Plan (ICWMP)**, which was prepared in 2015 as an improvement to the Consolidated Lesotho National Health Care Waste Management Plan (CLNHCWMP) of 2012 whose planning period had expired. The waste management instruments were reviewed, and it was recommended that the ICWMP be adopted for the current project (Appendix 8).

The proposed Project is not expected to be a significant user of water or generate significant greenhouse gas emissions.

- **ESS 4 – Community Health and Safety**
  ESS 4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts.

  No irreversible community health and safety impacts are anticipated for the project. However, it is anticipated that inadequacies in the management of waste disposal sites and facilities in the rural areas where the possibility of mixing domestic and Health Care Waste (HCW) exists might pose a risk to community health and safety.

  To mitigate this impact, ongoing monitoring of handling of clinic waste streams will be in place during project implementation. The project ESMF includes clauses on avoidance, minimization and mitigation of all the above-mentioned risks.

  Although, Lesotho has made efforts to attain gender equity and equality, but legislation, cultural norms and practices still contain considerable gaps and GBV incidents are common. The GBV risk for the project is therefore contextual and while it is not expected that the project will heighten GBV risks, it should adopt procedures set out in the Good Practice Note on addressing GBV. Specifically, the PIU will be trained in addressing GBV throughout the Project. GBV prevention and response will be mapped out, and GBV actions will form part of the sub-project specific ESMPs and stakeholder consultations. These requirements will also apply to all contractors and be specified in related procurement.

  The project’s GRM will be incorporated into the SEP in order for the community to lodge complaints and receive answers to any questions they have about the project and a specific pathway for grievance related to GBV will be provided. Relevance of ESS4 will further be assessed throughout the project cycle.

- **ESS 5 – Land Acquisition, Restrictions on Land Use and Involuntary Resettlement**
  The project activities are not expected to result in land acquisition, restrictions on land use and involuntary resettlement. No infrastructure development is planned, and no temporary or permanent acquisition of land or assets is expected to be required.
The ESMF will outline screening procedures with community participation to ensure avoidance of adverse livelihood impacts. The site-specific Environmental and Social Management Plans (ESMPs) will be prepared and implemented in each health facility/school/ECCD center during project implementation.

- **ESS 6 – Biodiversity Conservation and Sustainable Management of Living Natural Resources**
  ESS 6 recognizes that protecting and conserving biodiversity and sustainably managing living natural resources are fundamental to sustainable development.

  ESS6 is not currently relevant as the proposed Project will not finance any activity which would impact biodiversity and/or living natural resources.

- **ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities**
  There are no identified vulnerable or marginalized groups with identities and aspirations that are distinct from mainstream groups as defined under the ESF’s Indigenous Peoples/Sub-Saharan. Historically Under-served Traditional Local Communities standard in the project area of influence. Therefore, this Standard is not currently relevant to the project.

- **ESS8 Cultural Heritage**
  Given the Project’s context, this ESS is not relevant as the proposed Project activities will not affect or involve risks to tangible and intangible cultural heritage. Nevertheless, the project ESMF identifies measures to address risks and impacts on cultural heritage and has developed a chance finds procedure – if applicable – to be implemented during project implementation phase (Appendix 7).

- **ESS9 Financial Intermediaries**
  The standard does not apply as the Project will not include financial intermediaries.

- **ESS 10 – Stakeholder Engagement and Information Disclosure**
  ESS 10 recognizes the importance of open and transparent engagement between Borrower and project stakeholders as an essential element of good international practice.

  Stakeholder engagement is a principal tool for environmental and social risk management and successful implementation and sustainability of the project. A draft Stakeholder Engagement Plan (SEP) proportional to the nature and scale of the Project as well as the expected risks and impacts, has been developed and will be implemented by the MoH (GoL, 2019a). The SEP identifies all key existing and potential stakeholders, and describe, in addition to other relevant information, stakeholders’ level of influence in project planning and implementation, and means, timelines and frequency of communication with each stakeholder/stakeholder group.

  The SEP includes a Project wide grievance mechanism which will be established, monitored and reported on (GoL, 2019a). The SEP will be disclosed prior to Appraisal.
The MoH will thus engage in meaningful consultations with all stakeholders including health workers, District Health Management Teams, water and health women groups, youth and adolescent groups (including out of school adolescents), agriculture nutrition clubs, adolescent mothers, traditional leaders, community leaders, traditional birth attendants, teachers, project affected communities, women and youth groups, NGOs, community-based groups and Disabled People’s Organizations (DPOs) and other vulnerable and disadvantaged members of the community) throughout the project life cycle.

The MoH will provide stakeholders with an accessible and inclusive GRM to raise issues and grievances, that will allow MoH to receive, respond to, facilitate resolution of concerns and manage grievances. The MoH will ensure that all stakeholder consultations are accessible and inclusive (in format and location taking into consideration vulnerable and disadvantaged groups), and appropriate for the local context. The MoH will subsequently provide stakeholders with timely, relevant and understandable information in a culturally appropriate format. As part of the environmental and social assessment process, the Borrower will maintain and disclose documentation of stakeholder engagements, which will describe the stakeholders consulted, summary of issues discussed and responses from the MoH. If during implementation the SEP is considerably modified, a revised SEP will be publicly disclosed as soon as possible (GoL, 2019a).

The following is a summary of the Standards that are relevant to the Nutrition and Health systems strengthening Project.

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<thead>
<tr>
<th>No.</th>
<th>E &amp; S STANDARDS</th>
<th>RELEVANCE</th>
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<tbody>
<tr>
<td>ESS1</td>
<td>Assessment and Management of Environmental and Social Risks and Impacts</td>
<td>Relevant</td>
</tr>
<tr>
<td>ESS2</td>
<td>Stakeholder Engagement and Information Disclosure</td>
<td>Relevant</td>
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<tr>
<td>ESS3</td>
<td>Labor and Working Conditions</td>
<td>Relevant</td>
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<tr>
<td>ESS4</td>
<td>Resource Efficiency and Pollution Prevention and Management</td>
<td>Relevant</td>
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<tr>
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<tr>
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<tr>
<td>ESS8</td>
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<tr>
<td>ESS9</td>
<td>Cultural Heritage</td>
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<tr>
<td>ESS10</td>
<td>Financial Intermediaries</td>
<td>Not Relevant</td>
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3.4.1 World Bank Environmental, Health and Safety Guidelines (EHSG)

The Environmental, Health and Safety Guidelines are technical reference documents with general and industry specific examples of Good International Industry Practice (GIIP).

The general EHSG contain information on cross – cutting environmental, health, and safety issues potentially applicable to all industry sectors and covers the performance levels and measures that are generally considered to be achievable in new facilities by existing
technology at reasonable costs. Application of the EHSG to existing facilities may involve the establishment of site-specific targets, with an appropriate timetable for achieving them. The applicability of the EHSG. The general EHSG cover the following issues:

- Environmental Safety;
- Occupational Health and Safety;
- Community Health and Safety; and
- Construction and Demolishing.

The effective management of environmental, health and safety issues during the implementation of the LNHSSP will entail the inclusion of these EHS considerations into the planning as well implementation of the project.

## 3.5 INSTITUTIONAL FRAMEWORK

### 3.5.1 Department of Environment

In 1994, the National Environmental Secretariat (NES) was established to advise the Government on all matters relating to environment management. It spearheaded the development of Lesotho’s Agenda 21 Action Plan adopted in 1995. In 1998 the Department of the Environment, which was then part of the Ministry of Natural Resources, was merged with NES and the new institution became the lead institution in environmental management. The Department of the Environment then appointed Environmental Units in line Ministries in order to strengthen the coordination of environmental activities. The units received some training in different aspects of environmental management, but they are not fully effective because of under staffing.

The Department of Environment’s principal responsibility is coordination, monitoring and supervision of environmental conservation activities. It also has a cross-sectoral mandate to oversee the conduct of EIAs through issuance of guidelines, regulations and registration of practitioners. It reviews and approves environmental impact statements in consultation with any relevant lead agencies.

### 3.5.2 Ministry of Health (MoH)

Ministry of Health (MoH) is responsible for all the Health and Health Care delivery activities in the country. Its mandate includes ensuring that maternal and child health and nutrition services are prioritized and implemented in the health sector. The Ministry will integrate nutrition into all its departments and divisions.

MoH will be the lead implementing agency for the Lesotho Nutrition and Health Strengthening Project (LNHSSP) Project through its various departments at Head Office and its District structures. The Implementation will be done through a Programme Implementation Unit (PIU) which will be responsible for overall coordination, supervision and monitoring, with the assistance of the private sector, NGOs and Government Agencies as program components may demand.
The PIU that will implement this project is the one currently implementing the WB TB project. Aside from having experience in working with the WB, it also has experience working with other sectors, i.e., Labor and Employment, Mining, and Correctional Facilities.

3.5.3 Participating Ministries

The PIU will sign Inter Institutional agreements with participating institutions: FNCO, MTEC, MoET, MAFS, and the Department of Rural Water Supply Services to define their roles and responsibilities and guarantee their assistance in implementing the Project. Participating ministries will be responsible for the technical oversight of specific activities under the Project, with the PIU performing fiduciary functions on behalf of participating institutions.

(i) Ministry of Finance and Development Planning (MFDP),

The Ministry of Finance and Development Planning is a central coordinating Ministry in charge of reducing poverty levels through increased national and household incomes, economic growth, domestic production, employment, wealth and investment. These are to be attained through formulation of effective development, macroeconomic and fiscal policies and their implementation through best plans and programs. Thus, it will be the lead agency in charge of the financing mechanism. In essence it is the Borrower.

i) Ministry of Education and Training (MoET)

The MoET will take charge of the selection of ECCD centers to be supported based on the results of the ECCD risk assessment and other criteria and develop terms of references and technical specifications for education related training.

The Ministry of Education and Training will also ensure that nutrition education is included effectively into the curricula of all education institutions and will also continue with the implementation of the school feeding programmes, in line with the 2015 School Feeding Policy.

ii) Food Nutrition Coordination Office (FNCO)

The Food and Nutrition Coordinating Office (FNCO), under the Prime Minister’s Office has the overall mandate of coordination of food and nutrition programmes in the country. The FNCO, provides direction and coordination to the entire nutrition sector. There are Nutrition units in different ministries but they are technically weak.

FNCO will be responsible for the content of national and local level advocacy messages on reducing and preventing chronic malnutrition

iii) Ministry of Agriculture and Food Security (MAFS)

Ministry of Agriculture and Food Security (MAFS) is responsible for all the agricultural activities in the country. It will be a major participating agent through its various departments at Head Office and its District structures. The responsible department at head office will be the Nutrition department and at district level each District Agricultural officer (DAO) and his team will be responsible, especially the Nutrition Officers.
The main goal of the MAFS is to combat malnutrition through food-based interventions to improve the food and nutrition security and quality of life of the population. Amongst its roles, it will strengthen the linkages between nutrition and agriculture to ensure the effective implementation of food-based prevention and management of malnutrition.

iv) Department of Rural Water Supply Services
The MoW, through Rural Water and Sanitation Departments (DRWS), implements two distinct programmes to eliminate open defecation: a latrine subsidy programme and a community-led total sanitation programme. It will ensure the availability of safe potable water for the LNHSSP.

3.5.4 Coordination Work
The PIU will coordinate with local- and community-level actors to strengthen buy-in to and relevance of the Project. Specifically, the PIU and the other institutions involved in Project implementation will coordinate with the District and Community Councils (CC). While FNCO will focus on coordination at the national level, the PIU will coordinate Project interventions with the various institutions in charge of implementing activities. These include technical units of the MoH, MoET, MAFS, DRWS and participating districts and communities/villages through the District and Community Councils (CC).

- MoH will focus on the implementation of nutrition specific services;
- MoET will be responsible for the ECCD and Secondary School related activities,
- MAFS will be responsible for the resource centers and nutrition groups related activities;
- the DRWS will be responsible for WASH related activities.

At local and community levels, the PIU and the other project implementation institutions will coordinate with district and community councils, and local chiefs to increase ownership and adjust the interventions to the specific needs of each area.

3.5.5 Multisectoral Committees
Two multisectoral committees will be established to oversee nutrition activities under this project:

(a) A high-level steering committee comprising Directors in charge of nutrition activities from each participating sector and FNCO. This committee will be overseen by the Principal Secretary of the Prime Minister’s Office or of Development and Planning, or as decided by the country. The high-level committee will meet twice a year to advise on priorities, and review progress in nutrition activities. The aim of this committee is (i) to advise and support scaling-up actions through respective ministries in a systematic and coordinated manner; and (ii) take evidence-based decisions.

(b) A technical committee comprising technical experts working at the government. The technical committee would meet quarterly to review progress and recommend midcourse adjustments, if needed. It will be headed by the Director of FNCO.
3.6 IMPLEMENTATION ARRANGEMENTS
The following is an outline of the implementation arrangements for LNHSSP with an elaboration of the organizational requirements for safeguards compliance;

3.6.1 Institutional Arrangements
Nutrition programs cut across several sectors, and thus require multi-sectoral and integrated solutions to implement them. Nutrition programs call for the participation of multiple stakeholders and strong coordination mechanisms. However, to keep the institutional arrangement simple a single Project Implementation Unit (PIU) at the Ministry of Health will spearhead the implementation of the entire Project. The MoH PIU has been selected because most of the program specific interventions are health and nutrition-related.

The PIU that is currently implementing the WB TB project has been selected to implement this project. The TB PIU will be strengthened to handle the additional technical areas, as well as fiduciary, monitoring and coordination processes that will be required from working with additional sectors. Except for the FNCO which has no project experience with the WB, the rest of the participating ministries in the Project have experience working with the WB so the operational demands on the proposed PIU could be less.

The participating institutions include FNCO, MoET, MAFS, Department of Rural Water Supply Services and the PIU will sign Inter Institutional agreements with them to define their roles and responsibilities and guarantee their assistance in implementing the Project.

The participating ministries will be responsible for the technical oversight of specific activities under the Project, e.g.:
- MoH will focus on the implementation of nutrition specific services and will be responsible for the VHW programs.
- MoET will be responsible for the ECCD and Secondary School related activities. It will take charge of selection of ECCD centers to be supported based on the results of the ECCD risk assessment and other criteria and develop terms of references and technical specifications for education related training,
- FNCO will be responsible for the content of national and local level advocacy messages on reducing and preventing chronic malnutrition,
- MAFs will be responsible for the resource centers and nutrition groups related activities.
- RWS will be responsible for the Water and Sanitation (WASH) issues in ECCDs, schools and communities.

While FNCO will focus on coordination at the national level, the PIU will coordinate Project interventions with the various institutions in charge of implementing activities. These include technical units of the MoH, MoET, MAFS, DRWS and participating districts and communities/villages through the District and Community Councils (CC).

The PIU will coordinate with local- and community-level actors to strengthen buy-in to and relevance of the Project. At local and community levels, the PIU and the other project implementation institutions will coordinate with district and community councils, and local chiefs to increase ownership and adjust the interventions to the specific needs of each area.
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(a) A high-level steering committee comprising Directors in charge of Nutrition activities from each participating sector and FNCO. This committee will be overseen by the Principal Secretary of the Prime Minister’s Office or of Development and Planning, or as decided by the country.

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**Figure 3-1** Implementation Arrangements

The high-level committee will meet twice a year to advise on priorities, and review progress in nutrition activities. The aim of this committee is: (i) to advise and support scaling-up actions through respective ministries in a systematic and coordinated manner; and (ii) take evidence-based decisions.
technical committee would meet quarterly to review progress and recommend midcourse adjustments, if needed. It will be headed by the Director of FNCO.

3.6.2 Capacity of LNHSPP PIU
The Ministry of Health (MOH), has experience in implementing World Bank funded projects under the Safeguard Operational Policies, namely, the Southern Africa TB and Health Systems Support Project (SATBHSSP) and Lesotho Health Sector Performance Enhancement Project. The proposed Project will be implemented through the existing SATBHSSP Project Implementation Unit (PIU). The PIU will have the overall responsibility for environment and social risk management including monitoring compliance with the agreed-on mitigation measures and actions that are outlined in the Environmental and Social Commitment Plan (ESCP).

Over the course of implementing both projects, the MOH has demonstrated moderately satisfactory implementation and monitoring of environmental and social safeguards operational policies. Currently, the SATBHSSP PIU has a dedicated qualified and experienced Environmental and Social Specialist (E&S Specialist) with experience in implementing World Bank projects under the Bank’s Safeguards Operational Policies. However, given the expanded scope of the Environmental and Social Framework (ESF) and the MoH’s unfamiliarity with the ESF, the MOH will need training in the Bank’s Environmental and Social Standards (ESSs) to ensure that the project will be implemented in accordance with the Bank’s ESF requirements. In addition, the Bank will provide MoH capacity building and intensive support for environmental and social risk management during preparation and implementation phases of the Project to comply with ESF requirements.

The PIU currently has an E&S Specialist who will be responsible for implementing and monitoring the Environmental and Social Management Framework (ESMF), potential Labor Management Procedures (LMP), Stakeholder Engagement Plan (SEP), GBV/SEA risk mitigation measures and the operation of the Grievance Redress Mechanism (GRM). The client’s capacity will further be assessed before project implementation and capacity gaps will be filled through implementation of the ESCP. Significant effort is anticipated to build the capacity of the MoH and the PIU at both national, district and community levels with respect to the ESF and its applicable Standards. Additionally, the Borrower will ensure that the Project recruits experienced and qualified Gender and Social Standards Specialist (GSSS) and Community Liaison Officers (CLOs) to ensure compliance with the ESSs. These will be recruited no later than 30 days after project effectiveness.
3.7 COMPARISON OF LESOTHO, AND WORLD BANK PROJECT CLASSIFICATION

3.7.1 The Lesotho legislation
The Lesotho legislation classifies projects and activities into three categories as follows:

**Category 1:** Projects under this category are not listed in the Schedule and are unlikely to cause any significant environmental impact and thus do not require any additional environmental assessment.

**Category 2:** Projects under this category are listed in the Schedule and are likely to cause environmental impacts, some of which may be significant unless mitigation actions are taken. Such projects cause impacts which are relatively well known and easy to predict. Also, the mitigation actions to prevent or reduce the impacts are well known. From the assessment of the Project Brief the projects are classified as not requiring a full environmental impact study (EIS).

**Category 3:** Projects under this category are listed in the Schedule and are likely to have significant adverse environmental impacts whose scale, extent and significance cannot be determined without in-depth study. Appropriate mitigation measures can only be identified after such study. From the assessment of the Project Brief the projects are classified as requiring a full EIS.

3.7.2 The World Bank
The World Bank requires that all projects financed by the Bank are screened for their potential environmental and social impacts to determine the appropriate extent and type of environmental and social work. The Bank classifies the proposed projects into one of four categories as follows:

<table>
<thead>
<tr>
<th>CLASSIFICATION</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>High Risk</td>
<td>Projects encompassing sub-project or activities with potential significant adverse environmental or social risks/impacts that are diverse, irreversible or unprecedented. Examples of these activities includes project affecting highly sensitive ecosystems services, project with large resettlements components, projects with serious occupational and health risks, projects with poses serious socio-economic concerns. These impacts may affect an area broader than the sites or facilities subject to physical works.</td>
</tr>
<tr>
<td>Substantial Risk</td>
<td>Projects whose activities have some potentially adverse environmental and social impacts on human populations or environmentally important areas – including wetlands, forests, grasslands and other natural habitats – though less adverse than those of “High Risk” projects. These impacts are site – specific, few if any of them are irreversible; and in most cases mitigatory measures can be designed more readily than for “High Risk” projects.</td>
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<tr>
<td>Moderate Risk</td>
<td>Projects with activities with potential limited adverse environmental or social environments and social risks and or impacts that are few in numbers, generally site specific, largely reversible and readily addressed through mitigation measures. Examples of these projects include small scale agricultural initiative, schools and hospital construction, forest management activities, low emission energy project.</td>
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</tbody>
</table>
Low Risk
Projects with activities with minimal or no adverse environmental and social risks and or/ impacts. Example of these projects or activities include education and training, public broadcasting, health and family planning, monitoring programs, plans and studies and advisory services.

The Bank requires that all projects be screened and the requisite environmental and social assessment work be carried out based on these screening results. To ensure that future small scale sub-projects are implemented in an environmentally and socially sustainable manner the bank has developed an environmental and social screening process for small scale sub-projects consistent with ESS1.

While Lesotho’s EA procedures are generally consistent with the Bank’s Standards, there are some gaps regarding the screening of sub-projects where the sites and potential adverse localized impacts cannot be identified prior to the appraisal of the project. Therefore, under the Lesotho NHSS the environmental and social screening processes as described in this report will be used. Table 3-3 describes the gap analysis and comparison of World Bank and Lesotho environmental and social assessment procedures. Although the project falls within the health and nutrition sector, the description of its components through project description shows the components of the project fall in the ‘Moderate Risk’ or ‘Low Risk’ categories and will implement activities with or without adverse environmental and social risks and impacts.

Table 3-3  Comparison between Bank and Lesotho ESIA procedures

<table>
<thead>
<tr>
<th>Subject/Issue</th>
<th>World Bank Policy</th>
<th>Lesotho Policy</th>
<th>Solution/mitigation</th>
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</thead>
<tbody>
<tr>
<td>ESIA process</td>
<td>Environmental Assessment (EA) work is initiated as early as possible in project processing and is integrated closely with the economic, financial, institutional, social, &amp; technical analyses of all proposed projects.</td>
<td>Only projects classified as category 3 require EIS</td>
<td>ESIA should be initiated as early as possible in project processing to inform design of all projects</td>
</tr>
<tr>
<td>Screening Criteria</td>
<td>The Bank’s project screening criteria group projects into four categories depending on the severity of impacts: • High Risk • Substantial Risk • Moderate Risk • Low Risk</td>
<td>Only projects classified as category 3 require full EIS</td>
<td>Lesotho NHSS is classified as Moderate Risk under World Bank’s screening criteria and is required to prepare an overall ESMF and site specific ESMPs for sub-projects.</td>
</tr>
<tr>
<td>ESIF used for screening of sub-projects where the sites and potential adverse localized impacts cannot be identified prior to the appraisal of the project.</td>
<td>No Provision for screening of sub-projects where the sites and potential adverse localized impacts cannot be identified prior to the appraisal of the project.</td>
<td>Lesotho NHSS will use the environmental and social screening process as described in this ESMF.</td>
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<tr>
<td>Environmental and Social Management Plans (ESMPs)</td>
<td>ESMPs are required for each set of activities (e.g. sub-projects) that may require specific mitigation, monitoring and institutional measures to be taken during implementation.</td>
<td>In addition to EIS for category 3 projects, no other plans are prepared.</td>
<td>ESMPs will be prepared for each sub-project to be financed under Lesotho NHSS and will include specific mitigation, monitoring and institutional measures to be taken during implementation.</td>
</tr>
<tr>
<td>Disclosure</td>
<td>World Bank requires ESIA/ESMF/ESMP reports to be: a) disclosed for written comments from the various agencies and government agencies b) notify the public of the place and time for its review and c) solicit oral or written comments from those affected</td>
<td>EIS reports are available for public consumption at EAD upon completion but are not circulated for written comments from the various agencies and public.</td>
<td>Upon completion of ESIA/ESMF/ESMP reports, these must be: a) circulated for written comments from the various agencies and government agencies; b) notify the public of the place and time for its review; and c) solicit oral or written comments from those affected. d) Reports will be disclosed in-country and on the World Bank’s external website</td>
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</table>
4. POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS AND MITIGATION MEASURES

4.1 INTRODUCTION
The potential socio-economic benefits of the LHNSSP are improved nutrition and health outcomes; and positive implications for the cognitive and socio-economic development of individuals and long-term physical well-being and growth, with benefits disproportionately accruing to the most vulnerable.

This chapter outlines the environmental and social screening process for the project, impact identification and the possible mitigation approaches that can be employed. Since the actual project sites are as yet unknown, potential impacts described below are general and serve as a guideline for a thorough assessment once the sites have been selected.

4.2 ENVIRONMENTAL AND SOCIAL IMPACT ANALYSIS
Taking into considerations the proposed project activities, the potential environmental and social impacts were then identified through a comprehensive stakeholder consultation process.

4.2.1 Environmental Impact Analysis
i. Environmental Degradation
   a) *Increased generation of Health Care waste*: The sub-project activities will potentially increase the generation of Health care waste such as sharps, infectious and noninfectious waste due to:
      - Increased referrals to Health centers resulting in increased utilization of the Health centers with concomitant generation of more health care waste.
      - The increased activities and acceptance of VHW will result in them attending to more home-based patients, resulting in more home-based health care waste generation.
      - Strengthening pharmaceutical management will result in more drugs being available resulting in more pharmaceutical waste generation including obsolete drugs.

      These will need to be managed carefully to prevent public health risk and environmental impacts.

ii Health and Hygiene
   a) *Improvement of Hygiene standards*: Hygiene standards will be raised by the systematic involvement of WASH issues in the program. Provision of hand washing stations at ECCD and schools will greatly improve health and hygiene at these centres.
      - ECCD Trainers equipped with knowledge on nutrition, hygiene and sanitation.
      - ECCD linked with health and other sectors.
      - Improvement of water and sanitation at ECCD centres. Positive low-cost hand washing stations
b) **Improved aesthetics of the Health Facilities**: Improved running of the facilities through the Quality and Bonus Financing will improve aesthetics of the Health Facilities.

c) **Occupational Health and Safety**: The Health care Facility staff, VHWs, collaborating Ministries staff and LNHSSP staff will be exposed to occupational health and safety risks in the process of executing their duties.

### 4.2.2 Social Impact Analysis

The proposed sub-projects are expected to result in a number of positive social impacts. These could include improvements in livelihoods and economic development, improved health and education services and community safety as well as improvement in women’s and children’s lives. Despite these, sub-projects could pose social risks too and have adverse social impacts on local communities and households. Such adverse impacts and risks could include social exclusion and negative impacts to disadvantaged and vulnerable groups, in particular due to potential exclusion from project benefits.

Though the project will not finance any civil works and has small footprint with limited and manageable adverse social impacts that can be mitigated and managed with the application of appropriate mitigation measures. The key social risks and impacts are related to labor and working conditions, prevalence of GBV and HIV/AIDS in the country, potential impacts to community health and safety, and the Client’s limited experience in implementing Bank funded projects. These anticipated impacts and risks can be managed/mitigated. Currently the project GBV risk rating is assessed as moderate. Lesotho has made efforts to attain gender equity and equality, but legislation, customary law and practice still contain considerable gaps and GBV incidents are common. The GBV risk for the project is therefore contextual and it is not expected that the project will induce additional GBV risk. The GBV risk rating will be reassessed once potential subproject sites and specific project activities have been identified.

These risks require careful consideration to improve social and environmental sustainability, resilience social cohesion. For most sub-projects, the primary potential adverse social impacts concern social exclusion of poor and other vulnerable households and groups.

Below is a summary of likely risks for the project:

i. **Institutional support and Programme management and coordination**

a) **Fragmented project approach**: A fragmented planning, implementation and monitoring approach at national, district and local level affects sustainability of a project. There may be some stakeholders at national and district level who are i) not aware ii) who doubt their role in the project and iii) who feel that their role is being played by another stakeholder. This results in uncertainties, suspicion and conflict.

   The coordination mechanism must be in the project design and should be spelled out at the inception stage, outlining clear roles and responsibilities for each stakeholder. This must be a consultative exercise to allow dialogue especially where roles may seem to clash. For example, the role of MAFS and MoH in terms of Nutrition extension must be spelt out. The Lead Agency (MoH) and the PIU should lead this activity.

b) **Inappropriate community entry**: Stakeholder mapping is a critical exercise that should be done and/or updated on a regular basis to allow new entries depending on the scope of the implementation. This exercise should be spearheaded by, MoH and the PIU together with the District implementation teams.
There is need to ensure that there are adequate extension staff, VHW, etc. as they are the ones who interact with people on the ground on a day-to-day basis. PIU should facilitate and assist in building this capacity within the implementation districts.

ii. **Enabling Environment and Program Sustainability**
   a) **Community Development Life Cycle**: The challenge of most projects has been the tendency to ‘projectized’ communities and not allowing a full development life cycle to happen. This has resulted in high slippage rate, white elephants and continuous pumping of resources by the funding community. There is need to design the project with the fact that human development is not in tandem with project period. Four critical stages are inception, establishment, maturity and mitosis/segmentation (optional). Service providers should be capacitated likewise.

   b) **Efficiency and effectiveness of the Health Facilities improve**: The efficiency and effectiveness in health facility management and the quality of care will improve, including the utilization of public health facilities.

iii. **Information, Knowledge and Skills**
   a) **Capacitation of the Health Care Staff**: The project will capacitate the Health Care Staff at different levels:
      - VHW profession will be formalised
      - VHW more accepted in the communities
      - Health centres accessing funding through the Quality and Bonus Financing.
      - Health Centres access basic equipment identified in the gap assessment, including family planning commodities and micronutrient supplements.
      - training and capacity building of health staff and management in selected hospitals on the use of the new equipment, quality and management of care.

iv. **Socio-Economic Development and Transformation**
   a) **Social and Behaviour Change**: The implementation of the Multisectoral National Nutrition Communication Strategy (MNNCS) is geared for positive social and behaviour change as people become aware of the Nutrition and Health issues at stake. The communities will start accepting the VHW and the use of Health facilities will increase as the VHW refer the patients to the centres. The communities will further change their behaviour as a result of implementing the (i) positive deviance approach and (ii) the CLTS approach.

   b) **Occupational Safety and Health**: The sub-projects may purchase some equipment and the operation of these pieces of equipment will expose the workers to work-related accidents and injuries. The direct workers, civil servants (Nurses, Doctors, other professionals, ECCD teachers, extension workers etc.), and indirect workers (VHW, Council staff, etc) of this Project will be affected by the activities of this Project.

   c) **Labour Issues**: As the nutrition and Health systems will be improving, opportunities will arise ranging from the technical staff to train and run extra equipment and machinery, VHW coordinators, VHW to non-technical job opportunities for cleaners, security guards, etc. Labor management issues will start to arise, so it would be advisable that most of the workers originate from the local community to minimize social conflicts.
v. Social Amenities
   a) Water, Sanitation and Hygiene: It was noted that at most facilities, (ECCD, Schools, Health
      Centres, etc.) although toilets may be available, there are no hand washing facilities in
      the form of running water and soap to prevent diseases and food contamination. There
      is need to make sure that food handlers (for both processed and unprocessed) maintain
      high level of hygiene.

4.3 THE MITIGATION MEASURES FOR THE IDENTIFIED RISKS
The proposed mitigation measures for the Lesotho Nutrition and Health Strengthening Project
(Tables 4-1 to 4-3), provide guidelines for the management of potential environmental and social
aspects at all possible sub-project sites. The mitigation or enhancement measures will reduce the
negative impacts and enhance the positive impacts. The identified impacts and their mitigation
measures will be used in the preparation of site specific environmental and social management plans
(ESMP) and a Template for Environmental and Social Management Plan is included as an Appendix
5.
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<tr>
<th>INTERVENTIONS</th>
<th>POSITIVE POTENTIAL IMPACTS</th>
<th>ADVERSE POTENTIAL IMPACTS</th>
<th>MITIGATION</th>
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| (i) support improved quality and service delivery in nutrition using a multisectoral approach:  
  a) main target populations: pregnant and lactating women, children under five, and adolescents/women of reproductive age.  
  b) prioritize interventions aimed at reducing the risk of stunting from conception to two years of age  
  c) allocating resources to interventions that cover adolescents for their health and well-being  
  d) interventions targeting Social and behavior change  
  e) Strengthening primary health care activities through expanding and strengthening outreach services by village health workers (VHWs)  
  f) logistics, and goods and services for VHWs and other outreach personnel in support to these activities.  | • Formalisation of the VHW profession  
• Better acceptance of VHW by communities  
• More systematic approach and better service delivery by VHW  
• Increased use of Health facilities resulting in better health for the patients and possible increase of generation of health care waste.  
• Better monitoring of the VHW work.  
• Capacitating the VHW to execute their duties efficiently.  | • Increased generation of Health Care Waste for both the Health Facilities and the home-based care.  
• Excessive demands on time availability of limited numbers of VHW;  
• Overloading of medical facilities with inadequate structures and medical equipment;  
• The Health services Staff including VHW, will be exposed Occupational Health and Safety issues as they execute their increased loads of work.  
• Delay in procurement of VHW kits, mobile equipment for outreaches, and logistic support for the VHW supervisors and coordinators.  | • Ensure that all current VHW are not excluded from the project and are accordingly compensated;  
• Enhance the capacity of the VHW and medical personnel to monitor and assess health, nutrition status by identification of appropriate indicators, and installing of monitoring and evaluation system;  
• Ensure the Health and Safety of the Health Professionals at all times.  
• The Grievance Redress Mechanism must be implemented to take care of environmental and social issues that may arise due to project implementation. |
| ii) Early Childhood and adolescents care. Reduction of the risk of stunting from conception to two years of age  
Activities include:  
• ECCD caregiver training/sensitization on health, nutrition, sanitation and hygiene.  
  o training of ECCD trainers and caregivers on early stimulation, proper feeding, hygiene and sanitation practices for children under 2 years of age.  
  o link ECCD with health and nutrition services at health facilities;  | • ECCD Trainers equipped with knowledge on nutrition, hygiene and sanitation.  
• ECCD linked with health and other sectors.  
• Improvement of water and sanitation at ECCD centres. Positive low-cost hand washing stations.  
  keep adolescents healthy, prevent early pregnancy and contribute to school retention  
• More adolescents will start using the health care facilities.  
• Peer assistance will benefit the adolescents to open up and seek health advise.  | • Lack of interest from the target group to participate in the project since there is no monetary or physical incentives;  
• Overloading of medical staff with additional responsibilities as there are already shortages in personnel within health facilities;  
• The Health services Staff including VHW, will be exposed Occupational Health and Safety | • Enhance capacity of teaching aides through further training and mentoring;  
• Vulnerable children who are not attending schools should be included in the project through home visits;  
• Provide surge support through the project to relieve burden on existing health workers until more are recruited.  
• Institute proper Health Care waste management approaches, |
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<tr>
<th>INTERVENTIONS</th>
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<th>ADVERSE POTENTIAL IMPACTS</th>
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<tbody>
<tr>
<td>• link ECCD with the Department of Rural Water Supply (DRWS) in setting up</td>
<td>• Programme will benefit both school going and non-school going adolescents.</td>
<td>issues as they execute their increased loads of work.</td>
<td>including segregation on site using the three bin system and properly</td>
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<td>low-cost hand washing stations (water containers and soaps) in the centers.</td>
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<td>transporting hazardous infectious waste to incinerators.</td>
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<td>• Support to Adolescent Health.</td>
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<td>The project will support the improvement of the health of adolescents - both</td>
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<td>in and out of schools.</td>
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<td>o health and nutrition services will be implemented in the communities and</td>
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<td>through formal and non-formal education centers.</td>
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<td>o Strengthening the existing school health program in secondary schools under</td>
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<td>the MOE and MOH.</td>
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<td>o Implement health and nutrition services in the communities through formal</td>
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<td>and non-formal education centers.</td>
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<td>• Provision of counselling health days, through school health days and</td>
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<td>Community health days for non-school goers</td>
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<td>• Programme will benefit both school going and non-school going</td>
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<td>adolescents.</td>
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<td>• more positive impact due to collaboration</td>
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<td>• health benefits of good sanitation and hygiene</td>
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<td>• VHW expand influence to other groups linked to agricultural extension</td>
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<td>officers. – programme Strengthened by synergy</td>
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<td>• Peer mothers empowered to render similar services</td>
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<td>• community based support groups functioning effectively</td>
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<td>• Nutrition Clubs Strengthened.</td>
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<td>• WASH inclusion. Positive impacts</td>
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<td>iii) community-based nutrition and health activities implemented by</td>
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<td>village health workers (VHWs).</td>
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<td>Activities include:</td>
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<td>o working in coordination with the health centers.</td>
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<td>o communicating messages and counselling on water, sanitation and hygiene</td>
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<td>(WASH),</td>
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<td>o distribution of family planning supplies, micronutrient supplements, and</td>
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<td>deworming medication interphase with agriculture extension officers (AEO) at</td>
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<td>the agriculture resource centers</td>
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<td>• generation of health care waste from Health care centres and</td>
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<td>home-based care.</td>
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<tr>
<td>• Training caregivers on proper handling of home-based health care waste.</td>
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Table 4-2 Mitigation measures for activities in component 2 of the LNHSSP.

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<tr>
<th>INTERVENTIONS</th>
<th>POSITIVE POTENTIAL IMPACTS</th>
<th>ADVERSE IMPACTS</th>
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<tr>
<td><strong>Component 2: Improving Health Facility-Based Service Delivery</strong></td>
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<tr>
<td>The objective of this component is to support the efficiency and effectiveness in health facility management and train the health workforce such that quality of care will improve and utilization in public health facilities will increase.</td>
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</table>
| **Sub-Component 2.1: Quality and Bonus Financing.** This sub-component will finance quality and bonus grants to eligible health facilities,  
  - *quality payment* to recognize the quality work done in health facilities, and  
  - a *bonus payment* for the best performing health facilities.  
  Performance includes:  
  - (i) maternal and children nutrition and hygiene practices,  
  - (ii) provision of micronutrient supplementation for children,  
  - (iii) essential nutrition and health interventions for women,  
  - (iv) outreach services provided by village health workers.  
| - health facility-based quality improvement program  
  - this will induce an improvement in the quality of work at health centres, including quality service to patients, cleanliness of facility, and handling of Health care waste. | - Bonus payments may not include VHW as well as health partners working in health facilities e.g. LENASO, NAC personnel hence lack of participation from them which may lead to poor facility performance;  
  - Quality payments not paid on time | - Bonus payments should include all health facility personnel whether civil servants, health partners and VHW;  
  - Quality payments must always be paid on time | |
| **Sub-component 2.2: Improve quality of care in health facilities and train HRH (in-service and pre-service).**  
(i) an equipment gap assessment in hospitals using the WHO checklist for basic equipment for maternal and child health care and the treatment of most common diseases;  
(ii) procurement of basic equipment identified in the gap assessment including family planning commodities and micronutrient supplements;  
(iii) TA to assess bottlenecks and constraints in medical procurement and to strengthen pharmaceutical management to ensure sufficient stocks of essential medicines in hospitals and health centers;  
(iv) training and capacity building of health staff and management in selected hospitals on the use of the new equipment, quality and management of care. | - Improvement in maternal and child health care equipment and treatment. Result in:  
  - Better health care  
  - Increased utilisation of facilities  
  - Strengthen pharmaceutical management to ensure sufficient stocks of essential medicines results in increased utilisation of facilities | - Increased generation of medical waste, including obsolete drugs.  
  - The Health services Staff including VHW, will be exposed Occupational Health and Safety issues as they execute their increased loads of work.  
  - Medical waste to be properly disposed-of in accordance with the Infection Control and Waste Management Plan of the Ministry of Health  
  - Ensure the Health and Safety of the Health Professionals at all times.  
  - The Grievance Redress Mechanism must be implemented to take care of environmental and social issues that may arise due to project implementation. | |
## Table 4-3 Mitigation measures for activities in component 3 of the LNHSSP.

<table>
<thead>
<tr>
<th>INTERVENTIONS</th>
<th>POTENTIAL POSITIVE IMPACTS</th>
<th>POTENTIAL ADVERSE IMPACTS</th>
<th>MITIGATION</th>
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<tr>
<td><strong>Component 3. Strengthen Government Stewardship, Project Management, and M&amp;E</strong>&lt;br&gt; This component will strengthen the overall nutrition advocacy, co-ordination, monitoring and reporting, MoH stewardship and M&amp;E function, and project management.</td>
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<tr>
<td><strong>Sub-component 3.1. Overall Nutrition Advocacy, Co-ordination, Monitoring and Reporting.</strong>&lt;br&gt; Institutional capacity of the Food Nutrition Coordination Office (FNCO) development to:</td>
<td>• Improved impact of Health and Nutrition programmes due to improved coordination</td>
<td>• Community’s anxiety over the impending end of the project might result in poor participation;</td>
<td>• Strengthen capacity of designated ministries personnel to undertake the project activities;</td>
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<tr>
<td>• conduct multisectoral advocacy for nutrition;</td>
<td>• Community mobilization, public dissemination improved</td>
<td>• Without assistance in WASH infrastructure for the communities the impact of WASH is going to remain theoretical with less benefits</td>
<td>• Increase capacity of project personnel to monitor and assess health, and nutrition status by identification of appropriate indicators, and installation of monitoring and evaluation system;</td>
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<tr>
<td>• coordinate with Ministries of Agriculture and Food Security, Water, Health, Education and Training and Social Development to develop a common multisectoral nutrition plan; and</td>
<td>• Program accountability strengthened by use of data at village and community levels to provide feedback to local levels</td>
<td>• Expectation of food parcels by the communities may result in less interest from the communities.</td>
<td>• Recruit proper training aides;</td>
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<td>• establish a multisectoral nutrition information system, to monitor and track project progress at the national and local level including the establishment of community-level teams</td>
<td>• Capacity of implementers enhanced.</td>
<td>• The Health services Staff including VHW, will be exposed Occupational Health and Safety issues as they execute their increased loads of work.</td>
<td>• Ensure the Health and Safety of the Health Professionals at all times.</td>
</tr>
<tr>
<td>• strengthening extension services provided by participating ministries to target key communities and platforms.</td>
<td>• Capacity building to Community Councils (CC). engage and strengthen the involvement of traditional leaders/chiefs, as well as community councils to monitor and support community-based nutrition activities.</td>
<td>• The Grievance Redress Mechanism must be implemented to take care of environmental and social issues that may arise due to project implementation.</td>
<td></td>
</tr>
</tbody>
</table>
4.4 ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN

Every sub-project that will be funded under LNHSSP has to be screened for environmental and social impacts (Section 5.6) and have to have a site specific Environmental and Social Management Plan (ESMP) developed. This has to follow the template in Appendix 5.

The ESMP will capture the potential impacts, mitigation, monitoring and institutional measures to be taken during the project implementation to avoid or eliminate negative environmental impacts. For each impact, mitigation measures should be identified and listed. Estimates are made of the cost of mitigation actions.

4.5 ENVIRONMENTAL AND SOCIAL MONITORING PLAN

To keep track of the requirements, responsibilities and costs for implementing the identified environmental and social mitigation, a monitoring plan should be prepared. This will be guided by the template in Appendix 6. The format of the monitoring plan includes a row for baseline information that is needed to achieve reliable and credible monitoring. The key elements of the matrix are:

- What is being monitored?
- Where is monitoring done?
- How monitoring will be carried out? What are the types of equipment used for monitoring?
- When or how frequently is monitoring necessary or most effective?
- Why is the parameter being monitored (what does it tell us about environmental and social impacts)?

4.6 CONTINGENCY EMERGENCY RESPONSE COMPONENT (CERC)

Lesotho is prone to a variety of natural disasters, in particular floods, droughts, frost, hail storms, and thunderstorms. These phenomena cause damages to properties, infrastructure, and livelihoods; they impede and set back development efforts, divert development funds and above all loss of lives.

The Contingent Emergency Response Component (CERC) enables the project to provide a swift response in the event of an Eligible Crisis or Emergency. This is done by redirecting a portion of the undisbursed project resources, from other components of the project to address immediate post-crisis and emergency financing needs (World Bank, 2017). The implementing agency for the CERC will be the LNHSSP-PIU.

In the event of an emergency, it is not anticipated that a reallocation of project funds will cause serious disruption to project implementation. The CERC is activated without needing to first restructure the original project, thus facilitating rapid implementation. Once the requirements for activating the CERC are met, uncommitted funds from the project are reallocated to the CERC and made available for crisis or emergency response. To facilitate a rapid response, formal restructuring is deferred to within three months after the CERC is activated.

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2 This is an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact associated with natural or man-made crises or disasters, (OP/BP 8.00, Rapid Response to Crises and Emergencies.)
Activities under this Component will be governed by the World Bank Directive *Contingent Emergency Response Components (CERC)* (October 2017) (World Bank, 2017). Disbursement of emergency financing under the CERC will be contingent upon:

a) the recipient establishing a nexus between the disaster event and the need to access funds to support recovery and reconstruction activities (an “eligible event”); and

b) submission to and no objection granted by the World Bank of an Emergency Action Plan (EAP). The EAP will include a list of activities, procurement methodology and safeguards procedures.

The preparation of the Emergency Action Plan (EAP) will have to take into consideration the current ESMF and any additional safeguard instruments. The additional safeguard instruments will require World Bank approval prior to commencement of activities. Importantly, the EAP will need to include procedures for:

- Consultation and disclosure;
- Integration of mitigation measures and performance standards into contracts; and
- Supervision/monitoring and reporting measures to ensure compliance.

**4.6.1 Activating the CERC.**

The sequence for activation of the CERC includes the following steps as outlined in the figure below:

![CERC activation sequence](image)

The formal restructuring of the original project is not a pre-requisite for activating a CERC (World Bank, 2017).

**4.6.2 ESSs**

All activities financed through the CERC are subject to World Bank ESSs. The CERC will rely as much as possible on the original Project’s environmental and social assessments and safeguard instruments, ensuring that as much as possible is known regarding risks and management measures in anticipation of an emergency response.

The EAP will require consideration of safeguard implications for any proposed emergency supplies procurement or reconstruction activities. The World Bank, through the no objection process, will closely examine the nature of the proposed activities, particularly those involving civil works, to ensure that:

i. they are not prohibited under the negative list and

ii. the recipient is aware of the required safeguard compliance documentation before initiating the process by which the proposed works will be prepared and implemented.
Emergency activities financed under the CERC will involve financing provision of critical goods or emergency recovery and reconstruction works and it is likely these will fall into the “Moderate Risk” or “Low Risk” Category. Activities that fall under “Low Risk” could involve procurement of emergency supplies such as medicine and water and do not require the application of safeguard instruments, post-screening or assessment. Other emergency supplies, such as fuel products, will require safeguard instruments (such as Environmental Codes of Practice or EMPs) to ensure procurement, storage and dispensing procedures are adequate.

The implementing agency, i.e., the LNHSSP - PIU will have to consider the following safeguards elements of the CERC before commencement of implementation:

a) Confirming which activities can proceed on the basis of the provisions of the CERC-ESMF, with no additional environmental or social assessment, and which ones require assessment (and at what level) prior to being initiated.

b) Rapidly assessing the environmental and social baseline of the planned CERC activities and locations based on readily available information.

c) Determining the sequencing and implementation plan for:
   - Mobilizing technical assistance and funding to prepare any additional safeguard instruments, e.g., Environmental and Social Management Plan, Resettlement Action Plan, etc.
   - Preparing the safeguards instruments and carrying out their Bank review, revisions, clearance, and approval.
   - Consultations and disclosure.
   - Establishing roles and responsibilities for safeguards implementation, and monitoring.
   - Estimating the costs for safeguards preparation and implementation.

In order to ensure that CERC sub-project activities comply with the requirements of the Bank’s environmental and social framework, a positive and negative list has been developed to provide guidance on critical supplies and/or for emergency works, goods or services which may be eligible for financing.

4.6.3 CERC Negative List
Sub-projects with the following potential impacts will not be eligible for financing under the CERC component or the parent project:

- cause, or have the potential to result in, permanent and/or significant damage to nonreplicable cultural property, irreplaceable cultural relics, historical buildings and/or archaeological sites;
- will negatively affect rare or endangered species;
- do not meet minimum design standards with poor design or construction quality, particularly if located in the Health Care Centers;
- Involve sand mining or land reclamation;
- Require a higher proportion of funding than is available.
- Require acquisition of land and physical or economic displacement of people.
- Block the access to or use of land, water points and other livelihood resources used by others.
• Encroach onto fragile ecosystems, marginal lands or important natural habitats (e.g. ecologically-sensitive ecosystems; protected areas; natural habitat areas, forests and forest reserves, wetlands, national parks or game reserve; any other environmentally sensitive areas).

4.6.4 CERC Positive List

The purpose of the positive list is to indicate the types of critical supplies and emergency works following a loss and needs assessment that would be acceptable to the Bank to be financed under this CERC. Project funds allocated to the CERC Disbursement Category may be used to finance any expenditure that is consistent with the Framework Agreement (FA) provisions.

The following sub-projects or activities will be deemed eligible under the CERC:

a) Critical Supplies:

Eligible expenditures on critical supplies required by the public/private sectors under the CERC include:

- Construction materials, equipment and industrial machinery.
- Water, air, land transport equipment, including spare parts.
- Purchase of petroleum and other fuel products.
- Any other item agreed to between the World Bank and the Recipient (as documented in an Aide-Memoire or other appropriate Project document).

b) Emergency Sub-projects:

Eligible expenditures for emergency sub-projects initiated following the Declaration of a National Emergency/Disaster in response to damage, losses and needs caused by an event are as follows:

- Repair or reconstruction of streets, roads, bridges, transportation and other infrastructure;
- Reestablishment of communications infrastructure;
- Reestablishment of drainage systems;
- Removal and disposal of debris associated with any eligible activity;
- Stabilization of heavy erosion or unstable embankments and slopes;
- Replacement of vegetation destroyed by the event using native (not invasive) species;
- repair/mitigate damage caused by the event to a protected area or buffer zone (such as mangroves).

4.6.5 Monitoring and Evaluation.

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

i. **Data for M&E.**

As CERCs are event-driven and rapidly mobilized, M&E rely mainly on secondary data and qualitative information that is easily obtainable, such as from social assessments.
Thus, LHSSP will target the collection of secondary data. Primary data collection may be used in selected situations when resources and time permit.

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

iii. **Performance monitoring**
Performance monitoring will rely on:
- field visits by the staff of the implementing agency,
- reports from supervision consultants,
- meetings with beneficiaries and local communities, and,
- where deemed necessary, technical inspections by third parties of selected CERC-financed activities.
5. ENVIRONMENTAL AND SOCIAL SCREENING, REVIEW AND APPROVAL

5.1 INTRODUCTION
Since the specific details and locations of sub-projects and activities to be financed under the project are not known at this time, the environmental and social screening process is necessary for the review and approval of various sub-projects to be funded. Therefore, while identifying and designing sub-projects under the LNHSSP, alternatives will be examined and assessed. The LNHSSP-PIU will collect information on the environmental and social setting, identify possible beneficiaries and assess potential environmental and social impacts of different alternatives. The general public should be made aware of the potential environmental and social impacts associated with the project activities.

5.2 ENVIRONMENTAL AND SOCIAL RISK CLASSIFICATION (ESRC) OF LNHSSP

5.2.1 Environmental Risk Rating:
The environmental risk classification for the proposed Project is Moderate, based on the risk rating of the World Bank ESF and falls under Category 2 based on the Lesotho country system. This is mainly because the proposed Project is expected to have generally positive environmental impacts and components are not anticipated to result in any substantial or irreversible impacts as the project will not support any construction activities or any agricultural activities.

Potential Health care Waste Impacts:
Activities under Component 1 and 2, which will support the strengthening of health Systems will result in the increase of health services utilization which will, in turn, lead to marginal increases in the generation, handling and disposal of health care waste streams. Expected environmental risks would be related to the inappropriate and unsafe handling, transportation, treatment and disposal of hazardous medical waste, including infectious waste; pharmaceutical waste; chemical waste; and sharps. Potential impacts are expected to be site specific, reversible and can be managed through established and proven mitigation measures.

5.2.2 Social Risk Rating:
The social risk rating for the proposed Project is considered Moderate, based on the risk rating of the World Bank ESF. This is because the project footprint is small with limited and manageable adverse social impacts that can be mitigated and managed with the application of appropriate mitigation measures.

Potential Social and Behavior Change impacts:
Activities in Component 3.1 target the Nutrition advocacy which will results in social and behavior change and nutrition strengthening down to village level by changing the perceptions of the implementers and villagers through various training programs. The focus will be on improving complementary feeding practices, cooking and food preservation demonstrations through nutrition clubs. The sub-component will also target young learners in ECCD centers and adolescents in secondary schools in nutrition training and general hygiene.
**Quality of Care and Utilization of Public Health Facilities:**
Activities in sub-component 2.1 and 2.2 will target the improvement of the quality of care and the increase of utilization of public health facilities by implement a simplified second generation PBF model and equipping and training health care staff in the use of the equipment and proper care of patents.

**5.3 ENVIRONMENTAL AND SOCIAL CATEGORIZATION OF LNHSSP SUB-PROJECTS**
Primarily, the environmental screening exercise will be undertaken to determine the key environmental issues/concerns and the nature and magnitude of the potential impacts associated with the proposed sub-projects. The major environmental and social issues to be identified will be determined by the type, location, sensitivity and scale of the sub-project. The results/findings from this exercise are/will be used to determine:

a. Identify potential environmental or social impacts, either direct or indirect of proposed sub-projects;

b. Determine the appropriate environmental category for the sub-project (High, Substantial, Moderate or Low risk);

c. Based on the assessment of these impacts, determine what World Bank ESSs will be applicable to the sub-project and any related activities;

d. Determine additional documentation needed to assure compliance with the ESF and the level of environmental work and the type of any follow-up instruments instrument required, such as an Environmental and Social Management Plan (ESMP), Resettlement Action Plan (RAP), etc., or whether no additional environmental work is required);

e. The possibility of exclusion.
The screening result will also be an important input for analyzing the ‘feasibility’ of proposed sub-projects.

**5.4 ENVIRONMENTAL AND SOCIAL SCREENING FRAMEWORK IN LESOTHO**
Screening of the sub-projects will be done based on the prevailing legal requirements to determine whether the activities are subject to, with respect to environmental issues, the sub-projects. The Kingdom of Lesotho Environmental Act No. 10 (2008) and Guidelines for Environment Impact Assessment in Lesotho (2010) prescribe the conduct for Environmental Impact Assessment for development projects.

**5.5 SUB-PROJECTS ENVIRONMENTAL AND SOCIAL SCREENING**
Each of the sub-projects to be financed under the LNHSSP will be subject to an environmental and social screening process before it is selected for inclusion in the project. The screening process establishes the level of environmental and social assessment required and intends to identify relevant possible environmental and social concerns as well as suggest any further investigation and assessment as necessary (Figure 5-1).

**5.5.1 Desk Appraisal of Identified Sub-Project.**
This section describes the process for ensuring that potential environmental and social impacts are adequately addressed from the site selection stage onwards. The first step of the process is to consult the schedule to the Environment Act which lists all types of projects and
activities that are subject to Environmental Assessment (EA). If the project is in the list the next step is to determine the level of EA work required.
Figure 5-1  Flow for sub-projects identification, submission, evaluation and monitoring.

**STAGE OF PROJECT CYCLE AND RESPONSIBILITY**

Selection of Participating sites

**DESK APPRAISAL**

Screening of Project activities and sites.
(To be based on screening form: Appendix 1)
- Desk appraisal of the sub-project activities (Dist. Tech. Team)
- Identification of Environmental and social impacts
- Determination of Significance of impacts

Assignment of appropriate environmental category,
- Proposal of mitigation measures
- Determination of the level of EA work.

**SUB-PROJECT IDENTIFICATION AND SELECTION**

**MONITORING:**
- Implementation of Agric. Activities
- Inclusion of environmental design features.
- Annual Reviews
- Annual Report

If Category is Moderate or low

- Review the recommendations in the screening form
- Conduct public consultation

No Adverse Impacts

Adopt EMP in ESMP

Adverse Impacts Present

UNDERTAKE FIELD APPRAISAL

- Determine any further EA work
- Prepare ESMP (Appendix 7),
- Make recommendations to Central level

Review all documentation.
Submit to Environmental Department for Approval/disapproval of review results & EMPs

Public consultation and disclosure

Sub-project approval

Sub-project implementation
The environmental and social screening process for environmental and social impacts helps to:

- Assess whether sub-projects are likely to have potential negative environmental and social impacts;
- Determine appropriate mitigation measures for activities with significant adverse impacts, for incorporating them into the sub-project design.
- Review and approve sub-project proposals and
- Monitor environmental and social parameters during project implementation.

The extent of environmental and social work required, to mitigate adverse impacts for the sub-projects, will depend on the outcome of the screening process. The environmental and social screening will be done by completing the Environmental and Social Screening Form attached as Appendix 1.

Under the Guidance of the Social Specialist and the Environmental Specialist, the District Health Management Team will guide and facilitate the completion of the Environmental and Social Screening Form; with the assistance of the District technical team comprising experts from i) MoH, ii) Districts Environmental Officers, and iii) Ministry of Agriculture and Food Security. And Ministry of Water, with the assistance of the Environment Department, the District Technical Team will supervise any further environmental work which may include the preparation of an ESMP, or IPMP as the situation may require. Once all the requisite documentation has been compiled the District Technical Team will make recommendations to the National Level for approval.

5.5.2 Approval of Environmental and Social Work

The completed screening form along with any additional planning reports, will be forwarded to the review authority (Evaluations Committee), which is the Ministry of Health at National Level, represented by LNHSSP-PIU. The review team (Evaluations Committee) will be assisted by the LNHSSP Social Specialist and the Environment specialists in collaboration with the specialists from the Environment Department to make sure that all the requirements are in place to avoid delays. (Note should be taken that Environment Department is the approval authority or licensing authority which works with other relevant Government Departments in handling particular EA assessments). The Documentation has to go up the MoH/LNHSSP-PIU ladders (with Guidance from Environment Department Environmental Specialists who will then submit to Environment Department when satisfied that all documentation is in place.

The first step in the approval process is to determine if all the relevant information has been provided, and that it is adequate. The LNHSSP-PIU (Environment and Social Safeguards Specialist) will also check if the technical team has thoroughly considered all environmental and social issues with regards to the identification of potential adverse effects arising from the sub-project as well as mitigating measures to adequately address negative impacts.

Based on the desk appraisal (Screening Form), LNHSSP-PIU will refer the application to the approval authority – the Environment Department - with recommendations for approval conditions and implementation supervision (e.g. pollution control, waste management, human safety).
5.5.3 Sub-Project E and S Approval
Once all the documentation regarding a sub-project have been compiled—the screening form, and any further EA work such as ESIs, etc.—then they are attached to the approved sub-project application forms and submitted to the Environment Department for approval and certification for the project to proceed.

5.5.4 Disclosure
The relevant environmental and social instruments developed for the particular sub-project i.e., the sub-project-specific ESMP/ESIA reports will be made available to the public as follows:
- Disclosure Notices in local newspapers with wide circulation;
- Disclosure through the World Bank Website;

A summary of the report will be available in Sesotho at the Department of Environment and the Ministry of Health (MoH).

5.5.5 Sub-Project Implementation
Once the sub-project has been given the certificate to proceed, then implementation can start in earnest. The implementation will involve the application of all the relevant environmental and social standards and instruments that would have been developed for the particular sub-project.
6. STAKEHOLDER CONSULTATION AND PUBLIC DISCLOSURE

6.1 INTRODUCTION

In order to ensure that potential environmental and social impacts are identified and ultimately adequately addressed, a stakeholder engagement process has been established. The current engagement process is in line with the draft Stakeholders Engagement Plan (GoL, 2019a) that has been developed for the LNHSSP. The consultation process will be a continuous issue throughout the life of the project and will be used as a means of checks and balances for the proper implementation of the project. The process will employ a technically and culturally appropriate approach, which involves identifying the concerned/affected stakeholders, soliciting their views and continuously checking if their views are being taken care of as the project implementation progresses.

The views of the project interested and affected persons were fully taken into account during Environmental and Social Management Framework (ESMF) preparation and shall continue to form a basis for further design and implementation of the subprojects throughout LNHSSP implementation. The current process aims to improve and facilitate decision making and create an atmosphere of understanding that actively involves project-affected people and other stakeholders in a timely manner, and that these groups are provided sufficient opportunity to voice their opinions and concerns that may influence project decisions. (GoL, 2019a).

6.2 STAKEHOLDER CONSULTATION AND PUBLIC DISCLOSURE

Stakeholder consultations are critical in preparing an effective proposal for the LNHSSP activities. The first step is to identify the key stakeholders and establish how/when they will be engaged including for the screening process and in the course of any further environmental and social work. These consultations identified key issues and determined how the concerns of all parties will be addressed. It is a requirement that appropriate mechanisms for ensuring full involvement and participation of the public is accorded priority and should be a continuous process from screening, scoping, during Environmental and Social Impact Assessment (ESIA) Report preparation and during ESIA review and finalization.

A variety of engagement techniques will continue to be utilized to build relationships with stakeholders, gather information from stakeholders, consult with stakeholders, and disseminate project information to stakeholders. Appropriate and inclusive consultation techniques will be used for different stakeholders, taking into account it’s cultural appropriateness and the purpose for engaging with the particular stakeholders. The techniques that will generally be used for this project include the following:

<table>
<thead>
<tr>
<th>Table 6-1</th>
<th>Stakeholder engagement techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement Technique</td>
<td>Appropriate application of the technique</td>
</tr>
</tbody>
</table>
| Correspondence (Phone, Emails) | • Distribute information to Government officials, NGOs, Local Government, and organisations/agencies  
• Invite stakeholders to meetings and follow-up |
| One-on-one meetings | • Seeking views and opinions  
• Enable stakeholder to speak freely about sensitive issues  
• Build personal relationships  
• Record meetings |
Formal meetings
- Present the Project information to a group of stakeholders
- Allow group to comment – opinions and views
- Build impersonal relation with high level stakeholders
- Disseminate technical information
- Record discussions

Public meetings
- Present Project information to a large group of stakeholders, especially communities
- Allow the group to provide their views and opinions
- Build relationship with the communities, especially those impacted
- Distribute non-technical information
- Facilitate meetings with presentations, PowerPoint, posters etc.
- Record discussions, comments, questions.

Focus group meetings
- Present Project information to a group of stakeholders (8-15 people groups)
- Allow stakeholders to provide their views on targeted baseline information
- Build relationships with communities
- Record responses

Project website
- Present project information and progress updates
- Disclose SEP, GRM and other relevant project documentation

Project leaflet
- Brief project information to provide regular update
- Site specific project information.

Surveys
- Gathering opinions and views from individual stakeholders
- Gather baseline data
- Record data
- Develop a baseline database for monitoring impacts

Workshops
- Present project information to a group of stakeholders
- Allow a group of stakeholders to provide their views and opinions
- Use participatory exercises to facilitate group discussions, brainstorm issues, analyse information, and develop recommendations and strategies
- Record responses

The guidelines for public consultations include, among others, a requirement that major elements of the consultation program should be timed to coincide with significant planning and decision-making activities in the project cycle. Ideally, public consultations should be undertaken during (i) the preparation of the EA terms of reference; (ii) the carrying out of an EA; and (iii) government review of an EA report.

Once the Environment Department, the approval or licensing authority, has approved the EA, the Government of Lesotho (GoL) has to meet the consultation and disclosure requirements of the World Bank as outlined by ESS10 "Stakeholder Engagement and Information Disclosure". The GoL will issue a disclosure letter to inform the World Bank of (i) the Government’s approval of the EA; (ii) the actual disclosure of these documents to all relevant stakeholders and potentially affected persons in Lesotho; and (iii) the Government’s authorization to the World Bank to disclose these documents at the info shop.

6.2.1 Identifying Target Groups
Stakeholders for the purpose of this programme shall be defined as all those people and institutions that have an interest in the successful planning and execution of the activities. This includes those likely to be positively and negatively affected by the programme. Table 6-2 is a matrix that will be used to identify the key stakeholders for each sub-project:
**Table 6-2  Stakeholder Identification Matrix**

<table>
<thead>
<tr>
<th>AFFECTED PARTIES</th>
<th>HOW TO IDENTIFY THEM</th>
</tr>
</thead>
</table>
| People living in the vicinity of the proposed project activities. (staff, farmers, etc.) | • Identify the local government area(s) that falls within 500m radius of the proposed sub-project.  
• Review available data to determine the profile of the whole stakeholder or relevant group.  
• Use identified groups and individuals to tap into stakeholder networks to identify others.  |
| Special interest groups                                                        | • Identify key individuals or groups through organized groups, local clubs, community halls and religious places.  
• Be aware of similar local groups or individuals.                                          |
| Interested Agencies                                                        | • Identify Agencies with an interest in the Undertaking, including the Government Review Team                  |

The consultation process shall ensure that all those identified as stakeholders are conferred with. Subject to LNHSSP-PIU approval, the Environmental/Social consultant will share information about the sub-project with the public to enable meaningful contributions and thus enhance the success of the programme. The potential Stakeholders for LNHSSP include the following:

**Table 6-3  Potential Stakeholders for LNHSSP**

<table>
<thead>
<tr>
<th>institution</th>
<th>stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Stakeholder Communities</td>
<td>A provisional list of affected communities (villages) will be compiled based on the selected sites and area of impact</td>
</tr>
</tbody>
</table>
| 2.0 Government Ministries and Offices                                                                                   | • Prime Minister’s Office  
• His Majesty the King Office  
• Ministry of Local Government and Chieftainship  
  o District Administrators  
  o District Community Secretaries  
  o Community Council Secretaries  
  o Principal Chiefs  
  o Area Chiefs  
  o Local Chiefs  
• Ministry of Health  
  o Hospitals  
  o Health Centers  
  o Clinics  
  o National Health Training College  
• Ministry of Agriculture and Food Security  
• Ministry of Tourism Environment and Culture  
  o Department of Environment  
• Ministry of Education and Training  
• Members of Parliament and Senate  
• Ministry of Social Development  
• Ministry of Water  
• Food and Nutritional Coordination Office  
• Ministry of Finance  
• Ministry of Planning and Development |
| 3.0 Non-Governmental Organizations (NGOs)                                                                               | • CHAL |
| 4.0 Health Centers and Hospitals                                                                                       | • Queen ’Mamohato Memorial Hospital |
| 5.0 Early Childhood Care and Development (ECCD) Schools                                                                  | |
| 6.0 Vulnerable/Disadvantaged Stakeholders                                                                             | • Physically disabled  
• Orphans  
• Children from households below poverty line |
6.2.2 Objectives of Consultations
The stakeholder engagement program will aim to achieve the objectives and comply with the principles of the disclosed SEP (GoL, 2019a).

i) The corporate objectives of the stakeholder engagement are:
   - A coordinated approach to all engagement actions;
   - Consistency of messaging;
   - Management of stakeholder expectations; and
   - Reduction in the potential for delays in future project-related decision-making for issue of project approvals and permits or the need for costly redesign of operations/facilities.

ii) The operational objectives of stakeholder engagement are:
   - Acquisition of information from certain stakeholders to assist preparation of the Grievance Redress Mechanism (GRM) report;
   - Provision of information on LNHSSP and the GRM to stakeholders;
   - Ensuring that stakeholders have an understanding of how they might be affected and their potential role in LNHSSP design and implementation and impact management;
   - Provision of opportunities for stakeholders to express their opinions and concerns in relation to the GRM and LNHSSP and for these opinions and concerns to be taken into account in the GRM and LNHSSP-related management decisions; and
   - Ensuring that stakeholders understand MoH’s corporate and operational aims and requirements, with respects to LNHSS Project and have confidence in MOH’s ability to manage environmental/social risks in a responsible and transparent manner.

iii) Culturally appropriate engagement
It is critical that the engagement is culturally appropriate, especially, but not exclusively, in terms of impacted communities. MoH plus partner Ministries and consultants are all familiar with the ethnic and cultural complexity of the project areas. Most stakeholder engagement will be with rural village inhabitants and it is known from previous engagement activities with such communities that traditional social and cultural norms are respected by almost all inhabitants. Local people have expectations that ‘outsiders’ will proceed through the ‘correct’ customary channels involving an appropriate local leader(s) before beginning work or initiating consultations with village residents. It is the intention that the LNHSSP consultants will manage and, as appropriate, lead engagement events. Thus prior to any engagement event the following actions will occur:
   - Preparation of standard information sheets tailored for specific stakeholder types;
   - Selection of individual stakeholders with whom engagement will occur;
   - Selection of methods for disclosure of information (including such topics as format, language, and timing);
   - Selection of location and timing for engagement event(s) (avoiding busy work times, which may be seasonal, and days/times when special events may be occurring);
   - Agreeing mechanisms for ensuring stakeholder attendance at engagement event(s) (if required);
• Identification and implementation of feedback mechanisms to be employed.

The initial consultations and ESMF processes and the development of the SEP identified vulnerable/disadvantages groups (e.g. women and people living with disabilities). Attention is therefore being paid to this group to ensure that they are not excluded from consultations and project benefits. Consultations with these groups will provide opportunities for ground investigation on potential social impacts as a result of the proposed project.

6.2.3 Stakeholders Consulted

Stakeholders of this project shall be defined as all those people and institutions that have an interest in the successful planning and execution of the program. This includes those likely to be positively and negatively affected by the program activities.

A series of stakeholder consultations were conducted during the ESMF preparation. Appendix 2 gives a list of the stakeholders who were consulted. Some of the consultations were round table discussions and/or focus group discussions. A questionnaire was also administered during the consultations (Appendix 2 – Shows Questionnaires used). The stakeholders who were consulted include:

Table 6.4 Consulted Stakeholders

<table>
<thead>
<tr>
<th>No.</th>
<th>ORGANIZATION</th>
<th>CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>PARTICIPATING CENTRAL GOVERNMENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ministry of Agriculture and Food Security (MAFS)</td>
<td>Nutrition Department</td>
</tr>
<tr>
<td></td>
<td>Ministry of Environmental Affairs.</td>
<td>EIA Department</td>
</tr>
<tr>
<td></td>
<td>Ministry of Water</td>
<td>Rural Water Supplies</td>
</tr>
<tr>
<td></td>
<td>Ministry of Environment, Tourism and Culture (MTEC)</td>
<td>EIA Department</td>
</tr>
<tr>
<td></td>
<td>Ministry of Education and Training (MoET)</td>
<td>ECCD Department</td>
</tr>
<tr>
<td></td>
<td>Ministry of Health (MoH)</td>
<td>Nutrition Department</td>
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<td></td>
<td></td>
<td>WASH</td>
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<td></td>
<td></td>
<td>SATBHSS</td>
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<tr>
<td></td>
<td></td>
<td>Environmental Health Department</td>
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<tr>
<td>2.0</td>
<td>DISTRICT LEVEL</td>
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<td></td>
<td>District Agriculture Offices</td>
<td>Nutrition Department</td>
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<td>3.0</td>
<td>LOCAL LEVEL</td>
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<td></td>
<td>Community Councils</td>
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<td>Health Centers</td>
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<td></td>
<td>ECCD centers</td>
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<td></td>
<td>Nutrition Clubs</td>
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<tr>
<td></td>
<td>Village Health Workers</td>
<td></td>
</tr>
<tr>
<td>5.0</td>
<td>INTERGOVERNMENTAL ORGANIZATIONS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Food and Agriculture Organization (FAO)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>World Health Organization (WHO)</td>
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</tr>
<tr>
<td>6.0</td>
<td>THE NGO COMMUNITY</td>
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<td></td>
<td>World Vision</td>
<td></td>
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<td></td>
<td>Care Lesotho</td>
<td></td>
</tr>
<tr>
<td>7.0</td>
<td>LOCAL LEADERSHIP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Local Chiefs</td>
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</tr>
</tbody>
</table>

The individual stakeholders who were consulted are listed in Appendix 2 together with a sample of the records of the interviews. Their views were assessed in terms of environmental, and social effects the project will exert on them.
6.2.4 Methodology
The following methods were used to assess the social dynamics of the project on the beneficiaries and communities where the project will be implemented to come up with a sound management plan that will lay stronger foundations for the Health Care delivery system:

- Review of literature and reports on health care delivery in Lesotho.
- Site visits to communities where the project will be implemented
- One on one interviews with individual stakeholders.
- Focus group discussions with groups of stakeholders.
- The administration of a questionnaire
- Direct observation and discussion in the field.
- General data collection from all stakeholders

The key stakeholders were identified by the MoH, together with the Consultant. The stakeholders were then engaged in order to identify their concerns and values with respect to the project under consideration. This allowed the identification of key project environmental and social dynamics and made sure that all those identified as stakeholders were conferred with. The Environmental/Social consultant shared information about the proposed project with the concerned public to enable meaningful contributions and thus enhance the success of the project.

6.3 PUBLIC CONSULTATION PLAN
The implementing agency of the Nutrition and Health Strengthening Project (LNHSSP) has the responsibility to effectively engage stakeholders in achieving the project objectives for the benefit of all. Thus, a stakeholder engagement plan (SEP) has been developed and disclosed through the Bank system (GoL, 2019a). It forms part of the ESMF and is the same for all categories of the LNHSSP sub-projects. It is for use during public consultation in the screening processes for every bank funded sub-project.

The SEP provides a framework for achieving effective stakeholder involvement and promoting greater awareness and understanding of issues so that the project is carried out effectively within budget and on-time to the satisfaction of all concerned.

6.4 GRIEVANCE REDRESS MECHANISM.
As part of the continuous consultations, there will be a grievance redress mechanism in place. The grievance redress mechanism (GRM) will be a system by which queries or clarifications about the project will be responded to, problems with implementation will be resolved, and complaints and grievances will be addressed efficiently and effectively. The grievance redress mechanism is detailed as part of the disclosed LNHSSP Stakeholder Engagement Plan (GoL, 2019a). The purpose of the grievance redress mechanism will be to:

- be responsive to the needs of beneficiaries and to address and resolve their grievances;
- serve as a conduit for soliciting inquiries, inviting suggestions, and increasing community participation;
- collect information that can be used to improve operational performance;
- enhance the project’s legitimacy among stakeholders;
- promote transparency and accountability;
- deter fraud and corruption and mitigate project risks.

Staff in charge of GRM will be skilled and professional. Therefore, the PIU and MoH will identify high-calibre people (Focal Points) at all levels of their projects and assign them responsibility for handling (receiving and registering) grievances. GRMs will have multiple focal points to receive and register grievances. This MGRM is designed to give the aggrieved parties access to seek redress to their perceived or actual grievance using this mechanism or other existing mechanisms such as the National legal system (i.e. local Courts, magistrate courts, High court and Supreme Court), Ombudsman Office. The PIU Environment & Social Specialist (ESS) will have the overall responsibility for tracking and following up on issues and complaints raised. The GRM has identified the focal point persons from community to national level and their tasks have been formulated in Table 1.

At **Community Level**, the project grievance redress structure will be linked and interface to the existing traditional authority structure as this already provides for resolving conflicts in the communities. This will ensure accessibility to the GRM as the traditional structures are close to the people. The Focal Point at community level will be the Village Health Workers, Community Council Secretary, Chief, MoH-LNHSSP Community Liaison Officers and Agric Field Workers.

At the **Level of Health Posts or/and Health Centres** the Nurse in Charge will be the focal point, **Hospital level** the Health Manager or Superintendent will be the Focal Point while at the **district level** the DHMT will be the focal point through the office of the District Health Manager (DHM).

**Table 6-5 ** Roles and Responsibilities in GRM Implementation

<table>
<thead>
<tr>
<th>No.</th>
<th>ROLE FOCAL POINT PERSONS</th>
<th>ROLE AND RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>LNHSS Project Coordinator</td>
<td>• Accountable for the implementation of the MOH-LNHSSP Grievance Redress Mechanism (MRGM).</td>
</tr>
<tr>
<td>2.</td>
<td>LNHSSP Environmental and Social Specialist</td>
<td>• Raise awareness in the communities (Project Area) on MGRM; • Train Focal Points on the implementation of the MGRM • Responsible for the overall implementation of the grievance mechanism. Overall responsibility for tracking and following up on issues and complaints raised; • Ensure Feedback is provided to the AP by the Focal Points; • Support the resolution of Complaints; and liaison with Focal Points and the Complainant (AP).</td>
</tr>
<tr>
<td>3.</td>
<td>MOH-LNHSSP Community Liaison Officer (CLO) • Agric Field Workers • Village Health Workers (VHW) • Community Council Secretary • Chief Office • Nurse in Charge • Hospital Manager or Superintendent • District Health Manager</td>
<td>• Responsible serving as the main point of contact with the Complainant (AP). This includes receiving and reporting Complaints, maintaining the Complaints Log; • Dissemination of the Feedback to the AP.</td>
</tr>
</tbody>
</table>
4. **MOH**
- GRM Committee
- LNHSS - PIU
- DHMT
- Health Centre Committee

- Responsible for investigating and resolving Complaints. This includes conducting investigations, proposing resolutions, implementing corrective actions and coordinating with the complainant.

A project-specific grievance redress mechanism will be implemented to ensure that all complaints from stakeholders and communities are dealt with appropriately, with corrective actions being implemented, and the complainants being informed of the outcome. PIU will maintain a ‘Complaints Database’, which will contain all the information on complaints or grievances received from the communities or other stakeholders. The GRM should permit the stakeholders to lodge complaints to be established. Stakeholders will be informed of the intention to implement the grievance redressal mechanisms, and the procedures will be communicated during project preparation and implementation.

![Grievance Redress Mechanism Process](image)

**Figure 6-1**  Grievance Redress Mechanism Process

### 6.5 CONSULTATION FOR THE ESMF DEVELOPMENT

From the 16th to the 24th of October, 2019, the consulting team conducted a series of stakeholder consultations in Beria and Maseru Districts, as part of the process of developing the current ESMF. The local stakeholders were consulted to solicit their views and concerns as regards the proposed strengthening of Health and Nutrition activities resulting from the implementation of the LNHSSP project. The details of the consultation and the list of the consulted stakeholders is included in Appendix 2.
Three approaches were employed, i.e., the administration of a questionnaire and direct interviews with targeted stakeholders and focus group meetings with community groups.

There was more insight during the field visit and consultations of which most of it was used to develop this ESMF. This section will give selected feedback mostly focusing on areas of concern that the project may need to interrogate but not limited to those only.

6.5.1 Results of the Stakeholders’ Survey
During the visits to evaluate the social management risks the identified stakeholders (See Appendix 2 were consulted, and the specific concerns raised by the stakeholders are attached as appendices (See Appendix 2).

6.5.2 Stakeholders’ Attitudes toward the Project
All stakeholders were supportive of the project since it is geared to strengthen the Health and Nutrition systems. The primary beneficiaries, ordinary villagers, mothers and their children will be afforded a chance to access health care services easier and get a reprieve livelihood improvement from improved nutrition. They appreciated the contribution the project will have on improving the social wellbeing of the nation in general:

- **Health benefits**: The project will mainly benefit children from 0 to 3 years, lactating mother, and adolescents, including, their families.

- **Improve access**: The project will help improve access to quality Health care facilities as they will access new equipment and motivated staff from performance Based financing scheme.
- **Strengthen basic health systems**: The project will help to strengthen basic health systems to position the country to better manage the complex Malnutrition burden. It will prioritize: (i) improving quality and availability of skilled human resources ranging from VHW to the nursing staff at the health Care Centers, who will now be having strengthened diagnostic and treatment capacities.

- **Human Resources**: The project will improve the quality and availability of Health care human resources by promoting the development of a skilled health workforce for disease control across the country.

- **Decrease in antisocial behavior**: when people become productive anti-social behavior like prostitution, crime resulting from both idleness and poverty will decrease and improve the welfare and raise the social status of the vulnerable groups in the communities.

- **Social integration**: most people living in poverty are not able to participate on equal term with others in the communities and with improved incomes they will be able to participate on equal terms with others. This will help promote social integration and unity at the grass roots levels. Their social status, self-esteem will also improve and this will improve their confidence which is good for self-empowerment. This also the best way of integrating secluded groups like women and youths in community development programs.
7. TRAINING AND CAPACITY BUILDING

7.1 ENVIRONMENTAL AND SOCIAL IMPLEMENTATION ARRANGEMENTS.
In order to assure the successful implementation and monitoring of the environmental and social management framework (ESMF), the target groups and stakeholders who will play a role in the implementation of the ESMF must be provided with appropriate training and awareness-raising. This is because the implementation of the activities will require inputs, expertise and resources which will be adequately taken care of if the concerned parties are well trained. These groups include the following:

(a) Area and District (Local) level
The LNHSSP-PIU together with the local Area representatives of participating Ministries (MAFS, MoW, MET, etc.), will be responsible for completing the environmental and social screening form (Appendix 1) to be able to identify and mitigate the potential environmental and social impacts of implementing the Nutrition and Health Strengthening project. At local level the groups that will receive environmental and social training to be able to carry out this task include the following:
- District environmental officers
- Area Agricultural Extension Officers (AEO)
- VHW
- Head Nurse
- Nurse in Charge
- Contact Farmers

(b) National level
For the smooth implementation of the Lesotho LNHSSP ESMF, staff at national level have to understand all the environmental and social issues too. The groups that will need training at national level will include:
- Environmental Officers
- PIU staff
- MoH staff
- Other collaborating institutions.

7.2 ENVIRONMENTAL AND SOCIAL TRAINING OF STAKEHOLDERS
The proposed Lesotho LNHSSP activities will be numerous and challenging. Successful implementation of the project activities will require dynamic and multi-disciplinary professionals. Therefore, regular short and tailor-made training courses and seminars will be required to reinforce the capacity and skills of the stakeholders and beneficiaries during the entire project period.

The stakeholders have different training needs ranging from awareness, sensitization and comprehensive training,
- Awareness raising will cause the participants to acknowledge the significance or relevance of the issues, but without in-depth knowledge of the issues
- Sensitization will cause the participants to be familiar with the issues to the extent of demanding precise requirements for further technical assistance.
comprehensive training will raise the participants to a level of being able to train others and to competently take action on environmental and social issues in their areas.

Training and seminars will be undertaken and table 7-1 below provides costs estimates for the identified capacity building activities. The basis of the estimates is on some of the following:

- Prevailing costs of goods and services offered in typical urban or rural areas.
- An average number of 30 people for District teams
- An average number of 30 people for a local level team.
- The length of training sessions will depend on the course and will vary from 3 days to about 2 weeks.
- The estimated costs include training costs/fees, hire of rooms, food for participants, per diems, and transport costs. Training subsistence allowances have been estimated at R 150.00 per participant per day while a lump sum of R 30 000.00 has been included for each training session to cover the costs of the trainer.
<table>
<thead>
<tr>
<th>No.</th>
<th>TRAINING ACTIVITY</th>
<th>TARGET GROUP / TRAINER</th>
<th>MEANS OF VERIFICATION</th>
<th>COST ESTIMATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>• Environmental and Social Assessment – ESMPs of the sub-projects:</td>
<td>District Health Office Teams</td>
<td>In each District:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Screening process.</td>
<td>District Environment Units</td>
<td>· 10 members of District Health Office Team are trained.</td>
<td>R5 000.00 per Dist. for two session each, during the entire project period</td>
</tr>
<tr>
<td></td>
<td>· Use of checklists</td>
<td>District Health Workers</td>
<td>· 5 members of each relevant line ministry trained.</td>
<td>Venue: 5 days</td>
</tr>
<tr>
<td></td>
<td>· Preparation of terms of reference.</td>
<td>Extension workers in project impact areas.</td>
<td>· 10 Community members level</td>
<td>Cost: R50 000.00</td>
</tr>
<tr>
<td></td>
<td>· Identification of Impacts</td>
<td>Relevant Line Ministries</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>· ESIA report preparation and processing</td>
<td>Community Members</td>
<td></td>
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<td></td>
<td>· Strategic action planning for Environmental Management</td>
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<td></td>
<td>· Policies and laws in Lesotho</td>
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<td></td>
<td>· World Bank Environmental and Social Standards (ESSs)</td>
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<tr>
<td></td>
<td><strong>TRAINER:</strong> Dept. of Environment OR PRIVATE CONSULTANT</td>
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<tr>
<td></td>
<td><strong>DISTRICT HEALTH OFFICE TEAM:</strong></td>
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<tr>
<td></td>
<td>· 10 members of District Health Office Team are trained.</td>
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<td></td>
<td><strong>COMMUNITY MEMBERS:</strong></td>
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<tr>
<td></td>
<td>· 5 members of each relevant line ministry trained.</td>
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<td></td>
<td><strong>10 COMMUNITY MEMBERS LEVEL:</strong></td>
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<tr>
<td></td>
<td><strong>VENUE:</strong> The Homesteads/Farms</td>
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<tr>
<td></td>
<td><strong>LENGTH:</strong> 5 days</td>
<td></td>
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<td></td>
<td><strong>COST:</strong> R50 000.00</td>
<td></td>
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<tr>
<td>4.</td>
<td>• Water, Hygiene and Sanitation issues</td>
<td>Extension workers in project impact areas.</td>
<td>In each District:</td>
<td>R5 000.00 per Dist. for one session each, during the entire project period</td>
</tr>
<tr>
<td></td>
<td><strong>WATER:</strong></td>
<td>Community members</td>
<td>· 10 members of District Health Office Team are trained.</td>
<td>Venue: 5days</td>
</tr>
<tr>
<td></td>
<td>· Water rights</td>
<td>District Health Office Teams</td>
<td>· 5 members of each relevant line ministry trained.</td>
<td>Cost: R50 000.00</td>
</tr>
<tr>
<td></td>
<td>· Water Sources</td>
<td></td>
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<td></td>
<td>· Water Quality</td>
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<td></td>
<td>· Water Harvesting</td>
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<td></td>
<td>· Water for Crop Production</td>
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<td></td>
<td><strong>SANITATION:</strong></td>
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<tr>
<td></td>
<td>· Low cost hand washing facilities</td>
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<tr>
<td></td>
<td>· Hygiene and sanitation advocacy</td>
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<td></td>
<td>· Water and sanitation related diseases</td>
<td></td>
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<tr>
<td></td>
<td><strong>TRAINER:</strong> PRIVATE CONSULTANT OR MAFS</td>
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<td></td>
<td><strong>DISTRICT HEALTH OFFICE TEAM:</strong></td>
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<tr>
<td></td>
<td>· 10 members of District Health Office Team are trained.</td>
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<tr>
<td></td>
<td><strong>COMMUNITY MEMBERS:</strong></td>
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<td></td>
<td>· 30 members of each relevant line ministry trained.</td>
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<td></td>
<td><strong>VENUE:</strong> The Homesteads/Farms</td>
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<tr>
<td></td>
<td><strong>LENGTH:</strong> 5 days</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>COST:</strong> R50 000.00</td>
<td></td>
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</tr>
<tr>
<td>5.</td>
<td>• Health and Nutrition Issues</td>
<td>Extension workers in project impact areas.</td>
<td>In each District:</td>
<td>R5 000.00 per Dist. for two session each, during the entire project period</td>
</tr>
<tr>
<td></td>
<td><strong>COUNSELING:</strong></td>
<td>Community members</td>
<td>· 10 members of District Health Office Team are trained.</td>
<td>Venue: 5 days</td>
</tr>
<tr>
<td></td>
<td>· Balanced diet</td>
<td>District Health Office Teams</td>
<td>· 5 members of each relevant line ministry trained.</td>
<td>Cost: R50 000.00</td>
</tr>
<tr>
<td></td>
<td>· Balanced diet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· Balanced diet</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>TRAINER:</strong> DISTRICT HEALTH OFFICE TEAM</td>
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<tr>
<td></td>
<td><strong>COMMUNITY MEMBERS:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>· 30 members of each relevant line ministry trained.</td>
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</tr>
<tr>
<td></td>
<td><strong>VENUE:</strong> The Homesteads/Farms</td>
<td></td>
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<tr>
<td></td>
<td><strong>LENGTH:</strong> 5 days</td>
<td></td>
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<tr>
<td></td>
<td><strong>COST:</strong> R50 000.00</td>
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<tr>
<td></td>
<td><strong>TOTAL BUDGET</strong></td>
<td></td>
<td></td>
<td>R150,000.00</td>
</tr>
</tbody>
</table>

**NOTE:**
- District Health Office Team are trained:
  - Environmental Health officers
  - Nurse in Charge
  - Etc.
• Relevant line ministry trained:
  o MAFS
  o RWS
  o Environment Dept.
  o MoET
  o etc

• Community members:
  o Designated Safeguards focal point
  o VHW
  o ECCD centers
  o Community Representatives
  o Local Leadership
  o Nutrition Clubs
  o Community Support Groups
  o etc.
7.3 PROPOSED APPROACH IN EXECUTING THE TRAINING ACTIVITIES

The LNHSSP will adopt a strategy of running workshops and refresher courses to disseminate the safeguards instruments. It will also use the training of trainers and community exchange visits approach.

The training activities in Environmental and Social Impact Assessment can be conducted by the Department of Environment or private consultants under the supervision of the Department of Environment. This will have to be done at the beginning of the project, before the project activities start, so that the participants are ready in time to apply the knowledge during implementation of the project activities. Skills in the screening process will be very useful for assessing the environmental and social implications of the project activities before they start.

Training in Project Planning and Implementation should be done before any project activities start in order to prepare the participants to use their knowledge during project implementation. The training should be done once during the project life. The training can be conducted by private consultants.

Specialist issues like WASH training would be facilitated internally by Lesotho LNHSSP with the assistance from the relevant line Ministries or appropriate private consultants would have to be engaged to carry out the training. These training activities should be conducted at the beginning of the project implementation process.

7.4 SOURCE OF FUNDING FOR THE E & S MANAGEMENT ACTIVITIES

- The proposed environmental training activities for the project will be funded directly by the project resources in accordance with the proposed plan laid out in Table 7-1 above. A summary of the budgetary requirements for the proposed training activities is given in table 7-2 below:

<table>
<thead>
<tr>
<th>No.</th>
<th>TRAINING ACTIVITIES</th>
<th>BUDGET (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Training in Environmental and Social Assessment – ESMPs of the sub-projects</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• High level training in Environmental and Social Risks of LNHSSP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Training in Environmental and Social Impact Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sensitization on environmental and social management framework</td>
<td>50,000.00</td>
</tr>
<tr>
<td>2.0</td>
<td>Training in Water, Hygiene and Sanitation issues</td>
<td>50,000.00</td>
</tr>
<tr>
<td></td>
<td>• Maintenance and Hygiene and Sanitation</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>Health and Nutrition Issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health facility Management</td>
<td>50,000.00</td>
</tr>
<tr>
<td></td>
<td>• Training of VHW to execute their work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Processing facility Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>150,000.00</strong></td>
</tr>
</tbody>
</table>
8. **FUNDING ARRANGEMENTS**

8.1 **FUNDING FOR THE ENVIRONMENTAL AND SOCIAL MANAGEMENT ACTIVITIES**

The following are the budget estimates for the activities in the ESMF. The budget is meant for implementing and monitoring the recommended mitigation measures throughout the project life. The budget must be integrated into the overall program costs to ensure that the proposed mitigation measures are actually implemented.

The proposed environmental and social activities for the program will be funded directly by the program resources in accordance with the proposed plan laid out below.

8.2 **TECHNICAL ASSISTANCE**

This component will be used to carry out specific environmental and social assessment studies to determine impacts of particular LNHSSP activities on the environment and surrounding communities as the project progresses.

<table>
<thead>
<tr>
<th>No.</th>
<th>ACTIVITY</th>
<th>ESTIMATED COST (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Environmental and Social Assessment Studies.</td>
<td>100,000.00</td>
</tr>
<tr>
<td></td>
<td>10 studies @ 10,000.00 each</td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>Health Care waste Management</td>
<td>25,000.00</td>
</tr>
<tr>
<td></td>
<td>• Sensitization of all health care facilities to:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o segregate waste using the three-bin system</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Handle the increased volumes of Health Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>waste properly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Handle Home Based Care Waste properly</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>WASH Issues</td>
<td>20,000.00</td>
</tr>
<tr>
<td></td>
<td>• Sensitization on measures to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o reduce contamination from toilets</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o install low cost hand washing facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o install ablution facilities at all institutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sub-Total</td>
<td>145,000.00</td>
</tr>
</tbody>
</table>

8.3 **SITE-SPECIFIC ESIAs AND ESMPs**

This component will comprise mitigation issues to do with Site-specific ESIAs, ESMPs and the Environmental License fees for registering these EA studies with the EIA Department.

Mostly the sub-projects will be of “Moderate Risk” and will require a site specific ESMP. These are sub-projects that may have some adverse environmental and/or social impacts on human populations or environmentally significant areas, but the impacts are less adverse than those for “High Risk Category”; are site-specific and few are irreversible in nature; and can be readily remedied by appropriate preventive actions and/or mitigation measures.
“Low Risk” Category projects generally do not require additional environmental and social analysis because the activities have positive environmental impacts, or negligible or minimally adverse environmental and social impacts.

**Table 8-2** Site-specific ESIAs and ESMPs Budget

<table>
<thead>
<tr>
<th>No.</th>
<th>ACTIVITY</th>
<th>ESTIMATED COST (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Site-specific simplified ESIAs (Country-wide) lump sum.</td>
<td>60,000.00</td>
</tr>
<tr>
<td>2.0</td>
<td>Site-specific ESMPs (Country-wide) (Trained Field Officers to train beneficiaries) lump sum.</td>
<td>40,000.00</td>
</tr>
<tr>
<td>Sub-Total</td>
<td></td>
<td>100,000.00</td>
</tr>
</tbody>
</table>

### 8.4 MONITORING AND EVALUATION

This component provides for training both the LNHSSP staff and the beneficiaries in participatory environmental monitoring. This entails monitoring the implementation of mitigation measures at the sub-project level. The component will comprise:

i) the monitoring and evaluation issues of the whole program

ii) research and development work to come up with more environmentally friendly, nutrition sensitive agricultural processes.

iii) monitoring and evaluation of the progress of the implementation of the ESMF. Assessing whether it is being effective or not.

The project will carry out reviews and bi-annual audits and an end of project audit. Audits will be done bi-annually whilst reviews will be done annually after every annual report is produced.

An audit is different from a review. In a review, the auditor conducts analytical procedures and makes inquiries to ascertain whether the information contained within the annual report is correct. The result is a limited level of assurance that the annual report being presented does not require any material modifications. In an audit, the auditor must corroborate the information in the annual report. This calls for a thorough examination of all the documentation leading to the annual report, Confirmations from beneficiaries, physical inspections of sub-projects and other procedures as needed.

Thus, the audit gives a higher level of assurance that the annual report is fairly presented. An audit also requires a significant amount of time and effort to complete and thus audits are much more expensive than reviews. The following is the cost estimate for the Audits.

**Table 8-3** Monitoring and Evaluation Budget

<table>
<thead>
<tr>
<th>No.</th>
<th>ACTIVITY</th>
<th>Estimated Cost (US $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Monitoring and evaluation exercises</td>
<td>70,000.00</td>
</tr>
<tr>
<td>2.0</td>
<td>Research and Development work</td>
<td>18,000.00</td>
</tr>
<tr>
<td>3.0</td>
<td>Bi-Annual Audit</td>
<td>40,000.00</td>
</tr>
<tr>
<td>4.0</td>
<td>Annual Reviews</td>
<td>20,000.00</td>
</tr>
<tr>
<td>5.0</td>
<td>End of Project Audit</td>
<td>30,000.00</td>
</tr>
<tr>
<td>Sub-Total</td>
<td></td>
<td>178,000.00</td>
</tr>
</tbody>
</table>
8.5 ENVIRONMENTAL AND SOCIAL TRAINING
Environmental and Social Training were discussed in detail in table 7-2 and an amount of R150,000.00 will be required for environmental and social training.

8.6 ESMF IMPLEMENTATION BUDGET SUMMARY
The following is the ESMF Implementation budget summary taking into consideration all the issues covered in sections 12.1 to 12.6:

Table 8-4  Estimated Budget for ESMF Implementation (US$)

<table>
<thead>
<tr>
<th>No.</th>
<th>ACTIVITY</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
<th>YEAR 4</th>
<th>YEAR 5</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Technical Assistance (Environmental and social assessment studies)</td>
<td>50,000.00</td>
<td>40,000.00</td>
<td>35,000.00</td>
<td>10,000.00</td>
<td>10,000.00</td>
<td>145,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Site-specific ESIAs, ESMPs and Environmental License fees</td>
<td>50,000.00</td>
<td>35,000.00</td>
<td>15,000.00</td>
<td></td>
<td></td>
<td>100,000.00</td>
</tr>
<tr>
<td>4</td>
<td>Monitoring and evaluation purposes (R&amp;D, M&amp;E, Field Visits)</td>
<td>60,000.00</td>
<td>40,000.00</td>
<td>38,000.00</td>
<td>20,000.00</td>
<td>20,000.00</td>
<td>178,000.00</td>
</tr>
<tr>
<td>5</td>
<td>Environmental and Social Training</td>
<td>50,000.00</td>
<td>40,000.00</td>
<td>35,000.00</td>
<td>10,000.00</td>
<td>10,000.00</td>
<td>150,000.00</td>
</tr>
<tr>
<td></td>
<td>Sub-Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>573,000.00</td>
</tr>
<tr>
<td></td>
<td>10 % Contingence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>57,300.00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>630,300.00</td>
</tr>
</tbody>
</table>

Notes:
- Specific and clearly identified budget line for environmental and social issues should be included in the tender documents
- 10% of contract value should be kept until the Environment Officer/EAD confirms that all the environmental and social mitigation measures are appropriately implemented, and the Environmental Affairs Department has approved.
- ESIAs and ESMPs will be prepared for all sub-projects which have potential significant negative impacts, and these provide cost estimates for the implementation of specific mitigation and management measures for those sub-projects.
9. CONCLUSIONS AND RECOMMENDATIONS

The proposed Nutrition and Health Strengthening project (LNHSSP) requires affective coordination and capacity building of all participating agents to foster an enabling environment for its success. As a multisectoral approach it requires active participation of all stakeholders especially those at the forefront of working with the communities, i.e., the village Health Workers (VHW), Extension Officers, etc. Clear cut roles for all stakeholders and institutions need to be drawn to make sure that there are no conflicts resulting from the unclear job descriptions. The operating environment should be analyzed at the local levels and the requisite remedies be implemented for the success of the project.

All the available environmental and social management safeguards need to be applied systematically to ensure that the impacts on the natural and social environment are adequately identified, assessed and management plans are adopted and applied to minimize and avoid adverse impacts in all phases of subproject implementation.

The proposed project has potential to significantly improve the Health and Nutrition status of the communities in the target Districts. The improvement in health that the community will benefit, will translate to improved livelihood as people become productive again and this will translate ultimately to an improved economy.

The LNHSSP project is depicting more positive than negative potential environmental and social impacts. The negative impacts are generally indirect, like impacts from the resultant agricultural activities and health care waste generated by increased use of Health Care Facilities. These envisaged negative environmental and social impacts will be localized, minimal, short term and can be mitigated. It is therefore recommended that:

- The village Health Workers, VHW be empowered and capacitated to execute their functions in the communities as they are the first port of call for the villagers.
- Any resultant increase in Health Care Waste must be handled properly, segregating waste using the three-bin system and disposing the waste appropriately.
- Water and Sanitation issues at ECCD must be taken seriously as diarrheal disease tend to reverse all the nutrition gains that the project would have made.
- Stakeholder organizations such as Community Councils, Department of Environmental Affairs, NGOs and other interested parties are consulted and kept informed of the implementation progress so that they can play their part.
- Any sub-project that falls within the parameters of the Exclusion List, will not be considered for funding under LNHSSP.
- The recommended mitigation measures should be implemented to reduce any significant environmental and social impacts.

The ESMF presented in the study will be used to mitigate the impacts during and after the implementation of the LNHSSP. The Final benefits of this project to the nation will, by far outweigh any potential negative effects. Overall, the project will not have any irreversible adverse environmental and social impacts.
10. BIBLIOGRAPHY

**FAO (2006).** The state of food and agriculture, Food and Agriculture Organisation of the United Nations, Rome, 2006


**Government of Lesotho (2009).** Health Services Decentralization Strategic Plan (2009), Ministry of Health, Maseru, Lesotho.


11. APPENDICES

APPENDIX 1     ENVIRONMENTAL AND SOCIAL SCREENING FORM

THE KINGDOM OF LESOTHO

ENVIRONMENTAL AND SOCIAL SCREENING FORM

FOR

SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS OF

THE LNHSSP PROJECT

Name of Sub-project Representative: ......................................................................

Sub-project Name: ..............................................................................................

Sub-project Address: ...........................................................................................

......................................................................................................................

Name of Extension Team Representative: ............................................................

Address: ..............................................................................................................

......................................................................................................................
1.0 SITE SELECTION:
When considering the location of a sub-project, rate the sensitivity of the proposed site in the following table according to the given criteria. Higher ratings do not necessarily mean that a site is unsuitable. They do indicate a real risk of causing undesirable adverse environmental and social effects, and that more substantial environmental and/or social planning may be required to adequately avoid, mitigate or manage potential effects.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Site Sensitivity</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural habitats</td>
<td>Low</td>
<td>• No natural habitats present of any kind</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>• No critical natural habitats; other natural habitats occur</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>• Critical natural habitats present.</td>
</tr>
<tr>
<td>Water quality and water resource availability and use</td>
<td>Low</td>
<td>• Water resources exceed any existing demand; low intensity of water use; potential water use conflicts expected to be low; no potential water quality issues</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>• Medium intensity of water use; multiple water users; water quality issues are important</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>• Intensive water use; multiple water users; potential for conflicts is high; water quality issues are important</td>
</tr>
<tr>
<td>Natural hazards vulnerability, floods, soil stability/erosion</td>
<td>Low</td>
<td>• Flat terrain; no potential stability/erosion problems; no known volcanic/seismic/flood risks</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>• Medium slopes; some erosion potential; medium risks from volcanic/seismic/flood/hurricanes</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>• Mountainous terrain; steep slopes; unstable soils; high erosion potential; volcanic, seismic or flood risks</td>
</tr>
<tr>
<td>Cultural property</td>
<td>Low</td>
<td>• No known or suspected cultural heritage sites</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>• Suspected cultural heritage sites; known heritage sites in broader area of influence</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>• Known heritage sites in project area</td>
</tr>
<tr>
<td>Involuntary resettlement</td>
<td>Low</td>
<td>• Low population density; dispersed population; legal tenure is well-defined; well-defined water rights</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>• Medium population density; mixed ownership and land tenure; well-defined water rights</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>• High population density; major towns and villages; low-income families and/or illegal ownership of land; communal properties; unclear water rights</td>
</tr>
</tbody>
</table>

NOTE: LNHSPP will not fund any project that will involve any involuntary resettlement, dam construction.

2.0 COMPLETENESS OF SUB-PROJECTS APPLICATION:
Does the sub-project application document contain, as appropriate, the following information?

<table>
<thead>
<tr>
<th>Description of the proposed project and where it is located</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about how the site was chosen, and what alternatives were considered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A map or drawing showing the location and boundary of the project including any land required temporarily during construction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The plan for any physical works (e.g. layout, buildings, other structures, construction materials)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any new access arrangements or changes to existing road layouts</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Any land that needs to be acquired, as well as who owns it, lives on it or has rights to use it.

A work program for construction, operation and decommissioning the physical works, including any site restoration needed afterwards.

Information about measures to avoid or minimize adverse environmental and social impacts.

Details of any permits required for the project.

**NOTE:** LNHSSP will not fund any project that will involve any involuntary resettlement, dam construction.

### 3.0 ENVIRONMENTAL AND SOCIAL CHECKLIST

<table>
<thead>
<tr>
<th>A</th>
<th>Type of activity – Will the sub-projects:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Involve the construction or rehabilitation of any small dams, weirs or reservoirs?</td>
</tr>
<tr>
<td>2</td>
<td>Support irrigation schemes?</td>
</tr>
<tr>
<td>3</td>
<td>Build or rehabilitate any rural roads?</td>
</tr>
<tr>
<td>4</td>
<td>Build or rehabilitate any electricity power generating system?</td>
</tr>
<tr>
<td>5</td>
<td>Build or rehabilitate any structures or buildings?</td>
</tr>
<tr>
<td>6</td>
<td>Support agricultural activities?</td>
</tr>
<tr>
<td>7</td>
<td>Be located in or near an area where there is an important historical, archaeological or cultural heritage site?</td>
</tr>
<tr>
<td>8</td>
<td>Be located within or adjacent to any areas that are or may be protected by government (e.g. national park, national reserve, world heritage site) or local tradition, or that might be a natural habitat?</td>
</tr>
<tr>
<td>9</td>
<td>Depend on water supply from an existing dam, weir, or other water diversion structure?</td>
</tr>
</tbody>
</table>

*If the answer to any of questions 1-9 is “Yes”, please use the indicated Resource Sheets or sections(s) of the ESMF for guidance on how to avoid or minimize typical impacts and risks.*

<table>
<thead>
<tr>
<th>B</th>
<th>Environment – Will the sub-projects:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Risk causing the contamination of drinking water?</td>
</tr>
<tr>
<td>11</td>
<td>Affect the quantity or quality of surface waters (e.g. rivers, streams, wetlands), or groundwater (e.g. wells)?</td>
</tr>
<tr>
<td>12</td>
<td>Cause poor water drainage and increase the risk of water-related diseases such as malaria or bilharzia?</td>
</tr>
<tr>
<td>13</td>
<td>Harvest or exploit a significant amount of natural resources such as trees, soil or water?</td>
</tr>
<tr>
<td>14</td>
<td>Be located within or nearby environmentally sensitive areas (e.g. intact natural forests, mangroves, wetlands) or threatened species?</td>
</tr>
<tr>
<td>15</td>
<td>Create a risk of increased soil degradation or erosion?</td>
</tr>
<tr>
<td>16</td>
<td>Create a risk of increasing soil salinity?</td>
</tr>
<tr>
<td>17</td>
<td>Produce, or increase the production of, solid or liquid wastes (e.g. water, medical, domestic or construction wastes)?</td>
</tr>
<tr>
<td>18</td>
<td>Result in labor influx</td>
</tr>
</tbody>
</table>

*If the answer to any of questions 10-18 is “Yes”, please include an Environmental and social Management Plan (ESMP) with the sub-projects application.*

| C | Social: Gender, Land acquisition and access to resources – Will the sub-projects: |


<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Require that land (public or private) be acquired (temporarily or permanently) for its development?</td>
<td>ESMF</td>
</tr>
<tr>
<td>20</td>
<td>Use land that is currently occupied or regularly used for productive purposes (e.g. gardening, farming, pasture, fishing locations, forests)</td>
<td>ESMF</td>
</tr>
<tr>
<td>21</td>
<td>Displace individuals, families or businesses?</td>
<td>ESMF</td>
</tr>
<tr>
<td>22</td>
<td>Result in the temporary or permanent loss of crops, fruit trees or household infrastructure such as granaries, outside toilets and kitchens?</td>
<td>ESMF</td>
</tr>
<tr>
<td>23</td>
<td>Result in the involuntary restriction of access by people to legally designated parks and protected areas?</td>
<td>ESMF</td>
</tr>
<tr>
<td>24</td>
<td>Result in and maintain adverse gender balances?</td>
<td>ESMF</td>
</tr>
<tr>
<td>25</td>
<td>Exacerbate existing gender imbalances?</td>
<td>ESMF</td>
</tr>
<tr>
<td>26</td>
<td>positively address gender imbalances in the agriculture sector?</td>
<td>ESMF</td>
</tr>
<tr>
<td>27</td>
<td>Include less privileged potential beneficiaries? (i.e. youths, disabled persons, child headed households, farmers with less than 1ha, the poorest).</td>
<td>ESMF</td>
</tr>
</tbody>
</table>

**D  Pesticides and agricultural chemicals – Will the sub-projects:**

28 Involve the use of pesticides or other agricultural chemicals, or increase existing use?

*If the answer to question 28 is “Yes”, please consult the ESMF and, if needed, prepare a Pest Management Plan (PMP).*

---

**NOTE:** LHSSP will note fund any project that will involve any involuntary resettlement, dam construction.

**CERTIFICATION**

We certify that we have thoroughly examined all the potential adverse effects of this sub-project. To the best of our knowledge, the sub-project plan as described in the application and associated planning reports (e.g. ESMF, Labor Management Plan, PMP), if any, will be adequate to avoid or minimize all adverse environmental and social impacts.

**SIGNATURES:**

<table>
<thead>
<tr>
<th>SUB-PROJECT REPRESENTATIVE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SPECIALIST</th>
<th>ENVIRONMENTAL SPECIALIST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED:**

<table>
<thead>
<tr>
<th>PIU COORDINATOR</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2  STAKEHOLDER ENGAGEMENT PROCESS

This appendix contains the details of the field consultations that were conducted for the development of the ESMF.

APP 3.1  FIELD PUBLIC CONSULTATION

The following is an outline of the Public Consultation that was carried out in October 2019, for the development of the ESMF. Consultations were done in Maseru District and Berea District. Table APP 6.1 is the list of the stakeholders who were met during the Field consultation process.

Table APP 6.1  List of Consulted Stakeholders from field visits.

<table>
<thead>
<tr>
<th>No.</th>
<th>MEETING DATE</th>
<th>NAME</th>
<th>ORGANIZATION</th>
<th>DESIGNATION</th>
<th>Contact No. &amp; Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>CONSULTING TEAM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>16/10/2019</td>
<td>Sibekile Mtetwa</td>
<td>World Bank</td>
<td>Consultant – Environmental Safeguard Specialist</td>
<td>+ 266 51925623 <a href="mailto:mikemtetwas@live.com">mikemtetwas@live.com</a></td>
</tr>
<tr>
<td>1.2</td>
<td>16/10/2019</td>
<td>Nthame Monare</td>
<td>MOH-SATBHSS Project.</td>
<td>MOH-SATBHSS Environment and Social Safeguards Specialist</td>
<td>+266 59816344 <a href="mailto:nmonare3@gmail.com">nmonare3@gmail.com</a></td>
</tr>
<tr>
<td>1.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>INITIAL MEETING – WORLD BANK BOARDROOM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>16/10/2019</td>
<td>Mr. Omer Zang Sidjou</td>
<td>World Bank</td>
<td>Senior Health Specialist</td>
<td>+266 2221 7004</td>
</tr>
<tr>
<td>2.2</td>
<td>16/10/2019</td>
<td>Wesi M. Masisa</td>
<td>World Bank</td>
<td>Senior Health Specialist</td>
<td>+27127423203</td>
</tr>
<tr>
<td>2.3</td>
<td>16/10/2019</td>
<td>Ntaoling Mochaba</td>
<td>World Bank</td>
<td>Environmental Safeguard Specialist</td>
<td>+266 5830 0507</td>
</tr>
<tr>
<td>2.4</td>
<td>16/10/2019</td>
<td>Moipane Ndhlovu</td>
<td>World Bank</td>
<td>Social Safeguard Specialist</td>
<td>+266</td>
</tr>
<tr>
<td>2.5</td>
<td>16/10/2019</td>
<td>Sibekile Mtetwa</td>
<td>World Bank</td>
<td>Consultant – Environmental Safeguard Specialist</td>
<td>+ 266 51925623 <a href="mailto:mikemtetwas@live.com">mikemtetwas@live.com</a></td>
</tr>
<tr>
<td>2.6</td>
<td>16/10/2019</td>
<td>Nthame Monare</td>
<td>MOH-SATBHSS Project.</td>
<td>MOH-SATBHSS Environment and Social Safeguards Specialist</td>
<td>+266 59816344</td>
</tr>
<tr>
<td>3.0</td>
<td>PARTICIPATING MINISTRIES</td>
<td></td>
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<td>59816344 <a href="mailto:nmonare3@gmail.com">nmonare3@gmail.com</a></td>
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<td>Ministry of Agriculture and Food Security-Nutrition Department.</td>
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<td>58905422 <a href="mailto:makaram@yahoo.com">makaram@yahoo.com</a></td>
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<td>Mabatebang Napo</td>
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<td>58059403 <a href="mailto:mabatebangnapo@yahoo.co">mabatebangnapo@yahoo.co</a></td>
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4.0 DISTRICT LEVEL (BEREA DISTRICT)

4.1 18/10/2019 Nthabiseng Mantutle Khoete Ministry of Agriculture and Food Security - DAO District Nutrition Officer 58733532 nthathamantutle@gmail.com

5.0 LOCAL LEVEL (BEREA DISTRICT)

5.1 24/10/2019 Tseliso Lebatla Phuthiasana Community Councils Council Secretary 63717895

5.2 24/10/2019 Motheolane sekolane Phuthiasana Community Councils Assistant Council Secretary 56809602

5.3 24/10/2019 Mankopane Thamae Phuthiasana Community Councils Electoral Division 57373760

5.4 24/10/2019 'Masepilriti Takane Mahlatsa Health Centres Nurse in Charge 50453261/63685483 khoabanesebolelo@gmail.com

5.5 18/10/2019 'Mapontšo Nkoale St Magdalena Health Centres Village Health Coordinator 63548671

5.6 18/10/2019 Major Nkoale Tsentsana Pre School 58128746

5.7 18/10/2019 'Mathakane Pheko Ministry of Agriculture and Food Security Nutrition Area Technical Officer

5.8 18/10/2019 Neo Mahlala Ministry of Agriculture and Food Security Agricultural Assistant

5.9 18/10/2019 'Marethabile Nliapo Ha Sole Nutritional Club Club Chair

5.1018/10/2019 'Mabokang Pakalitha Ha Sole Nutritional Club Club Secretary

5.1118/10/2019 'Mabonang Mokoena Antane Ha Sole Nutritional Club Club Treasurer

5.1218/10/2019 'Mapelaelo Mofoti Ha Sole Nutritional Club Club Member

5.1318/10/2019 'Mahloko Matlapeng Ha Sole Nutritional Club Club Member

5.1418/10/2019 'Mamatlotlo totseng Ha Sole Nutritional Club Club Member

5.1518/10/2019 Kheswa Pakalitha Ha Sole Nutritional Club Club Member

5.1618/10/2019 'Mamotao Mofoti Ha Sole Nutritional Club Club Member

5.1718/10/2019 'Mazanele Phohlo Ha Sole Nutritional Club Club Member

5.1818/10/2019 'Makhotso Totse Ha Sole Nutritional Club Club Member

5.1918/10/2019 'Mamatlapeng Matlapeng Ha Sole Nutritional Club Club Member

5.2018/10/2019 'Matumisa Totseng Ha Sole Nutritional Club Club Member

5.2118/10/2019 Monene Sere Ha Sole Nutritional Club Club Member

5.2218/10/2019 'Mapalolot Hoohlo Ha Sole Nutritional Club Club Member

5.2318/10/2019 Makhoi Motete Ha Sole Nutritional Club Club Member

5.2418/10/2019 Futhoane Mokaenyane Ha Sole Nutritional Club Club Member

5.2518/10/2019 'Mafeleleng Matete Ha Sole Nutritional Club Club Member

5.2618/10/2019 Mpo Matete Ha Sole Nutritional Club Club Member

5.27

5.2818/10/2019 'Madaniel Hlobelo – Phahamang Makebe Nutrition Club Club Chair 59988450
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6.0 Donor Agencies

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<td>6.1</td>
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<td>Mokitinyane Nthimo</td>
<td>Food and Agriculture Organization (FAO),</td>
<td>Assistant FAO Representative Programme</td>
<td>58845647 <a href="mailto:Mokitinyane.nthimo@fao.org">Mokitinyane.nthimo@fao.org</a></td>
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<td>Mohlomphehi Maope</td>
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<td>Agricultural Officer - FAO</td>
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<td>Mampeoane Kholumo</td>
<td>World Vision</td>
<td>Health, HIV and Nutrition Manager</td>
<td>22317371/63074230/58870955 <a href="mailto:Mapeoane_kholumo@wvi.org">Mapeoane_kholumo@wvi.org</a></td>
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CONSULTATIONS WITH THE MAJOR ORGANIZATIONS

The consultations with the designated implementing or major organizations involved mainly the administration of the questionnaire, meetings and interviews.

In general, the aims of the consultations included (i) introducing the project to the Stakeholders; (ii) jointly identifying the potential environmental and social challenges the project may face; (iii) identifying any other possible challenges and how they should be addressed or mitigated; and (iv) bringing on board the major stakeholders to garner project ownership from inception.

The main participating Ministries that were interviewed include MAFS, RWS, and MoH. As key program institutions, they appreciated the approach of institutional coordination and strengthening and believe the capacity and skills that are going to be developed will assist the country beyond the LNHSSP project. Most community interventions are currently being hampered by lack of coordination, inadequate skills and limited access to finance among other challenges. More specifically, they brought attention to the following issues:

(i) The usual fragmentation, departmentalization of planning, implementation and monitoring approach that usually happens at national and district levels always affects the sustainability of the programs – there is need for wider stakeholder involvement with clear roles and responsibilities throughout the project.

(ii) Low community pace in maturing and being self-sufficient after external ‘starter pack’ phase – More resources need to be put towards capacity building coupled with correct messages to communities from the beginning of the program. Strong coaching and mentorship programs should be instituted within the program design.

(iii) Youths involvement and being accorded respect in Health Institutions – For a change will attract them to make use of the Health facilities more and more.

(iv) The program must work on promoting best practices and success stories. Thus it should promote learning and exchange visits across villages and districts, besides the localized “Positive deviance approach”.

CONSULTATIONS WITH THE PUBLIC

The public consultations were done to raise awareness of the program by informing the public in the concerned areas through their local leaders and some public gatherings about the upcoming program in their areas. The public was also interviewed to gather their opinions regarding the program and the environmental and social consequences that may result from its implementation.

The stakeholders who were consulted are listed in appendix 6 and a summary of the finding at the various value chains is given below.

PROOF OF PUBLIC CONSULTATION

Samples of the response to the administered questionnaire and records of direct interviews have been included as proof of public consultation.
### App 2.3.1 Meetings at Local Level

The following institutions were consulted at local level:

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<td>Nutrition Clubs</td>
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<td>Village Health Workers</td>
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Three examples will be used to demonstrate responses at local level, i.e., Health Centres, ECCD centres, and Nutrition Clubs.

### App 2.3.1.1 MEETING WITH MAHLATSA HEALTH CENTRE NURSE IN CHARGE

![Mahlatsa Health Centre](source: taken by project teams during consultation)

Source: MoH

Date: 25 October 2019
District: Berea District

#### (i) IN ATTENDANCE

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<tr>
<td>1.</td>
<td>Mrs Masephiti Takane Khoete</td>
<td>Mahlatsa Health Centre</td>
<td>Nurse in Charge</td>
<td>+266 6368 5483 +266 5045 3261 <a href="mailto:khombanesebolele@gmail.com">khombanesebolele@gmail.com</a></td>
</tr>
<tr>
<td>2.</td>
<td>SibeKile Mtetwa</td>
<td>World Bank</td>
<td>Consultant – Environmental Safeguard Specialist</td>
<td>+ 266 51925623 <a href="mailto:mikemtetwas@live.com">mikemtetwas@live.com</a></td>
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<td>Nthame Monare</td>
<td>MOH-SATBHSS Project.</td>
<td>MOH-SATBHSS Environment and Social Safeguards Specialist.</td>
<td>+266 59816344</td>
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LESOTHO NUTRITION AND HEALTH SYSTEM STRENGTHENING PROJECT

QUESTIONNAIRE

NAME: Masipini Tsekeleke
ORGANISATION: Mahlatsetse HIC
PHYSICAL ADDRESS: 55435361
PHONE NUMBER: 631655483
E-MAIL ADDRESS: khotsoelesaleke@gmail.com

The Government of Lesotho through the Ministry of Health is in the process of preparing a Nutrition and Health System Strengthening Project, with World Bank technical and financial support. The Project will be implemented over a period of five years in all the ten districts of Lesotho and will comprise various sub-projects with different levels of environmental and social impacts and located at various locations throughout the country.

The Development Objective for the project is to increase utilization and quality of key nutrition and health services and strengthen institutional capacity to implement key policy reforms in the health sector.

The key components of the proposed program will be “improving the utilization and quality of nutrition services, improvement of the quality of health service delivery and building the institutional Capacity for selected health reforms”. These interventions will have a bearing on the social and environmental dimension, necessitating the preparation of environmental and social safeguards instruments.

1. What environmental and social impacts do you envisage?
   - Other partners not benefiting from PBF so they are not working towards improving the Health Centre. PBF late payments, H&V not part of the PBF, it is not clear that this must be electronic

2. What mitigation measures would you like to see being put in place to counter the impacts you envisage?
   - Include all other partners in PBF, H&V must be included in PBF.
   - Need training in electronic reporting system

3. Other Comments
   - PBF not benefiting those who are not Civil Servants so there is disillusionment.
   - PBF really bringing a difference even in the way nurses administer their work, like involvement of a patient.

SIGNED: [Signature]
INTERVIEWEE
DATE: 23/10/2019

INTERVIEWER
App 2.3.1.2  MEETING WITH ECCD TEACHER

VENUE: Tsetsana Pre School
DISTRICT: Berea District
DATE: 18th October 2019
TIME: 11:00hrs

(i) IN ATTENDANCE

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<td>Tsetsana Pre-School Sefikeng</td>
<td>Care Giver</td>
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<td>World Bank</td>
<td>Consultant – Environmental Safeguard Specialist</td>
<td>+ 266 51925623 <a href="mailto:mikemtetwas@live.com">mikemtetwas@live.com</a></td>
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<tr>
<td>3</td>
<td>Nthame Monare</td>
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<td>MOH-SATBHSS Environment and Social Safeguards Specialist.</td>
<td>+266 59816344</td>
</tr>
</tbody>
</table>

(ii) MEETING PROCEEDINGS

Ms. Monare made the introduction of the stakeholder’s engagement team: Mr. Mtetwa as the Environment and Social Specialist engage by the World Bank to produce a Document call the Environment and Social Management Framework (ESMF).
Ms Monare informed the ECCD Teacher about the project that is about the improvement of nutrition for children between the age of zero and three years. Also, the project is going to support the health systems in various health centres. There are no infrastructures to develop and the project is not going to assist the Nutrition Clubs with any Finance to establish project. The only aspect covered in this project is capacity building of the Village Health Workers (VHW), Health officers and other agricultural officers as well as nutrition clubs.

She then explained that the project will have both negative and positive impacts on the environment including communities themselves. She said intensity and duration of anticipated impacts are not major because the project involves mainly capacity building.

The stakeholder’s engagement team (Ms. Monare and Mr. Mtetwa) are here to find out how nutrition is handled in the pre-school.

Mrs. Nkoale said the children bring their own food from home since the school does not have a kitchen to prepare such food. She monitors the lunch boxes to ensure that children bring a variety of food but as the school they do not have a menu for the children. Whatever food they bring its okay.

WFP used to bring Soya Powder which they use to prepare soft porridge with. However, the quantities they bring last only for three days and they come quarterly.

The World Vision build them improved water toilets however, the challenge is water shortages from the villages hence they need to collect water for them to function properly, which is a great challenge.

As the school they would like the government to assist them with sustainable water supply since they have toilets and Tip Taps for washing hands. As for feeding students at school they don’t see themselves doing it any time soon since they do not have a kitchen.
(iii) **Response To Questionnaire**

**Lesotho Nutrition and Health System Strengthening Project**

**Questionnaire**

**Name:** MAJOEL NKOALET

**Organisation:** TSETSANA PRE SCHOOL

**Physical Address:** SEKENG

**Phone Number:** 58128746

**E-mail Address:**

The Government of Lesotho through the Ministry of Health is in the process of preparing a Nutrition and Health System Strengthening Project, with World Bank technical and financial support. The Project will be implemented over a period of five years in all the ten districts of Lesotho and will comprise various sub-projects with different levels of environmental and social impacts and located at various locations throughout the country.

The Development Objective for the project is to increase utilization and quality of key nutrition and health services and strengthen institutional capacity to implement key policy reforms in the health sector.

The key components of the proposed program will be “Improving the utilization and quality of nutrition services, improvement of the quality of health service delivery and building the institutional Capacity for selected health reforms”. These interventions will have a bearing on the social and environmental dimension, necessitating the preparation of environmental and social safeguards instruments.

1. **What environmental and social impacts do you envisage?**

   * Enrolment will increase if Nutrition is strengthened,
   * Provision of food packages
   * Better Water conditions, esp sufficient Source of Water will improve hygiene.

2. **What mitigation measures would you like to see being put in place to counter the impacts you envisage?**

   * Provision of balanced meals which can be given at the ECCE
   * Provision of Running water at the teachings

3. **Other Comments**

   * Bring meals from home, mainly Pap & milk, Breads & Milk. No drinking water. No recreation ground. No facilities for sleeping.

**Signed:**

**Interviewee:**

**Interviewer:**

**Date:** 18/10/2019
MEETING WITH PHAHAMANG MAKEBE NUTRITION CLUB

Mahlatsa Health Centre (Source: taken by project teams during consultation)

Date: 21 October 2019
District: Berea District

VENUE: Ha Makebe
DATE: 18th October 2019
TIME: 14:20hrs

(i) IN ATTENDANCE

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<th>No.</th>
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<tr>
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<td>MOH-SATBHSS Environment and Social Safeguards Specialist.</td>
<td>+266 59816344</td>
</tr>
<tr>
<td></td>
<td>Nthabiseng ‘Mantutle’</td>
<td>District Agriculture Officer</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Madaniel Hlobeho</td>
<td></td>
<td>Chair</td>
<td>99988450</td>
</tr>
<tr>
<td>5</td>
<td>‘Matlotliso Lilele’</td>
<td>Phahamang Nutrition Club</td>
<td>Makebe Secretary</td>
<td>9879035</td>
</tr>
<tr>
<td>6</td>
<td>‘Mamoketsi Lilele’</td>
<td>Phahamang Nutrition Club</td>
<td>Makebe Treasure</td>
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<td>7</td>
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<td>Phahamang Nutrition Club</td>
<td>Makebe Club Members</td>
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<td>8</td>
<td>‘Mamatšeliso Moqosa’</td>
<td>Phahamang Nutrition Club</td>
<td>Makebe Club Members</td>
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<td>9</td>
<td>‘Mathato Lejakane’</td>
<td>Phahamang Nutrition Club</td>
<td>Makebe Club Members</td>
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</table>
(ii) MEETING PROCEEDINGS
The District Agriculture Officer (DAO), Ms. Mantutle from the Ministry of Agriculture and Food Security (MAFS), introduced the Environment and Social Specialists (Ms. Monare & Mr. Mtetwa) who had come to address the Nutrition Club. The DAO gave a background on the relationship between the nutrition clubs and the MAFS as well as the contribution the nutrition clubs do in the development of the entire communities they are operating within. She encouraged the nutrition club to have a very interactive discussions with Environment and Social Specialists and feel free to ask questions.

Ms Monare informed the people about the project that it is about the improvement of nutrition for children between the age of zero and three years. Also the project is going to support the health systems in various health centres. There are no infrastructures to develop and the project is not going to assist the Nutrition Clubs with any Finance to establish project. The only aspect covered in this project is capacity building.

She then explained that the project will have both negative and positive impacts on the environment including communities themselves. She said intensity and duration of anticipated impacts are not major because the project involves mainly capacity building.
The nutrition club was then asked to present what they are doing and how they believe the project is going to benefit them.

The club has been together for one year and commenced with 13 members. Currently they have a membership of 21. They are strong and growing due to the following reasons:

- Transparency;
- Trust and cooperation
- Planning every activity together
- Absence of savings account since money is source of every evil;
- Meeting once a month hence limited time to indulge in gossip;
- Learning new things together

The members said they perform the following activities:

- Baking and Cooking
- Ensure that every child within the community has access to good nutrition and vaccinations;
- Vegetable keyhole gardening

Even though the club has started there is no funding to implement any of the project that they would like establish. The club would like to establish the following project:

- Vegetable and fruits production and preservations;
- Poultry
- Sewing
- Large scale baking

The nutrition club would not like to increase their membership due to fear that this will be source of their collapse. What they would like to get is source of funding to establish these new projects that they would like to implement.

(ii) DISCUSSIONS

The Table below presents, the questions, concerns and comments by the community regarding the project.

<table>
<thead>
<tr>
<th>Issues Raised</th>
<th>Responses Provided</th>
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</thead>
<tbody>
<tr>
<td>1. When will the project commence?</td>
<td>The project is anticipated to commence in the new financial year (April 2020).</td>
</tr>
</tbody>
</table>

The nutrition club members requested the stakeholder’s engagement team to keep interacting with them so that they can always get information on the project that can assist in them in getting well established.

The DAO thanked the club and promised to keep in touch personally as well as through the extension workers.

The meeting was closed by prayer at 15:15hrs.
St Magdalena Health Centre (Source: taken by project teams during consultation)

VENUE:  St Magdalena Health Centre
DATE:  18th October 2019
TIME:  10:00hrs

(i) IN ATTENDANCE

<table>
<thead>
<tr>
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<td>MOH-SATBHSS Environment and Social Safeguards Specialist.</td>
<td>+266 59816344</td>
</tr>
<tr>
<td>4</td>
<td>Mrs. ‘Mapontšo Nkoale</td>
<td>St Magdalena Health Centre</td>
<td>Village Health Worker</td>
<td></td>
</tr>
</tbody>
</table>

(ii) MEETING PROCEEDINGS

Ms. Monare made the introduction of the stakeholder’s engagement team: Mr. Mtetwa as the Environment and Social Specialist engage by the World Bank to produce a Document call the Environment and Social Management Framework (ESMF).

Ms Monare informed the Village Health Worker Coordinator (VHWC) about the project that is about the improvement of nutrition for children between the age of zero and three years. Also the project is going to support the health systems in various health centres. There are no infrastructures to develop and the project is not going to assist the Nutrition Clubs with any Finance to establish project. The only aspect covered in this project is capacity building of the Village Health Workers (VHW), Health officers and other agricultural officers as well as nutrition clubs.
She then explained that the project will have both negative and positive impacts on the environment including communities themselves. She said intensity and duration of anticipated impacts are not major because the project involves mainly capacity building.

The stakeholder’s engagement team (Ms. Monare and Mr. Mtetwa) are here to find out the role the VHW in communities and what challenges they face during consultations.

The VHWC said they visit pregnant women to establish whether they are attending their prenatal session at the Health Centres; they also monitor children below the age of 6 to establish if they are proceeding with their vaccinations and how is their nutrition status (nourished or malnourished); support TB and HIV patients during their treatment period to ensure that they are using their medication appropriately and eating correctly as well as attending their check-ups on time. They also assist every patient in the community and do health education for community members. Finally they, participate in nutrition clubs.

The come across the following challenges when doing their duties:

- Lack of interest from community members to accept their services;
- Delays in getting their quarterly stipends form the Government hence less participation of VHW;
- No continuous training for them from the Ministry of Health, the last training was in 2016;

The VHWC said the villagers have bad attitude to nutrition because they understand it to be achieved through purchasing food commodities. Therefore due to high unemployment rate and laziness people avoid joining nutrition clubs.

However, when the villagers are sick they cooperate well with them. Therefore as the VHW they would like the Ministry of Health to resuscitate their training sessions so that they can refresh their skills and acquire new knowledge.
App 2.3.2  Meetings the NGO Community
The following NGOs were consulted at local level:

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<thead>
<tr>
<th>5.0</th>
<th>THE NGO COMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Food and Agriculture Organization (FAO),</td>
</tr>
<tr>
<td></td>
<td>World Vision</td>
</tr>
<tr>
<td></td>
<td>Care Lesotho</td>
</tr>
</tbody>
</table>

World vision will be used to show the responses from NGOs:

Date: 22 October 2019
District: Maseru District

(i) IN ATTENDANCE

<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Mrs Mampeoane Kholumo</td>
<td>World Vision</td>
<td>Health, HIV and Nutrition Manager.</td>
<td>+266 2231 7371 +266 58870955 <a href="mailto:mampeoane_kholomo@wvi.org">mampeoane_kholomo@wvi.org</a></td>
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Introduction
(ii) **Response To Questionnaire**

KINGDOM OF LESOTHO  
MINISTRY OF HEALTH

LESOTHO NUTRITION AND HEALTH SYSTEM STRENGTHENING PROJECT

**QUESTIONNAIRE**

**NAME**  
Maneapeane Kholomos

**ORGANISATION**  
World Vision Lesotho

**PHYSICAL ADDRESS**  
Masem WARNING Corporate Marketing

**PHONE NUMBER**  
+266 58890155  
**E-MAIL ADDRESS**  
Maneapeane.Kholomos

The Government of Lesotho through the Ministry of Health is in the process of preparing a Nutrition and Health System Strengthening Project, with World Bank technical and financial support. The Project will be implemented over a period of five years in all the ten districts of Lesotho and will comprise various sub-projects with different levels of environmental and social impacts and located at various locations throughout the country.

The Development Objective for the project is to increase utilization and quality of key nutrition and health services and strengthens institutional capacity to implement key policy reforms in the health sector.

The key components of the proposed program will be "improving the utilization and quality of nutrition services, improvement of the quality of health service delivery and building the institutional capacity for selected health reforms". These interventions will have a bearing on the social and environmental dimension, necessitating the preparation of environmental and social safeguards instruments.

1. **What environmental and social impacts do you envisage?**
   
   Working with others stakeholders has been posing many problems, only challenge is remuneration for vitwo.
   
   How can we roll out your program country wide.

2. **What mitigation measures would you like to see being put in place to counter the impacts envisage?**
   
   Easy shipment for vitwo in time for them to implement the model.
   
   Ministry must fully buy into your model and roll out country.

3. **Other Comments**
   
   Resource mobilisation is key to make vitwo programme succeed.

**SIGNED**

---

**INTERVIEWEE**  
Maneapeane Kholomos

---

**INTERVIEWER**  
---

**DATE**

02/01/2019
Ensure that documentation on specific sites and subprojects, environmental and social impacts monitoring reports, and reports on the status of safeguards implementation are furnished to the mission team at or before the kickoff meeting.

- Meet with key beneficiaries and other stakeholders
- Review a random sample of subprojects, making sure all safeguards issues are evaluated
- Get an overview of all the projects/sub-projects and their categories in terms of ESIA
- Identify projects with applicable environment safeguards
- Identify projects with applicable social safeguards
- Based on the reports, determine projects that have potential critical safeguards issues, and focus on those
- Discuss findings and significant noncompliance issues, if any with the TTL and agree on correcting actions
- Assess the project’s experience in managing social and environmental risks
- Field visit to review recently completed subprojects, where possible review project proposals and impact monitoring records
- Assess the use of environmental and social screening checklists contained in the Environmental and Social Management Framework (ESMF) for proposed sub-projects/investments
- Assess implementing agencies’ awareness and use of ESMF and RPF
- Find out if there is an established ESMF/RPF monitoring and tracking system to ensure effective oversight of project activities at the national level
- Identify weaknesses in procedures, internal control mechanisms, supervision and post reviews
- Has there been/Is there any training plan to improve the awareness and capacity of implementing agencies on the use of ESMF and RPF
- Find out if there is an Environmental and social Officer at the District. If not, why? Any plan to recruit someone? Who is currently responsible for environmental and social issues at the district?
- Assess the borrower’s capacity to plan and implement safeguard policy issues
- Make practical recommendations for across the project-specific action plans
- Assess the impacts from any changes in the project design or new components. If required agree upon a revised safeguards management plan, monitoring and reporting requirements
- Agree with the borrower on additional measures required, and if non-compliance or unresolved safeguards issues remain, establish a plan for follow on supervision

**Methodology:**
- Examine sub-project design, review and approval process, social and environmental safeguards compliance, quality and effectiveness of project outputs.
APPENDIX 4  LABOR MANAGEMENT PROCEDURES

Labor Management Procedures
For the
Lesotho Nutrition and Health System Strengthening Project (LNHSSP)

1.0 Overview of Labor on the LNHSS Project
The LMP is applicable, as per ESS 2 to all the LNHSS Project workers as per the following condition:
- People employed or engaged directly by LNHSSP to work specifically in relation to the Project;
- The Government public servants, who may provide support to the Project, will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement;
- People employed or engaged by Consultants to perform work related to core function of the Project, regardless of location;
- People employed or engaged by LNHSSP’s primary suppliers

2.0 Labor Requirements
The LNHSSP has established a Project Implementing Unit (PIU) to oversee the Project. The Unit will engage throughout the Project the following personnel:
- Project Coordinator
- Administrator
- Procurement Specialist
- Project Accountant
- Internal Auditor
- Monitoring and Evaluation Specialist
- Environmental and Social Specialist
- Driver

Additional staffing may be needed during the Project Implementation. The following officers have been identified as needed:
- Community Liaison Officers
- Social and Gender Specialist

The specific labor requirements are still to be discussed with other stakeholders however, all unskilled labor will be sourced from respective project communities. The labor requirements will form part of the Request for Proposal (RfP). The RfP will specify a preference for local labor from the communities that fall within the project area.

3.0 Assessment of Potential Labor Risks
The main labor risks associated with the Project are assessed to be related to the potentially hazardous work environment and associated risks of accidents. Based on current conditions in the sector it is assessed that the risk of child or forced labor is negligible, and already managed through national legislation. Also labor influx is not anticipated.

Labor Influx: it is not expected that there will be any labor influx in any project community. The LNHSSP will mandate and localize the economic benefits and only allow for outside, including expatriate labor, where there is a requirement for special skills. There will be no dedicated camps established for worker accommodation in the Project.

Specific requirements to manage risks associated with labor influx, related to interaction between project workers and local communities, such as communicable diseases and gender-based violence,
are managed through contractual requirements, Code of Conduct and training set out in this document. These procedures are guided by the national legislation.

**Occupational Health and Safety:**
The Occupational health and Safety measures and actions will be developed and implemented to assess and manage risks and impacts to the community arising from Project activities and workers. The consultants to be engaged will ensure that their employees/staff is will be trained on occupational health and safety and records of which are to be inspected monthly and audited bi-annual.

**4.0 Overview of Labor Legislation: Terms and Conditions**
There is one main legislation in the Kingdom of Lesotho dedicated to Labor issues namely Labor Code Order No. 24 of 1992 with its amendments:
- Labor Code Amendment Act 2000 – Established the Directorate of Dispute Prevention and Resolutions (DDPR) and a Labor Appeal Court;
- Labor Code Amendment Act 2006 – made a provision for HIV and AIDS in the work place and transferred the review powers from the Labor Appeal Court to the Labor Court;

**4.1 Occupational Health and Safety**

**5.0 Age of Employment**
Lesotho has ratified The African Charter on the Rights and welfare of the Children (also known as ACRWC or Children’s Charter) was adopted by the Organisation of African Union (OAU) in 1990, and was entered into force in 1999. Lesotho has also ratified both the ILO Minimum of Age Convention (C138) and the ILO Worst Forms of Child Labour Convention (C182). The ACRWC, C138, C182 prohibit employment of children under the age of 18.

The minimum age of employment for this project shall be 18 years and to ensure compliance, all employees will be required to produce National Identification Cards as proof of their identity and age which is the national identification required for employment.

If any consultant employs a person under the age of 18 years, that consultant will not only be terminated but also reported to the authorities.

**6.0 Disciplinary Procedures and Grievance Mechanism**
In any working environment it is essential for both employers and employees to be fully conversant with all aspects of disciplinary processes, the grievance handling procedures and the legal requirements and rights involved. In implementing an effective dispute management system consideration must be given to the disputes resulting from the following:
- Disciplinary Action
- Grievance Redress Mechanism (GRM)
6.1 Disciplinary Procedure
The starting point for all disciplinary action is rules. These rules may be implied or explicit and of course will vary from workplace to workplace. Some rules are implied in the contract of employment (e.g. ruling against use of alcohol and drugs at workplace), however it is advisable that even implied rules be included in the disciplinary code or schedule of offences. Therefore the workplace rules must be:

- Valid and reasonable
- Clear and unambiguous
- The employee must understand the procedure to be applied in the event that he/she contravenes any of the rules.

A comprehensive Grievance Redress Mechanism has been developed for the project, however the following dispute resolution procedures at workplace will be as follows:

- Conducting of a comprehensive investigation to determine whether there are grounds for a hearing to be held;
- If a hearing is to be held, the employer is to notify the employee of the allegations using a language that the employee can understand;
- The employee is to be given reasonable time to prepare for the hearing and to be represented by a fellow employee or lawyer;
- The employee must be given an opportunity to respond to the allegations, question the witnesses of the employer and to lead witnesses;
- If an employee fails to attend the hearing the employer may proceed with the hearing in the absence of the employee;
- The hearing must be held and concluded within a reasonable time and is to be chaired by an impartial representative;
- If an employee is dismissed, it must be given the reasons for dismissal and the right to refer the dispute concerning the fairness of the dismissal to the Directorate of Dispute Prevention and Resolutions (DDPR).

Therefore, it is incumbent upon the Consultants to ensure that they have a disciplinary procedure and Code and Standards which the employees are aware of. Each Consultant will be required to produce this procedure to ensure that employees are not treated unfairly.

6.2 Grievance Redress Mechanism
The PIU has a formal Grievance Redress Mechanism (GRM) in place to be utilised by the project team (e.g. Consultants, project partners) and should be well known and explained to the project team.
APPENDIX 5  TEMPLATE FOR ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN.

Table APP 7  Template for Environmental and Social Management Plan

<table>
<thead>
<tr>
<th>Environmental and Social Elements</th>
<th>Impacts</th>
<th>Proposed mitigation measures</th>
<th>Institutional responsibility, including monitoring responsibility, for mitigation</th>
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<td>Human Communities</td>
</tr>
<tr>
<td>Historical and Cultural Sites</td>
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<tr>
<td>Safety and health of workers</td>
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<td>Safety and health of community population</td>
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</table>
## APPENDIX 6  TEMPLATE FOR ENVIRONMENTAL AND SOCIAL MONITORING PLAN.

### Table APP 8  Template for Environmental and Social Monitoring Plan

<table>
<thead>
<tr>
<th>Phase</th>
<th>What will be monitored?</th>
<th>Where is the monitoring expected to take place?</th>
<th>How will the monitoring be performed?</th>
<th>When is the monitoring expected to take place?</th>
<th>Who will perform the monitoring?</th>
<th>Monitoring cost</th>
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<tr>
<td>Design stage</td>
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</table>
APPENDIX 7  ARCHAEOLOGICAL CHANCE FINDS PROCEDURE

1.0  INTRODUCTION
The purpose of the Archaeological Chance Finds Procedure is to address the possibility of archaeological deposits, finds and features becoming exposed during earthmoving and ground altering activities that will be associated with the APPSA and to provide procedures to follow in the event of a chance archaeological find.

The objectives of these procedures are to identify and promote the preservation and recording of any archaeological material that may be discovered and notify the relevant District Authority, the Environment Department and the Department of Culture to resolve any archaeological issue that may arise.

2.0  ARCHAEOLOGICAL CHANCE FINDS PROCEDURE
During the project induction meeting/training, all contractors/construction teams will be made aware of the need to be on the lookout for objects of archaeological interest as they carry out their earthmoving and excavation activities.

Generally, the following procedure is to be executed in the event that archaeological material is discovered:

- All construction activity in the vicinity of the find/feature/site will cease immediately.
- The discovered find/ feature/ site will be delineated immediately.
- Record the find location, and make sure all remains are left in place.
- Secure the area to prevent any damage or loss of removable objects.
- Contact, inform and notify the CC, DEO and Department of Culture immediately.
- The Authorities so notified will avail an archaeologist.
- The archaeologist will assess record and photograph the find/feature/ site.
- The archaeologist will undertake the inspection process in accordance with all project health and safety protocols under direction of the District Health and Safety Officer.
- In consultation with the CC, DEO and Department of Culture authorities the Archaeologist will determine the appropriate course of action to take.
- Finds retrieval strategy: All investigation of archaeological soils will be undertaken by hand, all finds, osteological remains and samples will be kept and submitted to the National Museum as required. In the event that any artefacts need to be conserved, the relevant license (License to Alter) will be sought from the Department of Culture.
- An on-site office and finds storage area will be provided, allowing storage of any artefacts or other archaeological material recovered during the monitoring process.
- In the case of human remains, in addition to the above, the Local Leadership will be contacted and the guidelines for the treatment of human remains will be adhered to. If skeletal remains are identified, an osteoarcheologist will be available to examine the remains.
- Conservation: A conservator should be made available to the project, if required.
- The on-site archaeologist will complete a report on the findings as part of the licensing agreement in place with the Department of Culture.
- Once authorization has been given by the responsible statutory authorities, the client will be informed when works can resume.
APPENDIX 8 HEALTH CARE WASTE MANAGEMENT PLAN REVIEW

1.0 HISTORICAL PERSPECTIVE
To combat the HCW menace, the Lesotho Government developed a number of instruments to support its efforts. One of the major initial initiatives was the adoption of the Primary Health Care strategy for service provision in 1979. It then developed the National Health Policy (2012 – 2020), and then developed a Health Sector Strategic Plan (HSSP) with various facets for addressing the country’s health sector challenges of which HCWM is a part.

To buttress the HSSP GoL developed instruments like the National HCWM plan of 2005. This was followed by (i) the Situational Analysis (COWI) (2009); (ii) HCWM Policy (July 2010); (iii) HCWM Strategic Plan; (iv) HCWM Implementation Plan; (v) HCWM Monitoring Plan and (vi) HCWM Support Document.

As the Health delivery system continued to develop, in 2012, the Consolidated Lesotho National Health Care Waste Management Plan (CLNHCWMP) was developed as part of the World Bank funded Maternal and Newborn health Performance-Based Financing Project. This was followed by a further review of the Health care Waste Management System in 2015 resulting in the development of the Infection Control and Waste Management Plan (ICWMP) for Lesotho together with its accompanying Standard operating System (SOP).

In August 2012, the Consolidated Lesotho National Health Care Waste Management Plan (CLNHCWMP) was developed as part of the World Bank funded Maternal and Newborn health Performance-Based Financing Project. It was a result of a synthesis of the various documents ((i) to (v) above) that had been developed as part of the updated HCWM and basically updated the National HCWM plan of 2005. The Plan provided a detailed consolidated overview of the management of healthcare waste in Lesotho and was meant to be used as the safeguards instrument accompanying the Lesotho Maternal and Newborn health Performance-Based Financing Project. The generation of increased healthcare waste as a result of project-financed activities mandated the need for such a consolidated HCWM plan to accompany the project.

The Consolidated Lesotho National Health Care Waste Management Plan (CLNHCWMP), to a large extent met the requirements of the ESF, in particular, ESS3, which deals with Resource Efficiency and Pollution Prevention and Management, that recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels. This ESS sets out the requirements to address resource efficiency and pollution prevention and management throughout the project life-cycle.

The over-riding purpose of the HCWM Strategic and Implementation Plans is to minimise the adverse impacts of HCW on the environment and on public health in a sustainable way that will reflect a balance of the economic, social and ecological needs of Lesotho.

The Consolidated Lesotho National Health Care Waste Management Plan had twelve Activity Plans (one for each Strategic Action) with an Initiator and Responsible Partners given. Its main features included:
i. The cradle-to-grave process which extended beyond the boundaries of the MoH and the individual HCFs;

ii. Inter-ministerial involvement in the execution of the activities.

iii. The Activity Plans span the years 2010 – 2014 (Phases 1 and 2). Each year has been divided into quarters and time frames for each activity have been allocated with each block representing 3 months.

The twelve (12) activity plans are listed below:

1. Activity Plan 1 Prevention of Pollution of Natural Resources
2. Activity Plan 2 Waste Minimisation and Recycling
3. Activity Plan 3 HCWM Planning
4. Activity Plan 4 Improved infrastructure and equipment for handling
5. Activity Plan 5 Appropriate Treatment Technologies
6. Activity Plan 6 Disposal Technologies
7. Activity Plan 7 Institutional Arrangements within MoH and DHMTs
8. Activity Plan 8 Collaboration and Partnerships
9. Activity Plan 9 Capacity Building and Training
10. Activity Plan 10 Financial Management
11. Activity Plan 11 Develop Enabling Mechanisms

However the Consolidated Lesotho National Health Care Waste Management Plan of 2012 was assessed and found not to be comprehensive enough to handle the ever increasing volumes and types of HCW. By using the Rapid Assessment Tool that was developed by WHO, the rapid field assessment observed the following constraints on the CLNHCWMP system:

- Non formalization of HCWM in the institutions
- Absence of specific operational policy about HCW;
- Weak HCWM legislative regime
- Absence of standard HCWM operational procedures
- Inadequate budgetary resource allocations;
- Limited qualified human resources;
- Technological challenges in handling, treatment and disposal facilities.
- Subdued and insufficient knowledge about HCW (staff and public).
- Absence of private sector participation

Further, the planning period of the action plan was from 2010 to 2014, so at the end of the planning period the plan was reviewed and its short comings were highlighted and the Infection Control and Waste Management Plan (ICWMP), 2015 was then crafted to address these short comings.

3.0 THE INFECTION CONTROL AND WASTE MANAGEMENT PLAN (ICWMP), 2015.

As the Government of Lesotho continued to work on improving the health status of its people, in 2015 it realized that the improvements in the health care delivery system were now generating ever increasing volumes of Health Care Waste (HCW), e.g. more effective TB control programmes began generating more and more health Care waste and that the planning period of the Consolidated Lesotho National Health Care Waste Management Plan of 2012 was at it end. This necessitated its review and then resulted in the development of the Infection Control and Waste Management Plan (ICWMP) for Lesotho.
The Infection Control and Waste Management Plan (ICWMP), was an improvement on the Consolidated Lesotho National Health Care Waste Management Plan of 2012 and tailored to meet the requirements of the ESF, in particular, ESS3, which deals with Resource Efficiency and Pollution Prevention and Management.

The ICWMP was crafted in such a way as to initiate a process and support the national response to the shortcomings of the previous instruments. It focuses on preventive measures, mainly the initiatives to be taken in order to reduce the health and environmental risks associated with mismanaged waste. It also focuses on the positive pro-active actions, which, in the long term, will allow a change of behaviour, sustainable ICWM, and protection of actors against risks of infection.

The ICWMP is organized around the following objectives:

1. To reinforce the national legal framework for ICWM.
2. To improve the institutional framework for ICWM.
3. To assess the ICWM situation, propose options for health care facilities and improve the ICWM in health care facilities.
4. To conduct awareness campaigns for the communities and provide training for all actors involved in ICWM.
5. To support private initiatives and partnership in ICWM
6. To develop and operationalize specific financial resources to cover the costs of the management of healthcare wastes.

These actions should be accompanied by complementary measures, mainly initiated by governmental programs, in terms of ICWM upgrading in health facilities. The ICWMP elaborated the status of HCWM in Lesotho at that time, assessed the gaps in technology and information and explored options for solutions. The resultant Infection Control and Waste Management Plan (ICWMP) set out the requisite playing field for an effective HCWM programme, starting with a clear legal and institutional framework, appropriate technology, empowered workforce and an enlightened public.

The implementation schedule of the ICWMP is over a five-year period and the lead agent, the MoH will coordinate the implementation and apply a multi-stakeholder approach to embrace all the relevant players that include the Ministry of Environment (MTEC), Local Authorities, the Veterinary Department, NGOs, and other private players.

Above all, the ICWMP emphasizes on monitoring and evaluation of the system. The monitoring of ICWM is part of the overall quality management system. To measure the efficiency of the ICWMP, as far as the reduction of infections is concerned; activities should be monitored and evaluated, in collaboration with concerned institutions: MoH, MTEC, Local Authorities, NGOs, etc. This can only be possible if it becomes mandatory to keep records of ICWM at all institutions and then maintain a reporting system of the same.

4.0 RECOMMENDATIONS

The improvement of the Consolidated Lesotho National Health Care Waste Management Plan of 2012, i.e. the Infection Control and Waste Management Plan (ICWMP), of 2015 should be implemented for the LNHSSP together with its Standard Operating Procedures (SOP).