



KINGDOM OF LESOTHO



MINISTRY OF HEALTH

Southern Africa Tuberculosis and Health Systems Support Project



VOLUME 2. – THE ESMF

PROOF OF PUBLIC CONSULTATION

Prepared for:
Ministry of Health
Maseru
Lesotho

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OTHER REPORTS IN THIS SERIES

This final ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK forms part of a series which is intended to provide complete documentation for the requirements of a holistic management of all forms of environmental and social impacts that may arise from the refurbishments and or upgrading of health care facilities and laboratories in the country.

This report contains the findings of a study conducted in selected institutions across the country and the framework has been developed on the basis of the local conditions and findings.

The following documents form the series:

1. ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK for the Lesotho TB Control Programme
Volume 1: The ESMF
2. ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK for the Lesotho TB Control Programme
Volume 2: Proof of Public Consultation

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LIST OF ABBREVIATIONS

| | |
|---------|---|
| DC | District Commissioner |
| DEAP | District Environmental Action Plan |
| EIA | Environmental Impact Assessment |
| EMP | Environmental Management Plan |
| ESMF | Environmental and Social Management Framework |
| ESMP | Environmental and Social Management Plan |
| GDP | Gross Domestic Product |
| GOL | Government of Lesotho |
| HIV | Human Immune Deficiency Syndrome Virus |
| IDA | International Development Agency |
| M&E | Monitoring and Evaluation |
| MDG | Millennium Development Goals |
| MFDP | Ministry of Finance and Development Planning |
| MLGC | Ministry of Local Government and Chieftainship |
| MTEC | Ministry of Environment, Tourism and Culture |
| NAC | National Aids Council |
| NEP | National Environmental Policy |
| NGO | Non-Governmental Organisation |
| PC | Project Coordinator |
| PCU | Programme Coordination Unit |
| PDO | Programme Development Objective |
| PRS | Poverty Reduction Strategy |
| RAP | Resettlement Action Plan |
| ARAP | Abbreviated Resettlement Action Plan |
| RPF | Resettlement Policy Framework |
| SIL | Specific Investment Loan. |
| STI | Sexually Transmitted Illnesses |
| TA | Technical Assistance / Assistant (according to context) |
| TB-HSSP | Tuberculosis and Health Systems Support Project |

1. RECORD OF PUBLIC COMMUNICATIONS / MEETINGS

1.1 CONSULTED STAKEHOLDERS

Table A 10.1 Consulted Stakeholders

| | NAME | ORGANIZATION/ | DESIGNATION | CONTACT |
|------------|---------------------------------|---|--|-------------------------------|
| 1.0 | TEAM MEMBERS | | | |
| | S. Mtetwa | consultant | Consultant | +263775884628 +26668230891 |
| | Ms. Lineo Mohlomi | EHD/MOH | Health & Safety Manager | +26658445643 |
| 2.0 | PARTICIPATING MINISTRIES | | | |
| | | Ministry of Environment, Tourism and Culture (MTEC) | | |
| | | Ministry of Health | | |
| | Teboho mafooa | Ministry of labour and employment | | |
| | | Ministry of Finance | | |
| | | Ministry of Local Government | | |
| | Posholi Jonathan | Ministry of Mining | | |
| | Pokane Koatla | Ministry of Mining | | +26658424599 |
| | Malineo Sebohli | Ministry of Mining | | +26663083873 |
| | Mohato Moima | Ministry of Mining | | +26663108734 |
| 3.0 | NGOs | | | |
| | TEBA Limited - Maseru | | | |
| | Mabolaoana Phakisi | TEBA Limited | | +26662076856 |
| | Constantinus Senatla | TEBA Limited | | +26662076856 |
| | Sebongile Maweng | TEBA Limited | Head Nurse | +26662076856 |
| | Keneuoe Letsika | TEBA Limited | Laboratory Technician | |
| | Stephen Mapota | TEBA Limited | Manager | |
| | MDR - TB | | | |
| | Odunayo Johnson Alakaye | Partners in health (Botsabelo MDR-TB) | | |
| | Mabatloung mofolo | Partners in health (Botsabelo MDR-TB) | Site Director | 63097859 |
| | Mateboho Theoane | Partners in health (Botsabelo MDR-TB) | Cleaner | |
| | TEBA CLINIC - LERIBE | | | |
| | Stephen Mapota | TEBA Limited | Development coordinator | +26663338447 |
| | Qhobela Lira | TEBA Limited | SC coordinator | +26658917722 |
| | Magret Letsika | TEBA Limited | Laboratory technician | +26657767315 |
| | Limakatso Lebelo | ICAP - TEBA Limited | Nurse Adviser | +26658870904 |
| 4.0 | MAFETENG | | | |
| | Government Hospital | | | |
| | Dr. Kabala | Mafeteng Government Hospital | DMO | +26622700208 |
| | Mathabiso klaas | Mafeteng Government Hospital | Coordinator – Departmental Nursing Services (CDNS) | +26658451175 +26622700208 |
| | Tsiane Nthabiseng | Mafeteng Government Hospital | Administrator | +26658106818 |
| | Majoel Makhonya | Mafeteng Government Hospital | Principal laboratory technician | +26622700208 |
| | Mpho Makhata | Mafeteng Government Hospital | Cleaner | |

| | NAME | ORGANIZATION/ | DESIGNATION | CONTACT |
|------------|----------------------------|--|---------------------------------------|---|
| | | | | |
| | Health Centre | | | |
| | Sister Eusebia Lerotholi | Motsekua Health Centre | manager | |
| | Nthabeleng Sehlatana | Motsekua Health Centre | Nursing assistant | |
| | Mapuleng Mochekoane | Motsekua Health Centre | Cleaner | |
| | | | | |
| | pharmaceuticals | | | |
| | Mafoto Khobotlo | National Drug Services Organisation (NDSO) | CSM | |
| | Mantle ntsohi | National Drug Services Organisation (NDSO) | Assistant logistics manager | |
| | Nthoesele Leopa | National Drug Services Organisation (NDSO) | Quality Assurance Manager | |
| | Palesa Mokomeng | National Drug Services Organisation (NDSO) | | |
| | | | | |
| 5.0 | MASERU DISTRICT | | | |
| | Referral Hospitals | | | |
| | | Queen Mamohato Memorial Hospital | | |
| | Makatleho Makayane | Queen Mamohato Memorial Hospital | Nursing Manager | 22220374 |
| | Mamoonyane Lesesa | Queen Mamohato Memorial Hospital | Infection prevention and control | 62206663 Mamoonyane.Lesesa@netcare.co.za |
| | | Queen Mamohato Memorial Hospital | | |
| | Camilla Letsota | Ampath Pvt Ltd (Queen Mamohato Memorial Hospital) | Safety Health and Environment Officer | 52525050 |
| | Khotso Hlehli | Mediguardwic Cleaning Services (Queen Mamohato Memorial Hospital) | Operations Manager | |
| | | | | |
| | Health Centres | | | |
| | Ntsihlele | Ratjomose LDF Health centre | Nursing Officer | 63071575 |
| | Maselloane Nthejane | Ratjomose LDF Health centre | Nursing Assistant | 58038190 |
| | Khorola Makhahliso | Ratjomose LDF Health centre | Cleaner | 22316955 |
| | | | | |
| | | | | |
| | Blood Bank | | | |
| | Maleqhoa Nyopa | Blood transfusion services | Manager | 22316091 |
| | Khotso Kalake | Blood transfusion services | Laboratory Technologist | 58924764 |
| | | | | |
| 6.0 | LERIBE DISTRICT | | | |
| | Local Leadership | | | |
| | | | | |
| | Karabo Sello | Leribe Urban Council | Assistant Administration Officer | +26622400709 |
| | Matseliso Sejane | Rural district council | | +26628400357 |
| | Mokhabelane Morahanye | Ministry of Local Government - leribe | | +26622400293 |
| | | | | |
| | Government Hospital | | | |
| | Dr. Tshiteku Kalala | Motebang Government Hospital | Medical Superintendent | +26659785052 |
| | Mathaabe Ranthimo | Motebang Government Hospital | Manager – Hospital Nursing Services | +26658862137 |
| | Masello Mapota | Motebang Government Hospital | Senior Health Assistant | +26658434515 |
| | Mpinane Letsie | Motebang Government Hospital | Hospital Administrator | +26658862137 |
| | Lephuthing Mamosuoe | Motebang Government Hospital | TB Clinic Head | +26663433841 |
| | | | | |
| | Health Centre | | | |
| | Mamelang Molise | Peka Health Centre | RMN | +26627088825 |
| | Ester Mohapi | Peka Health Centre | Nursing Assistant | +26627088825 |

| | NAME | ORGANIZATION/ | DESIGNATION | CONTACT |
|------------|---|------------------------------------|--|--------------|
| | Lydia Sojane | Peka Health Centre | Cleaner | +26627088825 |
| | | | | |
| | Chal Hospital | | | |
| | Rafube Molefi | Mamohau Hospital | Human Resources Development | +26658414812 |
| | Teboho Likotsi | Mamohau Hospital | Maintenance Officer | +26658078552 |
| | Laetitia Tanka | Mamohau Hospital | PHC Coordinator | +26658414812 |
| | Makokonyane Khuswayo | Mamohau Hospital | | +26657807970 |
| | Makhenene Mahase | Mamohau Hospital | Cleaner | +26659049840 |
| | Marethabile Ramolula | Mamohau Hospital | Cleaner | +26659115199 |
| | | | | |
| | Private Hospital | | | |
| | Dr. R. L. Knight | Dr. C. Y. Knight Memorial Hospital | owner | +26658821389 |
| | Mabothotha Tsenase | Dr. C. Y. Knight Memorial Hospital | Assistant nurse | +26658680364 |
| | Mamabitjoa sekoai | Dr. C. Y. Knight Memorial Hospital | Cleaner | +26656644229 |
| | | | | |
| 7.0 | MOKHOHLONG DISTRICT | | | |
| | Mining Hospital | | | |
| | Posholi Jonathan | Letseng Mine | Safety Manager | +26658866686 |
| | Matsepo phosisi | Letseng Mine | PHC Coordinator | +26657684861 |
| | Makapa Kampong | Letseng Mine | Snr Nursing Officer | +26658854041 |
| | Lefatle Phakoana | Letseng Mine | Medical Superintendent | +26662100100 |
| | Mamosa Mohapi | Letseng Mine | Environment Intern | +26663816805 |
| | Tsikoe Busa | Letseng Mine | Senior Environmental Officer | +26658183888 |
| | Finane Mapota | | | |
| | | | | |
| 8.0 | CONSULTATION MEETING WITH STAKEHOLDERS | | | |
| | Lerato Nkhetse | MDA - Migrant Assistant | nkhetsel@gmail.com | 59519138 |
| | Ndynabangi Dickson | MDA - Migrant workers Association | ndyanadick@gmail.com | 50790680 |
| | Sibekile Mtewa | MoH | mikemtetwa@live.com | 68230891 |
| | Mantai Malataliana | MOLE Labour | Mntmalataliana280@gmail.com | 58902770 |
| | Mpinane Masupha | Labour | mpinanecm@gmail.com | 22315725 |
| | Thakabanna Lebitsa | Labour | thakabannalebitsa@gmail.com | 22315725 |
| | Tsatsana Molomane | Labour | | 59612352 |
| | Stephen Mapota | TEBA | stephen@teba.co.za | 63334887 |
| | Limatso Lebelo | ICAP | lebelol@org.ls | 58870904 |
| | Mashale Shale | ICAP | shalem@icap.org.ls | 58880726 |
| | Dr. Simon Marealle | MoH | smarealle@gmail.com | 63210510 |
| | K. Kalake | LBTS | khotsokalake@yahoo.com | 58880726 |
| | Dr. David Omotayo | PIH | domotayo@pih.org | 63097129 |
| | Pokane Koatla | Mining | Pc.koatla@gmail.com | 58424599 |
| | Dr. L. Maama | MoH - TB Program Manager | Maama36@hotmail.com | 58949666 |
| | | | | |

2. THE CONSULTATIONPROCESS

2.1 Objectives of Consultations

The objectives of consulting all these stakeholders were:

- To inform them of the proposed project and its likely impacts on their activities and general surroundings.
- To gather the views of the stakeholders on the proposed project.
- To accommodate the stakeholders' concerns during the project implementation.
- To establish the social implications of the project on the different stakeholders.

2.2 Stakeholders Consulted

A series of stakeholder consultations were conducted throughout the study period. Appendix 11 is 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 11 – Shows Questionnaires used). The stakeholders who were consulted include:

1. Participating Government Ministries:
 - Ministry of Environment, Tourism and Culture (MTEC)
 - Ministry of Health
 - Ministry of labour and employment
 - Ministry of Finance
 - Ministry of Local Government
 - Ministry of Mining
2. Health Care Facilities
 - Referral Hospitals
 - Large Hospitals
 - Health Centres
 - Private Non Profit (NGO)
 - Private for-Profit
 - Pharmaceuticals
 - Blood Transfusion Services
 - MDR TB clinic (Multiple Drug resistant TB)
3. Rural District Councils
4. Urban Council
5. The NGO community
6. Local leadership

The individual stakeholders who were consulted are listed in Appendix 11 together with a sample of the records of the interviews. Their views were assessed in terms of environmental, economic and social effects the project will exert on them.

2.3 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 interview with individual stakeholders.
- request for written proposals/comments
- Focussed group discussions with groups of stakeholders.
- the administration of a questionnaire
- Direct observation and discussion in the field.
- General data Collection from all stakeholders

Key stakeholders were identified by the MoH and 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.

2.4 Results of the Stakeholders' Survey

During the visits to evaluate the social management risks the identified stakeholders (See Appendix 11) were consulted, and the specific concerns raised by the stakeholder are attached as appendices (See Appendix 11). Table 7-1 below is a summary of their concerns grouped into three sectors; the Health Care Facilities, the Government Departments and the NGOs.

Table A 10.3-1 Results of Stakeholder Survey

| No. | COMMENTS FROM THE SURVEY | |
|-----|-------------------------------|---|
| 1.0 | Health Care Facilities | |
| 1.1 | Environmental | <ul style="list-style-type: none"> • Do not envisage any significant impacts as the projects will be within the footprint of existing infrastructure, i.e. Existing Health Care Facility areas. • Concerned about vegetation clearing as vegetation is already scarce in the project areas. • Engage in selective tree cutting and non destructive extraction of rocks for use in the construction of structures. • Use of concrete bricks and steel beams in construction/refurbishments can reduce destructive extraction of local materials. • Rehabilitate burrow pits and fill up gullies |
| 1.2 | Economics | <ul style="list-style-type: none"> • Expecting the refurbishments/ construction works to benefit local communities by providing employment. • Looking forward to the project impacting on the affected populations positively by improving their health and affording them to be productive again, thus impacting positively on the economy of the country. • Choice of Health care facilities for rehabilitation should be strategic enough to have a significant catchment area and service a large population. |
| 1.3 | Social | <ul style="list-style-type: none"> • People will become productive again and command better livelihoods. • TB programme will reach out to families of affected miners thus bringing the much needed relief and a curb on the ever spreading diseases. • |
| 2.0 | Government departments & RDCs | |
| 2.1 | Environmental | <ul style="list-style-type: none"> • Since the project is targeting already existing infrastructure, there will be little impact on the environment, if anything the impacts will be positive as they involve refurbishments. • Construction work may induce environmental issues like erosion and gully |

| No. | COMMENTS FROM THE SURVEY | |
|-----|--------------------------|--|
| | | <p>formation, so this should be taken into consideration and the requisite mitigation measures put in place.</p> <ul style="list-style-type: none"> The general populace should be made aware of environmental issues through community awareness campaigns. |
| 2.2 | Economics | <ul style="list-style-type: none"> The programme will result in more people accessing the Health Care Delivery. Beneficiaries will realise an improvement in livelihoods as they become productive again. The projects will prolong the life of the Health Care infrastructure which badly needs the refurbishment. Projects will serve to create employment both during the construction phase and implementation, when the TB programme will be rolled out. |
| 2.3 | Social | <ul style="list-style-type: none"> Good infrastructure will benefit the locals, in that they will receive standard services more efficiently. If communities are employed during the rehabilitation of their local infrastructure it will create a sense of ownership and the structures will be better maintained. The improvement of the infrastructure will improve the social status of the communities, inducing easy access to essential services previously not available. Employment created by the refurbishment exercises will reduce social vices and improve social/family cohesion. Completed projects can enhance sustainable development thereby uplifting the quality of life in the community. Targeting of workers during the project should not be discriminatory (sex, culture, religion etc) respect local leadership, avoid child labour and target the deserving. As local labour will be used it is highly unlikely that social values will be disturbed by the projects. There will be a need to involve HIV/AIDS counsellors to bring awareness of the scourge to the workers and beneficiaries. |
| 3.0 | NGOs | |
| 3.1 | Environmental | <ul style="list-style-type: none"> Projects should ultimately aim to reduce the ever increasing TB-HIV/AIDS burden which has engulfed the nation. Need to observe all environmental concerns during project implementation to avoid triggering such things as soil erosion, gully formation etc since most of our facilities are on steep slopes. Vegetation is scarce in the country, so clearing should be reduced to a minimum. |
| 3.2 | Economics | <ul style="list-style-type: none"> Increase the level of income of the local who will be engaged during the construction phases. More TB patients will be reached out to, and as they improve in health they will also become more productive and add to the economic growth of the nation. |
| 3.3 | Social | <ul style="list-style-type: none"> As people become more productive their livelihoods will also be improving. Target to empower women to run key economic activities to raise their social status. Gender issues should be taken seriously. The working hours during construction should be such that patients will not be affected. |
| | | |

2.5 Stakeholders' Attitudes toward the Project

All stakeholders were supportive of the project since it is geared to lessen the TB-HIV/AIDS burden that is currently engulfing the country. The Primary beneficiaries, TB-affected individuals and households will be afforded a chance to access health care services easier and get a reprieve livelihood improvement from improved health and increased productivity. They appreciated the contribution the project will have on improving the social wellbeing of the nation in general, i.e.:

- **Health benefits:-** The project will mainly benefit mining communities, high TB–burden regions and cross-border areas. Mine workers, ex-miners, their families, labour-sending areas, and health workers will be direct beneficiaries. The project will directly benefit women, particularly in the small-scale mining sector.
- **Improve coverage:-** The project will improve coverage and quality of key TB control and occupational lung disease services in the following manner:-
 - Percentage of pansusceptible TB patients cured in line with regional protocols
 - Percentage of drug-resistant TB cases who complete treatment. (This includes cured patients plus those who complete the treatment but the culture result is unavailable.)
 - Percentage of suspected TB cases tested for HIV in the targeted geographic areas.
 - Percentage of ex-miners and miners screened annually for TB, silicosis, and other occupational lung diseases according to national and regional protocols
 - Number of miners and ex-miners successfully referred for TB and occupational health services from South Africa and within country.
- **Improve access:-** The project will help improve access to quality TB prevention and treatment services by supporting such roll-out and implementation of a package of harmonized TB prevention and treatment services
- **Occupational health services:-** The project will strengthen the core occupational health services and safety standards in the country. It will help to make TB a compensatable work related illness
- **Strengthen basic health systems:-** The project will help to strengthen basic health systems to position the country to better manage the complex TB epidemic and associated diseases. It will prioritize: (i) improving quality and availability of skilled human resources for disease surveillance, management of MDR-TB, and occupational health services; (ii) strengthening diagnostic capacity; and (iii) strengthening mine health regulation.
- **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 countries and achieving economies of scale.
- **Disease surveillance and diagnostic capacity:-** The project will strengthen disease surveillance and diagnostic capacity by capacitating selected laboratories. This will involve refurbishing them, equipping them and developing them up to accreditation.
- **Mine health regulation:-** The project will strengthen mine health regulations by updating regulatory frameworks and coordination in reporting on mine health and safety performance across countries; and (ii) strengthen regulatory institutions to better enforce compliance with mine health and safety standards.
- **Education:-** children access to better and quality education will also improve as parents will be able to pay fees. in time as well as buying other education materials for their children, since they will be productive again

- **Gender equality:-** improved incomes and participation of women will improve gender relations at both the household and community levels.
- **Decrease in antisocial behaviour:-** when people become productive anti social behaviour 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 programmes.
- **Employment generation:-** though this will be seasonal the Public Community Works project will create jobs to the affected community which help to improve their incomes, their livelihoods, and reduce idleness. Participating households will acquire assets that help raise their social status.
- **Business and economic growth:-** The local business owners will also benefit from the project. Increased disposable incomes for the communities' increases their spending power and growth of the local businesses and the community in general.

2.4 COMPARISON OF ASPECTS RAISED

a) Comparison of environmental aspects

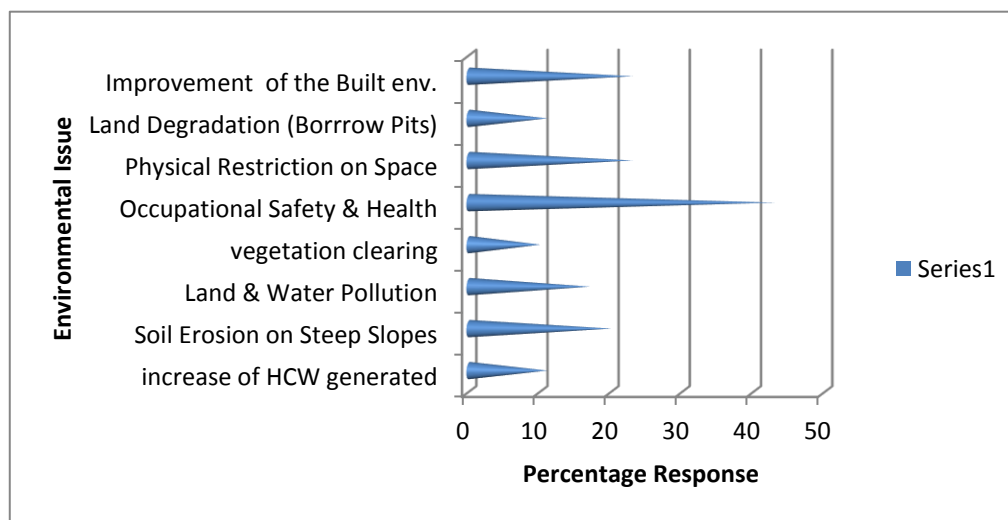


Figure 2-1 Comparison of environmental aspects raised

From the graph above environmentally many people (40%) were concerned with occupational health and safety in the mines and quarries around the country. It is the main cause of the diseases and thus people are wary about it. The fact that TB is not a compensatable work related illness in terms of the Lesotho legislation is a cause for concern for many and they are eagerly awaiting the legislative reviews that will change this status. The other issues like soil erosion on steep slopes, lack of land for expansion and improvements on the built environment came second with 20% of stakeholders mentioning them. Vegetation clearing was the least mentioned as most of the expansions will be within the footprint of existing infrastructure.

b) Comparison of economic aspects

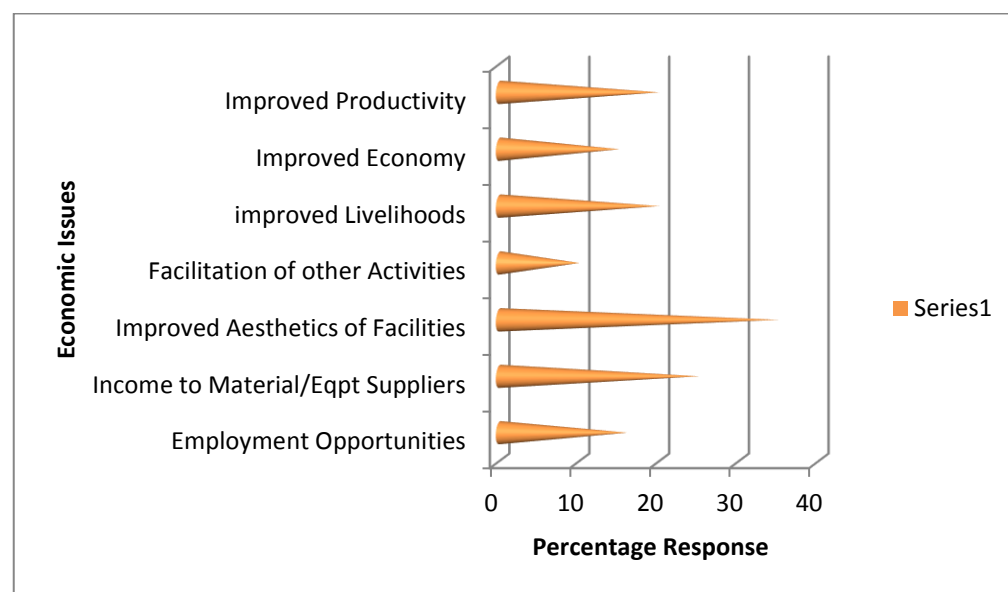
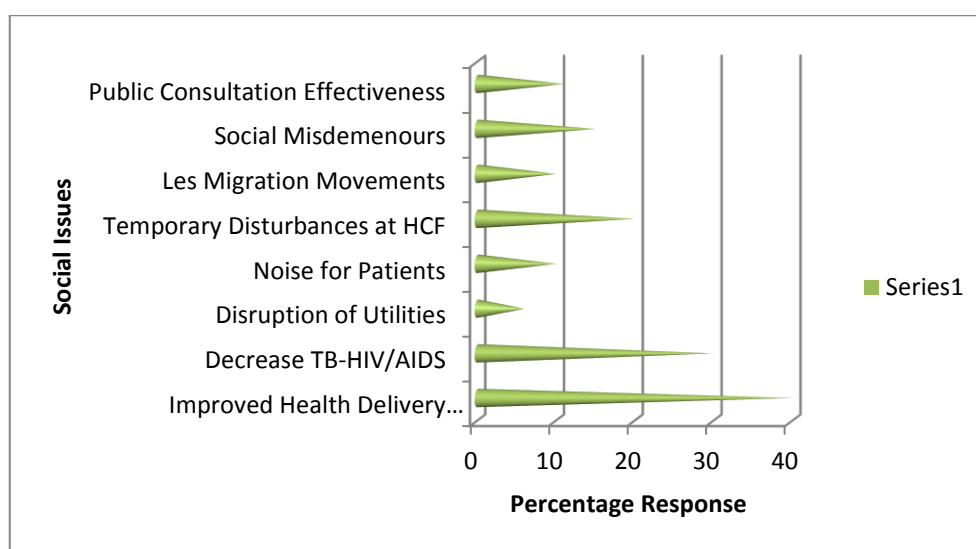


Figure 2-2 Comparison of economic aspects raised

Many of the consulted stakeholders (35%) welcomed the potential for improved aesthetics of the Health Care Facilities, some of which are badly in need of maintenance. Income to material and equipment suppliers was also mentioned by many stakeholders (25%). Improved productivity, economy and livelihoods were equally mentioned at 16%.

Though least in the percentage responses, employment creation and facilitation of other activities, are key in the project as this will assist many to pull out of the poverty cycle by offering the otherwise redundant local folks some form of employment during the refurbishment exercise and will create further employment as people continue to be engaged in the various expanded programmes.

c) Comparison of social aspects responses

**Figure 2-3** Comparison of social aspects raised

The improved health delivery services issue tops the social aspects with 40 %. This is because the current situation is a problem to many people who end up not receiving treatment because of the inefficiencies of the system. The issue of decreased TB-HIV/AIDS received second level of responses (29%) as this is the main thrust of the proposed project.

The other major social issue raised was the potential for temporary disturbances at the health centre with 19%. This may require shifting of wards to make way for the refurbishments. It was followed by the potential for social misdemeanours (20%). This is because once people are grouped and start working together and start receiving some income, relationships start to develop which may affect the established social fabrics. The refurbishments will definitely cause some noise for the patients (10%). It will also cause people to migrate less for medical reasons as the health care services will now be available.

2.5 PUBLIC AWARENESS AND CONSULTATION PLAN

For the successful identification and assessment of project specific environmental and social impacts and development/recommendation, implementation and monitoring of the respective mitigation or enhancement measures, a continuous consultative process is required. The implementing agency, Ministry of Health (MoH) has the responsibility to effectively engage stakeholders in achieving the project objectives for the benefit of all. Through consultations, it will create a bridge of communication between the public and the Government, which will improve the efficiency and transparency of project execution. This public consultation plan (PCP) forms part of the ESMP and is the same for all categories of the planned sub-projects. The development of this ESMF is based on a consultative process comprising key stakeholders at the national, district and local levels and sought their feedback. Key government agencies and NGOs have been consulted at the various levels to obtain their consent on the ESMF (Appendix 11).

2.5.1 Objectives of the Plan

This plan 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. The goals of the public consultations are to provide the PCU with:

- Status of implementation of the identified measures,
- A sense of the concerns, priorities and aspirations of the beneficiaries as they implement the measures,
- Information to shape the programs of the project as it progresses,
- Whenever possible, specific recommendations and proposals.

In addition to the aforementioned goals, the key objectives of public consultation during the preparation of safeguards instruments including ESMF include:

- To provide the participating districts with:
 - A forum to interact constructively and make progress towards solutions and actions
 - Feedback from PCU on information received and steps to follow

2.5.2 Principles

To ensure effective implementation of this plan, the PCU shall be committed to the following principles:

- promoting openness and communication;
- ensuring effective stakeholder involvement;
- Evaluating the effectiveness of the engagement plan in accordance with the expected outcomes.

Thus the Beneficiaries are given:

- Clear information on the purpose and objectives of the meeting
- Opportunity to express individual views without interruption or contradiction
- Opportunity to build on views expressed and, whenever possible, to discuss and reach conclusions, consensus or recommendations
- Opportunity to engage in open-ended discussion (generally at the conclusion of the meeting)

2.5.3 Structure of the Consultations

Consultation meetings will generally take two approaches; (i) individual interviews involving completion of a standard questionnaire, (ii) focus group meetings. The consultations will also be structured along the following lines:

- Advance notification
- Introduction and information
- Early break-up into work groups or roundtables
- Opportunity for each participant to make a presentation
- A closing session to allow open discussion between participants and PCU members

The PCU will normally act as facilitators, although professional facilitators may be employed when it is appropriate. Members of the general public may state their views:

- In a brief presented at the meeting or submitted to the PCU before the established deadline.
- Speaking at the public meeting, using whatever form of presentation they consider appropriate.

2.5.4 Public Disclosure Plan

Following the public consultation, all comments and briefs will be analyzed by the PCU, which shall prepare a report for the MoH. **The report will be published and made available to the concerned community grouping and to anyone else upon request.**

For projects such as the **Tuberculosis and Health Systems Support Project**, the World Bank procedures require that an ESMF be prepared and publicly disclosed prior to project appraisal. This allows the public and other stakeholders to comment on the possible environmental and social impacts of the project, and the appraisal team to strengthen the frameworks as necessary, particularly measures and plans to prevent or mitigate any adverse environmental and social impacts.

In line with this, the ESMF will be available at the relevant institutions at all levels and be publicly disclosed both in country and at the World Bank's Info-Shop. The MoH will make copies of the ESMF available in selected public places in English and local language in compliance with the World Bank's *Public Consultation and Disclosure Policy*. It is proposed that the locations of copies are announced through radio announcement in addition to press releases.

Any ESMPs and other safeguards instruments that will be prepared for sub-projects under the **Tuberculosis and Health Systems Support Project** will also needed to be disclosed to the public and Bank/s info-Shop. Copies of the EMPs should be made available to communities and interested parties in accessible locations through local government authorities, (e.g., local councils, district offices). Copies of the ESMPs should also be provided to the implementing agencies and submitted to the World Bank. This will ensure record keeping of all activities implemented under the ESMF and ensure that third party audits have adequate information when undertaking annual environmental and social audits

3. THE RECORDS OF CONSULTATIONS

3.1 PARTICIPATING MINISTRIES

3.1.1 MINISTRY OF LABOUR AND EMPLOYMENT

(i) Meeting With Teboho Mafooa



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME TEBOHO MAFOOA
ORGANISATION MINISTRY OF LABOUR & EMPLOYMENT
PHYSICAL ADDRESS BUS STOP AREA, ~~AT~~ OXFORD BUILDINGS
PHONE NUMBER +266 59 802078 E-MAIL ADDRESS tmafooa@gmail.com

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental impacts do you envisage?

Since our mandate is to prevent accidents and health illness for the workers in formal ~~or~~ employment, we emphasize that during construction and refurbishment workers be given protection against hazardous operations.

- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental impacts do you envisage?

The risk assessment profile for construction activities should be developed, whereby asbestos is ~~not~~ to be worked on, competent and authorized personnel should handle it.

If it is to be exposed, it should be in a good manner that is done by relevant companies in the country or outside the country.

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

The project shall create jobs for local people, whereby expatriates are engaged they shall have work permits.

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements

Since people will migrate from rural to urban areas or from their homes to workstation, there might be fight for jobs. Also HIV/AIDS may rise since people will be away from their spouses.

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities) – are the current health facilities adequate?

6. Other Comments:

The project should try as much as possible to align itself with Labour Laws.

Signed:

interviewee

Teboho MAFONA Date 08/01/16
Ministry of LABOUR & EMPLOYMENT

Interviewer

Date

3.1.2 MINISTRY OF MINING

(i) Meeting with Pokane Koatla



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME POKANE HOATLA
 ORGANISATION MINISTRY OF MINING
 PHYSICAL ADDRESS Cnr Constitution & Parliament Road, Maseru
 PHONE NUMBER +266 58 42 45 99 E-MAIL ADDRESS p.c.hoatla@gmail.com

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental impacts do you envisage?
 The project will have a negative impact
 on water resource
 - existing vegetation on the areas
 - soil/soil erosion
- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental impacts do you envisage?
 - water consumption and water pollution
 - Air pollution
 Damages to natural landscape and flora

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

- Employment of the local people
 - Benefit by local or new business in the area

3. Social Aspects:

- Demographic: (Population characteristics)** - Existing migration movements

- There will be no need for people to go to towns for services in the rural areas
 - there will be no referral to Flegana / Bloemfontein for treatment

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

- positive attitude towards the project
 - Culturally friendly
 - People will need see transparency in terms of service deliveries.

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities) – are the current health facilities adequate?

There is no adequate services around the mines in Lesotho, other mines do not have health services at all.

6. Other Comments:

Signed:

interviewee



Date

12/01/16

Interviewer

Date



KINGDOM OF LESOTHO

MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME MALINGO SEBOHOLI
 ORGANISATION MINISTRY OF MINING
 PHYSICAL ADDRESS LMDC BLOCK A, LEVEL 4
 PHONE NUMBER +266 63083873 E-MAIL ADDRESS mseboholi@yahoo.co.uk

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS**1.0 Environmental Concerns:**

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental impacts do you envisage?

The surveys will take time of people and might affect the productivity of mines. The other works might affect the surrounding environment by dust.

- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental impacts do you envisage?

The structures are going to be very useful, especially clinics to patients and might bring a lot of different impacts in the recovery of patients.

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

People will get jobs during the implementation and others will see business opportunities.

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements**

As the clinics are built, there will be health workers migrating to these places & this might impact negatively to surrounding communities.

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

People will need transparency when jobs are awarded.

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities) – are the current health facilities adequate?

In the mines the clinics are ^{only} going to present at big diamond mines and they are very much needed in other mines.

6. Other Comments:

Signed:

interviewee



Date

07/01/16.

Interviewer

Date



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME Mohale Moma
ORGANISATION Ministry of Mining
PHYSICAL ADDRESS Cape Parliament & Constitution Road
PHONE NUMBER 63108734 E-MAIL ADDRESS mohalecm@eellbot.com

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental impacts do you envisage?
 • CHANGE TO THE NATURAL LANDSCAPE
 • AIR AND NOISE POLLUTION DURING THE EQUIPMENT USED
 • POTENTIAL DAMAGE TO THE FLORA IN THE AREA
- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental impacts do you envisage?
 • DAMAGE TO THE FLORA
 • AIR AND NOISE POLLUTION
 • LANDSCAPE CHANGE
 • SOIL EROSION, SILT BEARING RUNOFF POLLUTION

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

POTENTIAL EMPLOYMENT AND UPGRADES OF THE PEOPLE'S LIVELIHOODS DUE TO DIRECT AND INDIRECT INCOME OPPORTUNITIES. LIFESTYLE CHANGE DUE TO NEW SOURCES OF INCOME.

3. Social Aspects:

- Demographic: (Population characteristics) -** Existing migration movements

POSSIBLE LESSENING OF EMIGRATION IN HIGH UNEMPLOYMENT PLACES, INCREASED IMMIGRATION TO PLACES OF LOW UNEMPLOYMENT AND ALSO IN HIGH UNEMPLOYMENT PLACES WHICH COULD LEAD TO TENSIONS.

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

THE PROJECT COULD BE A ~~POSITIVE~~ HAVE A POSITIVE RECEPTION ^{FROM} COMMUNITIES DUE TO LACK OF SERVICES IF THEIR RIGHTS ARE CONSIDERED IN ITS PLANNING + IMPLEMENTATION.

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities)– are the current health facilities adequate?

6. Other Comments:Signed: 

interviewee

MOKATO M. M. M.

Date

Interviewer

Date

3.2.0 NGOs

3.2.1 TEBA Limited - Maseru

(i) Meeting with Constantinus Senatla



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME CONSTANTINUS SENATLA
 ORGANISATION TEBA LIMITED
 PHYSICAL ADDRESS 226 MOSHOESHOE ROAD MASERU 100
 PHONE NUMBER 0026663076856 E-MAIL ADDRESS CONSTANTINUS@TEBA.CO.ZA

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental and social impacts do you envisage?

WE CURRENTLY HAVE THREE TB CLINICS THAT PROVIDES SCREENING, TESTING, DIAGNOSIS AND MANAGEMENT IN COLLABORATION WITH MOH. LITTLE UPGRADING NECESSARY IN TERMS OF EQUIPMENT AND FACILITIES ETC. PORTABLE CONTAINERS, CHLORINE, COUGHING BOOTH.

- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental and social impacts do you envisage?

WE NEED TO EMPLOY PROFESSIONAL STAFF THAT HAS THE NECESSARY SKILLS AND EXPERIENCE IN HIV & TB SCREENING AND MANAGEMENT TO PROVIDE EFFICIENT SERVICES TO PATIENTS AND THEIR FAMILIES. N/AUSE MANAGEMENT ISSUES TAKEN CARE OF WITH THE ASSISTANCE OF THE LOCAL HOSPITALS.

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.
LIVELIHOODS AND ECONOMIC BASE OF PEOPLE WILL IMPROVE. WE WILL NEED TO EMPLOY HEALTH PROFESSIONALS WHO WILL ASSIST IN THE FIGHT AGAINST HIV AND TB IN LESOTHO AND REDUCE HIGH UNEMPLOYMENT IN LESOTHO, BY THE USE OF LATEST TECHNOLOGY.

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements

MIGRANTS ARE ASSOCIATED WITH TB/A FOR FREEDOM. POST-EMPLOYMENT SERVICES ARE AS SUCH THE PROJECT AT TB/A WILL ASSIST IN EARLY DETECTION OF TB/A. WE WILL ALSO SERVE THE RURAL POPULATION WHICH COMES FROM VARIOUS RURAL & URBAN AREAS.

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

MIGRANTS AND THEIR FAMILIES ARE USED TO VISITING TB/A FOR A VARIETY OF SERVICES AND INCLUSION OF HEALTH SERVICES IS A BONUS TO THEM AND MORE ENJOYABLE THAN VISITING OTHER HEALTH FACILITIES IN THE COMMUNITY. THEY HAVE TRUST IN US.

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities) – are the current health facilities adequate?

NEED FOR MORE SPACE CONSULTING AND COUNSELLING. NOT AT ALL. EVEN WHERE INFRASTRUCTURE IS GOOD YOU WILL FIND THAT THERE IS SHORTAGE OF STAFF AND OTHER RESOURCES LIKE VEHICLES AND MEDICATION SUPPLY. AT LEAST ONE PROFESSIONAL COUNSELLOR ON SITE.

6. Other Comments:

WE AS TB/A LIMITED, ARE FOR PROFIT BUT AT THE SAME TIME HAVE OUR DEVELOPMENT WING WHICH IS DESIGNED TO HELP THE COMMUNITY AND ASSIST THEM TO PLOUGH BACK THROUGH VARIOUS PARTNERSHIPS WITH OTHER STAKEHOLDERS. NEED TO ADDRESS TB IN RURAL AREAS WE ARE WELL PLACED WITH COMPREHENSIVE DATABASE FOR MIGRANTS AND THEIR FAMILIES.

Signed:

interviewee



Date

23/12/2015

Interviewer

Date

3.2.2 MDR - TB

(i) Meeting with Odunayo Johnson Alakaye



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME ODUNAYO JOHNSON ALAKAYE
 ORGANISATION PARTNERS IN HEALTH
 PHYSICAL ADDRESS 233, CORNER CALDWELL AND LANCERS RD, MASERU WEST
 PHONE NUMBER +26622312399 E-MAIL ADDRESS djohnson@pih-org

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include:

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS**1.0 Environmental Concerns:**

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental and social impacts do you envisage?

During this phase especially during demolitions or clearing,
how would the waste generated be managed and
at this point how would the patient be taken care of
while renovating the facilities.

- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental and social impacts do you envisage?

This will have a positive impacts as there will be
more space to see patients.

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

This will improve our outcomes positively and will improve productivity of patient leading economic advancement in the country at large.

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements**

This will further increase the number of people seeking healthcare management at the facility.

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities)– are the current health facilities adequate?

Yes, it is adequate for the group of patient we are managing at the moment. However, due to recent expansion in our program the facility will be inadequate in the nearest future.

6. Other Comments:

This will be a good starting point in the fight against TB and its coming at an appropriate time as Lesotho is burdened with this disease of public health importance.

Signed:

interviewee

Ochame Johnson Alakwe

Date: 07/01/2016

Interviewer

Date:

(ii) Meeting with Mabatloung mofolo



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME M. Mofolo
 ORGANISATION P.H
 PHYSICAL ADDRESS HA Tseane
 PHONE NUMBER 6397859 E-MAIL ADDRESS Mabatloungm@gmail.com

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

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- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS**1.0 Environmental Concerns:**

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental and social impacts do you envisage?
unconducive environment for our patients - due to
noise, dust
infection control measures will be affected
- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental and social impacts do you envisage?

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

More people will be diagnosed and treated - hence be able to be healthy and able to work.

3. Social Aspects:

- **Demographic: (Population characteristics)** - Existing migration movements

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities)– are the current health facilities adequate?

NO - There is a need for TB/HIV in patients. So construction of wards and isolation wards will be of great help.

6. Other Comments:

Signed:

IntervieweeDate.....

InterviewerDate.....

3.3 MAFETENG

3.3.1 GOVERNMENT HOSPITAL

(ii) Meeting with Mathabiso klaas



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME Mathabiso Klaas
 ORGANISATION Mafereng Govt Hospital
 PHYSICAL ADDRESS Mafereng Hospital Area
 PHONE NUMBER 58451175 E-MAIL ADDRESS mathabiso.klaas@gmail.com

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

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These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental and social impacts do you envisage?

Anxiety, Financial gain - Clearing of the vegetation, dust will affect patients and staff and there will be a lot of noise.

- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental and social impacts do you envisage?

- There will be more advanced equipment.
- The TB programme will improve its services and as a result improve the life of many Basotho and improvement of the community at large.

- There will be more people who get cured and the task force will also improve.

- More Rooms.

- More staff - new employees.

- Rolling out new TB patients.

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

- ~~more~~ people will come to work with the Contractors and others will sell food to the workers therefore gain financially.
- Families will also improve financially.

3. Social Aspects:

- **Demographic: (Population characteristics)** - Existing migration movements

- Migration of workers from Rural areas to towns
- There will be people who have more or new sex partners and the incidence of HIV/AIDS will increase.
- More Babies born will be born - from these new relationships

Cultural Aspects:

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

- There will always be resistance to change.
- More tests will be done at district level therefore there will be no waste of time before patients start treatment.

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities)– are the current health facilities adequate?

- Increased working space.

6. Other Comments:

The project is going to empower more people with knowledge, skills & financial gain.

Signed:

interviewee

Abulhas

..Date

06/10/2015

Interviewer

1 ~~Alphawa~~

Date..

6-01-16

(ii) Meeting with Tsiane Nthabiseng



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME TSIANE NTHABISENG
 ORGANISATION MASEDOG HOSPITAL
 PHYSICAL ADDRESS MAROG
 PHONE NUMBER 58106818 E-MAIL ADDRESS francistiane@johann

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental and social impacts do you envisage?

- clearing - People may complain of their vegetation
 - Demolition - we do not want any dust for our patients

- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental and social impacts do you envisage?

- More rooms for patients and more working space for staff
 - more equipment

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

→ Save more lives
→ economic growth if people are treated

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements

→ few people will migrate

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

→ People will welcome such projects

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities) – are the current health facilities adequate?

→

6. Other Comments:

ADD CONSTRUCTION, REFURBISHMENT AND UPGRADE OF HEALTH FACILITIES IMPROVES HEALTH FACILITY SERVICES TO THE COMMUNITY

Signed:

interviewee

TSIAOE WINTABISA Date 06/12/15

Interviewer

1 ~~Wintabisa~~ Date 6-12-15

(ii) Meeting Mafeteng Government Hospital**MAFETENG GOVERNMENT HOSPITAL:**

MINUTES OF THE MEETING FOR THE DEVELOPMENT OF AN ESMF AND
ICWMP FOR THE LESOTHO TUBERCULOSIS AND HEALTH SYSTEMS
SUPPORT PROJECT HELD ON 6 JANUARY 2016 AT 10:00 AM

1.0 ATTENDANCE

| | NAME | ORGANIZATION | DESIGNATION | CONTACT |
|----|-------------------|------------------------------|---------------------------------|-------------------------------|
| 1. | Mathabiso klaas | Mafeteng Government Hospital | CDNS | +26658451175 +26622700208 |
| 2. | Tsiane ntaabising | Mafeteng Government Hospital | Administrator | +26658106818 |
| 3. | Majoel malchoanya | Mafeteng Government Hospital | Principal laboratory technician | +26622700208 |
| 4. | Mpho Makhata | Mafeteng Government Hospital | Cleaner | |
| 5. | LINEO Mohlomi | MoH | Health Inspector | +26658445643 |
| 6. | Sibekile Mtetwa | MoH | Consultant | +26668230891 +263775884628 |

2.0 APOLOGIES

No Apologies were made.

3.0 PROCEEDINGS

The meeting was chaired by Mrs. Mathabiso klaas, the CDNS at Mafeteng Government Hospital. The Chairperson welcomed the team and requested self introductions from all members. After that the chair then handed over the meeting to the consultant to brief the members the purpose of the meeting.

The consultant explained the purpose of the meeting as a consultative meeting to gather the stakeholders environmental and social concerns as regards the proposed refurbishment and expansion of health care facilities and laboratories and the resultant expanded roll out of the TB control programme. He clarified that this process was leading to the development of a Environmental and Social management framework (ESMF) for the proposed project and also a review of the infection control and waste management plan (ICWMP)

1 4.0 MEMBERS CONCERNS AND VIEWS

After the consultants briefing the meeting then engaged in general discussions in which the Mafeteng Government Hospital staff raised the following concerns and views:

- During the construction/refurbishment phase the hospital may experience a shortage of space as this may involve demolition of walls etc. Will this not raise the numbers of defaulters in the TB/HIV treatment as people avoid congestion. This should be countered by the hospital management becoming more innovative in sharing the remaining space for all the programmes.

- The construction/refurbishment work will produce noise which will not go very well with ill people and the neighbours. So noise must really be reduced to tolerable levels and real heavy machinery must be avoided.
- The construction/refurbishment process will produce dust. This must be taken care of and be minimised as it will affect patients.
- The coming in of construction teams may bring with it the further spreading of TB - HIV/AIDs from promiscuity and also may have impacts on the social fabric as the new comers interfere with existing relationships. This can be minimised by employing locals as much as is possible.
- The construction/rehabilitation will generate waste which may become a nuisance as it may be dumped in undesignated areas and cause problems.
- During the operation stage, when the hospital has been expanded, the locals will have better services at hand and this will mean saving of travel money to far of hospitals and increased good health in the locality.

The staff generally welcomed the project and emphasised that their concerns should be taken care of so that the negative impacts may be minimised in the process of bringing this major development in the area. They were happy that the expansion of the facility means more work for them and their other colleagues who are currently not employed.

There being no other business to discuss the meeting was adjourned and the team proceeded to completing the questionnaires and carrying out inspections of the hospital waste management system.

SIGNED.

.....
STAFF REPRESENTATIVE

.....
DATE

.....
CONSULTANT

.....
DATE

3.2 NATIONAL DRUG SERVICES ORGANISATION (NDSO)

(ii) Meeting National Drug Services Organisation (Ndso)

NATIONAL DRUG SERVICES ORGANISATION (NDSO):

MINUTES OF THE MEETING FOR THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO TUBERCULOSIS AND HEALTH SYSTEMS SUPPORT PROJECT HELD ON 12 JANUARY 2016 IN THE BOARD ROOM AT 09:00 AM

1.0 ATTENDANCE

| | NAME | ORGANIZATION/ | DESIGNATION | CONTACT |
|----|-----------------|--|-----------------------------|-------------------------------|
| 1. | Mafoto Khoboffo | National Drug Services Organisation (NDSO) | CSM | |
| 2. | Mantle ntooni | National Drug Services Organisation (NDSO) | Assistant logistics manager | |
| 3. | Nthoesele Leopa | National Drug Services Organisation (NDSO) | Quality Assurance Manager | |
| 4. | Palesa Mokomeng | National Drug Services Organisation (NDSO) | | |
| 5. | LINEO Mohlomi | MoH | Health Inspector | +26658445643 |
| 6. | Sibekile Mtetwa | MoH | Consultant | +26668230891 +263775884628 |

2.0 APOLOGIES

No Apologies were made.

4.0 PROCEEDINGS

The meeting was chaired by Mr. Mafoto Khoboffo, the CSM at the National Drug Services Organisation (NDSO). The Chairperson welcomed everyone who had attended the meeting and requested self introductions from all members. He then proceeded to give a brief health and safety introduction for the sake of the visiting team. He emphasised that they should always consider the risk of anything they do, report anything wrong you observe and always to observe the three point rule when going up any stair case. He further reiterated the need to keep clear of any steep edges and high walls when walking around the mine and to observe the speed limit of 30km/hr.

The chairman then handed over the meeting to the consultant to brief the members the purpose of the meeting. The consultant then explained the purpose of the meeting as a consultative meeting to gather the stakeholders environmental and social concerns as regards the proposed refurbishment and expansion of health care facilities and laboratories and the resultant expanded roll out of the TB control programme. He clarified that this process was leading to the development of a Environmental and Social management framework (ESMF) for the proposed project and also a review of the infection control and waste management plan (ICWMP)

He then requested for any questions and clarifications.

2 4.0 members CONCERNS AND VIEWS

The members raised the following concerns and views:

- The area to be constructed is on a steep slope and the erosion potential is high. Steps should be taken to minimise this possibility.
- During the construction phase the clinic will experience further shortage of space as this may involve demolition of walls etc. this may raise the numbers of defaulters in the TB/HIV treatment as people avoid congestion. This should be countered by the clinic management becoming more innovative in sharing the remaining space for all the programmes.
- The construction work will produce noise which will not go very well with ill people and the neighbours. So noise must really be reduced to tolerable levels and real heavy machinery must be avoided.
- The construction process will produce dust. This must be taken care of and be minimised as it will affect patients.
- The coming in of construction teams may bring with it the spread of HIV/AIDs from promiscuity and also may have impacts on the social fabric as the new comers interfere with existing relationships. This can be minimised by employing locals as much as is possible.
- The construction will have negative effects of destroying some mango trees which were being used by the patients for fruits and which were also serving as a windbreaker.
- The construction/rehabilitation will generate waste which may become a nuisance as it may be dumped in grazing lands and cause problems.
- During the operation stage, when the clinic has been expanded, the locals will have better services at hand and this will mean saving of travel money to far of hospitals and increased good health in the locality.
- The expansion of the clinic will produce more space for more programmes at the clinic.
- The rehabilitation of the maternity unit will be of great benefit to expectant mothers since currently they have to go to the major hospitals which are very far.
- The project is a welcome move as it will benefit the public, more so the HIV/AIDS and TB patients.

The staff generally welcomed the project and emphasised that their concerns should be taken care of so that the negative impacts may be minimised in the process of bringing this major development in the area. They were happy that the expansion of the facility means more work for them and their other colleagues who are currently not employed.

There being no other business to discuss the meeting was officially closed at 13:30pm.

SIGNED.

.....
CHAIRMAN

.....
DATE

.....
STAFF REPRESENTATIVE

.....
DATE

4.0 MASERU DISTRICT

4.1 REFERRAL HOSPITALS

(ii) Meeting Mamohau Hospital

MAMOHAU HOSPITAL:

MINUTES OF THE MEETING FOR THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO TUBERCULOSIS AND HEALTH SYSTEMS SUPPORT PROJECT HELD ON 13 JANUARY 2016 AT 08:00 AM

2.0 ATTENDANCE

| | NAME | ORGANIZATION | DESIGNATION | CONTACT |
|----|----------------------|------------------|-----------------------------|-------------------------------|
| 1. | Rafube Molefu | Mamohau Hospital | Human Resources Development | +26658414812 |
| 2. | Teboho Likotsi | Mamohau Hospital | Maintenance Officer | +26658078552 |
| 3. | Laetitia Tanka | Mamohau Hospital | PHC Coordinator | +26658414812 |
| 4. | Makokonyane Khuswayo | Mamohau Hospital | | +26657807970 |
| 5. | Makhenene Mahase | Mamohau Hospital | Cleaner | +26659049840 |
| 6. | Masethabile Ramolula | Mamohau Hospital | Cleaner | +26659115199 |
| 7. | LINEO Mohlomi | MoH | Health Inspector | +26658445643 |
| 8. | Sibekile Mtetwa | MoH | Consultant | +26668230891 +263775884628 |

2.0 APOLOGIES

No Apologies were made.

5.0 PROCEEDINGS

The Human Resources Development Manager of Mamohau Hospital, Mr. Rafube Molefu chaired the meeting. He welcomed the team and introduced his staff members. He went on to explain that Mamohau Hospital was a semi autonomous institution run by CHAL but also receiving some support from Government. It is basically a primary health hospital reaching out to the rural populations. After that he handed over the meeting to the consultant to brief the members the purpose of the meeting.

Mrs Lineo Mohlomi explained the purpose of the meeting as a consultative meeting to gather the stakeholders' environmental and social concerns as regards the proposed refurbishment and expansion of health care facilities and laboratories and the resultant expanded roll out of the TB control programme. She further explained that the consultations would lead to the development of a Environmental and Social management framework (ESMF) for the proposed project and also a review of the infection control and waste management plan (ICWMP)

3 4.0 MEMBERS CONCERNS AND VIEWS

After Mrs Lineo Mohlomi's briefing the meeting then engaged in general discussions in which the Mamohau Hospital staff raised the following concerns and views:

- One of the staff members raised the issue of segregation of waste at the institution. He said although all staff were aware of the three bin system at time wrongly segregated waste was getting to the incinerator and was raising problems for the operators. The meeting realised that there was a general laxity about handling waste in the institution and they all agreed that the waste generators were responsible for segregating at source and if the accidentally place infectious waste in a black plastic they should label it so.
- It was also raised that spillages are going un-disinfected and the cleaners are being exposed and also spreading the infectious materials all over as they clean with their mops whilst the spillage hasn't been disinfected. The meeting agreed that the medical staff were the ones in charge of the spill kits and were supposed to disinfect the spillages before the cleaners come to clean it up.
- One of the members pointed out that the construction/refurbishment work will produce noise which will disturb patients. He pointed out that if less noisy equipment can be used and only during certain hours of the day, that would minimise the disturbance.
- He also pointed out that the demolitions may produce dust and that this can be contained using dust screens to minimise it.
- Another member was concerned about the construction rubble that will generated and may become a nuisance as it may be dumped in undesignated areas and cause problems.

In general the members were all in agreement that such a project was long overdue as the current facilities nationwide were not adequate and suitable to handle the emerging problems like TB.

There being no other business to discuss the meeting was adjourned and the team proceeded to complete the questionnaires, after which an inspection of the premises was conducted to see how the waste was being handled.

SIGNED.

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STAFF REPRESENTATIVE

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DATE

.....
CONSULTANT

.....
DATE

4.2 HEALTH CENTRES

(ii) Meeting with Maselloane Nthejane



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME
 ORGANISATION MOTEBANY HOSPITAL Lof Clinic
 PHYSICAL ADDRESS Ha Thesane
 PHONE NUMBER 22316955 E-MAIL ADDRESS

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- 11 (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
 (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental impacts do you envisage?

The concern is if there will be enough space for the construction.

- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental impacts do you envisage?

Implementation phase can cause inconvenience to staff and patients with noise & the dust from the operation.

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

The patients will be well and able to work therefore improve economy.

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements

When people are well care for, at the facility, they won't migrate to other facilities

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

People will be happy for the project because it will help them for a better health

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities)– are the current health facilities adequate?

No they are not adequate because the patients are too many

6. Other Comments:

Signed:

interviewee

Ntshiele

Date 14/04/16

Interviewer

[Signature]

Date 14/01/16

4.3 BLOOD BANK

(ii) Meeting with Maleqhoa Nyopa



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME MALEQHOA NYOPA
 ORGANISATION LESOTHO BLOOD TRANSFUSION SERVICE
 PHYSICAL ADDRESS LITHABANE, ROAD TO QUEEN MAMOHATO MEMORIAL HOSP
 PHONE NUMBER 22316091 E-MAIL ADDRESS maleqhoanyopa@yahoo.co.uk
58863495

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental impacts do you envisage?

NOISE AND DUST

- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental impacts do you envisage?

THERE MIGHT BE LIMITED SPACE IN SOME FACILITIES

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

PEOPLE'S LIVES WILL BE IMPROVED BY PREVENTING INFECTION DUE TO PROPER WASTE DISPOSAL

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements

THERE WILL BE NO MIGRATION

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

PEOPLE THINK THAT PROJECT STAFF ARE GETTING A LOT OF MONEY WITH NOT MUCH WORK TO DO, MAKING THEM NOT TO SUPPORT THEM FULLY

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities) - are the current health facilities adequate?

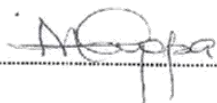
GENERAL INFRASTRUCTURE MIGHT BE ADEQUATE BUT THERE ARE NO DEDICATED VEHICLES AND STAFF FOR WASTE MANAGEMENT

6. Other Comments:

I would suggested for the provision of purpose designed vehicles and dedicated staff who are trained for managing hazardous waste

Signed:

interviewee



Date 15/01/16

Interviewer

Date

5.0 LERIBE DISTRICT
5.1 LOCAL LEADERSHIP
(ii) Meeting with Karabo Sello



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME Karabo Sello
 ORGANISATION Hlotse Urban Council
 PHYSICAL ADDRESS P Hlotse Leribe
 PHONE NUMBER 22400709 E-MAIL ADDRESS ksello@gmail.com

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental impacts do you envisage?

- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental impacts do you envisage? A

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2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

People's live will improve and that will result in the improved economy.

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements

People will no longer go to South Africa for better health facilities

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

If people are involved from the beginning, they will support project throughout.

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities)– are the current health facilities adequate?

The current facilities are not yet adequate but the project will make services to be better.

6. Other Comments:

Signed:

interviewee



Date 12/01/2016

Interviewer



Date 12-01-16

(ii) Meeting with Matseliso Sejane



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME MATSELIISO SEJANE
ORGANISATION LERIBE DISTRICT COUNCIL
PHYSICAL ADDRESS HLOTSE BEHIND POLICE STATION
PHONE NUMBER 266 28400357 E-MAIL ADDRESS tseli'sejane@anangzi.co.za

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental impacts do you envisage?
DUST FROM DEMOLITIONS, CLEARING OF TREES
EROSION OF SOIL FROM INCREASED TRUCK TRAFFIC
- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental impacts do you envisage?
NONE

Lesotho – Southern Africa Tuberculosis and Health Systems Support Project
ESMF

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

IMPROVED LIVELIHOODS AS A RESULT OF JOB CREATION BY THE PROJECT AS WELL AS INFORMAL FOOD SELLING TO CONTRACT WORKERS BY COMMUNITY

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements

SOME WILL MOVE FROM THEIR AREA TO SEEK EMPLOYMENT IN THE PROJECT AREA. THERE IS ALREADY AN INCREASE OF MOVEMENT FROM RURAL TO URBAN AREAS.

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

PUBLIC GATHERINGS TO INFORM THEM OF THE PROJECT BEFORE IT STARTS IS CRUCIAL. INVOLVEMENT OF COUNCILLORS AND CHIEFS IN THIS PROCESS WILL ENSURE OVERALL SUPPORT FOR THE PROJECT.

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities) – are the current health facilities adequate?

IN THE HLOTSE AREA IN PARTICULAR, IT IS NOT ADEQUATE THERE IS A NEED FOR A CLINIC SO THAT MANY CAN ACCESS HEALTH SERVICES THAT ARE FREE.

6. Other Comments:

NONE

Signed:

interviewee



Date 15/1/2016

Interviewer



Date 15-1-16

(ii) Meeting with Mokhabelane Morahanye



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME Mokhabelane Morahanye
ORGANISATION Ministry of Local Government
PHYSICAL ADDRESS P.O. Box 1 Lenibe 300 Lesotho
PHONE NUMBER 22400293 E-MAIL ADDRESS morahanye55@gmail.com

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental impacts do you envisage?

Positively it will bring a better view of the health facility, a better view means patients will feel more at ease to go treatment than in a shabby place.

- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental impacts do you envisage?

During the operation or implementation phase it's going to bring some noise to the patients already in the health facility and the surrounding areas.

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

Unemployment people will get jobs. The businesses like hardware etc will gain.

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements

More people will visit the facility during and after construction hence the increase in the number of people in that vicinity.

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

Personally I feel great and encouraged particularly when we have high prevalence of TB.

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities) – are the current health facilities adequate?

The current facility is not adequate but the newly added structures will give more hope to the people.

6. Other Comments:

This is not only upgrading but also a positive move towards ensuring people live longer. We need more doctors to utilise the facility and their salaries be reviewed for service delivery and to retain them.

Signed:

Interviewee

Mogae

Date

11/01/16

Interviewer

[Signature]

Date

11/01/16

5.3 HEALTH CENTRE
(ii) Mamelang Molise



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP- MOH

QUESTIONNAIRE

NAME Molise Mamelang
ORGANISATION Ministry of Health
PHYSICAL ADDRESS Peka H.C.
PHONE NUMBER 63290179 E-MAIL ADDRESS mmolise@yahoo.co.za

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental impacts do you envisage?
Dust, noise, splash and other
obstructing materials
- In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental impacts do you envisage?

According to the structure of the Clinic, the building itself hampers the normal function ~~and~~ because there are structures like Hall, it obstructed the entrance to Pharmacy store and main entrance for patients because near the door.

So we wish that hall being removed to where it is to allow easy access to Pharmacy and ~~Street~~ structures to and from the Clinic.

② Emergency room is too far and not accessible for taking the Client ^{to} from the ambulance.

③. There is no ^{Cough} Site for the pt.

④. Pharmacy store is too small.

more details will be shown on the diagrams being attached on how we want our Health facility to look like.

Annex ① the existing Health Centre

Annex ② the new look of the clinic on how we wish it ^{shall} be like.

Lesotho – Southern Africa Tuberculosis and Health Systems Support Project
ESMF

2.0 Economic Aspects:

- How is the project going to affect Livelihoods/economic base.

more people will be hired and that is going to boost the economy of people around the clinic

3. Social Aspects:

- Demographic: (Population characteristics) - Existing migration movements

The clinic will be used free so many people will migrate from other facilities to use the clinic and its services.

4. Cultural Aspects:

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)

Confidently people will gain more trust to the facility and the project itself.

5. Welfare profile:

- Adequacy of services (General Infrastructure and Community Services and Facilities) – are the current health facilities adequate?

The current health facility is not adequate meaning the structure itself does not suits the purpose of the facility, below on the patient flow, trust and capacity.

6. Other Comments:

I wish the structure of the facility could change the way it is currently no room left to migrate other people to where it should have to be, I will attach the structure of the existing one to the one which we believe can be of good use.

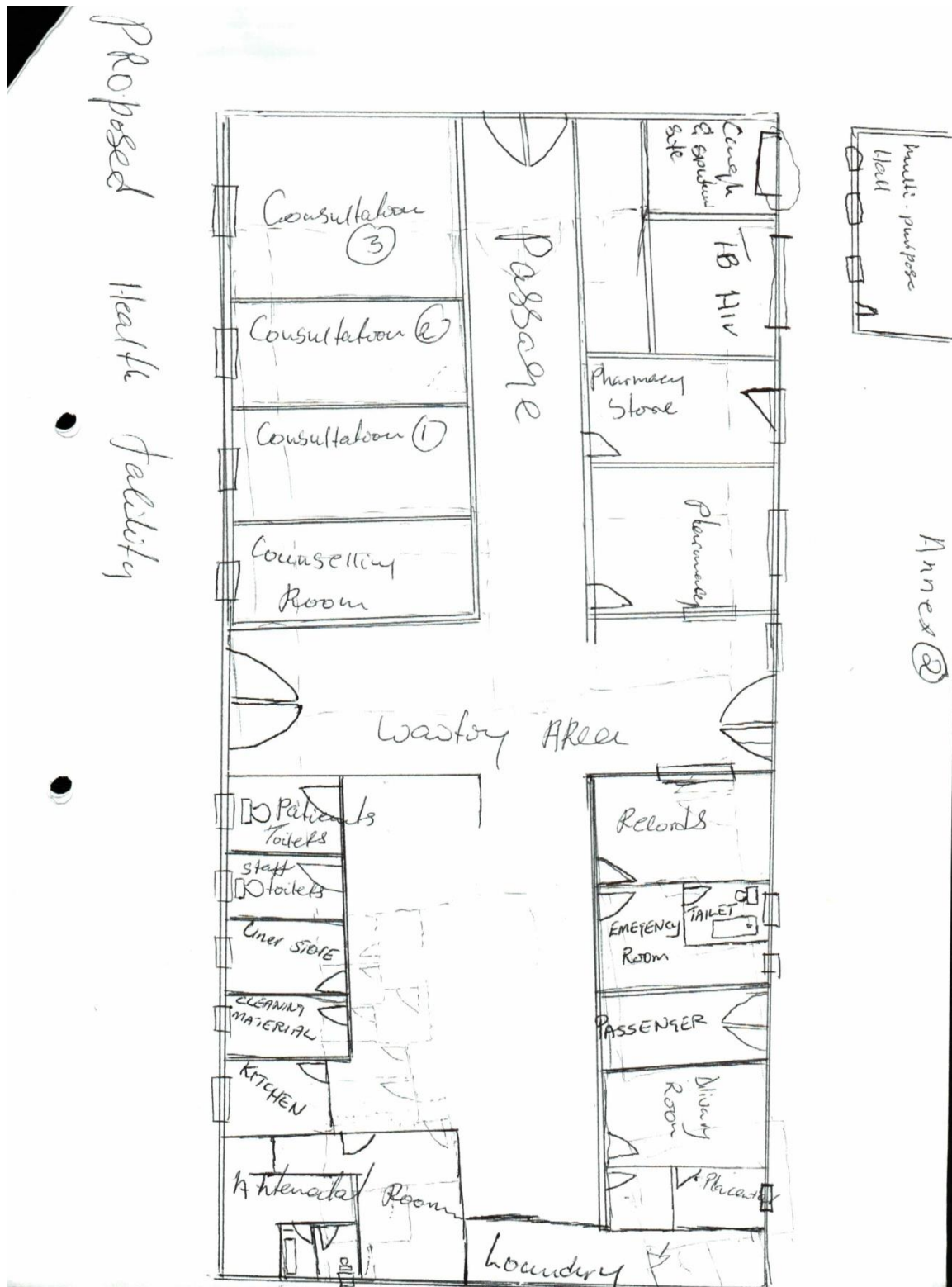
Signed:

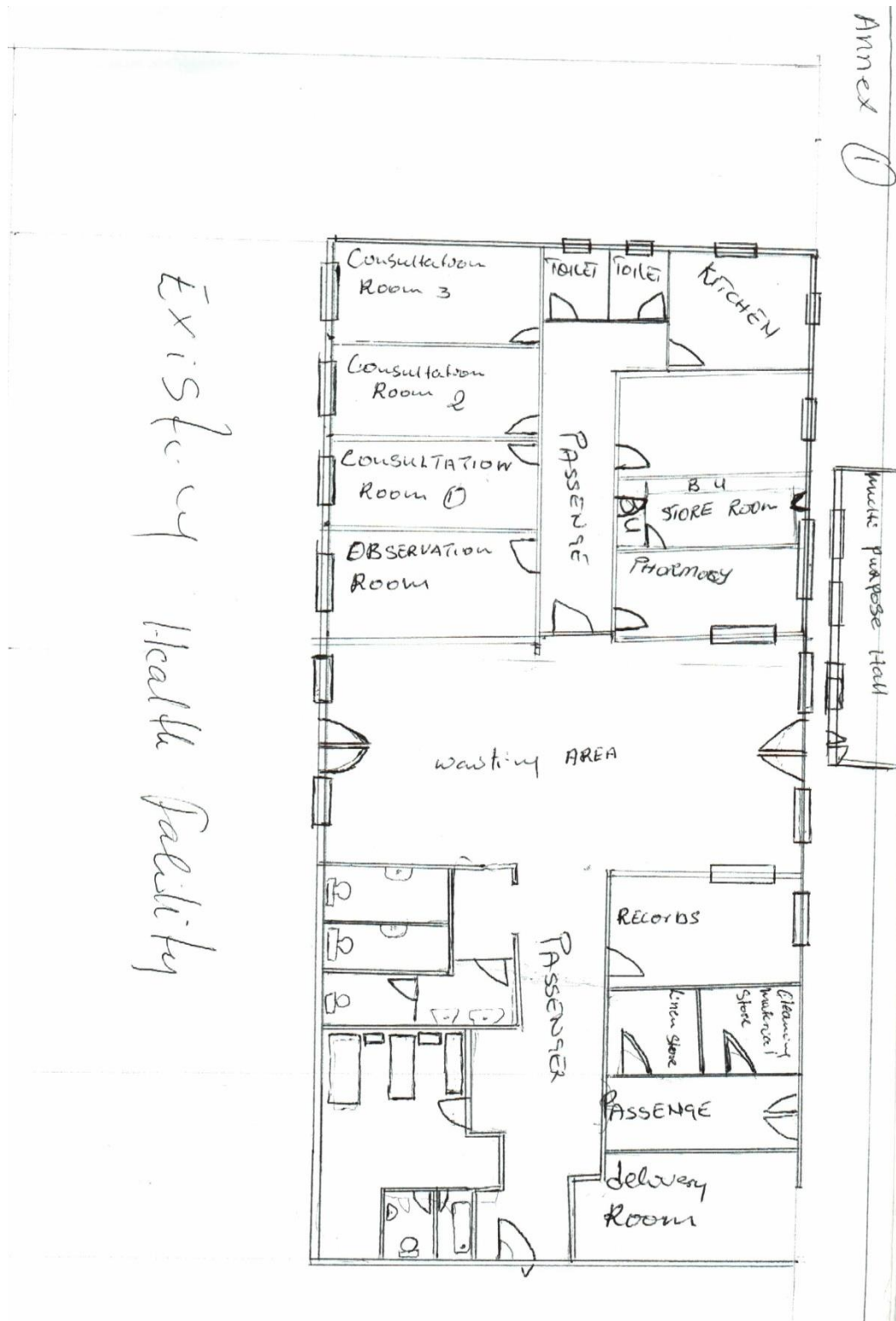
interviewee

Moses Memeleap Date 13/1/16

Interviewer

1. Memeleap Date 3-1-16





5.5 PRIVATE HOSPITAL

(ii) Dr. R. L. Knight

DR. C. Y. KNIGHT MEMORIAL HOSPITAL:

MINUTES OF THE MEETING FOR THE DEVELOPMENT OF AN ESMF
AND ICWMP FOR THE LESOTHO TUBERCULOSIS AND HEALTH
SYSTEMS SUPPORT PROJECT HELD ON 13 JANUARY 2016 AT 14:00 hrs

3.0 ATTENDANCE

| | NAME | ORGANIZATION | DESIGNATION | CONTACT |
|----|--------------------|------------------------------------|------------------|-------------------------------|
| 1. | Dr. R. L. Knight | Dr. C. Y. Knight Memorial Hospital | owner | +26658821389 |
| 2. | Mabothatha tsenase | Dr. C. Y. Knight Memorial Hospital | Assistant nurse | +26658680364 |
| 3. | Mamabitjoa sekoai | Dr. C. Y. Knight Memorial Hospital | Cleaner | +26656644229 |
| 4. | LINEO Mohlomi | MoH | Health Inspector | +26658445643 |
| 5. | Sibekile Mtetwa | MoH | Consultant | +26668230891 +263775884628 |

2.0 APOLOGIES

| | | | | |
|----|------------------|------------------------------------|---------|--------------|
| 1. | Tsepanang Molapo | Dr. C. Y. Knight Memorial Hospital | Manager | +26658821389 |
|----|------------------|------------------------------------|---------|--------------|

6.0 PROCEEDINGS

The meeting was chaired by Dr. R. L. Knight, the owner of Dr. C. Y. Knight Memorial Hospital. She welcomed the team and requested self introductions from all members. After that she handed over the meeting to the consultant's team to brief the members the purpose of the meeting.

The Mrs Lineo Mohlomi explained the purpose of the meeting as a consultative meeting to gather the stakeholders' environmental and social concerns as regards the proposed refurbishment and expansion of health care facilities and laboratories and the resultant expanded roll out of the TB control programme. She clarified that this process was leading to the development of a Environmental and Social management framework (ESMF) for the proposed project and also a review of the infection control and waste management plan (ICWMP).

The chair then took the chance to inform the meeting the state of affairs at Dr. C. Y. Knight Memorial Hospital. She explained that her husband the late Dr. CY Knight was running the hospital and that his passing away left a big gap and left the Hospital in a difficult position

which has taken long to recover from. Most of the staff left the institution and it was basically closed to normal business and patient numbers had dwindled to zero.

However in the past six months she has managed to turn the situation around and has started to refurbish the Hospital and to reengage staff. She is expecting the institution to be up and running by end of this month.

In terms of waste management she highlighted that she did not have any treatment facilities on site and that she had an agreement with the Motebang Government Hospital in Hlotse (Leribe) which collects all the medical waste and treat it at their incinerator. The rest of the general waste is burnt in an open pit.

She also pointed out that she has two big rooms which she had set aside as laboratories but are not being utilised. She was offering this project to take them up and utilise them.

From the experience they are getting from their current refurbishments the staff members also pointed out that the construction/refurbishment work will produce noise which will disturb patients. Dust will also be produced and need to be suppressed.

They were however happy that during the operation stage, when the hospitals have been expanded, the locals will have better services at hand and this will mean saving of travel money to far of hospitals and increased good health in the localities.

There being no other business to discuss the meeting was adjourned and the team proceeded to completing the questionnaires and carrying out inspections of the hospital waste management system.

SIGNED.

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STAFF REPRESENTATIVE

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DATE

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CONSULTANT

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DATE

6.0 MOKHOHLONG DISTRICT
6.1 LETSENG MINING HOSPITAL
(ii) Meeting with Leon Ramatekoa



KINGDOM OF LESOTHO
MINISTRY OF HEALTH

**THE DEVELOPMENT OF AN ESMF AND ICWMP FOR THE LESOTHO NTP-
MOH**

QUESTIONNAIRE

NAME : *Leon Ramatekoa*

ORGANISATION: *Letšeng Diamonds*

PHYSICAL ADDRESS

PHONE NUMBER *22221253*.....E –MAIL ADDRESS:
ramatekoal@letseng.co.ls

The Government of Lesotho through the Ministry of Health's National TB Program is in the process of preparing for a regional TB Project with World Bank technical and financial support. The proposed Regional TB project will comprise of various sub-projects with different levels of impact and located at various places within the country. The project activities will include.

- (i) The construction, refurbishment and upgrading of health facilities and laboratories, and
- (ii) The national roll out of the TB programme

These programmes have a bearing on the social and environmental dimension and will affect the people and the region in one way or another. Environmental issues, economic issues and social issues will be looked at as a programme to come up with best practices to be implemented is being formulated. As a stake holder that will be affected by these Developments and related activities (positively or negatively), what are your views about these activities in your locality? Comment against these dimensions.

FOCAL DIMENSIONS

1.0 Environmental Concerns:

- In the Planning Phase of the Construction, refurbishment and upgrading of health facilities, as *the project is being introduced to the areas and people start planning to implement (surveys, demolitions, clearing etc) what environmental and social impacts do you envisage?*

- I. *During demolitions of the existing structures major impact will be the rubble waste, which might include in some areas the asbestos which was previously used. Over usage of the resources (water, energy, etc), other minor impacts are noise, dust etc,*
- II. *On clearing of the sites: Biodiversity is going to be affected, possibility of the legal protected species been affected. The issue of soil erosion is also on the high. Dust and noise. Spillages (chemicals) from the clearing equipment on the ground. Storm water management.*
- III. *The social impacts would be on the influx of the people seeking temporary employment, hence the chances of spread of diseases. Stress on the use of the natural resources by more people. On the positive side, people will get the temporary jobs.*
- *In the Implementation/operation Phase, as the project is being implemented (use of structures, buildings, warehouses, etc) what environmental and social impacts do you envisage?*
 - I. *Generation of more domestic, hazardous and medical waste. Over utilization of the natural resources (water, energy etc.)*
 - II. *Positive impacts: The accessibility of the health centres is easier. Well-equipped facilities. More awareness on the diseases. Creation of permanent jobs to qualified people.*

2.0 Economic Aspects:

- *How is the project going to affect Livelihoods/economic base.*
 - I. *The standard of living will improve as there will be more people in the community hired*
 - II. *There will be an improvement of the infrastructure, as roads will be constructed where there are inaccessible*
 - III. *The migration of nurses and doctors to other countries will decrease, as more employment opportunities will be created.*

3. Social Aspects:

- **Demographic: (Population characteristics)** - Existing migration movements
 - I. *The existing migration movements of qualified labour will decrease as this will open more job opportunities.*
 - II. *The number of deaths related to the diseases will also decrease.*
 - III. *Influx of people to the area.*
 - IV. *Trafficking in persons*
 - V. *Spread of HIV&AIDS diseases.*

4. **Cultural Aspects:**

- What is the people's attitude towards the project (general & personal impacts; trust in developers; transparency of process; and overall support for the project)
I.

5. **Welfare profile:**

- Adequacy of services (General Infrastructure and Community Services and Facilities) – are the current health facilities adequate?
I. *The existing health facilities are currently inadequate in terms of the services provided because of lack of infrastructure and equipment.*

6. **Other Comments:**

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Signed:

intervieweeDate.....

InterviewerDate.....

(ii) minutes of meeting Letseng mine

LETSENG DIAMOND MINE:

MINUTES OF THE MEETING FOR THE DEVELOPMENT OF AN ESMF
AND ICWMP FOR THE LESOTHO TUBERCULOSIS AND HEALTH
SYSTEMS SUPPORT PROJECT HELD ON 12 JANUARY 2016 IN THE
BOARD ROOM AT 09:00 AM

1.0 ATTENDANCE

| | NAME | ORGANIZATION/ | DESIGNATION | CONTACT |
|----|-------------------|---------------|------------------------------------|-------------------------------|
| 1. | Posholi Jonatuan | Letseng Mine | Safety Manager | +26658866686 |
| 2. | Matsepo phosisi | Letseng Mine | PHC Coordinator | +26657684861 |
| 3. | Makapa Kawpong | Letseng Mine | Snr Nursing Officer | +26658854041 |
| 4. | Lefertle Phakoona | Letseng Mine | Medical Superintendent | +26662100100 |
| 5. | Mamosa Mohapi | Letseng Mine | Environment Intern | +26663816805 |
| 6. | Tsikoe Busa | Letseng Mine | Senior Environmental Officer | +26658183888 |
| 7. | LINEO Mohlomi | MoH | Health Inspector | +26658445643 |
| 8. | Sibekile Mtetwa | MoH | Consultant | +26668230891 +263775884628 |

2.0 APOLOGIES

No Apologies were made.

3.0 PROCEEDINGS

The meeting was chaired by Mr. Posholi Jonatuan, the Safety Manager at Letseng Diamond Mines. The Chairperson welcomed everyone who had attended the meeting and requested self introductions from all members. He then proceeded to give a brief health and safety introduction for the sake of the visiting team. He emphasised that they should always consider the risk of anything they do, report anything wrong you observe and always to observe the three point rule when going up any stair case. He further reiterated the need to keep clear of any steep edges and high walls when walking around the mine and to observe the speed limit of 30km/hr.

The chairman then handed over the meeting to the consultant to brief the members the purpose of the meeting. The consultant then explained the purpose of the meeting as a consultative meeting to gather the stakeholders' environmental and social concerns as regards the proposed refurbishment and expansion of health care facilities and laboratories and the resultant expanded roll out of the TB control programme. He clarified that this process was leading to the development of a Environmental and Social management framework (ESMF) for the proposed project and also a review of the infection control and waste management plan (ICWMP)

He then requested for any questions and clarifications.

4.0 MEMBERS CONCERNS AND VIEWS

The members raised the following concerns and views which were responded to accordingly:

One member wanted to know whether the project is focusing on Government hospitals only or will private hospitals benefit and start being linked to the rest of the health care system also. The meeting was informed that the project is mainly centred around TB in mines including ex-miners from South Africa and those visiting home from time to time so that the spread of this disease can be curbed. The project aims to establish one stop shops to handle all issues and even cater for the miners' families. All mining houses will be involved as they are a major stakeholder.

The consultant then asked the meeting if the mine hospital is handling any TB cases. The meeting was informed that the local clinic is indeed handling some TB patients in terms of treatment but was not in any way cooperating with the rest of the Health Care system in terms of information sharing etc. The clinic does not initiate treatment. Patients get their drugs from somewhere and all the clinic does is to assist with DOTS.

A follow-up question was; "How are you going to get enough data to run the project in the country and be relating the TB to the work environment?" The consultant clarified that the project is looking at enhancing the screening process including the referral system so that the country can start developing the requisite database with the history of patients readily available. He further pointed out that current legislation does not include TB as a compensatable work related diseases but Ministry of Labour is in the process of reviewing its laws to cater for this gap. It will then remain for individuals to prove that their TB is related to their working conditions for any compensation..

Another concern was whether the project is only related to TB or will it include HIV/AIDS? The meeting was assured that the project does cover the HIV/AIDS component as the diseases are interlinked. Although the project is talking of TB in general terms, it does includes silicosis and even asbestosis since they are even more work-related infections.

One member wanted to know if the refurbished laboratories will only be looking at TB – HIV/AIDS or will they also be equipped to analyse other health problems. He was assured that in the first instance yes as it was the thrust of the programme but any other tests can then be done.

Another concern was whether there is anything wrong with the current Health care plan that warrants any review. The response was that the plan as developed in 2012 was not really deficient but a review was just being carried out to ascertain if the plan would be suitable for the implementation of this expanded programme.

Another member wanted to know if this process was an environmental impact assessment (EIA) for the project or whether some other experts will come and carry out a proper EIA. The consultant clarified that at the current stage of the project the location and design of sub-projects is not yet known and hence the nature and magnitude of the potential impacts would not be known by project appraisal stage. Hence what is being developed is an Environmental and Social Management Framework (ESMF), which is looking at all issues in broad terms and identifying potential impacts and crafting possible mitigation measures so that when the sub-projects have been identified this framework can be used to screen the projects and if any further EA work is required then experts will be hired and site specific EIAs can be done.

A follow-up input from one of the members was that a similar exercise was carried out by LMDA recently and they came up with an EIA study which they used to refurbish and expand certain health care facilities. He stressed that it would be cost effective for this project to adopt those and continue with implementation. The meeting agreed that the said document should be obtained and used to guide the current process so that we do not reinvent the wheel.

A final input from the meeting was that after the information gathering process is done will there be a feedback process. The meeting was advised that a wrap up meeting will be arranged and a representative of the mine will be invited.

5.0 RECOMMENDATIONS:

The meeting agreed to make the following recommendations;

- The clinic should be given authority to initiate patients to avoid losing them on moving between facilities.
- Letseng mines should appoint somebody responsible for health care waste management for accountability, ie an Environmental Health Officer.

The Letseng mine staff generally welcomed the project and emphasised that their concerns should be taken care of so that the negative impacts may be minimised in the process of bringing this major development in the region. They were happy that the expansion of the facilities will mean more efficient service delivery in the country.

There being no other business to discuss the meeting was officially closed at 12:00pm.

SIGNED.

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STAFF REPRESENTATIVE

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DATE

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CONSULTANT

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DATE

7.0 CONSULTATION MEETING WITH STAKEHOLDERS

MINUTES OF THE STAKEHOLDERS CONSULTATION MEETING ON THE ESMF AND ICWMP FOR THE SOUTHERN AFRICA TUBERCULOSIS AND HEALTH SYSTEMS SUPPORT PROJECT, HELD ON THE 18TH FEBRUARY 2016 AT UN-HOUSE BOARDROOM.

1.0 ATTENDANCE

| NAME | Organization/Title | Email: | Tel: |
|--------------------|-----------------------------------|--|----------|
| Lerato Nkhetse | MDA - Migrant Assistant | nkhetse@gmail.com | 59519138 |
| Ndynabangi Dickson | MDA - Migrant workers Association | ndyanadick@gmail.com | 50790680 |
| Sibekile Mtewa | MoH | mikemtetwa@live.com | 68230891 |
| Mantai Malataliana | MOLE Labour | Mntmalataliana280@gmail.com | 58902770 |
| Mpinane Masupha | Labour | mpinanecm@gmail.com | 22315725 |
| Thakabanna Lebitsa | Labour | thakabannalebitsa@gmail.com | 22315725 |
| Tsatsana Molomane | Labour | | 59612352 |
| Stephen Mapota | TEBA | stephen@teba.co.za | 63334887 |
| Limatso Lebelo | ICAP | lebelol@org.ls | 58870904 |
| Mashale Shale | ICAP | shalem@icap.org.ls | 58880726 |
| Dr. Simon Marealle | MoH | smarealle@gmail.com | 63210510 |
| K. Kalake | LBTS | khotsokalake@yahoo.com | 58880726 |
| Dr. David Omotayo | PIH | domotayo@pih.org | 63097129 |
| Pokane Koatla | Mining | Pc.koatla@gmail.com | 58424599 |
| Dr. L. Maama | MoH - TB Program Manager | Maama36@hotmail.com | 58949666 |
| | | | |

2.0 AGENDA

| TIME | EVENT | RESPONSIBLE PERSON |
|----------------|--|-----------------------------------|
| 9:00 -9:30 | Stakeholders arrivals and registration | Chair |
| 9:30 -9:45 | Introductions of stakeholders | Chair |
| 9:45 – 10:00 | Presentation of Project Background | MoH |
| 10:00 – 10:30 | Presentation of the Environmental and Social Management Framework (ESMF) | Consultant |
| 10:30 – 11:00 | TEA BREAK | |
| 11:00 – 11:15 | Group work on the ESMF | Consultant |
| 11:15 – 11:30 | Plenary Discussion of the ESMF | Chair |
| 11:30 – 11:50 | Presentation of the Infection Control and Waste management plan (ICWMP) | Consultant |
| 11:50 – 12:00 | Plenary Discussion of the ICWMP | Chair |
| 12:00 – 12: 20 | Presentation of the Standard Operating Procedures of the ICWMP | Consultant |
| 12:20 – 12:30 | Plenary Discussion of the ICWMP -SOP | Chair |
| 12:30 – 12:50 | Comments from the WB | Snr Social Development Specialist |
| 12:50 – 13:00 | Closing session | Chair |
| 13:00 ---- | LUNCH AND DEPARTURE | |

3.0 PROCEEDINGS

The meeting was chaired by Dr. Simon Marealle of Ministry of Health (MoH) who welcomed everyone and requested for self introductions. After the introductions, the chairman then outlined the reason for the meeting to the stakeholders. He explained that it was a consultative meeting being held to present the draft Environmental and Social Management Framework (ESMF), the Infection Control and Waste Management Plan (ICWMP) and ICWMP Standard Operating Procedures reports to stakeholders and solicit their comments and inputs. The documents have been developed as some of the pre-requisite instruments that have to be in place before the proposed **Southern Africa Tuberculosis and Health Systems Support Project** can be funded.

He gave a brief background of the proposed project and then pointed out that a consultant had been hired and was working on these documents in the past two months, in which he had visited the stakeholders and consulted them on the various environmental and social issues. He then said the documents were now at draft stage and comments have been received from the World Bank. The current meeting was to afford the stakeholders a chance to review and comment on the documents also.

He explained that the Consultant would present an overview of each document and that there would be group work and plenary sessions to discuss the documents. After this he handed the meeting over to Mr. Sibekile Mtetwa to make the presentation.

The consultant introduced his subject by explaining that an ESMF is produced whenever the direct impact area has not been identified and is not definitely known. i.e. **the location, design and magnitude of impacts of the eventual sub-projects are not yet known at project appraisal stage, even though the types of potential subprojects is fairly well defined.**

He pointed out that the purpose of the ESMF is to provide a guide for integration of environmental and social considerations into the planning and implementation process of Project activities and that

it also ensures that sub-projects will be designed and implemented in an environmentally and socially sustainable manner.

The presentation was structured as follows:

- Proposed project background
- Analysis of legal framework
- Outline of project activities
- Environmental Management Plan
- Monitoring
- Capacity building
- Implementation plan
- The Screening process

He then went on to expound what is contained in each chapter of the ESMF report. The first four chapters covered the background information, the description of the current project and the legal framework that supports the implementation of such a project. Emphasis was then placed on chapter five which identifies the potential impacts. It outlined the nature and scope of the proposed activities under the proposed project and the nature and potential sources of the main environmental and social impacts in the implementation and operation of the project activities. He outlined the physical and social interventions that will be undertaken in the project and pointed out the sort of impacts they will have.

He also explained how the impacts were rated and the most significant ones further analysed for the impact management plan. The environmental Management Plans only considered the impacts that were rated to be of moderate and high significance as these presented impacts that need attention.

Some of the Possible Negative Impacts Identified/Foreseen were listed as follows:

- Vegetation clearing
- Soil erosion
- Loss of physical cultural heritage
- *Physical Restrictions on building space.*
- *Clearing of Vegetation*
- *Soil and Land Degradation*
- *Vehicular Traffic*
- *Anxiety and anticipation*
- *Disruption of Utilities Service*
- *Temporary disruption of Health Care services*
- *Occupational Safety and Health*
- *etc*

He then went on to outline the typical environmental management plan for the impacts for integration into the TB Control related project activities. The plan includes responsible authorities for collaboration in the implementation of the mitigation measures and recommendations of appropriate monitoring activities by different stakeholders at local level, district level and national level to ensure compliance to mitigation measures.

After this he went on to explain the public consultation process, the monitoring plan, the relevant environmental and social training and capacity building measures for stakeholders, the funding arrangements and gives a budget for the implementation of the ESMF, the implementing schedule and the reporting requirements and finally he described the screening process for the sub projects.

At this stage the participants were divided into three groups and requested to discuss their comments and questions on the presented ESMF so that one of them would present the groups finding in plenary.

4.0 Participants concerns and Views

After group work the participants presented their findings, which were responded to as follows:

Q: Currently MCA has just upgraded and refurbished health care facilities and laboratories, so which ones are this project going to upgrade.

A: both old and refurbished health care facilities were found not to be infection control compliant. The building lay outs are not suitable for handling TB cases.

Q: Are those people who will make assessments capacitated, How competent are they and will there be transparency in the system. There is need to include the stakeholders from the sites.

A: The screening process at district level will be carried out by the District Health Management Team's together with its District technical team comprising experts from i) MoH ii) Districts Environmental Officers, and iii) Ministry of Local Government and Chieftainship, to ensure that all pertinent environmental issues are identified. The team will work with the local leadership. The team is also competent to do the screening.

Q: What will happen to those activities which will fall under category "A" and are not funded by the project?

A: The project is a Category "B" project and will not fund any category "A" sub-projects. In any case Category "A" projects are beyond the scope of this project as they include such major infrastructural projects like dam or road constructions

Q: Community sensitization is left out. How will this be done?

A: the project does includes continuous community sensitization and mobilization

Q: How will you ensure the sustainability of the project beyond five years

A:

Q: Improving ventilation in three of the main correctional facilities. Why three and not all the correctional facilities.

A: During consultations with the correctional Services they submitted these three as the hotspots which have higher populations of inmates who are infected. So it is the sector's priority.

Q: How are you going to take care of HR issues for isolation cells for prisons with staff shortages?

A: The Correctional Services Department indicated that they have sufficient staff to man the isolation cells. What they don't have currently are suitable room to use as isolation cells.

Q: what does enhancing occupational health services mean.

A:

Participants also made recommendations which were noted as follows:

- Include Ministry of Environment in your deliberations
- Cross border referral , tracking and linkage especially of miners with silicosis to be included
- Industrial issues to be covered like wages, working hours to prevent unwanted strikes
- Capacity building of the employees on employee rights needs to be included.

- Training of labour, health and safety inspection officers to be included in the training schedule.
- Occupational health issues be included during tendering process so that they are budgeted for.
- Occupational safety and health issues be included in the national procurement guidelines.
- Reviewing the mining legislation
- Review of occupational health legislation

5.0 ICWMP PRESENTATION.

The ESMF discussions took more time than was allocated as very interesting issues were being raised. The ICWMP presentations had to be reorganized. The main ICWMP document overview was not presented, only a brief outline was presented and then the ICWMP standard operating procedures were presented in more detail.

The consultant outlined that the Infection Control and Waste Management – Standard operating Procedures (**ICWM SOP**), were developed to operationalise the ICWMP (2016), which the Ministry of Health (MoH) has developed. The document packages and presents the series of Standard Operating Procedures (SOPs) compiled to supplement and support the implementation of the ICWMP.

He further explained the **ICWM SOP** were written instructions to achieve uniformity in the implementation of the ICWMP.

The consultant indicated that thirteen SOPs had been developed for the different issues in the ICWMP which are:

1. **WASTE MINIMISATION, RECYCLING AND RE-USE**
2. **IDENTIFICATION, SEGREGATION AND PACKAGING OF WASTE**
3. **ADEQUATE HANDLING OF WASTE**
4. **SAFE STORAGE OF WASTE**
5. **SAFE AND APPROPRIATE TRANSPORTATION OF WASTE**
6. **PROPER TREATMENT AND APPROPRIATE FINAL DISPOSAL OF WASTE**
7. **WASTE QUANTIFICATION**
8. **OCCUPATIONAL HEALTH AND SAFETY**
9. **HAND HYGIENE**
10. **DECONTAMINATION OF GENERAL SURFACES**
11. **SPILLAGE MANAGEMENT**
12. **MERCURY WASTE MANAGEMENT**
13. **HEALTH CARE WASTE PRACTICES SUPERVISION AND MONITORING**

He then selected one of the SOPs, the “Identification, Segregation And Packaging Of Waste”, SOP and went through it as an example for the participants to appreciate the contents on a SOP.

After this the consultant opened the discussion to plenary. Only one burning issue was raised:

- Q: One of the stakeholders raised the issue that he was not comfortable with SOPs that have been developed by others and they normally are not implemented by the various institutions. He would have been more comfortable had the project trained people on how to develop SOPs and then leave them to develop their own SOPs.
- A: what MoH has developed are the national SOPs which every institution has to comply with. However the Ministry also expects each institution to develop its own local SOPs which will be based on the National document but being specific to the institution. Once staff are involved in the development of their own specific SOPs they will readily implement them.

6.0 Comments From The Snr Social Development Specialist

After the plenary discussions of the presentations were concluded, the consultant then invited the Snr Social Development Specialist, Ms Paula F. Lytle to present the concluding comments for the consultation meeting that had been held.

the Snr Social Development Specialist explained that such documents as ESMF have been derived from wealth of experience that come from many countries with many things that can go wrong. Its been codified into policies that are now the World bank's environmental and social management policies.

The proof is really in implementation. Any document can have a perfect form and perfect structure. The idea of having an ESMF is so that in all our development activities we avoid doing any harm in the process. All the fieldwork that was done was to access the baseline conditions which must be preserved as development occurs. They were to collect all the relevant information from all of you and get to understand your views.

The ESMF is not meant to be a document that will just sit on the website or in your offices. It's meant to be something that the people working on the project take into their hands and use it to keep walking themselves through the idea that before you do anything that is good in a project first do no harm in ways that are sometimes not easy to catch. The immediacy of certain developmental projects sometimes makes it hard to put environmental and social considerations into place. Thus the ESMF can be taken as the guide that will assist you in your activities.

She appreciated the candid feedback from all the stakeholders and their active participation throughout.

6.0 Meeting Adjournment

With no further issues to discuss, the Chair thanked everyone for attending and the meeting was officially adjourned.

SIGNED

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CHAIR

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DATE

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CONSULTANT

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DATE