MINISTRY OF FINANCE AND PLANNING AND

LOCAL GOVERNMENT BOARD

Enhancing Community Resilience and Local Governance Project Phase II (ECRP II)

Generic-Environmental and Social Management Plan (G-ESMP) for the Construction and Rehabilitation of Primary Health Care Centres/Units Under the Emergency Flood Response in Aweil East And Aweil South Counties, Northern Bahr El Ghazal State, South Sudan



January, 2026

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DATE	January 2026
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EXECUTIVE SUMMARY

The International Rescue Committee (IRC), with funding from the World Bank, is implementing the ECRP II Project: Component 3: Emergency Flood Response Activities in Aweil South and Aweil East Counties, Northern Bahr el Ghazal State, South Sudan. The subproject involves the construction of 4 and rehabilitation of 2 Primary Health Care Centres (PHCCs) and Primary Health Care Units (PHCU) to improve access to quality medical care for flood-affected communities. Planned interventions include the rehabilitation of the outpatient block, construction/ rehabilitation of VIP latrines, a placenta pit, and an incinerator, as well as installation of a chain-link fence to secure the facility. The project aims to enhance the resilience of health services to seasonal flooding while ensuring that facilities remain accessible to all community members, including women, youth, and persons with disabilities (PWDs).

The G-ESMP identifies a range of environmental risks associated with the construction/ rehabilitation and operation of the PHCC/PHCU. Dust emissions and noise pollution from construction/ rehabilitation activities could affect nearby residents and workers, while soil erosion and vegetation loss may occur from site clearance and excavation. Improper management of construction/ rehabilitation and medical waste could lead to contamination of surrounding areas. To mitigate these risks, the subproject includes measures such as controlled site clearance, dust suppression, proper waste segregation and disposal, noise monitoring, and the preservation or replanting of trees. Water conservation measures, including efficient use and recycling of non-contaminated water, are also incorporated to reduce pressure on local water resources.

The subproject also emphasizes occupational health and safety (OHS) for all construction/ rehabilitation workers. Appropriate personal protective equipment (PPE), including gloves, masks, ear protection, gumboots, and helmets, will be provided. Workers will undergo health and safety training, including first aid, safe handling of tools, and precautions for working at heights or with electricity. Signage, secure site fencing, and proper layout of construction/ rehabilitation areas will prevent accidents and ensure that both workers and the surrounding community remain safe. Routine inspections, incident reporting, and corrective measures are integrated into the OHS monitoring system.

Social risks and community considerations are central to the G-ESMP. Vulnerable groups such as women, youth, and PWDs are at heightened risk during floods and may be disproportionately affected by construction/ rehabilitation activities. The subproject addresses these concerns through inclusive participation in site selection and facility management committees, ensuring the provision of gender-sensitive infrastructure, such as separate latrines and well-lit rest areas, and implementing measures to prevent gender-based violence (GBV). A Grievance Redress Mechanism (GRM) will allow community members to raise concerns, resolve disputes, or provide feedback in a transparent and accessible manner. Regular consultations, pre-construction/ rehabilitation meetings, and community updates will maintain open communication and strengthen local ownership of the PHCC/PHCU.

Capacity building is a key feature of the G-ESMP. Contractors, facility management committees, and local authorities will receive training on G-ESMP compliance, environmental monitoring, OHS, PHCC/PHCU maintenance, and grievance management. Specialized training on GBV, sexual exploitation and abuse (SEA), and sexual harassment (SH) will ensure that subproject staff are equipped to protect vulnerable community members. These interventions aim to ensure the sustainability and resilience of PHCC/PHCU operations after subproject completion.

Finally, the G-ESMP establishes a robust monitoring and reporting system. Environmental and social performance indicators, including dust and noise levels, waste management compliance, OHS incidents, community engagement, and grievance resolution, will be tracked regularly. By systematically implementing these measures, the project seeks to minimize adverse impacts while maximizing benefits. Expected outcomes include improved access to safe, quality health services, strengthened community resilience, empowerment of women and youth, and long-term sustainability of the PHCC/PHCU infrastructure. Overall, the G-ESMP provides a practical and adaptive framework to ensure that the PHCC/ PHCU expansion contributes positively to the health and well-being of flood-affected communities in Northern Bahr el Ghazal.

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ABBREVIATIONS AND ACRONYMS

BDCs	Boma Development Committees
CCT	County Coordination Team
CLO	Community Liaison Officer
CoC	Code of Conduct
ECRP II	Enhancing Community Resilience and Local Governance Project – Phase II
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
G-ESMP	Environmental and Social Management Plan
ESMMP	Environmental and Social Management and Monitoring Plan
ESSs	Environmental and Social Standards
ESSO	Environmental and Social Safeguards Officer
EWS	Early Warning System
FAO	Food and Agriculture Organization of the United Nations
FDGs	Focus Group Discussions
GBV	Gender-Based Violence
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
IDPs	Internally Displaced Persons
IRC	International Rescue Committee
KIIs	Key Informant Interviews
OHS	Occupational Health and Safety
PMU	Project Management Unit
PPE	Personal Protective Equipment
PWDs	Persons with Disabilities
RRC	Relief and Rehabilitation Commission
SEA	Sexual Exploitation and Abuse
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme

INTRODUCTION

1.1 Background and Justification

The Enhancing Community Resilience and Local Governance Project – Phase II (ECRP II)**,** funded by the World Bank and implemented by the International Rescue Committee (IRC) in partnership with the Ministry of Finance and Planning aims to enhance health service delivery and community resilience in Aweil East and Aweil South Counties, Northern Bahr el Ghazal State, South Sudan. These areas are highly vulnerable to recurrent flooding, poor sanitation, and limited social infrastructure, which negatively impact access to quality healthcare, particularly in primary healthcare units (PHCUs) and primary healthcare centres (PHCCs).

Floods in the region frequently damage or destroy health facilities, displace populations, and restrict access to essential services, including safe water, sanitation, and emergency medical care. The resulting vulnerabilities disproportionately affect women, children, persons with disabilities, and internally displaced persons (IDPs)**,** who face increased risks of disease, gender-based violence, and disruptions to critical healthcare access.

To address these challenges, the project includes the rehabilitation of two health centres and expansion of 4 PHCCs and PHCUs through the following interventions:

- Construction/ rehabilitation of permanent outpatient blocks to improve service delivery and patient care.
- Installation of VIP latrines and placenta pits to strengthen sanitation and infection prevention.
- Construction/ rehabilitation of incinerators for safe disposal of medical waste.
- Establishment of chain-link fencing for facility security and controlled access.
- Development of water yards to ensure reliable access to clean water for healthcare activities.
- Training and capacity building of health facility staff and community committees for sustainable operation and maintenance.
- Inclusive participation of vulnerable groups in planning and management to enhance ownership and equity.

The subproject emphasizes community participation and local ownership through the establishment of O&M committees, training of health facility staff, and inclusion of vulnerable groups in planning and decision-making. This approach ensures that facilities are maintained sustainably and that the benefits of improved health infrastructure are equitably shared among all community members.

In alignment with South Sudan's national priorities, as outlined in the Revised National Development Strategy (2021–2024), the subproject contributes to restoring basic services, strengthening local health systems, and enhancing resilience against climate-related and flood-related shocks. The project also complies with the Environmental Protection Act (2001) and

the Draft Environmental Protection Bill (2023)**,** which require environmental and social assessments for any subproject that may have potential impacts on people, natural resources, and ecosystems.

Following the World Bank Environmental and Social Framework (ESF)**,** this Environmental and Social Management Plan (G-ESMP) has been prepared to identify environmental and social risks associated with PHCC/PHCU construction and rehabilitation, propose mitigation measures, and establish monitoring and institutional arrangements. The G-ESMP provides a practical roadmap for implementing interventions safely, sustainably, and inclusively, ensuring that improved health infrastructure enhances community resilience, promotes equitable access to healthcare, and fosters long-term well-being in Aweil East and Aweil South Counties. This G-ESMP complements other instruments such as the Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP), Environmental and Social Commitment Plan (ESCP), Labour Management Procedures (LMP), Security Management Plan (SMP), Grievance Redress Mechanism (GRM), Gender Action Plan to address issues of prevention GBV/SEA/SH, and Occupational and Environmental Health and Safety Management Plan.

1.2 Purpose of the G-ESMP

The purpose of this Environmental and Social Management Plan is to provide a practical approach for managing environmental and social risks during the planning, construction/ rehabilitation, operation, and maintenance of PHCC/PHCU subprojects under ECRP II.

1.3. The specific objective of the G-ESMP

- Identify potential environmental and social risks and impacts that may arise during PHCC/PHCU construction and rehabilitation.
- Provide mitigation measures to prevent, minimize, or offset these impacts.
- Establish a monitoring plan with clear indicators to ensure mitigation measures are effectively implemented during the construction/ rehabilitation work of PHCC/ PHCU.
- Define institutional arrangements that assign roles and responsibilities among implementing partners, government institutions, contractors, and community-based structures.
- Ensure compliance with South Sudan's national legal frameworks and the World Bank's Environmental and Social Standards; and
- Strengthen stakeholder engagement and ensure an accessible Grievance Redress Mechanism (GRM) is in place.

1.4 Scope of the G-ESMP

This G-ESMP applies to PHCC/PHCU construction and rehabilitation subprojects under ECRP II Component 3 in Aweil East and Aweil South Counties. The scope encompasses the entire

subproject cycle, including site selection, construction and rehabilitation works, as well as post-construction/ rehabilitation operation and maintenance.

Specifically, the G-ESMP includes:

- A description of subproject locations and activities, including drilling, rehabilitation, water quality protection, and community water management.
- A summary of baseline environmental and social conditions in Aweil East and Aweil South, with emphasis on flood risk, soil conditions, water table depth, land tenure, and community vulnerability.
- A review of the policy, legal, and institutional frameworks governing environmental and water resource management in South Sudan.
- An analysis of potential environmental and social impacts associated with PHCC/PHCU works.
- A comprehensive mitigation plan, identifying risks, mitigation measures, indicators, responsible institutions, and cost estimates.
- A monitoring framework for compliance with both national standards and World Bank ESSs.
- Provisions for stakeholder engagement and grievance redress, ensuring community voices are integrated throughout implementation.

1.5 Methodology for Developing the G-ESMP

The development of this Environmental and Social Management Plan (G-ESMP) for PHCC/PHCU construction and rehabilitation subprojects followed a participatory and consultative process. The methodology combined desk reviews of relevant national policies, legal instruments, and health facility standards with field-based assessments of the proposed PHCC/PHCU sites. Community consultations were conducted with local authorities, health workers, patients, women, youth, persons with disabilities, and other vulnerable groups to capture social, health, and environmental concerns. This approach ensured that the G-ESMP incorporates technical requirements for safe and functional health facilities, addresses potential social risks such as GBV and exclusion of vulnerable populations, and aligns with South Sudan's legal frameworks and the World Bank Environmental and Social Standards (ESSs).

1.5.1 Desk review of relevant documents.

A comprehensive desk review was conducted to establish the policy and legal framework guiding the PHCC/PHCU construction and rehabilitation subprojects. Key documents reviewed included the ECRP II Project Appraisal Document, South Sudan's Environmental Protection Act (2001), the Draft Environmental Protection Bill (2023), the Draft Water Bill (2015), the Land Act (2009), the Labour Act (2017), and the World Bank's Environmental and Social Framework (2017). This review provided a foundation for identifying relevant safeguards, national standards, and institutional responsibilities specific to health facility development, including water and sanitation requirements, occupational health and safety protocols, and community engagement obligations.

1.5.2 Field visits and site Assessments

Field missions were conducted at the proposed PHCC/PHCU sites in Aweil East and Aweil South to collect baseline environmental and social data. The assessments focused on site conditions relevant to health facility construction/ rehabilitation and operation, including soil stability, drainage patterns, groundwater depth, and flood vulnerability. Land use patterns, settlement distribution, and the presence of vulnerable groups such as women, children, elderly, and persons with disabilities were documented. Transect walks and structural assessments were carried out alongside local engineers to evaluate the physical conditions of existing facilities, identify potential risks, and determine the suitability of sites for new construction or rehabilitation works.

1.5.3 Stakeholder consultations

Stakeholder engagement was a key component in developing the G-ESMP for the PHCC/PHCU subprojects. Consultations were held at the County, Payam, and Boma levels with local government officials, traditional leaders (including Paramount Chiefs, Payam Chiefs, and Village Elders), and representatives of relevant committees, such as the Relief and Rehabilitation Commission (RRC). Special sessions were conducted with community-based groups, including health facility management committees, women's groups, youth representatives, persons with disabilities (PWDs), elders, internally displaced persons (IDPs), and returnees. Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) were carried out to capture community priorities, identify potential social risks such as access to health services, GBV/SEA risks, and exclusion of vulnerable populations, and validate proposed mitigation measures for safe, inclusive, and effective PHCC/PHCU operations.

1.5.4 Risk Identification and Impact Assessment

Environmental and social risks for the PHCC/PHCU subprojects were identified through a combination of field observations, technical site inspections, consultations with stakeholders, and expert assessments. Key risks include improper waste management during construction or rehabilitation works, occupational health and safety (OHS) hazards for workers and visitors, potential contamination of water sources used within the health facility, inequitable access to health and WASH services, and exclusion of vulnerable groups such as women, youth, PWDs, and IDPs from decision-making and management of the facility. These identified risks informed the design of mitigation measures aimed at ensuring safe, inclusive, and sustainable PHCC/PHCU operations.

1.6 Reporting

Findings from the desk review, field assessments, and stakeholder consultations were consolidated into this G-ESMP to guide the construction, rehabilitation, and operation of PHCC/PHCU facilities.

DESCRIPTIONS OF PROPOSED SUBPROJECT

2.1 subproject Description and Location

The proposed sub-project under the Enhancing Community Resilience and Local Governance Project (ECRP II) involves the construction of four (4) PHCC/U facilities and rehabilitation two (2) Primary Health Care Units (PHCU) and Primary Health Care Centres (PHCC) facilities across Aweil East and Aweil South Counties, Northern Bahr el Ghazal State, South Sudan. Annex one provides detailed description of rehabilitation activities while annex two describes the construction/ expansion of PHCU/PHCC facilities.

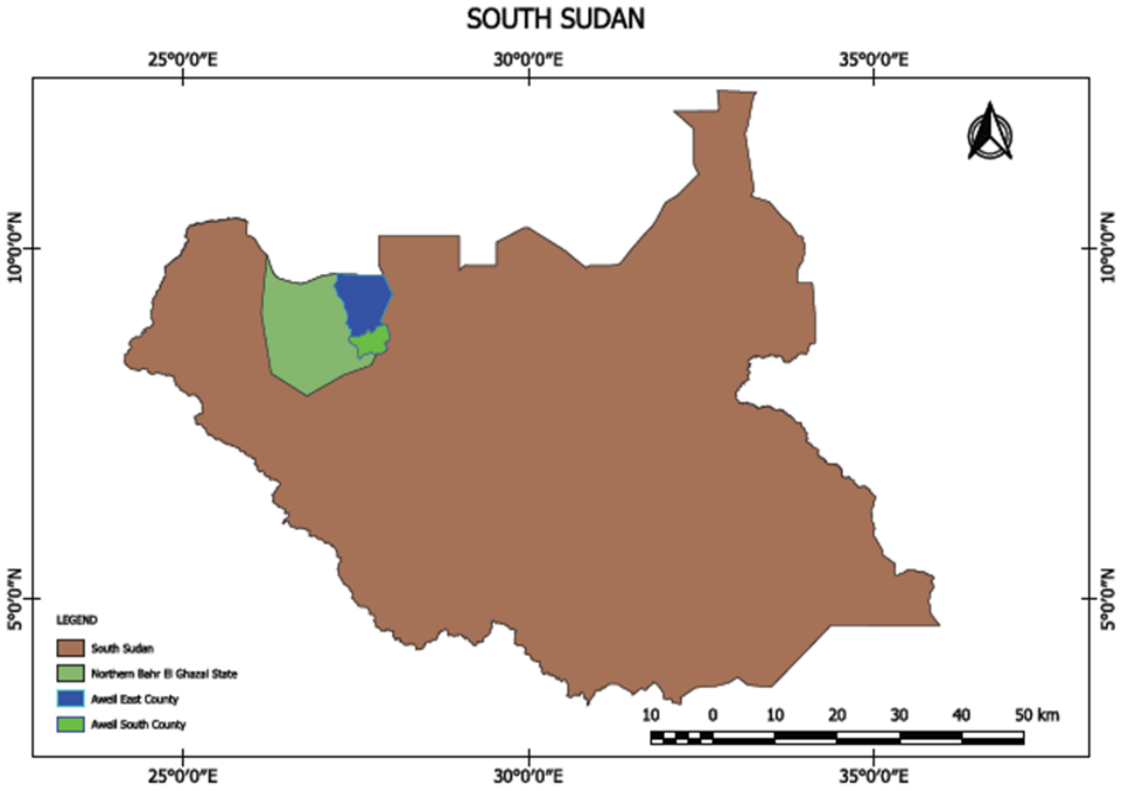


Figure 1: Map of South Sudan showing the location of Aweil East and Aweil South Counties

The health facilities serve large rural populations, including host communities and returnees, and are critical for delivering essential health services. They face challenges such as overcrowded or inadequate outpatient space, limited maternity and inpatient capacity, poor sanitation infrastructure, and a lack of proper medical waste management systems. Existing water supply and fencing are often insufficient to meet the daily needs of patients, staff, and surrounding communities. On average, each facility attends to dozens of patients daily, highlighting the urgent need for expansion and rehabilitation.

The subproject aims to enhance access to quality healthcare and bolster the resilience of local communities by renovating existing infrastructure, constructing new sanitation and waste management facilities, and upgrading water supply systems.

2.2 Planned Infrastructure Interventions for PHCUs

The proposed interventions for the PHCC/PHCUs will focus on upgrading and expanding the facilities to ensure they can effectively deliver essential health services to the community. Rehabilitation works will address damaged roofs, cracked walls, and worn-out floors to restore structural integrity and improve safety. Internal refurbishments will include repainting consultation rooms, repair windows and doors, and upgrading ventilation to create a more conducive environment for both patients and staff.

Water, sanitation, and hygiene (WASH) improvements will be prioritized. This will include the installation or repair of handwashing stations, provision of clean water supply systems, construction/ rehabilitation of gender-sensitive latrines, and improved waste management facilities such as placenta pits and incinerators. These upgrades will reduce the risk of infections and support adherence to hygiene standards in healthcare delivery.

Minor construction/ rehabilitation works will be undertaken to expand service delivery areas where needed. These may involve the construction/ rehabilitation of sheltered waiting areas to accommodate patients, and storage spaces for medicines and medical supplies. Accessibility upgrades such as paved pathways, ramps for wheelchair users, and designated waiting zones for vulnerable groups will be included to ensure inclusive health service delivery.

Additional interventions will address the external surroundings of the facility. Landscaping and drainage improvements will help reduce flooding and stagnant water around PHCUs, minimizing mosquito breeding grounds and other health hazards. Perimeter fencing will be considered in selected units to improve security and control access.

National health infrastructure standards will guide all interventions and will incorporate input from local stakeholders to ensure that PHCUs are responsive to community needs. The result will be resilient, user-friendly, and well-equipped facilities capable of delivering essential and inclusive healthcare services to growing populations.

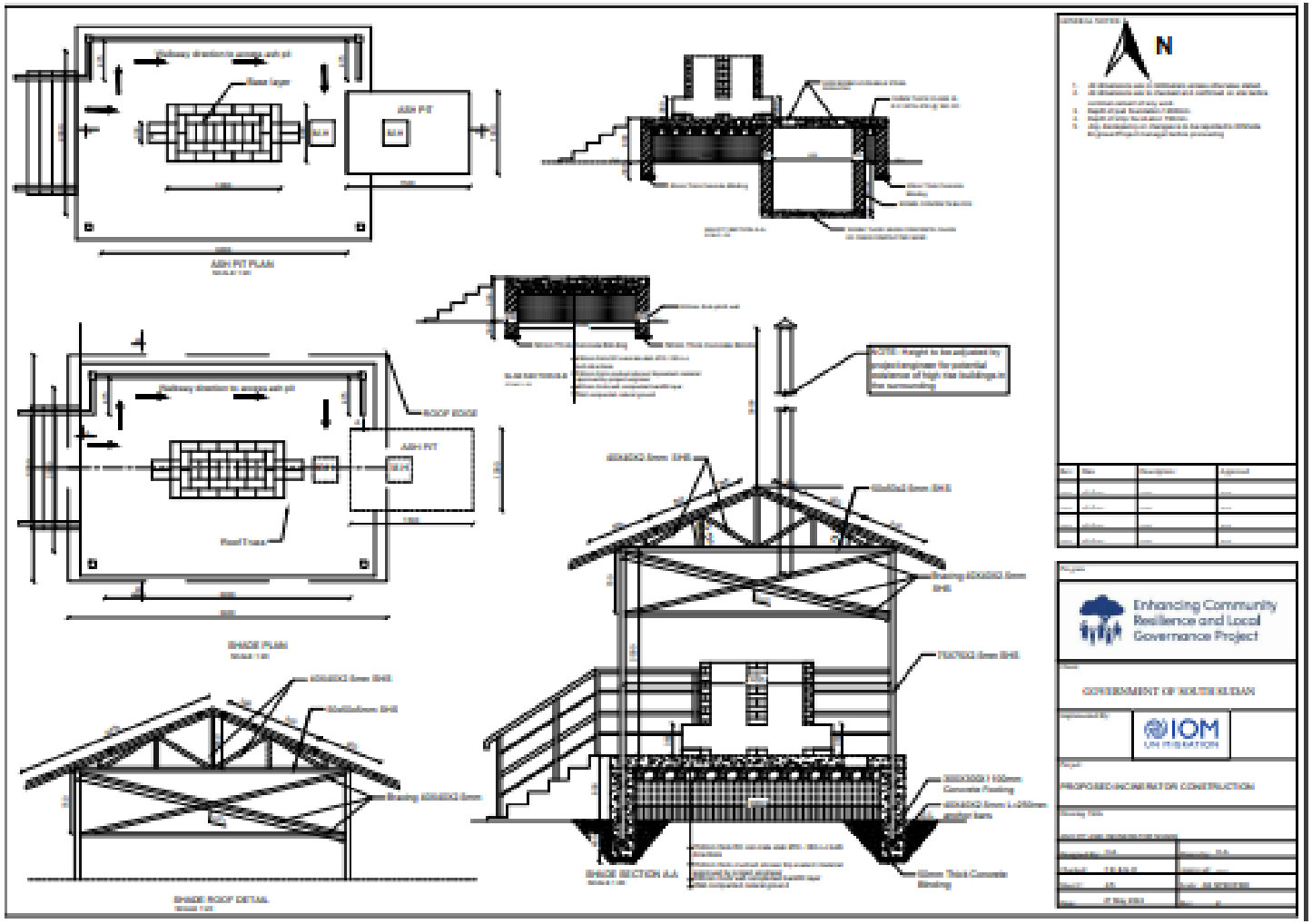


Figure 2: Incinerator Pit

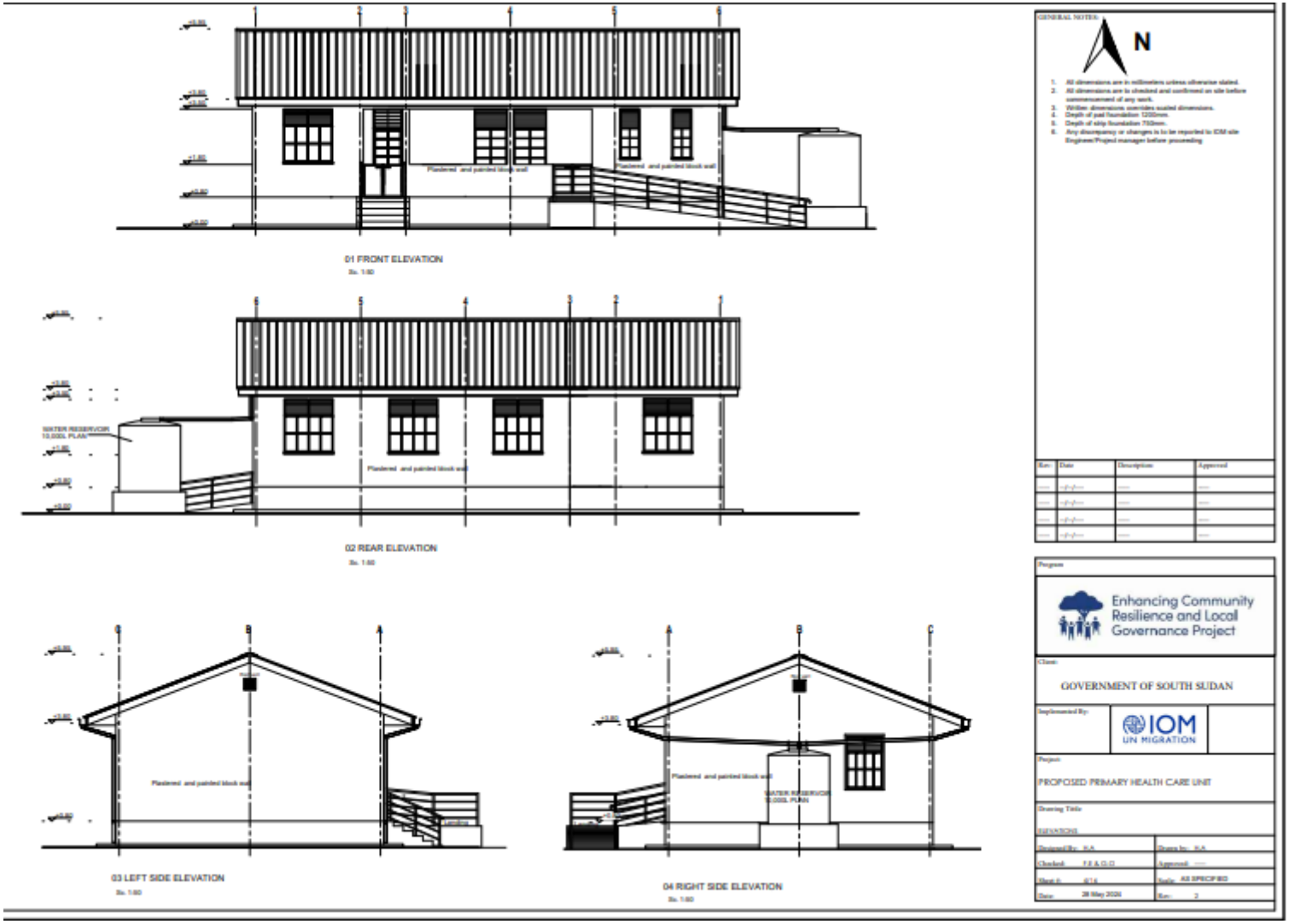


Figure 3: Proposed maternity ward design

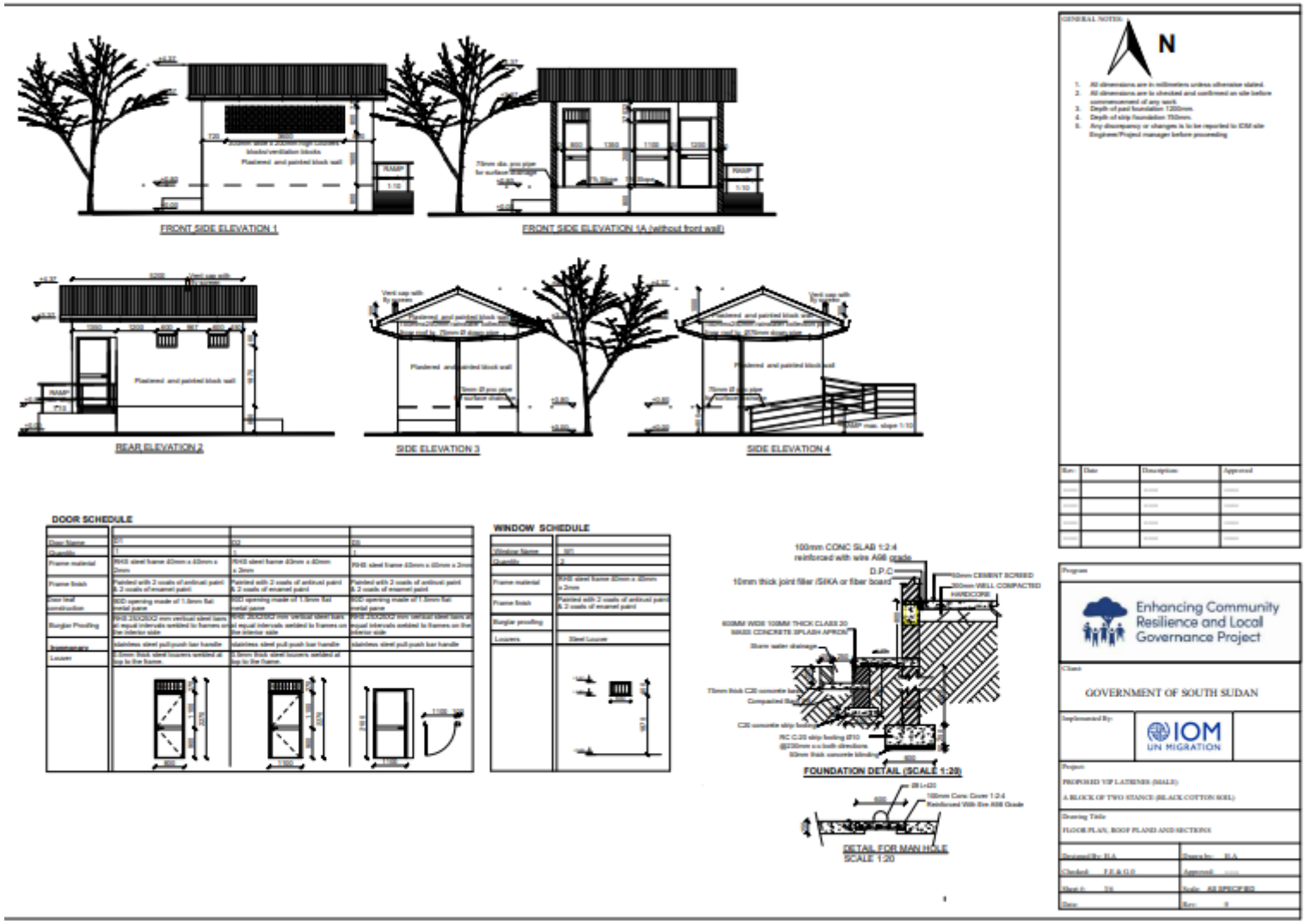


Figure 4: Proposed VIP Latrine design.

2.3 Primary Health Care Unit/Centre Sub-project Description

In Aweil East, Akuem Primary Health Care Centre (PHCC) serves a population of over 7,000 people but is currently overwhelmed by overcrowding, inadequate sanitation, and poor waste management. These challenges have significantly affected the quality of healthcare services provided. To address these issues, the facility requires rehabilitation of the outpatient block, upgrades to the water supply system, and the construction of VIP latrines, a placenta pit, and an incinerator. These interventions are crucial for enhancing hygiene standards and ensuring safe and dignified care for patients.



Akuem Kou outpatient block ready for face-lift

The rehabilitation work for Akuem Kou outpatient block will focus on completing the walling structures, fixing of windows and doors, flooring, aprons construction, and painting. A detailed scope of work for the rehabilitation work is attached in annex

Hal Bul PHCC, which serves approximately 9,000 people and receives 25–30 patients daily, faces severe infrastructure limitations. The facility lacks adequate space, maternity wards, a laboratory, and sanitation facilities. To enhance service delivery and safeguard the health of both patients and staff, it is recommended that permanent blocks be constructed/ rehabilitated, along with a laboratory, perimeter fencing, VIP latrines, and an incinerator.

Titchock PHCC, serving around 9,844 individuals, operates under deplorable conditions. The facility consists of temporary, grass-thatched structures, and consultations and laboratory services are conducted outdoors, under the shade of trees. This situation poses serious health and safety risks. The expansion of the facility with permanent blocks, improved sanitation facilities, and a comprehensive waste management system is crucial to ensure safe and reliable medical care.

In Aweil South, Akaac PHCC serves 6,750 people but lacks basic infrastructure and is highly vulnerable to seasonal flooding. The absence of proper sanitation and protective structures compromises the quality of service delivery. To strengthen sanitation and flood resilience, the construction/ rehabilitation of two VIP latrines, a placenta pit, and a chain-link fence is proposed. These measures will help ensure that the community receives safe and dignified care.

Nyieth Primary Health Care Unit (PHCU), serving 3,200 people, has been severely affected by floods that damaged infrastructure and disrupted essential services. Rehabilitation of the maternity ward, construction/ rehabilitation of a four-stance VIP latrine, and installation of

perimeter fencing are necessary to restore safe service delivery, reduce disease risks, and secure the compound.

Tierraliet PHCU, which serves 2,500 people across multiple Bomas, operates in dilapidated structures with no dedicated wards and poor sanitation. Seasonal flooding further disrupts access to care, leaving the community vulnerable. Rehabilitation of the facility will provide safe and inclusive healthcare services, improved sanitation, and enhanced flood resilience. These improvements are vital to ensure that Tierraliet PHCU continues to function as the only health unit serving the area.

Table 1: Detailed intervention of approved PHCC/PHCU subprojects

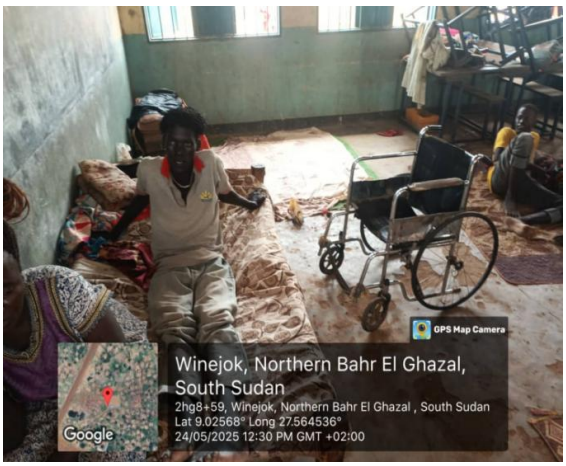
COUNTY	SECTOR	INTERVENTION TYPE	BOMA	PAYAM
AWEIL EAST	**HEALTH**	Rehabilitation of Akuem-Kou PHCC Outpatient block with the additional construction of, Incinerator, Placenta pit, VIP latrine Block, Water yard and construction of Chain-link fence	Makuac Akuel	Yargot
		Rehabilitation of Hal Bul PHCU with additional construction of: 2-Block of 4 stance VIP latrine for female and male, and construction of Chain-link fence	Halbul	Yargot
		Construction of Tit Chiok PHCC with additional construction of: 2-Block of 4 stance VIP latrine, Incinerator, Placenta pit and Chain-Link fence	Titchok	Mangartong
AWEIL SOUTH	**HEALTH**	Construction of Akaac PHCC with additional construction components: Main health Centre, Placenta pit, 2 blocks of 4 stance VIP latrines, Chain-link fence	Akaac	Gakrol
		Construction of Nyieth PHCU, Incinerator and chain-link fence	Pankuach	Nyeith
		Construction of Tierraliet PHCC, 1 block of 4 stance VIP latrines, Chain link fence	Mayen Athukuol	Tierraliet

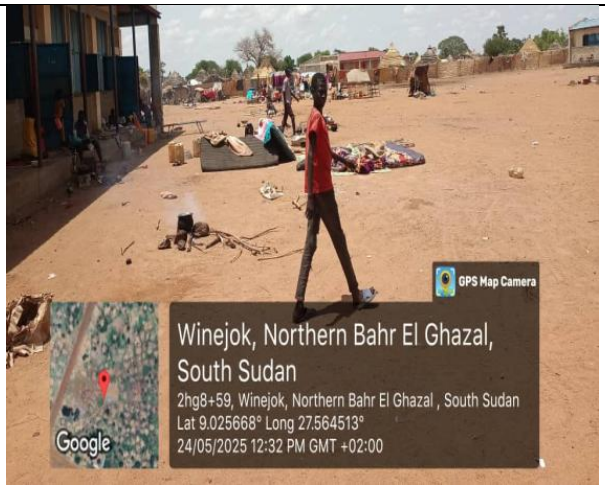






Consultation room





Existing health care facilities in Winejok, South Sudan

ENVIRONMENTAL AND SOCIO-ECONOMIC BASELINE OF THE SUB-PROJECT AREA

This section describes the key environmental and social features of Aweil East and Aweil South Counties, which directly inform the siting, design, and safeguards of the proposed PHCC/PHCU sub-subprojects.

3.1 Physical Environmental Conditions

3.1.1 Topography and Elevation

Aweil East and Aweil South are located within the Sudanian savanna ecoregion, characterized by gently undulating plains and low-relief landscapes. Elevations range from approximately 400 to 500 meters above sea level (Survey of South Sudan, 2021). The terrain is predominantly flat with seasonal floodplains and shallow depressions known locally as *toiches*, which retain water for extended periods during the rainy season and play a significant role in the area's hydrology and flood dynamics

3.1.2 Geology

The subproject area is underlain by Quaternary alluvial deposits of clay, silt, and sand, which overlay older Cretaceous sedimentary formations. The clay-rich surface layers limit infiltration, resulting in low groundwater recharge during heavy rainfall. In some areas, lateritic soils further complicate infrastructure development. This geological setting contributes to rapid runoff and recurrent flooding in the region.

3.1.3 Soil Types

The dominant soils in the subproject area are Vertisols and Fluvisols (ISRIC, 2023). Vertisols, characterized by high clay content and shrink-swell properties, become nearly impermeable during the wet season and form deep cracks in dry conditions. Fluvisols, deposited by seasonal floodwaters, are naturally fertile but highly prone to erosion, which reduces agricultural yields and worsens flooding through increased river sedimentation.

3.1.4 Climate and Rainfall

The region experiences a tropical savanna climate, characterized by an average annual rainfall of 800 to 1,200 mm, concentrated between mid-July and late October. This short but intense wet season results in rapid flooding of low-lying areas, with some locations remaining waterlogged for months. These dynamics have a significant impact on health facilities, water quality, and community mobility during the rainy season.

3.1.5 Land Use and Land Cover

In Aweil East and Aweil South, South Sudan, subsistence farming dominates local livelihoods, with approximately 78% of households in Aweil East and 70% in Aweil South engaged in

cultivating sorghum, sesame, maize, groundnut, and vegetables (Conflict Sensitivity Resource Facility - South Sudan, 2020a, 2020b; FAO/WFP, 2023). Despite widespread engagement in agriculture, cereal yields remain low, averaging only 0.7 tonnes per hectare in 2022 (FAO/WFP, 2023). Recent economic pressures, protracted conflicts, and the displacement of over 50,000 people into Aweil East in 2024 are accelerating a gradual transition from purely subsistence farming to more market-oriented agriculture. However, this shift is constrained by recurrent seasonal flooding (REACH, 2024).

Land cover in the two counties is characterized by grasslands, papyrus reed wetlands, cultivated fields, and small forest patches situated within the western flood plains sorghum and cattle livelihood zone (FAO, 2023). The wetlands, while ecologically important, contribute to frequent flooding that disrupts agricultural production. Meanwhile, charcoal production and the expansion of farmland have likely intensified deforestation, further diminishing the region's forest cover (Conflict Sensitivity Resource Facility - South Sudan, 2020b).

3.1.6 Drainage patterns

The Lol River system is a significant hydrological feature that influences both the landscape and the livelihoods of local communities. This river system, along with its tributaries and surrounding flood-prone areas, plays a crucial role in the region's drainage and flood dynamics.

The low-lying topography of Northern Bahr el Ghazal, characterized by grassland floodplains and tropical savanna, makes it susceptible to annual flooding, particularly during the rainy season from May through November. These seasonal floods frequently inundate residential areas, agricultural lands, and infrastructure, resulting in significant humanitarian challenges.

3.1.7 Flood Risk and Ecosystem Sensitivity

Frequent and prolonged flooding, particularly during the wet season, affects both human settlements and ecosystems. Soil erosion from overcultivation and vegetation loss contributes to sediment loads in rivers and boreholes, degrading water quality. Environmental safeguards must therefore consider:

- Protecting vegetation buffers around water points,
- Locating boreholes outside seasonal wetlands,
- Promoting community awareness on land use and water source protection.

3.1.7.1 Recommendation for Flood Risk Management

To strengthen flood risk management, urban planning, and humanitarian response in Aweil East and South**,** the following measures are recommended:

- **Leverage Satellite Data:** Use satellite imagery and remote sensing to monitor flood-prone areas in Aweil East and South, track river overflows, and assess the extent of inundation in real time.

- **Establish Early Warning Systems:** Develop early warning systems that integrate meteorological forecasts, river gauge data from the Lol River and its tributaries, and historical flood patterns specific to Northern Bahr el Ghazal, ensuring communities receive timely alerts.
- **Strengthen Community Preparedness:** Involve communities in preparedness activities such as constructing local flood barriers, creating and rehearsing evacuation plans, and designating safe higher grounds for temporary shelter.
- **Invest in Resilient Infrastructure:** Prioritize infrastructure improvements such as elevating feeder roads, reinforcing dykes, and constructing flood-resistant housing to minimize disruption to livelihoods and improve accessibility during floods.

3.2 Social Baseline Conditions

This section presents the prevailing social conditions in Aweil East and Aweil South Counties that are relevant to the implementation of PHCC/PHCU rehabilitation and construction under the ECRP II project. The data is primarily drawn from a household survey of 241 respondents, supplemented by Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs).

3.2.1 Demographic Profile

The surveyed communities are predominantly rural, with a firm reliance on agriculture and natural resources for survival (IRC, 2025). Key characteristics include:

- **Household Headship**: The majority of households are headed by men, 88.4% in Aweil East and 87.7% in Aweil South, highlighting potential gender imbalances in access to services and decision-making.
- **Household Size**: Average household size is seven members in Aweil East and five members in Aweil South.
- **Disability Presence**: Households reporting at least one member with a disability account for 14.5% in Aweil East and 13.8% in Aweil South. Common challenges cited include difficulty accessing water points during floods and lack of mobility aids.

3.2.2 Livelihoods and Economic Vulnerability

Households primarily rely on subsistence farming and livestock keeping, cultivating crops such as sorghum, maize, groundnuts, simsim, and okra. Commonly kept livestock include cattle, goats, sheep, and poultry. However, these traditional livelihoods are increasingly fragile due to:

- Frequent flooding, which leads to loss of crops, livestock, and damage to fishing equipment;
- Lack of livelihood diversification, especially for female-headed households.
- Limited support mechanisms, with the majority of households reporting no external recovery assistance, although some received aid from NGOs and WFP.

To cope with economic shocks, communities engage in petty trade, casual labour, charcoal production, and firewood sales.

3.2.3 Food Security and Health Impacts

Seasonal flooding has had direct consequences on food security and health in the affected areas. Prolonged inundation has destroyed crops, limited access to markets, and disrupted food supply chains, leading to widespread shortages.

- **Food Availability**: 25% of households in Aweil East and 46% of households in Aweil South reported a significant decline in food availability.
- **Nutrition and Health:** Households rely on a mix of farm produce and market purchases but often resort to reducing meal size or skipping meals, particularly during peak flood periods. The reduced access to diverse diets has increased risks of malnutrition, particularly among children, pregnant women, and the elderly.

Waterborne diseases such as cholera and typhoid and vector-borne illnesses such as malaria, increase significantly during the rainy season due to stagnant water and contaminated sources. This reinforces the urgent need for safe and flood-resilient water supply systems, particularly in displacement-prone areas.

3.2.4 Flood Preparedness and Community Resilience

Despite widespread exposure to flooding (reported by over 85% of surveyed households), preparedness levels remain low:

- Most households do not implement flood risk reduction measures.
- Those who do act report building flood barriers, raising floor levels, or storing food supplies.
- Awareness of Early Warning Systems (EWS) and access to emergency kits is limited and inconsistent.

3.2.5 Social Inclusion and Protection Concerns

While most respondents report generally feeling safe in public spaces, key protection challenges were identified:

- Elderly and disabled individuals faced difficulties accessing services during floods, particularly water points and health facilities.
- Women and girls are at increased risk of harassment during aid distribution or while fetching water in isolated areas.
- A majority of respondents were not aware of any safe spaces for women and children or existing support systems for GBV (Gender-Based Violence) survivors.

3.2.6 Access to Basic Services

Flooding has severely disrupted access to basic services in Aweil East and South, with households reporting a decline in healthcare due to long distances, a lack of medication, and the closure of facilities. School closures and inadequate learning materials have also hindered education, while access to clean water and sanitation has been compromised despite reliance on boreholes as the main water source. In addition, widespread damage to houses, schools, roads, and other infrastructure has further limited the availability and delivery of essential services.

3.2.6 Deforestation and Resource Pressure

Land clearance for agriculture and firewood collection is widespread. Charcoal production, in particular, is a growing threat to forest patches and tree cover, especially around borehole locations and settlements. Without mitigation, this trend could further degrade water catchments and increase sedimentation in shallow aquifers.

POLICY, LEGAL AND INSTITUTIONAL FRAMEWORK

4.1 Introduction

This chapter outlines the national legislation, institutional frameworks, and World Bank Environmental and Social Framework (ESF) provisions relevant to the establishment and operation of Primary Health Care Units (PHCUs) under the proposed subproject in Aweil East and Aweil South Counties of Northern Bahr El Ghazal State, South Sudan. The legal frameworks focus on environmental health, labor, water and sanitation, community engagement, and social safeguards that directly affect PHCU design, construction/ rehabilitation, operation, and maintenance.

4.1.1 The Transitional Constitution of the Republic of South Sudan (2011)

The Constitution establishes the right of all citizens to a clean and healthy environment. For Primary Health Care Units (PHCUs), this means ensuring that facilities are constructed and operated in a way that safeguards community health through proper waste disposal, pollution prevention, and meaningful community participation in decision-making. These constitutional guarantees provide a foundation for environmental and social safeguards in line with World Bank requirements.

4.1.2 Environment Protection Act, 2001

The Environment Protection Act (2001) requires that any project likely to affect the environment undergo an Environmental Impact Assessment (EIA). This is directly relevant to PHCUs, as construction and operation involve waste management, water use, and sanitation practices that must be assessed to minimize negative impacts. By adhering to this Act, PHCUs demonstrate compliance with World Bank Environmental and Social Standard 1 (ESS1).

4.1.3 Draft Environmental Protection Bill, 2023

Though not yet enacted, this draft bill introduces detailed processes for environmental categorization, monitoring, and audits. PHCU subprojects would likely fall under Category B or C, requiring simplified ESIA or G-ESMP.

4.1.4 Draft Water Bill, 2015

The Draft Water Bill (2015) governs water use, discharge, and protection of water sources from pollution. Since PHCUs depend on clean water for service delivery, the Bill is highly relevant to ensuring safe water supply and preventing contamination from wastewater or medical waste disposal. This strengthens community health safeguards and aligns with ESS3 on resource efficiency and ESS6 on biodiversity conservation.

4.1.5 Public Health (Water and Sanitation) Act, 2008

The Public Health (Water and Sanitation) Act (2008) provides the legal framework for sanitation and water safety. It is directly applicable to PHCUs, as it guides the design and management of sanitation facilities, control of hazardous waste, and pollution prevention. Ensuring compliance with this Act is essential to protecting both patients and surrounding communities from health risks associated with poor waste and water management.

4.1.6 The Child Act, 2008

The Child Act (2008) prohibits child labor in hazardous work and sets minimum employment ages. For PHCU subprojects, this ensures that children are not engaged in construction or facility operations, safeguarding their rights while meeting international labor standards under ESS2.

4.1.7 Labor Act, 2017

The Labor Act (2017) establishes fair employment conditions and emphasizes occupational health and safety. Its relevance to PHCUs is seen in protecting the rights of health workers, construction workers, and support staff, ensuring safe working environments, and prohibiting discrimination, forced labor, and sexual harassment. This aligns with ESS2 on labor and working conditions.

4.1.8 Local Government Act, 2009

Empowers local government councils and traditional authorities to improve community welfare and mandates participation of women and vulnerable groups in decision-making. For PHCUs, this means services must be designed and delivered in consultation with local authorities and communities, fostering ownership and inclusiveness in line with ESS10 on stakeholder engagement.

4.1.9 The Access to Information Act (2013)

Guarantees public access to information held by government institutions. Its relevance to PHCUs lies in ensuring transparency, such as sharing information on available health services, environmental and health risks, and grievance mechanisms, thereby strengthening trust between communities and health providers.

4.1.10 The Penal Code Act (2008)

The act criminalizes gender-based violence, sexual exploitation, and harassment. This is critical for PHCUs, where women and vulnerable groups may be at risk, and emphasizes the need for robust codes of conduct, GBV prevention, and response measures. Compliance with this Act strengthens community safety and aligns with ESS4 on community health and safety.

4.1.11 The National Gender Policy (2012)

The policy addresses gender equality and protection from gender-based violence. For PHCUs,

which often provide maternal and child health services, this policy ensures that service delivery is gender-sensitive and protective of women, girls, and vulnerable groups, aligning with World Bank safeguards on gender and social inclusion.

4.2 Relevant World Bank Environmental and Social Standards (ESS)

The PHCU health facilities subproject aligns with the World Bank's Environmental and Social Framework (ESF) by promoting sustainability, social inclusion, and effective risk management throughout its lifecycle. In South Sudan's fragile context, the application of the ESF and its ten Environmental and Social Standards is crucial to minimizing environmental and social risks while ensuring safe, accessible, and resilient healthcare infrastructure. This alignment ensures public health, promotes community well-being, and supports service delivery in accordance with international best practices. The environmental and social safeguards instruments developed for this subproject include the Environmental and Social Management Framework (ESMF), Environmental and Social Commitment Plan (ESCP), Stakeholder Engagement Plan (SEP), Labor Management Procedures (LMP), Grievance Redress Mechanism Guidelines, Gender Action Plan (GAP), and Security Management Plan (SMP).

Table 2: World Bank Environmental and Social Standards (ESS) for PHCC/PHCU Subprojects

ESS	Description & Relevance to PHCC/ PHCU Subprojects	Compliance Measures
ESS1: Assessment and Management of Environmental and Social Risks and Impacts	PHCC construction/rehabilitation may cause dust, noise, waste generation, soil erosion, and traffic disruptions. Social risks include safety hazards, disruption of health services during works, and poor infection control if not managed.	Environmental and Social Assessment conducted; G-ESMP/ESMMP developed to guide mitigation (dust suppression, noise control, phasing works to minimize disruption to patients and staff).
ESS2: Labor and Working Conditions	Involves skilled and unskilled workers, with risks such as poor labor conditions, OHS hazards (e.g., exposure to dust, chemicals, accidents), and risks of child/forced labor if not monitored.	Labor Management Procedures (LMP), OHS Plan, workers' Code of Conduct, and worker-specific GRM established. Provision of PPE, safety training, and fair recruitment practices.
ESS3: Resource Efficiency and Pollution Prevention and Management	Hospitals consume significant water and energy and generate biomedical and hazardous waste. Construction/ rehabilitation may involve waste oils, debris, and materials requiring careful disposal.	Efficient water/energy technologies promoted; biomedical waste management plan implemented; proper segregation, treatment, and disposal of medical waste; construction/ rehabilitation waste

ESS	Description & Relevance to PHCC/ PHCU Subprojects	Compliance Measures
		managed per national and World Bank standards.
ESS4: Community Health and Safety	Communities may face risks from construction/ rehabilitation traffic, dust, noise, and possible accidents. Operational risks include spread of infections, poor hospital waste management, GBV/SEA risks, and fire safety issues.	Traffic management plan, fencing of sites, awareness campaigns on GBV/SEA and communicable diseases, robust infection prevention and control (IPC) protocols, fire safety systems, and accessible community GRM.
ESS5: Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement	PHCC/ PCHU construction or rehabilitation will take a lot of time will be spent on awareness/ stakeholder engagement to improve understanding and acceptability of the subproject	E&S screening was conducted and voluntary land donation forms were signed for each site for PHCC or PHCU to ensure that no social or economic displacement happened.
ESS6: Biodiversity Conservation and Sustainable Management of Living Natural Resources	Site clearing or expansion may impact vegetation, water sources, or nearby ecosystems.	Site screening to avoid sensitive ecosystems; minimize vegetation clearance; landscaping with native species after works.
ESS7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Risk of elite capture as some local leaders may interfere with the procurement process to favour them	PMU to supervise the implementing partner's procurement process to ensure strict professional conduct by creating a procurement team to do advertisement, longlisting, short listing, call for bidding, do bid evaluations, award marks and identify the successful contractor among other required procedures to work on the identified subproject that benefits the poor indigenous people.
ESS8: Cultural Heritage	Excavation may unearth graves, shrines, or historical structures. Hospitals may also be located near culturally important sites.	Chance Finds Procedure implemented; immediate suspension of works and notification of cultural authorities and community leaders if finds occur.
ESS10: Stakeholder Engagement and Information Disclosure	Hospitals directly affect communities relying on services, staff, and patients. Engagement is essential to ensure inclusivity,	Stakeholder Engagement Plan (SEP) prepared; continuous consultations held with health workers, patients, local leaders, and community members. Information

ESS	Description & Relevance to PHCC/ PHCU Subprojects	Compliance Measures
	especially for vulnerable groups (women, elderly, disabled).	disclosed transparently; accessible GRM in place.

STAKEHOLDER CONSULTATION AND PARTICIPATION

5.1 Introduction

The design and implementation of the PHCC/PHCU health facilities subproject under the ECRP II is anchored in meaningful engagement with the communities it serves. Stakeholder consultation was a deliberate effort to integrate local knowledge, validate health priorities, and foster ownership from the outset. This process enabled affected populations and relevant institutions to express their needs, identify risks, and directly inform the Environmental and Social Management Plan (G-ESMP). By engaging women, youth, elders, persons with disabilities, displaced persons, and traditional leaders, the consultations ensured inclusivity and alignment of the subproject with the healthcare realities and priorities of communities in Aweil East and Aweil South.

5.2 Objectives of Consultation

The consultations aimed to:

- Share information on the PHCC/PHCU health facilities subproject's scope, objectives, and G-ESMP requirements, ensuring communities clearly understand the benefits and responsibilities involved.
- Identify environmental and social risks as perceived by stakeholders, including issues such as medical waste management, water and sanitation needs, and community health and safety.
- Gather community perspectives on facility siting, accessibility, and long-term operation and maintenance to promote equitable service delivery.
- Ensure meaningful participation of vulnerable groups, including women, youth, elders, persons with disabilities, displaced persons, and traditional leaders, so that their needs are reflected in the design and implementation of the facilities.
- Strengthen collaboration with county health authorities, humanitarian partners, and local committees to enhance ownership, accountability, and sustainability.
- Embed local knowledge and validate community priorities to ensure the subproject is context-appropriate and aligned with South Sudan's cultural and social realities;
- Foster transparency, trust, and continuous feedback mechanisms that allow for adaptive management throughout the subproject lifecycle in line with the World Bank's Environmental and Social Framework (ESF).

5.3 Stakeholders Consulted

- **Primary stakeholders**: Residents of target Bomas and Payams in Aweil East and Aweil South, including farmers, pastoralists, women, youth, elders, persons with disabilities, IDPs, and returnees.
- **Secondary stakeholders**: County governments, Payam Administrators, Executive Chiefs, Village Elders, women's groups, religious leaders, and NGOs such as the International Rescue Committee (IRC).

- **Institutional stakeholders**: The Relief and Rehabilitation Commission (RRC), World Food Programme (WFP), Food and Agriculture Organization (FAO), and the Project Management Unit (PMU) under the Ministry of Finance and Planning.

5.4 Methodology

The consultation approach for PHCC/PHCU subprojects ensured inclusion of all stakeholders. The consultations were undertaken to understand community health priorities and identify potential environmental and social risks associated with facility rehabilitation and operation. Meetings were held with county health officials, facility management committees, and traditional leaders to discuss service delivery gaps, waste management, and patient safety. Focus Group Discussions (FGDs) were organized separately with women, men, youth, and vulnerable groups such as persons with disabilities (PWD) and internally displaced persons (IDPs), emphasizing issues of maternal and child health, access to medicines, and gender-sensitive services. Key Informant Interviews with health workers, NGOs, and UN health partners provided insights into existing challenges, coordination needs, and opportunities to strengthen local health systems. Community transect walks around the health facilities sites were also conducted to assess accessibility, drainage, and potential environmental impacts. To enhance inclusivity, consultations were facilitated in local languages and scheduled at times that accommodated community routines, ensuring equitable participation and ownership of the process.

5.5 Consultation Activities

Key institutional and technical stakeholders were consulted to provide strategic guidance and technical expertise related to PHCC/PHCU intervention and management. These included the Relief and Rehabilitation Commission (RRC), which coordinates disaster-related activities, UN agencies such as the Food and Agriculture Organization (FAO) and World Food Programme (WFP) for agricultural and food security insights, and the Chambers of Commerce for both counties to provide private sector perspectives on potential market impacts.



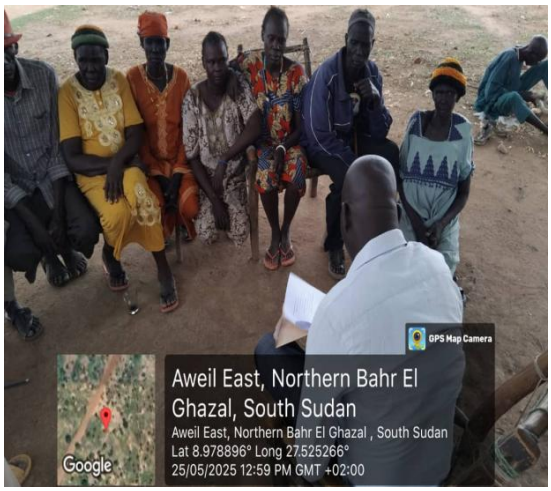






The consultation process cascaded from high-level strategic forums to community-level engagements. Initial county-level stakeholder meetings in Aweil East (19th May 2025) and Aweil South (22nd May 2025) included County officials, Payam Administrators, Executive Chiefs, RRC staff, IRC representatives, and enumerators. These sessions defined the scope of the assessment, established strategic goals, and created official communication channels to secure administrative and political commitment.

Subsequent engagement focused on communities using a combination of household surveys, focus group discussions (FGDs), and key informant interviews (KIIs). FGDs were carefully segmented to create safe spaces for women, youth, IDPs, elders, farmers, and persons with disabilities, ensuring their specific needs and vulnerabilities were addressed. KIIs engaged technical officers, local leaders, women's and youth organizations to create a multi-dimensional understanding of subproject needs, including environmental, social, and economic vulnerabilities. Participatory transect walks were conducted to validate PHCC/PHCU site suitability, assess flood vulnerability, and integrate local knowledge into technical planning. All consultations were conducted in local languages with careful attention to timing and venue selection to maximize participation.





5.6 Key Issues Raised and Responses

Stakeholders identified several critical issues related to health service delivery and infrastructure:

- **Health infrastructure gaps**: Communities emphasized the urgent need for expansion and rehabilitation of the PHCC to improve access to quality medical care across the Boma and surrounding areas. In response, the subproject committed to constructing a permanent PHCC block, rehabilitating the outpatient block, establishing a chain-link fence, constructing VIP latrines, a placenta pit, and an incinerator.
- **Water and sanitation needs**: Stakeholders requested improved water supply and sanitation facilities for the PHCC. The subproject is committed to upgrading the existing handpump to a functional water yard to ensure a reliable water source for patients, staff, and medical operations.
- **Protection and inclusivity**: Women raised concerns about the risk of gender-based violence (GBV) and unsafe conditions, particularly during travel to healthcare facilities or temporary care centres. The subproject is committed to inclusive designs incorporating ramps, lighting, and fencing, and to ensuring women and people with disabilities (PWDs) are represented in facility management committees.
- **Capacity building and community participation**: Communities stressed the need for training of PHCC/PHCU management and staff in facility maintenance, waste management, and health service delivery. The subproject committed to establishing and training health facilities management committees, including representatives from women, youth, and PWD groups, to ensure local ownership and effective operation.
- **Trust and transparency**: Past failed subprojects have generated scepticism. Communities requested transparent processes, timely updates, and open communication channels. The subproject committed to regular monitoring visits, participatory decision-making, and clear reporting mechanisms.

5.7 Community Priorities and Recommendations

Communities consistently called for:

- Full rehabilitation and expansion of the PHCC/PHCU, including construction of a permanent block, outpatient block upgrades, VIP latrines, placenta pit, incinerator, chain-link fence, and water yard.
- Inclusive participation of women, youth, PWDs, and community members in site selection and management committees.
- Reliable water supply and sanitation to support health services and community use.
- Integration of GBV prevention, maternal and child health, and protection services within PHCU programs.
- Durable, high-quality infrastructure with strong local ownership, transparency, and accountability mechanisms.

At the time of consultation over land, Community leaders/ elders were tasked to undertake physical ground-verification of the land status to establish the state in terms of occupation, activities, use and /or disputes is critical. That the land must be free of all encroachment and other encumbrances. Otherwise, the other aspects regarding due diligence through searches, consultations with neighbours, getting to the history of the land were necessary before engaging the land owner to sign a voluntary land donation agreement.

The subproject and communities concerned do not anticipate resettlement issues to arise as all infrastructure exists on unoccupied land. However, further consultations with local landowners, land users, and stakeholders regarding a) access to the subproject sites; b) grievance redress mechanisms, and c) sharing information on benefits that comes along with upcoming infrastructure have been completed

Communities understood that voluntary land donation carries no cash payment. They were happy to donate land for development subprojects free of charge and should be land that has no conflict over it. Landlords, local leaders and the subproject reached consensus on fundamental steps needed to access land and necessity for land screening to establish:

i. Land availability and its suitability of not being in flood zone
ii. Tenure of the land in question, whether it is being used for other productive venture
iii. Proof that the land indeed belongs to the person who intends to donate the land (documents, neighbours' confirmation)
iv. Nature and scale of disputes, restrictions on land etc…
v. If there will be physical relocation/resettlement of households, families, individuals or communities, and if
vi. There will be adverse impacts of the subproject on land and key natural resources as well as cultural heritage.

STAKEHOLDER ENGAGEMENT PROCESS

6.1 Planned Ongoing Consultation and Communication Strategy

The management of Primary Health Care Centres/Units will require continuous engagement with stakeholders to ensure inclusivity, transparency, and long-term sustainability. In line with ESS10 (Stakeholder Engagement and Information Disclosure)**,** the SEP focuses on three key phases.

Phase 1: Pre-construction/ rehabilitation and Design Finalization

During this stage, communities are consulted to validate PHCU expansion and rehabilitation plans, including site layout, water and sanitation facilities, and accessibility features. Meetings with county authorities, local leaders, and health committees help secure community acceptance and ensure feedback from earlier assessments is incorporated. Contractors are introduced to the community in open forums, where they share work plans, timelines, and opportunities for local labor and material sourcing. Local Employment Plans (LEPs) will be displayed publicly to promote transparency and accountability.

Phase 2: construction/ rehabilitation and Implementation

This phase emphasizes maintaining open communication to quickly resolve issues and ensure environmental, social, and health safeguards are upheld. Operation and Maintenance , representing women, youth, elders, and persons with disabilities, will serve as the link between contractors, health facility staff, and the wider community. Progress meetings, public information boards, and local radio will be used to share updates, while grievance redress mechanisms will remain accessible to all, including non-literate groups.

Phase 3: Operation, Maintenance, and Handover

To ensure sustainability, the expanded and rehabilitated PHCC/PHCU will be formally handed over to the community and local health authorities through transparent ceremonies. O&M Committees will be trained in maintenance, waste management, financial management, and reporting to enhance local ownership and accountability. Post-subproject surveys will capture community feedback, lessons learned, and recommendations to guide future improvements in health service delivery and infrastructure management.

The following table presents a summary of the Stakeholder Engagement Plan (SEP):

Table 3: Summary of Stakeholder Engagement Process

subproject PHASE	OBJECTIVES	KEY ACTIVITIES	RESPONSIBLE PARTIES	Amount USD
Phase 1: Pre-**construction/ rehabilitation** and Design Finalization	Secure final community validation, introduce implementation arrangements, and establish rules of engagement.	**Community Design Validation Workshops:** Ensures meaningful consultation by validating community feedback. **Contractor-Community Introductory Meetings:** Fosters transparency and establishes early, two-way communication. **Public Disclosure of LEPs:** Provides timely, accessible, and relevant information to the community.	IRC in collaboration with County Authorities.	1500
Phase 2: **construction/ rehabilitation** and Implementation	Maintain open communication channels, monitor safeguards compliance, and provide regular progress updates.	**Establishment of Operation and Maintenance :** Ensures inclusive engagement with diverse and vulnerable groups. **Regular Progress Update Meetings:** Facilitates ongoing two-way dialogue and addresses emerging concerns. **Information Kiosks and Radio Spots:** Provides accessible information in a culturally appropriate and timely manner, reaching non-literate populations.	Contractors (for direct liaison), monitored and supported by IRC.	500
Phase 3: Operation, Maintenance and Handover	Ensure sustainable asset transfer, build local capacity, and document lessons learned.	**Formal Asset Handover Ceremonies:** Formalizes transfer of subproject assets to community/local management. **Training of Facility Management Committees:** Builds local capacity for sustainable management. **Post-subproject Perception Surveys:** Supports monitoring and adaptive management by capturing community feedback on subproject outcomes.	IRC in collaboration with relevant County Line Departments.	1500

6.2 Capacity Building and Institutional Strengthening

6.2.1 Assessment of Existing Institutional Capacity

The current institutional capacity for environmental and social management in Aweil East and Aweil South is limited. Local government agencies and community-based organizations (CBOs) often lack the technical expertise, dedicated staff, and financial resources to oversee and manage environmental and social risks on a subproject of this scale. While local authorities like the County Coordination Team (CCT) and community committees (DRMCs, O&M, BDC/PDC) have a strong understanding of local social dynamics and customs, their knowledge of formal environmental regulations, risk assessment, and monitoring protocols is minimal.

6.2.2 Training Plan for Project Staff and Stakeholders

A comprehensive training plan will be implemented to address these capacity gaps.

- **Project Staff:** The project's dedicated Environmental and Social Risk Officer will receive specialized training on World Bank Environmental and Social Standards (ESS), the subproject-specific Environmental and Social Management Plan (G-ESMP), and the operation of the Grievance Redress Mechanism (GRM).
- **Contractor Staff:** The contractor will be required to train their engineers, foremen, and on-site staff on the project's Code of Conduct (CoC), as well as on environmental health and safety, waste management, and the proper handling of hazardous materials.
- **Community Leaders and Committees (Operation and Maintenance Committee , Boma Development Committee**, **Payam Development Committee):** Key community stakeholders will be trained on the basic principles of environmental and social monitoring, their role in the GRM, and the sustainable management of community assets like the new boreholes, water yards, health facilities and schools.

Table 4: Training Plan for Project Staff and Stakeholders

Capacity Need	Participants	Subject	Resource Person	Frequency	App. Cost
Environmental and Social Management Plan (G-ESMP) Implementation	• PMU • Environmental and Social Risk Officer • Project Implementation Team (PIT) • IRC Environmental and Social Risk Team	• Overview of Environmental and Social Framework (ESS) • G-ESMP Environmental pollution and control measures Monitoring of mitigation measures Environmental and Social Audits and Reporting	• Environmental and Social Safeguards Consultant • IRC Environmental and Social Risk Team	Annually, and at project inception	Included in personnel costs
Construction Health, Safety, and Environment (HSE)	• Contractor Staff (Engineers, Foremen) • Community Mobilizers, and Beneficiaries	• Introduction to Construction HSE Identification of Health and Safety Hazards in construction/ rehabilitation • Proper use of Personal Protective Equipment (PPE) • Excavation safety, material handling, and waste management • Incident causation, investigation, and reporting	• Contractor's HSE Officer • IRC Environmental and Social Risk Team • PMU	Monthly, and at the start of each new subproject	$800
Grievance Redress Mechanism (GRM)	• PMU • Environmental and Social Risk Officer	• Principles and importance of the GRM Step-by-step process for grievance intake, documentation, and resolution Confidentiality	• PMU Social Development Specialist • Social Safeguards Consultant	Quarterly, and at project inception	$ 500

Capacity Need	Participants	Subject	Resource Person	Frequency	App. Cost
	● Community Leaders, and Boma/Payam Development Committee members	and accountability in the GRM process ● Referral channels for sensitive issues like Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA)			
Community Asset Management and Sustainability	● Community Leaders and Committees (Operation and Maintenance Committee, Boma Development Committee, Payam Development Committee)	● Roles and responsibilities in managing community assets (e.g., boreholes, water yards, hospitals and schools) ● Basic operation and maintenance procedures ● Financial management for sustaining the asset (e.g., collecting user fees) ● Conflict resolution related to asset use	● PMU ● Community Mobilizers	At the completion of each subproject	$ 800

6.3 Support for Local Environmental and Social Agencies

The subproject will provide direct support to local agencies by involving them in all stages of the G-ESMP implementation and monitoring. This hands-on collaboration will build practical skills and knowledge. The subproject will also provide relevant documentation, tools, and templates for monitoring and reporting to these agencies, thereby strengthening their capacity for future subprojects.

6.4 Plans for Technical Assistance

Beyond the initial training, the subproject will incorporate a plan for continuous technical assistance. The Environmental and Social Risk Officer will provide ongoing support and mentoring to the contractor and community committees. This will include regular site visits, workshops, and direct consultation to address any challenges that arise during implementation. This ensures that the subproject's social and environmental safeguards are not only understood but are effectively applied throughout the subproject's lifecycle.

POTENTIAL ENVIRONMENTAL AND SOCIAL IMPACTS OF THE PHCC/PHCU SUBPROJECT

7.1 Introduction

This chapter outlines the potential environmental and social impacts expected during the preparatory, construction/ rehabilitation, and operations and maintenance phases of the proposed PHCU expansion and rehabilitation subproject. These impacts were identified through community consultations, site visits, stakeholder interviews, desktop reviews, and assessment of existing environmental and social conditions at the PHCU location.

The analysis considers both positive and adverse impacts, emphasizing enhancement of community health benefits while minimizing risks to the environment and surrounding populations. For each identified impact, appropriate mitigation measures are proposed, accompanied by a monitoring plan to track implementation. The Environmental and Social Management Plan (G-ESMP) further assigns responsibilities to key stakeholders and provides cost estimates for implementing mitigation and monitoring measures, ensuring safe, sustainable, and inclusive delivery of healthcare services.

7.2 Potential Positive Impacts

The construction and rehabilitation of health facilities are expected to bring significant and lasting benefits to the communities in Aweil East and South. These include:

- Improved Access to Healthcare: The subprojects will provide communities with better, more accessible health services, reducing travel time and cost to receive medical care.
- Reduced Disease Burden: Enhanced facilities will improve the capacity for disease prevention, diagnosis, and treatment, leading to a healthier community.
- Employment Opportunities: The subprojects will create short-term employment for skilled, and unskilled local workers during the construction/ rehabilitation phase.
- Community Development: Health facilities are vital for community well-being, and improved services will strengthen community resilience and trust in the health system.
- Economic Growth: A healthier population is a more productive one, contributing to local economic development and overall well-being.

7.3 Potential Negative Environmental Risks and Impacts

This section outlines potential negative environmental impacts specific to the health facility subprojects.

Pre-Construction/ rehabilitation

- Environmental risks (ESS1, ESS3, ESS6), such as site clearance without screening and improper waste disposal.
- Community health and safety risks (ESS4), like traffic accidents and disease spread, call for traffic management plans, health screening, hygiene awareness, and PPE provision.
- Cultural heritage (ESS8) risks relating to possibilities of finding graveyards, cultural items such as artefacts, shrines, and war remains of unexploded ordinances (UXOs).

During Construction/Rehabilitation

- Air and Noise Pollution: construction/ rehabilitation activities like excavation, vehicle movement, and the use of power tools will generate dust and noise, which can be a nuisance to nearby households and livestock.
- Soil Erosion and Disturbance: Site clearance and levelling can expose the soil to wind and rain, leading to erosion and increased surface water runoff.
- Waste Generation: construction/ rehabilitation will produce solid waste, including debris, packaging materials, and discarded equipment, which must be properly managed.
- Water Use: construction/ rehabilitation activities will require a significant amount of water, potentially straining local water sources if not carefully managed.

Environmental Impact Mitigation Measures

- Dust and Noise Control: Implement dust suppression measures, such as watering the site, and use noise barriers or schedule noisy activities during times that minimize disruption to the community.
- Waste Management Plan: Implement a comprehensive waste management plan to ensure all construction/ rehabilitation waste is properly segregated, collected, and disposed of in an environmentally responsible manner.
- Erosion Control: Ensure proper site grading and landscaping to minimize soil erosion.
- Resource Management: Carefully manage the use of water and other natural resources to avoid depletion. and obtaining the required permits prior to commencement of work.
- Include the key E&S documents in the bidding and tendering processes. These should include among others the environmental and social performance declaration form, SEA performance declaration form,

- Ensure that all sites were screened for environmental and social risks, and voluntary land donations signed by the respective landowners and witnesses.

Operation and Maintenance

- Water Contamination: Poorly maintained water yards, latrines, or incinerators at the PHCU can lead to contamination of groundwater or surface water, especially during rainy or flood-prone periods.
- Waste Management Risks: Improper disposal of medical, placental, or general solid waste can pose health and environmental hazards.
- Overuse of Utilities: Overuse of water, electricity, or other resources may strain local supplies if not managed sustainably.
- Health and Safety Risks: Inadequate maintenance of infrastructure, including latrines, incinerators, or fences, can create risks for patients, staff, and visitors.

Mitigation Measures

- Robust Infrastructure Design: Ensure that water yards, latrines, and incinerators are designed and maintained to prevent contamination, including raised platforms and proper drainage to avoid flood-related hazards.
- Separate Waste Systems: Maintain dedicated incineration and placental disposal systems to prevent exposure to medical waste, while encouraging safe disposal of general solid waste.
- Regular Maintenance: Establish a routine maintenance schedule for all PHCU infrastructure, including water systems, latrines, fences, and medical equipment, to ensure safety and functionality.
- Water and Resource Management: Monitor water usage and ensure sustainable abstraction to prevent depletion of local water sources, while promoting efficient use of electricity and other utilities.
- Site Management and Hygiene: Implement strict hygiene protocols and waste management practices, including training for staff on proper handling of medical and general waste, and community awareness for safe facility use.
- Prepare and incorporate the Chance Finds Procedure in the G-ESMP and clearly included in the E&S induction training for workers to report accurately and promptly.

7.4 Potential Social Risks and Impacts

The subproject's social risks will be minimized through proactive engagement and mitigation measures.

Pre-construction/ rehabilitation Phase

- Lack of Trust: Non-transparent communication and selection criteria for health facility locations can lead to conflicts within or between communities.
- Community Conflicts: Disagreements over access to resources or facility management may arise.
- Risk of Disease: The interaction between subproject staff and community members during mobilization and engagement could lead to the spread of communicable diseases.
- Land ownership or tenure disputes, pressure on communities to donate land, failure to properly document voluntary land donation (ESS5).
- Stakeholder engagement risks (ESS10), such as insufficient consultation and exclusion of vulnerable groups, can be addressed through an inclusive Stakeholder Engagement Plan, targeted outreach, and accessible communication.
- Labor-related risks (ESS2), including improper recruitment and child or forced labor,

During Construction/Rehabilitation

- Gender-Based Violence (GBV): The influx of workers and subproject activities can increase the risk of GBV and sexual exploitation and abuse (SEA).
- Delayed Payments: Failure to provide timely payment to workers can lead to dissatisfaction and conflict.
- Community Safety: The construction/ rehabilitation site poses a risk to community members, particularly children, who may be attracted to the area.
- Traffic Risks: traffic and road safety risks related to community health and safety throughout the subproject cycle.

Social Risk and Impact Mitigation Actions

- Transparent Communication: Ensure proper subproject information is disseminated to all stakeholders and that beneficiary selection criteria are transparently communicated to build trust.
- GBV Prevention: Conduct mandatory sensitization sessions on GBV/SEA prevention for all subproject staff and community members, and establish clear, confidential referral channels for any reported cases.
- Timely Payments: Ensure all workers receive timely and fair payment to avoid labor disputes.

- Inclusive Consultations: Conduct thorough community consultations to ensure the facility's location and design meet the needs of all community members, including vulnerable groups.
- To mitigate these, due diligence on land ownership, transparent and voluntary agreements, and proper documentation using VLDP templates are essential.
- screening contractors, enforcing labor clauses, and establishing worker grievance mechanisms.
- Road traffic awareness plan to enhance community health and safety from risk of road traffic accidents

7.5 Occupational Health and Safety (OHS)

The health and safety of both construction/ rehabilitation workers and the community are paramount.

During Construction/Rehabilitation

- Physical Hazards: Workers face risks such as slips, trips, falls, and cuts.
- Environmental Exposure: Workers are at risk of prolonged exposure to dust, extreme heat, and biological hazards (e.g., reptiles).
- Community Safety: The construction/ rehabilitation site poses a risk to community members, particularly children, who may be attracted to the area.

Proposed OHS Mitigation Measures

- Site Security: Secure the construction/ rehabilitation site with fencing and clear warning signs to prevent unauthorized access, especially by children.
- PPE and Training: Provide all workers with appropriate Personal Protective Equipment (PPE) and comprehensive training on its proper use.
- First Aid: Ensure a fully stocked and accessible first aid kit is available on site at all times.
- Health and Hygiene: Promote health and hygiene best practices, including regular hand washing, and maintain social distancing where possible.
- Waste Management: Ensure all waste is properly segregated and disposed of to maintain a clean and safe work environment.

ENVIRONMENTAL AND SOCIAL MITIGATION AND MONITORING PLAN (ESMMP)

8.1 Introduction

The monitoring plan for the PHCC/PHCU expansion and rehabilitation in Aweil East and Aweil South, South Sudan, is designed to ensure that the subproject minimizes negative environmental and social impacts while maximizing health and community benefits. The PHCU site is surrounded by scattered trees (Palms) and savanna grassland, with no significant ecological constraints, but the surrounding community includes vulnerable groups such as women, children, elderly, and persons with disabilities, who may be disproportionately affected by construction/ rehabilitation and operational activities. Limited local infrastructure increases the risks of improper waste disposal, water contamination, and disruption of access to health services.

This section presents the consolidated Environmental and Social Mitigation and Monitoring Plan (ESMMP) for the PHCU subproject. It provides a unified system for managing environmental and social risks identified during site assessments and community consultations. The ESMMP serves as a comprehensive guide for implementation, monitoring, and reporting, ensuring compliance with the World Bank Environmental and Social Framework (ESF) and South Sudanese legislation.

The subproject adopts an integrated management approach, combining centralized oversight with decentralized, site-level implementation. While all PHCU activities adhere to uniform standards and policies, local conditions and hazards such as water and waste management, safety of medical facilities, and accessibility for vulnerable groups determine the precise actions required. Site-specific mitigation and monitoring measures are the responsibility of the contractors and PHCC/PHCU management team, guided by the overarching G-ESMP framework. This approach ensures consistent safeguards while allowing flexibility to address the unique social, environmental, and operational context of the health facility.

Table 5: ESMMP for PHCC/PHCU Construction/ Rehabilitation Phase

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
Preconstruction					
Environmental risks (ESS1, ESS3, ESS6), such as site clearance without screening and improper waste disposal.	- Ensure all sites undergo E&S screening. Prepare a waste management plan	- E&s screening assessment reports - Waste management plan	Prepared once	PMU, IRC	NA
Community health and safety risks (ESS4), like traffic accidents and disease spread,	- Call for traffic management plans, health screening, hygiene awareness, and PPE provision.	- HSE inspections reports	Monthly, quarterly and annually	PMU, IRC, Contractors	
Cultural heritage (ESS8) risks relating to possibilities of finding graveyards, cultural items such as artefacts,	- Trigger the chance finds procedures	- HSE inspection reports	- Weekly, monthly, quarterly reports	- Contractor - IRC	Part of routine ESH monitoring

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
shrines, and war remains of unexploded ordinances (UXOs)					
Lack of Trust: Non-transparent communication and selection criteria for health facility locations can lead to conflicts within or between communities.	- **Transparent Communication:** Ensure proper subproject information is disseminated to all stakeholders and that beneficiary selection criteria are transparently communicated to build trust.	- Stakeholder engagement minutes of meetings	- Monthly - Quarterly	PMU, IRC	Part of routine E&S monitoring
Community Conflicts: Disagreements over access to resources or facility management may arise.	- Conduct thorough community consultations to ensure the facility's location and design meet the needs of all community members, including vulnerable groups.	- Stakeholder engagement minutes of meeting addressing issuing emerging due to the subprojects	- Monthly - Quarterly	PMU, IRC	Part of routine E&S monitoring

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
Risk of Disease: The interaction between project staff and community members during mobilization and engagement could lead to the spread of communicable diseases.	- Embrace the COVID-19 SOPs - Report infections promptly - Preposition first aid kits in all sites of subproject implementation	- HSE inspections - Presence of first aid kits - Training and compliance to the COVID-19 SOPs	Throughout the subproject period Planning period	IRC PMU Contractor	
Land ownership or tenure disputes, pressure on communities to donate land, failure to properly document voluntary land donation (ESS5).	- Conduct community engagement meetings to explain the importance of donating land for the community-based subproject. - Establish a GRM structure	- Minutes of meeting addressing community concerns - GRM structure in place and functional: cases reported, addressed, pending	Planning period	IRC PMU Contractor	NA
Stakeholder engagement risks (ESS10), such as	- Inclusive Stakeholder Engagement Plan, targeted outreach, and	- Stakeholder engagement minutes of meeting	Planning period	IRC PMU Contractor	NA

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
insufficient consultation and exclusion of vulnerable groups	accessible communication.	addressing issuing emerging due to the subprojects			
Labor-related risks (ESS2), including improper recruitment and child or forced labor,	- Proper recruitment process compliant with WB procurement process. - Avoid recruitment of child labor	- Labor management procedures inspections - GRM	Planning period	IRC PMU Contractor	NA
Search for raw materials for construction may be expensive over long distance	- Consult with the local communities and local government authorities to identify suitable sites for water, sand, stones, timber etc	- HSE inspections			
Construction phase					
Dust Emissions	● PPE including dust masks and overalls ● Fence site ● Cover trucks hauling loose materials	● PPE usage compliance ● Evidence of damped surfaces ● Site fenced	100% PPE compliance All trucks covered All exposed surfaces damped Site fenced	IRC Environmental and Social Risk Team	1300

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
	• Dampen dry surfaces before excavation				
Noise Pollution	• Maintain noise <72 dB(A) • Limit construction/ rehabilitation to 08:00–17:00 • Ear protection for exposed workers • Noise reduction devices • Switch off engines when idle	• Noise measurements at 50m • Complaints recorded • Number of workers using ear protection	Noise ≤72 dB(A) 100% ear protection compliance Zero complaints	IRC Environmental and Social Risk Team	1000
Increased Water Demand	• Recycle non-contaminated water • Fix leaks promptly • Sensitize crew on efficient water use	• Daily water usage logs • Number of leaks repaired	≤10% water wastage Zero unreported leaks	IRC Environmental and Social Risk Team	1,000
Increased Energy Demand	• Switch off idle equipment • Use natural lighting/ventilation • Use manual labor where feasible	• Energy consumption logs • Equipment usage records	≤10% energy wastage	IRC Environmental and Social Risk Team	1,000

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
Soil Impact / Erosion	● Enforce speed limits ● Limit excavation to foundation areas ● Water exposed soil ● Heap excavated soil properly	● Site inspection reports ● Evidence of erosion control measures	No visible soil erosion or sediment runoff	IRC Environmental and Social Risk Team	900
Increased demand for sand, stones, timber, land for constructions	● Limit extraction of raw materials in areas recommended by the local authorities and communities	● E&S assessment reports, ● Voluntary land donation forms ● GRM reports	Throughout the subproject period	PMU, IRC, Contractor	Part of the contract
Solid Waste Generation	● • Use durable materials • Reuse/recycle construction/ rehabilitation waste • Construct temporary store • Segregate and dispose properly	● Amount of waste reused/recycled ● Waste segregation records	≥80% waste recycled/reused Zero illegal dumping	IRC Environmental and Social Risk Team	1,200
Visual Impact	● Landscape with trees/shrubs ● Harmonize building design with local style	● Number of trees/shrubs planted ● Design conformity check	≥80% survival of planted greenery 100% design consistent with local style	IRC Environmental and Social Risk Team	1,200

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
	•	•			
Risk of Flooding / Waterlogging	• Temporary drainage for runoff • Avoid stagnant water accumulation	• Drainage functionality inspections • Check for stagnant pools	100% wastewater drained No stagnant pools	IRC Environmental and Social Risk Team	1,100

Table 6: ESMMP for Operation Phase

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
Water Contamination	• Regular cleaning and disinfection of water points • Prevent cross-contamination from waste or drainage • Monitor water quality monthly	• Water test results • Cleaning logs	100% water samples meet WHO drinking water standards	IRC Environmental and Social Risk Team	1,200
Waste Management (Medical & Solid Waste)	• Segregate infectious and non-infectious waste • Use labelled bins • Construct/maintain placenta pit and incinerator • Train staff on proper disposal	• Waste segregation audits • Incinerator operation logs • Placenta pit usage records	100% proper waste segregation and disposal Zero environmental contamination	IRC Environmental and Social Risk Team	1,500

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
Energy and Water Use Efficiency	● Switch off unused electrical equipment ● Use energy-efficient lighting and devices ● Repair water leaks promptly ● Promote water-saving practices among staff	● Energy consumption logs ● Water usage records ● Number of leaks repaired	≤10% energy and water wastage per month	IRC Environmental and Social Risk Team	900
Soil and Vegetation Impact	● Avoid unnecessary clearing around PHCU ● Maintain green areas with trees and grass	● Site inspection reports ● Survival rate of plants/trees	≥80% survival of planted greenery	IRC Environmental and Social Risk Team	800
Noise Pollution	● Limit maintenance activities to daytime ● Use noise-minimizing equipment	● Noise level monitoring ● Complaints log	≤70 dB(A) at 50m from PHCU	IRC Environmental and Social Risk Team	500
Management of chemicals such as paints, detergents, laboratory wastes, radiological wastes.	● Segregation: Chemical waste must be collected separately in clearly marked containers at the point of generation. ● Color-Coding: Yellow containers are typically used for chemical and pharmaceutical waste, with specialized containers for mercury.	● Waste Generation Logs: Records tracking types, quantities, and dates of chemical waste generation, storage duration, and collection. ● Material Safety Data Sheets (MSDS): Availability and review of safety data sheets for all stored chemicals to ensure	● Waste segregation and colour coding ● Waste collection frequency ● Waste minimization practices ● Proper storage procedures ● Waste handling SOPs in place	Health centre administration	Part of O&M

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
	● Labelling: Containers must follow the Globally Harmonized System (GHS) for labelling, identifying hazards like flammability or corrosivity. ● Safe Disposal: Treatment methods include incineration (for suitable items), chemical disinfection, or hazardous waste stabilization (e.g., encapsulation) before disposal in specialized landfills. ● Storage Limits: Hazardous chemical waste should be stored in secure, designated areas, with specific limitations on storage duration. ● From the point of procurement, minimize purchase of hazardous wastes. Make strict inventory	proper hazard identification. ● SOPs and Waste Management Plan: Documented Standard Operating Procedures (SOPs) for managing chemical, pharmaceutical, and lab waste. ● Staff Training Records: Training certificates confirming that waste handlers have completed required certification programs and understand safety protocols ● Conduct HSE inspections ● Waste inventory at regular periods	and treatment options for workers		

Issue	Mitigation Measures	Monitoring Indicators	Target / Standards	Responsibility	Amount (USD)
Pest Infestation	● Regular cleaning of PHCU surroundings ● Proper waste disposal ● Drain stagnant water	● Pest inspection reports ● Number of infestations	Zero pest infestations reported	IRC Environmental and Social Risk Team	400
Cultural heritage / sensitive sites	● Screen for any cultural, religious, or burial sites prior to demolition. ● Implement Chance Find Procedure if artefacts are discovered.	● Number of consultations and Chance Find Procedure records	100% sites screened, zero disturbance	IRC Environmental and Social Risk Team	500

Table 7: ESMMP for PHCC/PHCU Decommissioning Phase

Issue / Risk	Mitigation Measures	Monitoring Indicators	Target / Standard	Responsibility	Budget (USD)
Waste generation and disposal	Segregate medical, hazardous, and general waste. ● Dispose of hazardous waste following national guidelines. ● Recycle/reuse non-contaminated materials.	● Quantity of waste segregated and properly disposed of	100% of waste disposed safely according to regulations	IRC Environmental and Social Risk Team	2,000
Contamination of soil and water	● Remove and safely transport contaminated materials (chemicals, medical fluids). Cover or treat soil if contamination is detected.	● Soil and water quality test results	Soil and water meet national environmental standards	IRC Environmental and Social Risk Team	1,500

Issue / Risk	Mitigation Measures	Monitoring Indicators	Target / Standard	Responsibility	Budget (USD)
Occupational Health and Safety (OHS) hazards	● Provide PPE (gloves, masks, protective clothing) to all decommissioning workers. ● Conduct OHS training before work. Ensure proper lifting and handling procedures.	● Number of incidents/accidents reported	0 fatalities, 0 major injuries	IRC Environmental and Social Risk Team	3,000
Community and public safety	● Fence off the decommissioning site. ● Post warning signs. ● Restrict access to hazardous areas.	● No unauthorized access reported	Zero incidents affecting the public	IRC Environmental and Social Risk Team	1,000
Air quality / dust generation	● Wet dusty areas during demolition. Cover trucks transporting debris. ● Minimize machinery idling.	● PM10/PM2.5 measurements, site inspection reports	PM10 < 50 µg/m³ daily average	IRC Environmental and Social Risk Team	800
Noise pollution	● Limit noisy demolition activities to daytime hours. ● Provide ear protection to workers. ● Maintain equipment in good condition.	● Noise level measurements	< 70 dB(A) at 100m	IRC Environmental and Social Risk Team	700
Cultural heritage / sensitive sites	● Screen for any cultural, religious, or burial sites prior to demolition. ● Implement Chance Find Procedure if artefacts are discovered.	● Number of consultations and Chance Find Procedure records	100% sites screened, zero disturbance	IRC Environmental and Social Risk Team	500

Issue / Risk	Mitigation Measures	Monitoring Indicators	Target / Standard	Responsibility	Budget (USD)
Vegetation and land restoration	• Replant trees and restore landscaped areas affected by demolition. • Remove debris from surrounding land.	• Number of trees replanted, survival rate	> 80% survival of replanted trees	IRC Environmental and Social Risk Team	1,200
Water and sanitation systems	• Drain and safely decommission water tanks, latrines, and incinerators. • Decontaminate all reusable infrastructure.	• Evidence of proper decommissioning of facilities	100% decommissioned according to standards	IRC Environmental and Social Risk Team	1,500
Social disruption / staff and patient relocation	• Inform community and staff in advance. • Provide alternative facilities or services.	• Number of complaints received	Zero complaints of service disruption	IRC Environmental and Social Risk Team	1,000

Table 8: ESMMP for Social Risks (Cross-Cutting Issues)

Social Issue / Risk	Mitigation Measures	Monitoring Indicators	Target / Standard	Responsibility	Budget (USD)
Community disruption / access	• Inform communities of subproject timelines, construction/ rehabilitation areas, and alternative service routes. • Hold pre-construction/ rehabilitation meetings and periodic updates.	• Number of community meetings, • Complaints logged	Zero major complaints affecting access	IRC Environmental and Social Risk Team	1,500

Social Issue / Risk	Mitigation Measures	Monitoring Indicators	Target / Standard	Responsibility	Budget (USD)
Gender-based issues	• Ensure safe, well-lit, and separate facilities for men and women. • Promote women's participation in site committees and workforce. • Conduct awareness training on gender equality.	• Participation rates of women, • Complaints related to GBV	100% women-inclusive participation, zero GBV incidents	IRC Environmental and Social Risk Team	900
Vulnerable groups inclusion	• Ensure access for elderly, PWDs, and displaced persons in all subproject phases. • Provide ramps, handrails, and assistive devices where needed.	• Number of facilities accessible to PWDs, community feedback	100% accessibility	IRC Environmental and Social Risk Team	2,500
Labor rights & fair treatment	• Comply with national labor laws. • Provide fair wages, safe work conditions, and grievance mechanisms for workers.	• Number of labor complaints, grievance resolution records	100% labor compliance	IRC Environmental and Social Risk Team	1,000
Cultural heritage & sacred sites	• Screen for cultural, religious, or burial sites. • Implement Chance Find Procedure during construction/ rehabilitation and decommissioning.	• Number of consultations • Chance Find Procedure records	100% screening, zero disturbance	IRC Environmental and Social Risk Team	500

Social Issue / Risk	Mitigation Measures	Monitoring Indicators	Target / Standard	Responsibility	Budget (USD)
Community health & sanitation	• Provide clean water, sanitation, and hygiene facilities for both workers and community. • Maintain waste management during all phases.	• Functional sanitation facilities • Hygiene inspections	100% functioning WASH facilities	IRC Environmental and Social Risk Team	1,800
Economic disruption	• Coordinate with farmers, local businesses, and service providers to minimize impact on livelihoods.	• Number of disrupted livelihoods, mitigation reports	Zero major livelihood disruption	IRC Environmental and Social Risk Team	1,700

Table 9: Occupational Health & Safety (OHS) Management Plan (PHCU)

OHS Issue / Risk	Mitigation Measures	Monitoring Indicators	Target / Standard	Responsibility	Budget (USD)
Accidents & injuries	• Provide PPE (helmets, gloves, boots, overalls, ear protection, masks). • Conduct OHS training, toolbox talks, and on-site supervision.	• Number of accidents, incident reports • PPE compliance	0 fatalities, 0 major injuries, 100% PPE compliance	IRC Environmental and Social Risk Team	2,000
Falls & working at height	• Install guardrails, edge protection, scaffolding, and	• Number of incidents	0 falls reported	IRC Environmental	1,000

OHS Issue / Risk	Mitigation Measures	Monitoring Indicators	Target / Standard	Responsibility	Budget (USD)
	ladders compliant with standards. ● Supervise roof and elevated work.	● Safety inspection reports		and Social Risk Team	
Exposure to hazardous materials	● Properly handle chemicals, cement, and medical waste. ● Train workers on safe storage, handling, and emergency response.	● Compliance checks ● Incident reports	Zero exposure incidents	IRC Environmental and Social Risk Team	1,800
Electrical hazards	● Switch off equipment when not in use. ● Inspect electrical tools regularly. Train electricians and provide PPE.	● Number of shocks or electrical incidents	0 electrical accidents	IRC Environmental and Social Risk Team	1,500
Heat stress & environmental exposure	● Provide shade, hydration stations, and work-rest cycles for workers during hot weather.	● Temperature monitoring, reported heat illness	Zero heat-stress cases	IRC Environmental and Social Risk Team	1,000
Site occupational health & safety	● Fence off active work zones, post warning signs, control access, and implement traffic management for construction/ rehabilitation vehicles.	● Number of trespass incidents ● Community complaints	Zero incidents affecting public safety	IRC Environmental and Social Risk Team	1,000

OHS Issue / Risk	Mitigation Measures	Monitoring Indicators	Target / Standard	Responsibility	Budget (USD)
Insecurity at site to both staff and construction materials e.g. theft, robberies, conflicts	● Comply with IOM and local government security measures, ● Maintain work hours within curfew hours ● Barricade all construction sites ● Install security lights in all compounds, employ security staff/ guards	● Emergency preparedness and evacuation plan. ● Physical protection guards ● Compliance to security orders	Zero incidents affecting staff and public safety	IRC and Contractor Environmental and Social Risk Team	Part of HSE inspections, E&S Monitoring
Noise and dust exposure	● Provide ear protection, dust masks, and wet dusty areas during excavation. Limit noisy works to daytime hours.	● Noise and dust monitoring ● PPE compliance	Noise < 70 dB(A), PM10 < 50 µg/m³, 100% PPE compliance	IRC Environmental and Social Risk Team	800

REPORTING ON THE G-ESMP MONITORING ACTIVITIES

9.1 Introduction

Reporting on mitigation measures and their implementation is an integral part of the G-ESMP for the Aweil East and South PHCC/PHCU subprojects. Monitoring of safeguards will be conducted by contractors and their SESSO during drilling and construction/ rehabilitation activities, with oversight from the Project Management Unit (PMU) and support from community-level committees to provide local feedback.

Monitoring reports will be produced monthly by contractors and submitted through the ESSO to the PMU. These reports will document the progress and status of mitigation measures, monitoring indicators (e.g., water quality, vegetation disturbance, dust and noise levels, and community safety), relevant photographs, and any remedial actions taken. The PMU will compile and forward these reports to the World Bank as part of the Implementation Status Report (ISR).

9.2 Adaptive Management

Adaptive management is a key component of the G-ESMP, ensuring that mitigation measures remain effective under dynamic environmental and social conditions, including seasonal flooding, vulnerable water resources, and community needs. Continuous monitoring, combined with feedback from communities and project staff, informs timely adjustments to mitigation measures. Corrective actions may include enhanced dust suppression, improved waste management, protection of cultural sites, or modified construction/ rehabilitation methods. All decisions are documented with assigned responsibilities and timelines. Pre-planned contingency measures, such as temporary water access points or rerouting construction/ rehabilitation during floods, ensure subproject resilience and compliance with environmental and social standards.

9.3 Verification and Oversight

The project team will conduct periodic site visits to verify contractor reports, identify gaps or non-compliance, and provide guidance on remedial actions. Quarterly safeguards monitoring reports will be compiled and submitted to the World Bank as part of the ISR, ensuring that mitigation measures are implemented effectively and adaptively.

Table 10: Template for Environmental and Social Impacts Mitigation Measures Reporting

S/ N	Monitoring Indicator	Date of monitoring	Name/Site Location	Status of subproject activity	Monitoring Results	Remedial Action Required	Name of Person monitoring	Comments

Name of Supervisor:	……	Name of Contractor /Committee Chairman:	……
Signature:	……	Signature:	……
Community:	……	Community:	……
Date:	……	Date:	……

9.4 Institutional Arrangements and Responsibilities

The effectiveness of the G-ESMP will depend on a clear demarcation of roles and a good reporting mechanism. Primary stakeholders, including the PMU, the IRC as the executing agency, contractors, and other community-level committees, will play distinct roles in the management and monitoring of environmental and social safeguards.

Table 11: Institutional Roles and Responsibilities for G-ESMP Implementation

INSTITUTION/ROLE	KEY RESPONSIBILITIES
World Bank	Provides overall oversight and strategic policy guidance; reviews and gives no-objection for all project-level and sub-project G-ESMPs; ensures compliance with the World Bank's ESF. Responsible for the Supervision and provision of Technical support for the implementation of the G-ESMP.
Project Management Unit (PMU)	Provides overall oversight and strategic guidance; reviews and approves all project-level and sub-project G-ESMPs; ensures compliance with the World Bank's ESF; and conducts high-level monitoring and verification.
International Rescue Committee (IRC)	Serves as the implementing agency; ensures contractors comply with all E&S clauses; directly manages the project-level Grievance Redress Mechanism (GRM); leads stakeholder engagement; and is responsible for day-to-day monitoring and reporting.
Contractors	Directly responsible for implementing the site-specific mitigation measures outlined in the G-ESMPs; must adhere to the Labor Management Procedures and Code of Conduct; and ensure a safe and healthy working environment for all staff and community members.
Community-Level Committees (e.g., DRMCs, BDCs, PDCs) O&M committee	Acts as a community-level oversight body; serves as the first point of contact for local grievances and issues; assists in monitoring project activities; and facilitates community engagement and information dissemination.

GRIEVANCE REDRESS MECHANISM (GRM)

10.1 Introduction

For the successful implementation of the PHCU expansion and rehabilitation subproject, a robust Grievance Redress Mechanism (GRM) is essential. The GRM will provide stakeholders, particularly community members, women, youth, and vulnerable groups, with a clear, fair, and transparent process for raising concerns, seeking clarification, or resolving disputes related to the construction/ rehabilitation, operation, or maintenance of the health facility. This mechanism ensures that issues such as service accessibility, safety, or environmental impacts are addressed promptly. It aligns with the World Bank's Environmental and Social Standard (ESS10), which emphasizes effective, inclusive, and accessible stakeholder engagement throughout the project cycle.

10.2 Objectives of the GRM

The main objectives of establishing the GRM for this subproject are to:

- Provide accessible and timely avenues for affected people to raise complaints or disputes.
- Ensure grievances are addressed fairly, transparently, and without retaliation.
- Strengthen trust between project implementers, contractors, and communities.
- Minimize delays in project implementation by resolving issues locally and amicably.
- Support accountability and continuous improvement in project delivery.

10.3 Key Stakeholders in the GRM

The GRM will engage a wide range of stakeholders who may be affected by, or have an interest in, the PHCC/PHCU subproject. Key stakeholders include:

- Community Members and Leaders (elders, women's groups, youth representatives, persons with disabilities).
- County and Payam Authorities in Aweil East and South.
- Contractors and Subcontractors responsible for PHCC/PHCU construction/ rehabilitation and expansion.
- Senior Environmental and Social Safeguards Officer (SESSO) from IRC.
- Community Liaison Officers (CLOs) appointed by contractors.
- Operation and Maintenance Committee (O&M) is responsible for the long-term operation of the health facilities.

10.4 GRM Structure and Coordination

The GRM will operate through a three-tier structure to ensure grievances are resolved at the lowest level possible while still allowing escalation when necessary:

1. **Community Level** – Community Focal Points (appointed at Boma/Payam level) and Facility Management Committees will be the first point of contact for grievances.

2. **Project Level** – Contractor's Community Liaison Officer (CLO) and IRC's Senior Environmental and Social Safeguards Officer (SESSO) will handle unresolved or complex complaints.
3. **Grievance Redress Committee (GRC)** – A multi-stakeholder committee, including representatives from the community, local authorities, IRC, and contractors, will review escalated cases and provide binding decisions.

10.5 GRM Guiding Principles

The whole GRM design is centred upon the following non-negotiable fundamental values:

- **Accessibility**: It shall be made available to everyone and to every group at no cost. It shall provide multiple, culturally suitable points of access for non-literate individuals, people with disabilities, and those residing in remote areas. Messages on the GRM shall be communicated locally in local languages via multiple media.
- **Transparency**: The grievance filing and processing procedures will be straightforward, understandable, and made available for public knowledge. The complainant will be regularly updated on the progress of the grievance at each stage of the procedure, without breaching the confidentiality of their identity if so desired.
- **Predictability**: Deadlines for each stage of the grievance process, from acceptance to finality, will be clearly stipulated and made known in the public domain to maintain predictability to all concerned.
- **Fairness and Impartiality:** Grievances will be seriously taken and resolved in an impartial, objective manner. The process will grant the right of a fair hearing to both the complainant and to the grievance subject.
- **Safety and Non-Retaliation:** The project will adopt a zero-tolerance policy against intimidation, coercion, or retaliation of any sort against any single person or group of persons for reporting a concern in good faith. This shall be clearly stated in all contract terms with contractors and employment contracts with employees.
- **Continuous Improvement:** The GRM will be an evolving system. Grievance data will be continually monitored to determine trends, systemic problems, and opportunities for enhancing project implementation and management best practices.

10.6 Channels of Structure and Access

To provide access to everyone, the GRM will be based on a multi-channel access model for filing grievances:

- **Verbal/Oral Grievance:** The complaint may be lodged verbally with a trained and designated *Community Focal Point* (a trusted, impartial community member appointed in each Boma/Payam) or with the Senior *Environmental and Social Safeguards Officer (ESSO*) or the contractor's *Community Liaison Officer (CLO)*. The receiving officer will record it verbatim onto a pre-formatted Grievance Intake Form.
- **In Writing:** Locked drop-boxes/ suggestion boxes and hard copy grievance forms will be provided in accessible, secure locations like contractor site offices, schools, health facilities, and County and Payam offices. Pictorial aids and clear, simple language will be utilized in forms.

- **Remotely:** SS-Feedback@rescue.org, +211 -288 945 74

10.7 GRM Process Flow and Procedures

The complaint process aims to resolve issues effectively at the lowest level, with clear escalation for difficult or pending cases. The step-by-step procedure is indicated below in detail:

Table 12: Grievance Redress Mechanism (GRM) Detailed Process

Step	PROCESS STAGE	DETAILED DESCRIPTION & PROCEDURE	MAXIMUM TIMELINE	RESPONSIBILITY
1	**Submission and Acknowledgement**	A grievance is received through any channel. The receiving officer (CLO, ESSO, Focal Point) completes a **Grievance Intake Form**, capturing all essential details (complainant details if provided, nature, location, desired resolution). An **Acknowledgement Receipt** with a unique tracking number is provided to the complainant immediately or within 24 hours.	**1 Day**	Community Liaison Officer (CLO) / Environmental & Social Safeguards Officer (ESSO) / Community Focal Point
2	**Assessment, Registration and Categorization**	The ESSO assesses the grievance for clarity, urgency, and potential impact. It is logged into the confidential **Central Grievance Registry**. The grievance is categorized by: ○ **Type:** Labour, Environmental, Land, GBV/SEA, Cultural Heritage, etc. ○ **Severity Level:** ○ **Level 1:** Minor, localized, easily resolvable (e.g., temporary noise). ○ **Level 2:** Significant, repeated, or affecting a group (e.g., non-payment of wages). ○ **Level 3:** Severe, involving legal breaches, safety	**2 Days**	Environmental & Social Safeguards Officer (ESSO)

Step	PROCESS STAGE	DETAILED DESCRIPTION & PROCEDURE	MAXIMUM TIMELINE	RESPONSIBILITY
		hazards, or widespread impacts (e.g., GBV, land encroachment).		
3	**Initial Resolution and Investigation**	The grievance is assigned to the relevant party for resolution (e.g., contractor for labour issues, IRC for design issues). The assigned officer conducts a thorough investigation: interviews parties, reviews documents, conducts site visits. They engage in a dialogue with the complainant to understand their preferred resolution.	**Level 1: 7 Days Level 2: 10 Days**	Assigned Officer (e.g., Contractor's Rep, IRC Officer) overseen by ESSO
4	**Resolution and Agreement**	Based on the findings, a **Proposed Resolution** is developed and discussed with the complainant. For Level 1 and 2 grievances, this aims for a mutually agreed solution. Upon agreement, a **Resolution Agreement Form** is signed by all parties. The officer oversees the implementation of the agreed actions.	**Varies by case complexity**	Assigned Officer with oversight from SESSO
5	**Closure and Feedback**	Once the assigned officer and the complainant verify that the resolution has been satisfactorily implemented, the grievance is formally closed in the registry. The complainant is asked to provide feedback on the GRM process itself to identify areas for improvement.	**3 Days after verification**	Environmental & Social Safeguards Officer (ESSO)
6	**Escalation**	If the complainant is unsatisfied with the initial resolution, or if the grievance is initially categorized as **Level 3**, it is immediately escalated to the **Grievance Redress Committee (GRC)**. The GRC convenes, reviews all evidence, and makes a binding decision.	**N/A**	Grievance Redress Committee (GRC)

Step	PROCESS STAGE	DETAILED DESCRIPTION & PROCEDURE	MAXIMUM TIMELINE	RESPONSIBILITY
7	**GRC Review and Binding Decision**	The GRC investigates the escalated grievance. It has the authority to summon any project personnel, review all records, and seek external expert advice. The GRC will issue a **Binding Decision** with a clear timeline for implementation.	**14 Days from escalation**	Grievance Redress Committee (GRC)
8	**Final Appeal**	If the complainant remains unsatisfied with the GRC's Binding Decision, they retain the right to appeal to the **PMU's/World Bank's Grievance Redress Service (GRS)** at any point.	**N/A**	PMU/World Bank GRS

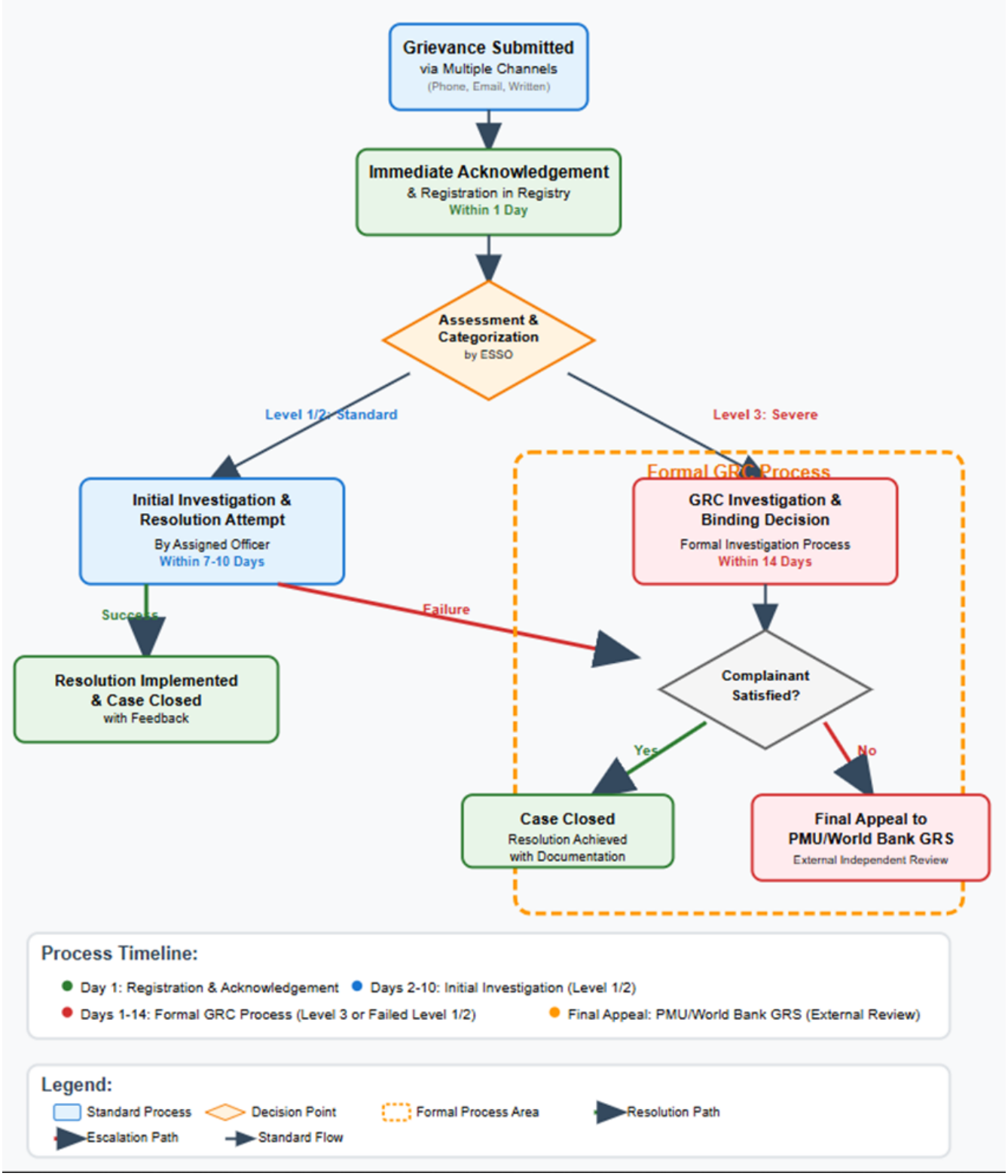
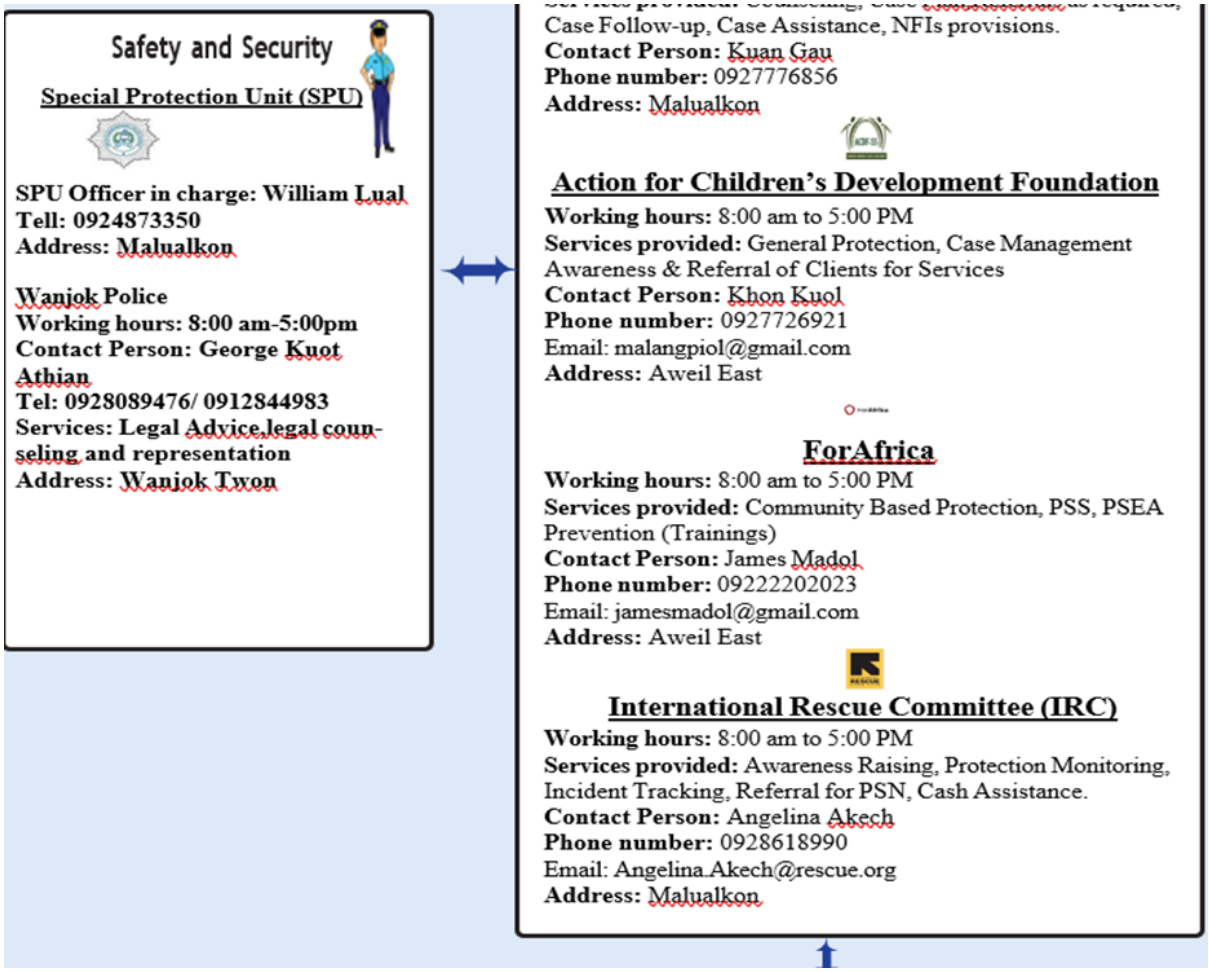


Figure 5: Grievance Redress Mechanism Process Flow

10.8 REFERRAL PATHWAYS FOR GBV/ SEA

Aweil East County



Tel: 0928089476/ 0912844983
Services: Legal Advice,legal counseling and representation
Address: Wanjok Twon

ForAfrica

Working hours: 8:00 am to 5:00 PM
Services provided: Community Based Protection, PSS, PSEA Prevention (Trainings)
Contact Person: James Madol
Phone number: 09222202023
Email: jamesmadol@gmail.com
Address: Aweil East

International Rescue Committee (IRC)

Working hours: 8:00 am to 5:00 PM
Services provided: Awareness Raising, Protection Monitoring, Incident Tracking, Referral for PSN, Cash Assistance.
Contact Person: Angelina Akech
Phone number: 0928618990
Email: Angelina.Akech@rescue.org
Address: Malualkon

Legal and Justice

C-Court
Paramount Chief- Aweil East
Working hours: 8:00 am to 5:00 pm
Services Provided: Legal Advice, Legal Counseling, Defence, Representation of a survivor
Contact Person: Peter Makuach Kuol
Phone Number: 0914691813
Address: Malualkon

Special Protection Unit (SPU)
Services Provided: Legal Advice, Legal Counseling and Representation

Aweil South County



Address: Makuei Alel

Tiar-Aliet PHCC

Working hours: 8:00 am to 5:00 PM
Services provided: Health Services
Person in Charge: CLinical Officer
Phone number: 0927726846/ 0910549962
Address: Tiar-Aliet PHCC

Nyieth PHCC

Working hours: 8:00 am to 5:00 PM
Services provided: Health Services
Person in Charge: CLinical Officer
Phone number: 0916345516/ 0916177273
Address: Nyieth PHCC

Legal and Justice



C-Court
Paramount Chief- Aweil South
Working hours: 8:00 am to 5:00 pm
Services Provided: Legal Advice, Legal Counseling, Defence, Representation of a survivor
Contact Person: Paramount Chief-Ayom Akol Wek
Phone Number: 0920008789/ 091550041
Address: Panthou

Tiar Aliet Special Protection Unit

Working hours: 8:00 am to 5:00 pm
Services Provided: Legal Advice, Legal Counseling, and Representation.
Contact Person: Angelo Mou Aru
Phone Number: 0915773219 / 0928520344



Safety and Security

Aweil Special Protection Unit (SPU)

Malek Alel
Working hours: 8:00 am to 5:00 PM
Services provided: Legal Advice, Legal Counselling and Representation.
Contact Person: Peter Garang Akhot Wek
Phone number: 0928527456/ 0911406525
Address: Malek Alel

Tiar-Aliet Special Protection Unit (SPU)

Working hours: 8:00 am to 5:00 PM
Services provided: Legal Advice, Legal Counselling and Representation.
Contact Person: Angelo Mou Aru
Phone number: 0915773219/0928520344
Address: Malek Alel

10.9 Institution Arrangements and Roles

Clear institutional structures support the Grievance Redress Mechanism (GRM) to ensure fairness and accountability. The IRC's Environmental and Social Safeguards Officer (ESSO) oversees the overall GRM process, maintains the grievance registry, monitors timelines, and prepares reports. Contractors are required to appoint trained Community Liaison Officers (CLOs) as the primary point of contact for day-to-day issues, while Community Focal Points, trusted local individuals, support the intake of grievances and the sharing of information. At a higher level, the Grievance Redress Committee (GRC), composed of independent community representatives, county government officials, IRC staff, and respected leaders, serves as the final decision-making body. This layered structure ensures transparency, inclusivity, and impartial resolution of grievances.

10.10 Monitoring, Reporting, and Capacity Building

All grievances are tracked through a Central Grievance Registry to guarantee transparency and prevent loss of cases. The IRC produces quarterly GRM Performance Reports, highlighting trends, resolution rates, and lessons learned, which are shared with the World Bank and affected communities. To strengthen effectiveness, continuous capacity building is carried out for IRC staff, contractors, CLOs, Focal Points, and GRC members, with emphasis on sensitive issues such as Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA).

10.11 Cross-Cutting Management Plans

- **Labor and Working Conditions (ESS2):** The project enforces a Labor Management Procedure (LMP) and Code of Conduct (CoC) for all staff and contractors. These prohibit child/forced labor, ensure timely and fair wages, and provide workers with an accessible grievance mechanism. Contractors must also comply with Occupational Health and Safety (OHS) requirements by supplying personal protective equipment (PPE), ensuring safe work practices, and restricting construction/ rehabilitation to daylight hours (8 am–5 pm) to minimize community disturbance.
- **Stakeholder Engagement and Grievance Redress (ESS10):** Engagement is continuous and inclusive, targeting women, youth, internally displaced persons (IDPs), returnees, and people with disabilities. Tools such as focus groups and community meetings are used to capture priorities and ensure representation in project committees. The GRM reinforces accountability, providing communities with a confidential, transparent, and fear-free platform to raise concerns.
- **Community Health and Safety (ESS4):** The project integrates measures to address risks such as GBV/SEA linked to labor influx, disease transmission, and workplace accidents. A GBV Action Plan, supported by the CoC, establishes behaviour norms, awareness campaigns, and referral pathways for survivors. Construction/ rehabilitation sites are required to be fenced, signposted, and monitored to protect children, livestock, and vulnerable groups from accidents.

10.12 Security Risk Management

IRC implements ECRP II in Aweil East and Aweil South Counties which are believed to be safe for humanitarian operations. The organization has adopted the project security risk management strategies to enhance safety of its staff and assets through the following:

- **Acceptance measure:** focus on gaining the consent, approval, and cooperation of the local population, and authorities, demonstrating neutrality, impartiality, and independence, IRC workers build trust, which serves as the best guarantee of safety.

- **Protection measures:** To reduce staff and other project resources vulnerability. IRC has physical fortification of offices and compounds (fences, alarms, safe rooms), while using appropriate communication equipment, and adhering to strict movement limitations and curfews.

- **Deterrence measures:** IRC has an operation withdrawal plan in event of worsening security situation/ a high-risk area, in some specific contexts, the use of armed guards.

Key Field Security Measures

Effective security risk management relies on several practical measures and procedures:

- **Risk Assessments and Monitoring:** Before deployment and on an ongoing basis, organizations conduct thorough assessments to identify potential threats, map actors, and analyse the local context (political, economic, military).
- **Standard Operating Procedures (SOPs):** Clear and concise procedures are established for key operational areas, including:
    - **Travel and Movement:** Mandatory check-in procedures, avoiding high-risk routes, and using secure transportation.
    - **Communications:** Using secure channels, reliable equipment, and clear reporting protocols for incidents and alerts.
    - **Site Security:** Measures for office and compound security, including access control, lighting, and hibernation (staying in place during a crisis) plans.
    - **Cash Handling:** Specific policies to prevent theft or extortion.
- **Training and Capacity Building:** All staff receive mandatory, context-specific security training to build awareness and ensure compliance with security protocols.
- **Coordination and Information Sharing:** Collaborating with other humanitarian actors, such as through UNDSS-led security forums, helps in sharing information and coordinating responses.
- **Crisis and Contingency Planning:** Organizations develop robust plans for managing incidents, including emergency medical support and evacuation procedures.

CONCLUSION AND STRATEGIC RECOMMENDATIONS

The expansion and rehabilitation of the PHCC/PHCU under the ECRP II Project represents a well-coordinated effort to strengthen access to quality healthcare services in flood-prone areas of Aweil East and Aweil South. This technical review of the project's Environmental and Social Assessment (ESA) and sub-project screening reports confirms compliance with both international and national legal and policy frameworks. The integration of structural improvements with social and health infrastructure interventions is a strategic approach to enhance community resilience and safeguard health outcomes. The PHCU sub-projects have been assessed and categorized as Category B (Moderate Risk). This classification reflects the effectiveness of the project's planned mitigation measures rather than an underestimation of potential risks. Measures such as Environmental and Social Management Plans (G-ESMPs), labor management practices, stakeholder consultation plans, and grievance redress mechanisms collectively ensure that risks are reduced to acceptable, site-specific, and reversible levels.

To ensure the long-term sustainability and success of the PHCC/PHCU sub-projects, the following strategic recommendations are made:

- **Strengthen Institutional Capacity:** The sustainability of the PHCC/PHCU depends on local health management teams and community committees' ability to operate and maintain the new facilities. Continuous training in facility management, financial accountability, and long-term maintenance procedures should be prioritized to prevent premature deterioration of the infrastructure.
- **Implement an Integrated Monitoring System:** Monitoring should extend beyond construction/ rehabilitation progress to include social and environmental performance. Key indicators may include effective grievance resolution, the inclusion of vulnerable groups in facility management, adherence to waste management protocols, and the maintenance of sanitation and water systems.
- **Promote Adaptive Management:** Given the dynamic environmental and social conditions, an adaptive management system should be employed. This enables timely responses to unexpected events, such as flooding that affects the facility or changes in community health needs.
- **Sustain Ongoing, Inclusive Participation:** Engagement of all community members, particularly women, the elderly, and persons with disabilities, should be continuous throughout the project lifecycle. Maintaining transparent communication fosters ownership, ensures that interventions meet community needs, and strengthens social capital, which is critical for long-term resilience and effective healthcare service delivery.

ANNEXES

ANNEX ONE: Rehabilitation of One (1) Outpatient Block, Construction of One (1) VIP Latrine, One (1) Incinerator, One (1) Placenta Pit, and Chain Link Fence at Akuem PHCC, Makuac Akuel Boma, Aweil East County

1. PROJECT INFORMATION

1.1. Background

The International Rescue Committee Inc. (IRC), South Sudan Mission, is implementing the *Enhancing Community Resilience and Local Governance Project (ECRP-II), Component 3: "Emergency Flood Response Activities."* This project seeks to restore and strengthen essential community infrastructure in areas heavily affected by seasonal and peak flooding through climate-resilient and durable interventions.

Akuem Primary Health Care Centre (PHCC), located in Makuac Akuel Boma, Aweil East County, serves a catchment population of approximately 7,000 people. The facility is a critical hub for outpatient and maternal health services, yet its infrastructure has deteriorated over time and is further threatened by peak floods, which disrupt healthcare delivery and increase vulnerability to disease outbreaks.

The community, through its Development Committees, has prioritized this intervention to rehabilitate and upgrade the PHCC, ensuring continued access to safe and reliable healthcare in line with the "Build Back Better" principle.

1.2 Project Details

- Project Site: Akuem PHCC, Makuac Akuel Boma, Aweil East County.
- GPS: 8°56'36.2"N 27°30'10.9"E 430m AMSL
- Scope of Works:
    1. Rehabilitation of one (1) outpatient block to restore safe and functional healthcare services.
    2. Construction of one (1) VIP latrine block to improve sanitation and hygiene for patients and staff.
    3. Construction of one (1) incinerator for safe disposal of medical waste in compliance with health and environmental standards.
    4. Construction of one (1) placenta pit to ensure proper and dignified medical waste management specific to maternal services.
    5. Installation of a chain link fence (80m x 80m) with an access gate to secure the facility and regulate entry.
- Implementation Approach: The works will be executed in line with the "Build Back Better" principle, ensuring durability, inclusivity, and flood resilience.

- Schedule: The project is expected to be completed within six (6) months, followed by a twelve-month defect liability period.

Project Site	Akuem PHCC, Makuac Akuel Boma, Aweil East County.
GPS	8°56'36.2"N 27°30'10.9"E 430m AMSL
Scope of Works	1. Rehabilitation of one (1) outpatient block to restore safe and functional healthcare services. 2. Construction of one (1) VIP latrine block to improve sanitation and hygiene for patients and staff. 3. Construction of one (1) incinerator for safe disposal of medical waste in compliance with health and environmental standards. 4. Construction of one (1) placenta pit to ensure proper and dignified medical waste management specific to maternal services. 5. Installation of a chain link fence (80m x 80m) with an access gate to secure the facility and regulate entry.
Implementation Approach	The works will be executed in line with the "Build Back Better" principle, ensuring durability, inclusivity, and flood resilience.
Schedule	The project is expected to be completed within six (6) months, followed by a twelve-month defect liability period.

2. SUPERVISION

The supervision of work will be carried out by the IRC Project Engineers. The IRC Infrastructure Lead will provide technical oversight under the direction of the Project Team Leader. The Senior ESS Officer will offer technical guidance and ensure compliance with environmental and social safeguard requirements.

[DM1] The Contractor shall report exclusively to IRC. Any external reporting or coordination outside IRC's approval is not permitted.

3. SCOPE OF WORK

The Contractor shall execute all works in accordance with the following reference documents:

- Annex A: Design Drawings
- Annex B: Bill of Quantities (BoQ)
- Annex C: Standards on Workmanship and Materials
- Annex D: IRC Health and Safety Management Plan (HSMP)
- Annex E: IRC Quality Management Plan (QMP)
- Annex F: Environmental and Social Requirements for Contractors (ESRC)
- Annex G: Labour Management Procedures (Extract from G-ESMP)

Key activities include:

- Outpatient Block Rehabilitation: Structural repairs including roofing, flooring, plastering, painting, and installation of doors, windows, and fittings to restore safe and functional service areas.
- VIP Latrine Construction: One flood-resilient latrine block with four stances, proper ventilation, and privacy features to serve patients and staff.
- Incinerator Construction: Building a medical waste incinerator in line with health and environmental safety standards.
- Placenta Pit Construction: Excavation and construction of a placenta pit to ensure safe, hygienic disposal of maternal health waste.
- Chain Link Fence Installation: An 80m x 80m perimeter fence with a secure access gate to improve safety, asset protection, and regulated access.

All works must integrate flood mitigation measures to ensure resilience during seasonal and peak flooding. Any discrepancies between drawings, BoQs, and specifications shall be referred to the IRC Site Engineer for resolution. Only IRC is authorized to approve modifications to the works.

4. SPECIFICATION FOR REHABILITATION OF AKUEM PHCU BLOCKs AND STOREs.

4.1. Site Clearance

The Contractor shall clear the site and debris for an area of *100 square meters* and as guided by the Site Engineer.

4.2. Excavation for foundation work

The contractor shall excavate the ramp foundation to the depth not exceeding 600mm and width of 1200mm for the three (3) ramps as the BOQ.

4.3. Concrete foundation work

The Contractor should provide a weak concrete blinding of *50 mm thickness* after proper compaction of the soil. Concrete for the foundation shall be C10 (Ratio of 1:3:6) (Cement: Sand: Aggregate). The ratio must be measured properly with a gauge box of 300 mm by 300 mm by 400 mm. After the casting of the foundation the foundation must be cured for at least 5 days prior to plinth wall construction.

The Site Engineer reserves the right to increase the foundation size subject to the exposed soil conditions based on the following guidance:

In case of sandy soil and water prone areas, the depth should be 400 – 500 mm while maintaining the width of 1200 mm.

4.4. Plinth Wall for the ramp

A plinth wall should be constructed to a height not exceeding 300 mm above the ground level at the wall attachment with a gradient of 5% (slope) to the opposite direction using burnt clay bricks and mortar mix of 1:3 (Cement: Sand) with wall thickness of 200 mm.

4.5. Back Filling the Soil

After completing the foundation work, the back-void spaces must be filled out with selected soil material. The selected material should be put in layers of up to 200 mm with each layer properly compacted. Minimum 200mm thick compacted selected fill to grade is required.

4.6. Ramps

The Contractor shall construct three ramps for ease of accessibility with 5% slope or ratio of 1:20 for the pedestrian access. The ramp shall be constructed with concrete grade of C-25 (ratio of 1:1:2) reinforced with BRC wire mesh A98 and minimum slab thickness of 100 mm at all points. A Fabric mesh/wire mesh; BS 4483 A98 weighing 1.54 kgs per square meter, resting on spacers at least 50mm high.

4.7. Roofing Work for Akuem PHCU

The Contractor shall Supply & fix gauge 28 pre-painted Super Five IT4 profiled roofing sheets (0.5mm) of approved color for block and Veranda attached to wooden purlins and rubber capping to tops of nails. The contractor shall maintain the existing frame/structure should there be any need to change some purlin and rafters' members, contractor must follow the instructions from the Responsible Engineer. The CGI sheet should be joined with the purlin with appropriate nails and other necessary accessories. A wooden fascia board, 25mm x 225mm, shall be fixed to the rafters and purlins. A gutter shall be installed on the lower side of the roof and to be connected to the tank.

4.8. Ceiling Installation

The contractor shall supply and install a complete Gypsum ceiling board and all the accessories including Channels GCS 52mm*10ft (Drywall Metal Profile), Gypsum Stud GCS 2.8mx52mm, Gypsum Board Hada 4ftx8ftx9mm (Drywall for Ceiling, Gyproc Gypsum Board 9mm, Gypsum Cornice GC01C 4Inch, Molding Cornice Panel Molding Stucco Decoration 2 m Orac Decor CX111 AXXENT. Gyproc Gypsum Filler 25kg, Gypsum Drywall Screws 1Inch×1000pcs; Plain PVC Laminated Gypsum Board with Waterproof and Fireproof Features for the 10 rooms. The contractor must invite an IRC Engineer to inspect and verify the quality of the materials before delivery to the construction site.

4.9. Doors and Windows

The contractor should provide all the ironmongery work of good quality, two coats of red oxide primer shall be applied at point of fabrication before delivery of 12 steel doors (1100mmx2200mm) and 23 steel windows(100mmx1200mm) to fit structural opening as stated in the BoQ. One coat of enamel paint of approved colour to be applied on site. The finish shall be clean and uniform in color with no blemishes. All surfaces shall be covered uniformly. Adjacent surfaces that have not been painted shall be protected from splashing.

Any paint splashes shall be cleaned off at the contractor's expense.

4.10. Finishing work

For the floor finishing, the contractor shall remove all the damaged sections on the floor and cast 100mm slab (concrete class C-20) with floor screed of 25mm 1:3.

The contractor shall provide the same thickness as of the existing plastering and rendering on internal and external sides of the walls where there is minor damage. The plastering and rendering mortar ratio should be 1:3 (cement: plaster sand).

All the walls to be painted shall be clean and dry. Any dirt shall be removed through scrubbing. Specified colour coats on the BOQ shall be applied to the satisfaction of the IRC Site Engineer. Spills on the floors, walls and roof should be avoided and any accidental spillage should be thoroughly cleaned to a state that cannot be seen. The walls shall be painted with one coat of emulsion under coat and finished with 03 coats of matte vinyl paint in soft white for internal walls and emulsion weather guard paint in smoked grey for external walls. The wooden fascia board shall be painted with 01 coat of emulsion under coat and finished with 03 coats of an oil-based gloss paint in white. Paint color and where to apply to be coordinated with the IRC Site Engineer.

4.11. Drainage and Plumbing works

The contractor shall ensure that the storm water is directed away from the building to an appropriate discharge site. This shall be determined by the Site Engineer based on the site layout. The contractor shall also install one water tank. Stand details are provided in the drawing including the compacted earth base, brick walling (min. 225 mm thick, cement mortar 1:3) to hold compacted *murram*, top slab and 500L water tank with all fittings.

5. SPECIFICATIONS -3 STANCE LATRINE CONSTRUCTION

5.1.1. Site Layout

Orientation of latrine block: The orientation of the latrine block shall be as per the site assigned by the facility administration. Confirmation of the orientation shall be part of the initial site inspection.

Measurements: During the setting out, the Contractor shall obtain the correct measurements from the drawings and cross check the diagonals to see if they are equal.

5.1.2. Site Clearance

The Contractor shall clear the site and debris for an area as specified in the BoQ and as guided by the Site Engineer.

5.1.3. Pit Excavation and Lining

The contractor shall excavate the pit for the block of latrine as per the dimension in the drawing and BoQ. The contractor must ensure that proper shoring of the excavation walls is installed. After the excavation is completed, place a 50mm plain concrete blinding with C-10 concrete (Ratio 1:3:6). The pit wall foundation beams should be formed according to the beam details, *200 mm thick C-25 concrete (ratio 1:1:2) with reinforcement bars* as per the beam schedule.

A *100mm thick concrete (C-20 Ratio 1:1.5:3) with BRC mesh* shall be laid as the bottom pit slab.

The 400mm pit walls to be formed with concrete blocks, in filled with ø10 @ 100 mm steel mesh and cement mortar (ratio 1:3). The contractor shall plaster the lined pit internally to a thickness not exceeding 15mm with mortar ratio of 1:3. At the top of the wall, a RC ground beam with a dimension of 200 mm X 300 mm (breadth and height) should be monolithically casted with the suspended slab using C-25 concrete (ratio of 1:1:2). The concrete cover shall be 25 mm for beams and 20 mm for floor slabs. Refer to bar bending schedule for details of reinforcement.

5.1.4. Excavation for foundation work

Excavate as per the cross sections specified on the design drawing, *a rectangular C-shaped foundation strip on Axis B & C between 1 & 2 and on Axis 1&2 between B&C*. The Site Engineer reserves the right to increase the foundation size subject to the exposed soil conditions based on the following guidance:

The Contractor shall excavate for Normal soil (hard and gravel soil) to a depth of 600 - 1000mm and width of 600mm as per the footing and plinth wall layout.

In case of sandy soil and water prone areas, the depth should be 1000 – 1500 mm with a width of 600 mm.

5.1.5. Concrete foundation work

The Contractor should provide a weak concrete blinding (1:3:6) of 50 mm thickness after proper compaction of the soil. Concrete for the foundation shall be C-20 (Ratio of 1:1.5:3) (Cement: Sand: Aggregate). The ratio must be measured properly with a gauge box of 300 mm by 300 mm by 400 mm. After the casting of the foundation the foundation has be cured for 5 days prior to plinth wall construction.

Provide column bases as per the layout drawings: The column footing shall have 3-Y12 bars, L=600mm with 50 mm cover in both directions. Stirrup R8 shall be used spaced at 175mm c/c with an overlap of 50mm and 4-Y12 for all columns. Refer to C-1 to C-3 for more details on the reinforcement.

5.1.6. Plinth Wall and Ground Beam

A plinth wall should be constructed to a height of 150 mm above the ground level with 200 mm solid concrete blocks to receive the 200mm x 300mm ground beam. Mortar mix should be 1:3 (Cement: Sand) with wall thickness of 200 mm for the plinth wall. For the ground beam, C-25 structural concrete shall be used (1:1:2 Cement: Sand: Aggregate). For reinforcement details refer to the bar bending schedule for beams on different axes with their respective cross sections. All beams with stirrup R8 and for beams on *Axes 1, 2, A', B and C using Y-12* while the beam on *Axis A using Y-16.*

5.1.7. Back Filling the Soil

After completing the foundation work, the back-void spaces must be filled out with selected soil material. The selected material should be put in layers of up to 200 mm with each layer properly compacted. Minimum 500mm thick compacted selected fill to grade is required.

5.1.8. Hardcore Placing

Contractor shall place a 200 mm thick crushed stone/hardcore and compact the layer properly. The void shall be filled with marram, smaller aggregates, or broken bricks. Place a layer of 50 mm weak concrete blinding (ratio 1:3:6) to receive the damp proof membrane layer.

5.1.9. Concrete Slab

A reinforced concrete slab over the latrine pit (Y-10 mm @ 100 mm c/c both directions) must be casted according to the drawing with a thickness of 150 mm and concrete grade of C-25 (ratio of 1:1:2).

The floor slab of the lobby will be resting on top of the hardcore stones, with a weak concrete blinding and damp-proof membrane (i.e., plastic sheeting). It shall be casted monolithically with the ground beam over the excavated pit. The floor slab for the lobby is reinforced with wire mesh; BS 4483 A98 weighing 1.54 kgs per square meter, resting on spacers at least 50mm high.

The slab over the latrine pit should have openings for 2 squat holes (see drawing detail), 1 manhole of a size 600 mm x 600 mm and one ventilation pipe (PVC 4" diameter).

5.1.10. Walling

The contractor should construct the walls to a thickness of 150 mm by using good quality burnt clay bricks or concrete blocks, whichever is available, for all internal and external walls. A damp-proof course must be laid on the floor slab prior to laying mortar for the walls. The length and height of the wall must be constructed according to the drawings. The mortar ratio should be 1:3 (Cement: Sand).

5.1.11. Ring Beams

The contractor shall form the ring beams in situ with soffits fitted to the door and window openings. The ring beams are 150 mm x 300 mm C-25 concrete (ratio 1:1:2), reinforced with R8 stirrups spaced at 200mm c/c and 4-12Y bars, see reinforcement schedule for details.

5.1.12. Roofing Work, Metallic Elements

Contractor shall put complete roofing structure by using Timber roof structure. The contractor may submit a proposal for using a Metallic frame structure on Form QM06 - Approval for work/materials (AFW/M). The price contains construction of bonding elements for roof timber supporting structure according to the rules of craft using hoop iron, nails/roofing nails, and all according to the design. For details and dimensions of the timber structure elements, refer to the Roof, Beam and Truss Layout and Truss R-1 Detail in the drawings.

The lean-to roof shall be at 6-degree slope in accordance with the drawings. The contractor should put pre-coated corrugated galvanized iron sheet (28G) as per the specification mentioned in BoQ. The CGI sheet should be joined with the purlin with appropriate roofing nails and other necessary accessories. A wooden fascia board, 25mm x 225mm, shall be fixed to the rafters and purlins. A gutter shall be installed on the lower side of the roof and connected to the hand washing tank.

All timber parts of the roof construction shall be protected with 2 coating against termite attack using wood preservative.

5.1.13. Doors and Louvers

The contractor should provide all the ironmongery work of good quality, two coats of red oxide primer shall be applied at point of fabrication before delivery.

Steel doors and windows to fit structural opening as per the doors and window schedule. One coat of enamel paint to be applied on site. The finish shall be clean and uniform in color with no blemishes. All surfaces shall be covered uniformly. Adjacent surfaces that have not been painted shall be protected from splashing. Any paint splashes shall be cleaned off at the contractor’s expense.

5.1.14. Ramps

The Contractor shall construct ramps for ease of accessibility with 5% slope or ratio of 1:20 for the pedestrian access. The ramps should be equipped with handrails on either side of the ramp as per the drawings and specifications. The ramp shall be constructed with C-20 concrete (ration 1:1.5:3) with BRC mesh A98 with a minimum thickness of 100 mm at all points.

Install two lines of grip friendly handrails using CHS 40 diameter and 2 mm thickness on both sides of the ramp. The height of the rails shall be at 70 and 90 cm from the ramp level with vertical support @ 100cm C/C. Horizontal rails shall be parallel to the slope. The edges of the handrails shall have a smooth finish. All iron parts to be painted with two coats of antirust paint and one coat of enamel paint.

5.1.15. Finishing work

For the floor finishing, a 50 mm floor screed should be applied on top of the slab. The ratio of cement to sharp sand should be 1:3.

The contractor shall provide 15 mm thick as plastering and rendering on internal and external sides of the walls. The plastering and rendering mortar ratio should be 1:3 (cement: plaster sand).

All the walls to be painted shall be clean and dry. Any dirt shall be removed through scrubbing. Specified color coats on the BoQ shall be applied to the satisfaction of the IRC Site Engineer. Spills on the floors, walls and roof shall be avoided and any accidental spillage should be thoroughly cleaned to a state that can't be seen. The walls shall be painted with 1 coat of emulsion under coat and finished with 3 coats of matte vinyl paint in soft white for internal walls and emulsion weather guard paint in smoked grey for external walls. The wooden fascia board shall be painted with 1 coat of emulsion under coat and finished with 3 coats of an oil-based gloss paint in white. Paint color and where to apply to be coordinated with the IRC Site Engineer.

5.1.16. Drainage and Plumbing works

The contractor should cast a latrine seat that is 400mm high from the floor as per the PSN seat detail. The top and sides of the seat should be finished with tiles. Furthermore, the contractor shall install footrests reinforced with wire mesh for the two standard stances as per the drawing detail.

The contractor shall construct a perimeter drain around the building to collect and convey storm water to an appropriate discharge site. This shall be determined by the Site Engineer based on the site layout.

The contractor will also put in place one hand washing station as per the hand wash tank stand details in the drawing including the foundation, plinth wall, concrete slab, brick wall, compacted murram, top slab and 500L water tank with all fittings.

A 75mm diameter PVC pipe shall be connected from the hand wash station to the soak away pit. In locations where the soil conditions do not allow for effective infiltration, the grey water shall be directed to an appropriate discharge site located away from the facility.

A vent pipe should be installed with a vent cap and fly screen. The height of the vent opening shall be at least 30 cm above the roof height.

6. SPECIFICATION FOR CHAIN-LINK FENCE

6.1. Site Layout

Orientation of Chain-Link Fence: The orientation of the Fence shall be as per the site assigned by the facility administration. Confirmation of the orientation shall be part of the initial site inspection.

Measurements: During the setting out, the Contractor shall obtain the correct measurements from the drawings and cross check the diagonals to see if they are equal.

6.2. Excavation for foundation work

Excavate for sub-columns/Angle column posts as specified in the Bill of Quantity and on the drawing. The Site Engineer reserves the right to increase the foundation size subject to the exposed soil conditions based on the following guidance:

The Contractor shall excavate for Normal soil (hard and gravel soil) to a depth of *500mm1000mm* and *300mmx300mm bases* for Angle column posts. And *750mmx750mm* footing for concrete Gate Column the depth should be *1000 – 1500 mm* in case of sandy soil and water prone areas.

6.3. Concrete work

The Contractor should provide concrete for the sub-column/post bases and shall be C-20 (Ratio of 1:1.5:3) (Cement: Sand: Aggregate). The ratio must be measured properly with a gauge box of 300 mm by 300 mm by 400 mm. After the casting of the bases, they must be cured for at least 5 days prior to installation of the Chain-Link.

Provide 750mmx750mm, 300mm thick footing for Gate column. The column footing shall have 8-Y-12 bars both ways, L=800mm with 50 mm cover in both directions. Gate Column of 300mmx300mm should be reinforced with Stirrup R8 spaced at 150mm c/c with an overlap of 50mm and 4-Y-12 rebars.

6.4. Posts and Chain- Link

The contractor shall supply and install 50x50x4mm Angle bars for Fence posts spaced at maximum *2.3m c/c*. *50x50x4mm* "Y" crank welded at the top of the posts and razor wire of *0.45m diameter* installed onto. The height of the posts above ground shall be determined by the height of the chain link supplied but should be of minimum *1.9meters*. The poles shall be reinforced with *40x40x3mm* copping angle iron and *2 lines* of tension wire for the chain link and 3 lines running parallel for razor wire on the "Y" crank. Corner posts and posts at an interval of *12.5m* shall be supported by 50x50x4mm diagonal angle bars installed as per the drawing.

6.5. Vehicular Gate

The contractor shall supply, fabricate and fix 3800mm wide and 2000mm high double leafed grilled gate, with 1000mm wide by *1900mm* high Pedestrian access embedded on one leaf. Gate of *25x25x2mm* thick intermediate vertical SHS bars fixed to *60x40x3mm* RHS external frame and *40x40x3mm* SHS middle stile; "Y" Crank welded to the top of the gate to hold 3 lines of tension wire and Razor wire including all necessary accessories (anchorages to the columns, heavy duty hinges, bottom lock and socket, barrel locks etc.) shall be installed to Engineer's satisfaction.

Two coats of red oxide primer shall be applied at the point of fabrication before delivery. Two finishing coats of enamel paint to be applied on site. The finish shall be clean and uniform in color with no blemishes. Any paint splashes shall be cleaned off at the contractor's expense.

Apply 15mm thick cement sand rendering (1:3), steel trowelled finish, Paint: 2 coats of emulsion under coat, finish with 2 coats of emulsion weather guard paint in smoked grey.

7. Specifications – Incinerator and Ash Pit

7.1 Site Layout

7.2 Orientation of incinerator and ash pit:

The orientation of the incinerator and ash pit shall be as per the site assigned by the PHCC administration. Confirmation of the orientation shall be part of the initial site inspection.

Measurements: During the setting out, the Contractor shall obtain the correct measurements from the drawings and cross check the diagonals to see if they are equal.

7.3 Site Clearance

The Contractor shall clear the site and debris for an area of *30.0* square meters from site and as shall be guided by the Site Engineer.

7.4 Excavation for foundation work

The contractor shall excavate the foundation pit as per the cross sections specified on the design drawing. The Site Engineer reserves the right to increase the foundation size subject to the exposed soil conditions per the following guidance:

The Contractor shall excavate for Normal soil (hard and gravel soil) to a depth of *800 mm* and width and length shall be as per the drawing. In case of sandy soil and water prone areas, the depth should be *1000 mm to 1500mm deep* with the width and length as specified in the drawings.

7.5 Concrete foundation work

The Contractor should provide a weak concrete blinding (1:8:12) of *50 mm thickness* after proper compaction of the soil. The concrete for the bottom pit slab for ash pit shall be C20 (Ratio of 1:2:3) and shall rest over compacted sand. It shall be reinforced with BRC mesh. The ratio must be measured properly with a gauge box of 300 mm by 300 mm by 400 mm. After the casting of the concrete slab, the concrete slab must be cured for 5 days prior to blocks walling in ash pit.

7.6 Ash pit Walling

The pit lining shall be constructed using concrete blocks in 1:3 cement sand mortar and wall width of 200mm.

7.7 Back Filling the Soil

After completing the pit lining for ash pit, the back-void spaces must be filled out with selected soil material. For incinerator, the selected material should be put in layers of up to 200 mm with each layer properly compacted. Min. 500mm thick Compacted selected fill to grade is required.

7.8 Hardcore Placing

Contractor shall place a 200 mm thick crushed stone/hardcore and compact the layer properly prior to casting the ground floor slab for the incinerator. The void shall be filled with marram, smaller aggregates, or broken bricks.

7.9 Concrete Slab

The floor slab will be resting on top of the hardcore stones, with a weak concrete blinding (1:8:12) and damp-proof membrane (i.e., plastic sheeting).

A concrete slab must be casted (according to the drawing) with a thickness of 150 mm using concrete grade of C-25 (ratio of 1:1:2). reinforced with Y-10 rebars space at180mm c/c in both directions, resting on spacers at least 50mm high and should be resting on spacers at least 50mm high.

7.10 Incinerator Walling

The contractor shall construct the base of the incinerator and layers 1,2,3,4,5,6,7,8,9,10,11,12,13 and 14 with refractory bricks and refractory cement mortar.
The outer layer of the incinerator shall be constructed with common burnt bricks in 1:3 cement sand mortar. The length and height of the wall must be constructed according to the drawings.

7.11 Chimney, Top frame, loading door and ash door.

The contractor shall provide and fit top frame as per the drawing (De Montfort Mark 9) fitting with sand frames, including supply of sand and with steel stiffeners.

The contractor shall also provide and fit loading door 620x620mm, ash door 230x240mm, chimney including chimney support panel with chimney spigot.

7.12 Shade

The contractor shall construct a shade over the incinerator as per the drawing. The CH 75x5mm steel columns shall be casted with concrete C25 below and at the column's bases.
Refer to the drawing for detail on the superstructure.

7.13. For roofing:

The contractor shall put complete roofing structure by using steel frame structure. The contractor may submit a proposal for using a wooden roof structure on Form QM06 - Approval for work/materials (AFW/M). Rates inclusive of nails, hoop iron at joints, cutting and application of creosote or other approved wood preservative on the timber surfaces in two coats.

For details and dimensions of the metallic structure elements, refer to the Roof, Beam and Truss Layout and Truss T-1 details in the drawings.

The gable end roof shall have a pitch of 20-degree slope in accordance with the drawings. The contractor should put pre-coated corrugated galvanized iron sheet (28G) as per the specification mentioned in BoQ (Bill of Quantity). The CGI (Corrugated Galvanized Iron) sheet should be joined with the purlin with appropriate screw nails and other necessary accessories.

accessories (hoppers, delivery pipe, clips, washout pipe and overflow pipe

8 Specifications – Placenta Pit

8.1 Site Layout

8.2 Orientation of placenta pit:

The orientation of the placenta pit shall be as per the site assigned by the hospital administration. Confirmation of the orientation shall be part of the initial site inspection.

Measurements: During the setting out, the Contractor shall obtain the correct measurements from the drawings and cross check the diagonals to see if they are equal.

8.3 Site Clearance

The Contractor shall clear the site and debris for an area as specified in the BoQ and as guided by the Site Engineer.

8.4 Pit Excavation and Lining

The contractor shall excavate the pit for the placenta pit as per the dimension in the drawing and BoQ. The contractor must ensure that proper shoring of the excavation walls is installed. After the excavation is completed, place a 50mm plain concrete blinding with C-10 concrete (Ratio 1:3:6) to receive foundation footing. A *200mm thick concrete footing (C-20 Ratio 1:1.5:3) with Y10 spaced at 150mm c/c* in both directions shall be casted below the pit walling.

8.5 Concrete foundation work

The Contractor should provide a weak concrete blinding (1:3:6) of 50 mm thickness after proper compaction of the soil. Concrete for the foundation shall be C-20 (Ratio of 1:1.5:3) (Cement: Sand: Aggregate) for foundation footing of 200mm high. The ratio must be measured properly with a gauge box of 300 mm by 300 mm by 400 mm. After the casting of the foundation the foundation has be cured for 5 days prior to plinth wall construction.

Provide foundation footing as per the layout drawings: The foundation footing shall have Y10 bars spaced at 150mm c/c in both direction, 50 mm cover in both directions. Stirrup R8 shall be used spaced at 175mm c/c with an overlap of 50mm. Refer for more details on the reinforcement.

8.6 Pit Wall and Intermediate Beam

A plinth wall should be constructed to a height of 300 mm above the ground level with 200 mm solid concrete blocks to receive 150mm concrete floor slab. Mortar mix should be 1:3

(Cement: Sand) with wall thickness of 200 mm for the plinth wall. For the intermediate beam, C-25 structural concrete shall be used (1:1:2 Cement: Sand:

Aggregate). For reinforcement details refer to the drawing

8.7 Back Filling the Soil

After completing the foundation work, the back-void spaces must be filled out with selected soil material. The sand filling shall be filled up to 100mm on top of the hard-core backfilling.

8.8 Hardcore Placing

The contractor shall place a 100 mm thick crushed stone/hardcore at the bottom of the pit and compact the layer properly. The void shall be filled with marram, smaller aggregates, or broken bricks.

8.9 Concrete Slab

A reinforced concrete slab over the placenta pit (Y-10 mm @ 180 mm c/c both directions) must be casted according to the drawing with a thickness of 150 mm and concrete grade of C-25 (ratio of 1:1:2).

The slab over the placenta pit should have two openings for, 1 manhole of a size 300 mm x 400 mm covered with lockable steel plate cover and one ventilation pipe (PVC 4" diameter). See drawing for details.

8.10 Steps

The contractor should construct the steps consisting of 150mm rise and 300mm treads using solid concrete blocks or burnt bricks in 1:3 cement sand mortar. mortar for the walls.

9. Role of the Contractor

The Contractor will have to provide for the construction and completion in every detail of the work described in the contract documents. All labor, materials, tools, equipment, transportation, supplies required to complete the work in accordance with the specifications and terms of the contract should be well furnished. The Contractor cannot deviate from the construction designs or specifications without seeking permission and approval from IRC.

IRC reserves the right to reject any materials, equipment, or resources and to delete or reduce any work item, whether in whole or in part and update Annexes, as necessary and a reduced contract price shall be agreed.

If the Contractor is not able to finish the construction works or must abandon the works due to loss of tools, accidents or any unforeseeable circumstances, the Contractor should remove all unused materials from the site. IRC will pay only for the work done as per rates in the filled Bill of Quantities in the contract document.

The ECRP IRC Project Health and Safety Management Plan (HSMP) outlines the Contractor's roles and responsibilities in the management of activities to prevent dangerous acts that could lead to injuries, illnesses or serious incidents in the workplace and damage or loss of assets.

The ECRP Quality Management Plan (QMP) outlines the Contractor's roles and responsibilities for meeting the quality standards expected of this program and the process and procedure for verifying each step.

To complete the task timely and efficiently the Contractor should:

1. Deploy qualified and well experienced managers, site engineers and workers to complete the required tasks.
2. Prepare and submit staff deployment plan/organogram for the project implementation assigning the specific persons in charge of communication and coordination with the project supervisor.
3. Prepare and submit Work Plans, Emergency Preparedness and Response Plan, Waste Management Plan, Labour Management Plan and Environmental and Social Management Plan as per the HSMP
4. Preparation of "Resource Plan" (materials, machine/tools, manpower) in accordance with the submitted Work Plans.
5. Develop Risk Assessments using Form HS05 as per the HSMP
6. Based on the approved work plan, the Contractor shall execute multiple work activities simultaneously to save time.
7. The Contractor shall allow unlimited access to construction sites for the ECRP staff as required.
8. Follow Guideline GHS12 – Site Establishment in the HSMP,
    A. The Contractor should arrange temporary office/accommodation at each site with necessary facilities for the staff and workers (water, toilets, first aid kits etc.)
    B. The Contractor is responsible for maintaining pollution/contamination free surrounding environment.
    C. The contractor should display both work plan and resource plan at each site.
    D. The debris from any demolition activity and garbage at the construction sites should be removed by the Contractor and disposed of in a safe area away from the site.
9. As per the Quality Management Plan (QMP),
    A. Ensure that materials are properly packed and covered during transportation to ensure that the materials are not damaged.
    B. Ensure that all materials, in particular cement, timber, paints etc. are properly stored on sites to prevent any deterioration of strength by water, moisture, or heat.
    C. All structural works such as foundation works, erection of columns, beams, support structures etc. shall be executed in the presence of IRC personnel. 10. Health, Safety and Environment

The Contractor is required to comply with the *ECRP IRC Project Health and Safety Management Plan (HSMP)* and the *Environmental and Social Management Plan (G-ESMP)*. The following information is provided to guide the Contractor in the key aspects of the HSMP only.

The main health and safety legislation and other relevant compliance requirements in South Sudan are described in the *South Sudan Legal Register* (Form HSE03).

Risk assessments for hazard identification and activities are required for safety-critical activities prior to each stage of work commencing. These shall be documented using Form HS05. All IRC personnel have the authority to stop any activity that has the potential to cause injury or damage property until such times as the works are managed in a safe manner.

The Contractor's team leader shall take all reasonable precautions to prevent any death or injury to persons during said undertaken activities. These precautions shall include but not be limited to ensuring the crew wears the protective equipment such as safety helmets, hard-toed boots (safety boots) or gumboots, heavy-duty gloves and ensuring that all tools and equipment are in a safe condition and ensuring that their employees adopt safe working methods as instructed by IRC. No military-looking clothing will be accepted at any time. *Health, Safety, Social and Environmental inspection Site Reports* shall be carried out weekly on Form HSE05.

The project sites The Contractor's team leader has the obligation and responsibility to safeguard the safety and security of its personnel, the construction crew's equipment and other property, and personnel's personal effects and other property. The Contractor's team leader shall develop an *Emergency Preparedness and Response Plan* in consultation with IRC, including detailed procedures to cover evacuation, personnel, equipment, unlawful interference, and prevention of sabotage.

The Contractor is required to hire skilled and unskilled labour from the local project area to execute the contract. The Contractor shall submit their *Labour Management Plan* in accordance with the guidelines in Annex F on the ECRP *Labour Management Procedures*. Justification must be submitted to IRC for approval before the Contractor can recruit non-local skilled labour.

All selected staff to work as part of the construction crew are to abide by the Code of Conduct in the Construction Contract on the prohibition and prevention of sexual exploitation and abuse (SEA). The crew shall undertake a *PSEA (Prevention of Exploitation and Abuse), 1-day training* with IRC prior to conducting any work.

The Contractor is to ensure that all materials, solid or liquid, are stored in a manner so as not to damage or contaminate any surface by spillage. Further guidance is provided in *Guidelines on Environmental Management*: GEM02 Waste Management & Hazardous Substances, GEM03 Protection of Water, GEM05 Borrow Pit Management, and GEM06 Preservation of Historical, Archaeological and Cultural Remains.

11. Quality Management

The ECRP *Quality Management Plan (QMP)* outlines the Contractor's roles and responsibilities for meeting the quality standards expected of this program and the process and procedure for verifying each step. The following information is provided to guide the Contractor in the key aspects of the QMP only. A more detail guidance on quality of workmanship is provided in Annex B.

Section 5 of the QMP provides the framework for project staff responsibilities during Construction. From IRC, each site will be assigned a Site Engineer and Community Site Supervisor who are supervised by a Project Engineer whose main task is to monitor and report on the performance of works being implemented. The Lead Engineer is responsible for the overall contract management.

The QA process, in brief, starts with approval from the Lead Engineer for a construction activity to proceed (Form QM06). Once approval is obtained, the work can proceed. During the work phase and upon completion, the Contractor must allow testing of materials, inspection of construction activity and survey compliance checks to be performed. For *material testing*, relevant forms include QM07A Request for Inspection and Testing Results, QM07B Inspection of Materials on Site, and QM09 Inspection and testing plan. For inspection, the Contractor is responsible for submitting *QM10 Daily Logbook*, and *QM11 Weekly/Monthly Progress Report and Summary*.

Any materials or works that do not conform to the technical specifications, design drawings or BoQ shall be rejected with a *Non-Conformance Report (NCR)*. The Contractor will then be responsible for dismantling and removal of the rejected materials from the sites immediately. Rectification and reconstruction of works shall be carried out at the cost of the Contractor prior to continuing with the next phase of work. Refusal of this instruction will lead to immediate termination of the contract.

ANNEX TWO: Detailed Description for Construction of PHCC Facilities (Gordon Kenyi to fill in)

ANNEX THREE: ENVIRONMENTAL AND SOCIAL SCREENING CHECKLIST

SECTION A: GENERAL INFORMATION

	Environmental and Social Screening Report - ECRP II
Primary Health Care Centre (PHCC) subprojects are screened for their inherent environmental and social risks regardless of any planned mitigation or management measures. This approach ensures that potential risks are thoroughly identified and assessed. It is essential to evaluate these risks assuming that no mitigation measures are in place, in order to understand the full extent of possible negative impacts should such measures fail or not be implemented. Given the essential role of PHCCs in delivering basic health services, careful screening is critical to ensure that health outcomes are improved without compromising environmental integrity or community safety.	
SECTION A: General Information	
Date of screening	13/06/2025
Subproject title	Rehabilitation of One (1) Outpatient Block, Construction of One (1) VIP Latrines, One (1) Incinerator, One (1) Placenta Pit and Chain Link Fence in Akuem PHCC, Makuac Akuel Boma, Aweil East County.
Subproject component	Component 3 "Emergency Flood Response Activities in Aweil East and Aweil South, Northern Bahr El Ghazal
Implementing Agency	International Rescue Committee Inc. (IRC)
Proposed subproject budget	$ 67,000.00
Proposed subproject duration	6 Months
ES Screening Team Leader and Contact Details	DR. PETER K. GAKAI – CONSULTANT pgakai@gmail.com +254720847676
ES Screening Team Members	ENG. SEBIT TOT – IRC, Isaac Said Kenyi – IRC, Peter Bol Angok – IRC, Angelina Akech - IRC
Program/Site/Subproject location	County: Aweil East Payam: Yargot Boma: Makuach Akuel Village: Akuem 8°56'36.2"N 27°30'10.9"E 430m AMSL

Subproject Description

Akuem Primary Health Care Centre (PHCC) is one of the biggest and it serves a big population coming from within the Boma and another neighbourhood Bomas. It is located in a rural area which has a higher population of 7000 people which are predominantly farming areas. There are a number of permanent buildings which serve as pharmacies, drug stores, consultation rooms, laboratory, inpatient and outpatient rooms, the latter is not big enough to accommodate all inpatients. The maternity wards do exist, and numbers of pit latrines crowded the place with many of them not functional. The PHCC has a temporary latrine and it requires permanent two separate blocks but lacks other sanitation facilities, waste management structures that can protect patients and health workers from communicable diseases. The PHCU attends to host communities and returnees in the Boma, an average of 50 - 70 patients per day. Akuem community requests IRC with funding from the World Bank, to expand the PHCC by rehabilitating the outpatient block, upgrade existing handpump to a water yard, chain link fence, 2 blocks of VIP latrines, placenta pit and construct incinerator to improve access to quality medical care throughout the Boma and beyond. Trees in this location are scattered, and savanna grassland occupied the land thus no serious ecosystem damage as a result of construction work.

The ultimate goal of the project is to improve access to essential healthcare services while enhancing the resilience of local communities.

Major Construction Components

The construction phase will involve the following key activities for each component:

· **Outpatient Block:** The rehabilitation work involves partitioning of the existing superstructure, fixing windows, doors and completing the interior finishes. The layout will include consultation rooms, a patient waiting area, and a secure medical store.

· **VIP Latrine Block:** A foundation will be laid for the four-stance latrine block.

· **Incinerator & Placenta Pit:** These specialized facilities will have their own dedicated foundations to ensure long-term stability and safety. The incinerator will be built for the safe disposal of medical waste, and the placenta pit will be constructed for the proper burial of afterbirth.

· **Water yard:** This involves the rehabilitation of the existing borehole, construction of an elevated water tank, and communal water points to ensure a reliable water supply for the PHCC and the community.

· **Chain-Link Fence:** A perimeter fence will be erected around the entire PHCC compound to secure the facility and protect its assets.

CONSTRUCTION ACTIVITIES

Site Preparation and Foundation Works

- **Site Survey and Clearance**: The project begins with a detailed survey to mark the precise locations for the PHCC, VIP Latrine Block, Incinerator and Placenta Pit. The site will be cleared of all vegetation and debris, and the ground will be graded to ensure a well-drained and stable platform for construction.
- **Foundation Construction**: Robust foundations will be laid for all new structures, designed to support the specific loads of each facility. For the main PHCC building, foundations will be engineered to withstand local soil conditions and to accommodate medical equipment loads. The specialized foundations for the incinerator and placenta pit will be constructed to ensure long-term stability and safety.

Building and Infrastructure Construction

· **Primary Health Care Centre (PHCC):** The main PHCC building will be rehabilitated to a functional standard. This involves repairing damaged walls, floors, and roofs, and upgrading the interior finishes to be smooth, non-porous, and washable to improve infection prevention and control. The layout will be reviewed for efficiency and functionality.

· **VIP Latrine Block:** The existing VIP latrine block will be rehabilitated. This includes repairing walls and the superstructure, and upgrading pit latrine stances to ensure proper ventilation. Handwashing stations will be repaired or installed to maintain hygiene standards.

- **Specialized Waste Management Facilities**:
    - **Incinerator**: A purpose-built incinerator will be constructed for the safe, on-site disposal of medical waste.
    - **Placenta Pit**: A dedicated, securely covered placenta pit will be constructed for the proper and respectful burial of afterbirth, a critical component of safe maternal care.

External Works and Finishing

- **Utilities and Drainage**: A reliable water supply will be installed to serve all facilities, including consultation rooms and latrines. Comprehensive drainage systems will be established to manage both wastewater and rainwater runoff, preventing waterlogging and maintaining a sanitary environment around the PHCC.
- **Security and Fencing**: To protect the facility's assets, a perimeter fence will be erected around the entire PHCC compound. The main PHCC building will be fitted with secure doors and windows, particularly for the medical storage areas.
- **Furnishing and Equipment**: The final stage includes the installation of specialized medical fittings, such as examination beds, as well as general furniture like desks, chairs and secure storage cabinets to make the health centre fully operational.

OPERATION PHASE

The operational phase of the PHCC goes beyond the physical structures to ensure the effective delivery of health services and the long-term sustainability of the facility. This phase focuses on the day-to-day functions, maintenance and human and systemic elements that keep the facility running efficiently.

Health Service Delivery

The core operational activity is the delivery of health services to the community. This includes the use of the PHCC building for patient consultations, immunizations and maternal and child health services. Medical staff will use the facility to provide basic treatment, health education and dispense medication. The design of the building, with its focus on easy-to-clean surfaces and good ventilation, will be operated to support infection prevention and control.

Facility Management and Maintenance: This critical component ensures the new infrastructure remains functional and safe.

· **Routine Maintenance**: Daily cleaning and hygiene protocols will be established for the entire PHCC compound, with a special focus on the PHCC building and VIP latrine block. Minor repairs, such as fixing doors or checking the integrity of walls and roofs, will be performed promptly to extend the life of the assets.

· **Water and Sanitation**: The water yard will be operated to provide a continuous supply of safe water for patient and staff use. The VIP latrine block will be managed to ensure proper hygiene and functionality, including regular cleaning and ensuring soap and water are available for handwashing.

· **Security**: The chain link fence will be operated as a security boundary. Gates will be managed, and the premises will be secured at night to protect valuable medical supplies and equipment.

Medical Waste Management: The PHCC will implement a strict solid and liquid waste management system to prevent disease transmission and environmental contamination. The proper operation of waste facilities is essential for public health.

· **Incinerator**: The new incinerator will be operated for the safe and complete burning of medical waste, following established protocols to prevent health hazards and environmental contamination.

· **Placenta Pit**: The placenta pit will be operated for the respectful and hygienic burial of afterbirth, a critical aspect of providing safe maternal care.

Administration and Public Health: This covers the systemic and human elements of the PHCU's operation.

· **Staffing**: The PHCC will be staffed with qualified health personnel including nurses and community health workers, to provide services.

· **Record Keeping**: Systems for patient records, medical inventory and financial management will be implemented and maintained to ensure transparent and efficient operations.

· **Community Engagement**: The PHCC will engage in public health education and outreach using the facility as a hub to coordinate with local health authorities and address broader community health needs.

Flood Risks and Disaster Management: To mitigate the significant risk of flooding, the PHCC will implement a comprehensive Disaster Risk Management (DRM) and Emergency Preparedness and Response (EPR) plan. This proactive approach will protect both infrastructure and human live.

· **Collaboration and Communication**: The facility will work closely with Boma Disaster Risk Management Committees (BDRMCs) and Payam Disaster Management and Resilience Committees (PDMRCs) to strengthen disaster readiness. Radio alert protocols and visual flood alert signage will be used to ensure timely communication to both staff and the community.

· **Emergency Protocols**: Informal evacuation routes and designated safe zones will be established within the facility, prioritizing vulnerable patients in maternity, children's wards, and inpatient care. This ensures a clear path to safety during a flood event.

· **Infrastructure Adaptation**: Key infrastructure, including incinerators and sensitive waste storage areas, will be built on elevated platforms. Alternative access routes to waste handling and water points will also be designated to maintain operational continuity during floods.

DECOMMISSIONING PHASE

The decommissioning of the PHCC will be a planned and systematic process, focused on responsibly dismantling the facility at the end of its useful life. The primary goals are to protect public health, salvage reusable materials and restore the site to a safe condition.

Pre-Decommissioning Planning and Assessment

Before any physical work begins, a detailed plan will be created. A structural assessment will be conducted to identify which components can be safely salvaged. At the same time, an inventory of all hazardous materials, including medical waste and chemicals will be created. Crucially, the community will be consulted to determine their needs for salvaged materials and the future use of the site.

Specialized Decontamination and Demolition

The decommissioning will proceed with a strong emphasis on public health and safety. The PHCC building and VIP Latrine Block will be decontaminated to prevent the spread of infectious diseases. All medical waste, particularly from the incinerator and any remaining hazardous materials, will be safely handled and disposed of by trained specialists. Sharps, pathological waste and chemicals will be handled using appropriate personal protective equipment (PPE) and strict protocols.

Material Salvage and Repurposing

The project will prioritize the salvage and reuse of all possible materials.

- **Building Components**: Reusable items like roofing sheets, timber from trusses, doors and windows will be carefully removed for repurposing in new community buildings or shelters.
- **Infrastructure**: The incinerator and placenta pit will be safely dismantled. Any metal components will be salvaged while the pits will be filled and sealed to prevent future health hazards.

Site Restoration and Handover

The final stage involves leaving the site in a safe and usable state. All demolition debris will be removed and properly disposed of. The ground will be levelled and any filled-in pits will be clearly marked. The site will then be formally handed over to local authorities, along with an inventory of salvaged materials and their new locations to ensure transparency and accountability.

Categorize subproject Activities into List A, List B , List C or List D. Refer to subproject Description and Project Categories under section C of this screening format.	B

Potential Environmental/Social Risks Impacts of Subprojects					
Risk Category B *(Please check each line appropriately. At this stage, questions are answered without considering magnitude of impact – only yes, no or I don't know are applicable answers)*	Yes	No	Don't know	If these risks ('yes') are present, refer to:	Comment
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts					
Is an Environmental and/or Social Assessment required?	☒	☐	☐	ESMF	All subprojects under ECRP II are subjected to ES screening to allow IRC to identify possible Environmental and Social risk to determine which environmental and social management tool to develop to ensure sustainable project implementation.
Is there a risk of subproject beneficiaries not getting the subproject benefits?	☐	☒	☐	Stakeholder Engagement Plan (SEP), Grievance Redress Mechanisms (GRM)	
Is there a risk of lack of monitoring of the subproject activities due to remoteness of location and insecurity?	☐	☒	☐	Security Management Plan (SMP)	
Is there a risk that the subproject benefits may not reach truly vulnerable populations?	☐	☒	☐	Stakeholder Engagement Plan (SEP)	

Is there a risk that activities may be influenced by other groups?	☐	☒	☐	Stakeholder Engagement Plan (SEP)	All the stakeholders of the project are engaged inclusive of all youth groups.
Is there a risk that the selection of any location/beneficiaries in the activity will lead to a conflict?	☐	☒	☐	Security Management Plan (SMP) Grievance Redress Mechanisms (GRM)	The risk of conflict of interest that may arise from few individuals when selecting workers or casual labourers are explained to the community and contractors will be advised not to bring all casual workers from outside.
Does the activity pose a security risk for local staff?	☐	☒	☐	Security Management Plan (SMP)	
Is there a risk that the subproject activity will further facilitate disputed authority structures or will cause an increase in local disputes?	☐	☒	☐	Stakeholder Engagement Plan (SEP)	
Is there any risk of the subproject activity to natural habitat, Nile Basin, or SUDD Wetland?	☐	☒	☐	ESMF	No natural habitats, community's ecosystem will be affected by the sub-project.
ESS 2: Labour and Working Conditions					
Does any subproject activity include any of the known labor rights /ESS 2 non-compliance risks in South Sudan risk of child and forced labor use?	☐	☒	☐	Labor Management Procedures (LMP) Occupational Health and Safety Plan (OHS)	
Does the subproject include a construction component?	☒	☐	☐	Labor Management Procedures (LMP)	The scope of work will include site clearance, excavation, concrete work, masonry, roofing and painting.
Does the subproject include labour-intensive activities?	☒	☐	☐	Labor Management Procedures (LMP)	May include materials mixing, transporting, and placing concrete, manual excavations.

Does the subproject include or influence primary agricultural activities?	☐	☒	☐	Labor Management Procedures (LMP) Occupational Health and Safety Plan (OHS)	
Will the subproject require a larger contractor workforce?	☐	☒	☐	Labor Management Procedures (LMP) Occupational Health and Safety Plan (OHS), C-G-ESMP	The project is small-scale.
Is there a security risk for subproject Workers?	☐	☒	☐	Security Management Plan (SMP)	
Is there a risk that the subproject facilities cause OHS issues?	☒	☐	☐	Occupational Health and Safety (OHS) management Plan	The sub project activities will involve the working at heights during construction, and roofing, dust by moving vehicles transporting materials, noise during concrete mixing and construction, chemicals during painting, lifting during roofing, moving objects, slips, trips and falls.
Is there a risk of labour induced in migration?	☐	☒	☐	Labor Management Procedures (LMP)	
Is there a risk of lacking OHS for workers at the construction site?	☐	☒	☐	Occupational Health and Safety management Plan (OHS)	
Is there a risk of delayed payment of workers?	☐	☒	☐	Labor Management Procedures (LMP	
Is there a risk that workers are underpaid?	☐	☒	☐	Labor Management Procedures (LMP)	

Is there a risk that women will not be employed?	☐	☒	☐	GBV Action Plan	Women and men are equally participating in community activities.
Is there a risk that provision of contracts causes conflicts?	☐	☒	☐	Grievance Redress Mechanisms (GRM)	
ESS 3: Resource Efficiency and Pollution Prevention Management					
Will the subproject result in the production of solid waste? (Directly by the subproject or by workforce)	☒	☐	☐	Waste Management Plan G-ESMP	Solid waste will be produced e.g., bags of used cement, paint containers, off-cuts, debris from demolition works
Will the subproject result in the production of toxic or hazardous waste? (e.g., used oils, inflammable products, pesticides, solvents, pharmaceutics, industrial chemicals, ozone depleting substances)	☒	☐	☐	G-ESMP	Waste from paint, used oils, lubricants, anti-termites, and wood preservatives will be generated.
Will the subproject result in the generation of dust and noise?	☒	☐	☐	G-ESMP	Noise from concrete mixer, vibrator, during roofing or welding and movement of trucks bringing material to site. Dust produced from material fixing, demolition works and movement of trucks bringing material to site
Will the subproject result in soil erosion?	☐	☒	☐	G-ESMP	
Will the subproject produce effluents (wastewater)?	☐	☒	☐	Waste Management Plan G-ESMP	
Will the subproject result in increased levels of vibration from construction machinery?	☐	☒	☐	G-ESMP	No heavy-duty construction machinery will be used
Will the subproject produce air pollution? (e.g. significant greenhouse gas emissions, dust emissions and other sources)	☐	☒	☐	G-ESMP	No significant dust or air pollution will be produced
Will the subproject disturb any fauna and flora?	☐	☒	☐	G-ESMP	No wild animals nearby and there are few trees on the proposed site which will not be affected.

Will the subproject result in polluted irrigation water?	☐	☒	☐	G-ESMP Waste management plan	
Will the subproject affect the surface or groundwater in quantity or quality? (e.g., discharges, leaking, leaching, boreholes, etc.)	☐	☒	☐	G-ESMP	
Will the subproject require use of chemicals? (e.g. fertiliser, pesticides, paints, etc.)	☒	☐	☐	G-ESMP	Paints, anti-termites, and wood preservatives
Is there any risk of accidental spill or leakage of material?	☐	☒	☐	Waste Management Plan	
Will the subproject require (during execution or after completion) significant amounts of water, energy, materials, or other natural resources?	☒	☐	☐	G-ESMP	Water is required for mortar and concrete preparation. Concrete curing and general washing. Water is required for compacting back feelings. Significant amounts of sand are required for the construction works.
ESS 4: Community Health and Safety					
Is there any risk of increased GBV/SEA cases due to labor influx?	☐	☒	☐	GBV/SEA Action Plan	
Is there any risk of spread of communal diseases due to labor influx?	☐	☒	☐	G-ESMP	Humans are social beings, thus there will be social interaction between the host community and workers from other areas. IRC started community sensitization on protective measures.
Is there a security risk to the community triggered by subproject activities?	☐	☒	☐	Security Management Plan (SMP)	
Does the subproject have the potential to upset community social dynamics?	☐	☒	☐	Grievance Redress Mechanism	Female workers may delay leaving the construction site which could potentially cause conflict with their spouses leading to GBV.
Will the subproject include payments or cash transfers among the community/workers?	☐	☒	☐	Stakeholder Engagement Plan (SEP)	

Will the subproject expose community members to physical hazards on the subproject site?	☒	☐	☐	G-ESMP	Each subproject site will either be fenced off or marked with NO ACCESS sign in order to prevent community and livestock access to site during the period.
Will the subproject pose traffic and road safety hazards to the people?	☐	☒	☐	G-ESMP	Machine operators and drivers to be advised on speed limit
Is there a possibility that the subproject activities contaminate drinking water sources i.e. open wells?	☐	☒	☐	G-ESMP	
Is there a possibility that the subproject activities cause spread of pathogens and other pollutants (e.g. latrines)	☐	☒	☐	G-ESMP	
Will the subproject contribute to the spread of disease (e.g. health facilities)?	☐	☒	☐	Waste Management Plan	
ESS 5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement					
Will the subproject lead to physical displacement (relocation, loss of residential land, or loss of shelter)	☐	☒	☐	See negative list	
Is the subproject located in a conflict area, or has the potential of social problems which may cause social conflicts, for instance, land tenure and access to resources issues (e.g. a new road providing unequal access to a disputed land)?	☐	☒	☐	Grievance Redress Mechanism	
Would the subproject potentially discriminate against women and girls based on their gender vulnerability, especially their participation in subproject implementation and/or access to the opportunities and benefits of the subproject?	☐	☒	☐	Grievance Redress Mechanism	
Is there a risk that the associated subproject activities lead to economic displacement (loss of land, assets, or access to assets leading to loss of income sources or other means of livelihood) to any of the stakeholders?	☐	☒	☐	See negative list	

Will the subproject lead to disputes over land ownership?	☐	☒	☐	G-ESMP	
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources					
Will the subproject affect sensitive areas such as habitats, wetland areas?	☐	☒	☐	ESMF	
Is there a risk that the subproject causes ecological disturbances?	☐	☒	☐	ESMF	
Is there a risk that the subproject causes changes in land form and habitat, habitat fragmentation, blockage or migration routes, water consumption and contamination?	☐	☒	☐	ESMF	
Is there a risk that the subproject causes loss of precious ecological assets?	☐	☒	☐	ESMF	
Does the subproject involve harvesting or depletion of natural resources (e.g. forest, fisheries, etc)?	☐	☒	☐	ESMF	
Can the subproject cause disruption of wildlife migratory routes?	☐	☒	☐	ESMF	
Can the subproject introduce alien species or GMOs?	☐	☒	☐	ESMF	
Can the subproject impact ecosystems upon which communities rely for food, water, fibres or other basic needs, including cultural and spiritual needs?	☐	☒	☐	ESMF	
Is the subproject likely to cause soil erosion, siltation or degradation?	☐	☒	☐	ESMF	
Is the subproject located directly on river embankments?	☐	☒	☐	ESMF	
Will construction, operation or decommissioning of the subproject involve physical changes, such as topography or land use (e.g. construction camps, housing, etc.)?	☐	☒	☐	ESMF	
ESS 8: Cultural Heritage					

Will the subproject be located in or close to a site of cultural value, any archaeological or naturally important site?	☐	☒	☐	ESMF	
Is the subproject site known to have the potential for the presence of cultural and natural heritage remains?	☐	☒	☐	ESMF	
Will the subproject adversely impact the intangible cultural heritage? This includes practices, representations, expressions, knowledge, and skills including, objects, artefacts, and cultural spaces?	☐	☒	☐	ESMF	
Is there a risk that the subproject will have negative impacts on movable or immovable objects, sites, structures, groups of structures, and natural features and landscapes that have archaeological, paleontological, historical, architectural, religious, aesthetic, or other cultural significance?	☐	☒	☐	ESMF	
ESS 10: Stakeholder Engagement and Information Disclosure					
Is there a risk that the subproject fails to incorporate measures to allow meaningful, effective and informed consultation of stakeholders, such as community engagement activities?	☐	☒	☐	Stakeholder Engagement Plan (SEP)	Series of stakeholder engagement have been carried out and frequent consultation will continue.
Is there a historical exclusion of disabled persons in the area?	☐	☒	☐	Stakeholder Engagement Plan (SEP)	
Are women likely to participate in decision-making processes in regard to the subproject?	☒	☐	☐	Stakeholder Engagement Plan (SEP)	
Is there a risk that exclusion of beneficiaries leads to grievances?	☒	☐	☐	Grievance Redress Mechanism	There is a GRM box selected with the BDCs where Stakeholders and communities can channel their complaints/ grievances.
Is there a risk that the subproject component will have poor access to beneficiaries?	☐	☒	☐	Stakeholder Engagement Plan (SEP) Grievance Redress Mechanism	

Will the Covid-19 outbreak hamper proper stakeholder engagement and information disclosure?	☐	☒	☐	Grievance Redress Mechanism	
Is there a risk that the subproject activities will not provide affected parties with accessible and inclusive means to raise issues and grievances, including provision to respond and to manage such grievances?	☐	☒	☐	Stakeholder Engagement Plan (SEP)	
Is there a risk that appropriate project information on environmental and social risks and impacts will not be disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format?	☐	☒	☐	Stakeholder Engagement Plan (SEP)	

SECTION B: SUMMARY OF THE SCREENING PROCESS

E&S Screening	Results and Recommendations	
Is Additional Assessment Necessary? Evaluate the Risks/Impacts and reflect on options in Section C. Is the activity excluded under the subproject (does it fit under List D in Section A)?	**Screening Result**	**Summary of Screening Result Justification**
	1. No1. No further ES Assessment required.	
	2. **No 2. No further ES Assessment required but requires simple G-ESMP.**	**No further ES Assessment required but requires simple G-ESMP**
	3. Yes 1. Detailed G-ESMP. Done internally.	
	4. Yes 2. Detailed G-ESMP. Contracted to Consultancy.	
	5. YES 2. ESIA required. Contracted to consultancy.	
	Yes	No

Approvals

ES Screening Conducted by **(Names/Signatures, Department)**	**Recommended/Not Recommended by IRC Environmental & Social Safeguards Expert**	**Approved/Not Approved by Project Leads**
DR. PETER K. GAKAI - CONSULTANT +254720847676 pgakai@gmail.com	**Mathew Koma Binyiri** **Senior Environmental Social Risk and Safeguards Officer** **Mathew.koma@rescue.org** **+211929778844**	**Wilfred Lokuju** **Project Manager** **Wilfred.Lokuju@rescue.org** **+211924719999**

PMU Approvals

Recommended/Not Recommended by Snr. Environmental Safeguards Expert	**Recommended/Not Recommended by Snr. Social Safeguards Expert**	**Approved/Not Approved by PMU Manager**
Eluzai Matata +211922416222 eluzaimatata@gmail.com	**Samuel Manyol**	Guyson Adi'kobaa

SECTION C: SUBPROJECT CATEGORIZATION

Is the level of Social/Environmental risk already known?				
To which list does the subproject belong? **Please select the relevant list; if the subproject type is not listed, please specify. The lists are indicative and provide examples of subprojects that are normally falling into list A, B, C or D.**				
List A: Minimal or no adverse environmental or social risks and/or impacts	List B: Moderate adverse environmental or social risks and/or impacts	List C: Substantial environmental or social risks and/or impacts	List D: High adverse environmental or social risks and/or impacts	Unknown adverse environmental or social risks and/or impacts

	Construction of a new Renovation of the existing Primary Health Care Centre (PHCC). The facility will include one block of 3 stance VIP latrines, incinerator, placenta pit and a chain link fence.			

SAMPLE OF THE POSSIBLE SCREENING OUTCOMES AND REQUIRED ACTIONS

ES Screening			**Results and Recommendation**
Screening Results: Summary of Critical Risks and Impacts Identified	**Risk/ Impact**	**Risk Rating**	**Mitigation**
	Noise Pollution Air Pollution	**Medium**	• All construction activities will be done between 8am-5pm. • Workers should be provided with appropriate PPEs for dust and noise prevention
	Health and Safety	**High**	• The medical staff should be well provided with the relevant PPE. • The PPE should be worn throughout during operation. • Development of and training in site emergency response plans. Passages within the facility should be wide, kept clear and lit throughout. • Emergency exits/ paths should be provided for and should be well labelled. • Stocked first aid kits should be provided at site and some workers should be trained on first aid service provision. • The management should ensure supply of clean and portable water within the site for use by the staff.
	Gender Issues	**Low**	• Continuously provide gender sensitivity training for all staff to maintain a respectful and inclusive environment for patients and colleagues alike. • Actively recruit and hire local women for both technical and non-technical roles, providing equal opportunities and promoting gender diversity within the workforce.

ES Screening			**Results and Recommendation**
	Contamination of Soil and Groundwater	**High**	• The pit should be located at least 30 meters away from any water sources (wells, boreholes, etc.) and positioned in an area with a low water table and suitable soil type. • Construct the pit walls with concrete or other impermeable materials to prevent seepage. • · Install a vent pipe to allow for proper gas exchange and decomposition while containing any harmful gases.

Is Additional Assessment Necessary?	**Screening Result**	**Summary of Screening Result Justification**	
	1. No 1. No further ES Assessment required.		
	2. No 2. No further ES Assessment required but requires simple G-ESMP	The Primary Health Care Centre was screened and classified as having moderate, site-specific and manageable environmental risks and impacts which can be mitigated through strict adherence to recommended measures. A simple G-ESMP will be required.	
	3. Yes 1. Detailed G-ESMP. Done internally.		
	4. Yes 2. Detailed G-ESMP. Contracted to Consultancy		
	5. YES 2. ESIA required. Contracted to consultancy.		
Next Steps	Screening Result	Action. Select applicable action consistent with the Summary of Risks. All end results of the screening and follow up tools should be disclosed at the appropriate level.	
	1. No1. No further ES Assessment required.	Proceed to sub-project implementation in compliance with ESMF.	

	2. No 2. No further ES Assessment required but requires simple G-ESMP.	1. Produce the G-ESMP and submit it with a Screening Form for review and approval by PMU. 2. Proceed to subproject implementation in compliance with ESMF.	
	3. Yes 1. Detailed G-ESMP. Done internally.	1. Submit the Screening form with the TORs for the G-ESMP for review and approval by PMU. 2. Produce the G-ESMP and submit it to PMU for review and approval by PMU. 3. Ensure the detailed G-ESMP mainstreams the ESMF. 4. Do not implement works until approval of the G-ESMP by PMU, World Bank	
	4. Yes 2. Detailed G-ESMP. Contracted to Consultancy	1. Submit the Screening form with the TORs for the G-ESMP for review and approval by PMU. 2. Engage a Registered ESIA Consultant to produce G-ESMP and submit to PMU first for initial review, then to World Bank and EMA for review and approval. 3. Ensure the G-ESMP mainstreams the ESMF. 4. Do not implement works until approval of the G-ESMP by PMU, World Bank.	
	5. YES 2. ESIA required. Contracted to Registered Consultancy.	1. Submit the Screening form with the TORs for the ESIA for review and approval by PMU. 2. Engage a Registered ESIA consultant to produce G-ESMP and submit to PMU first for initial review, then to World Bank and EMA for review and approval. 3. Ensure the detailed G-ESMP mainstreams the ESMF. 4. Do not implement works until approval of the detailed G-ESMP by PMU, World Bank and The Ministry of Environment and Forestry.	

ANNEX THREE: SAMPLE VOLUNTARY LAND DONATION FORM FOR PHCC SITE

VOLUNTARY LAND DONATION SCREENING FORM

QUESTIONS	YES/ NO?	YES	
		Which group/ individuals? (Male/Female	Are there good alternatives for these groups to this location in your opinion and if so which ones?
Do some people live there?	No	N/A	N/A
Do some people plant there?	No	N/A	N/A
Do some people graze their livestock there (at any time of the year)?	No	N/A	N/A
Do some people use water from there?	No	N/A	N/A
Do some people collect firewood, fruits, medicinal herbs, collect firewood from that area?	No	N/A	N/A
Are there burial or other sites which are considered important to anyone there?	No	N/A	N/A
Are there any other uses or groups who use the land that you can identify?	No	N/A	N/A

VOLUNTARY LAND DONATION CONSENT FORM

State	Northern Bahar el Ghazal
County	Aweil South
Payam	Nyiel
Boma	Panakuac
Sub- project ID	

1 | Page

Name of land owner	ID Number	Beneficiary of the project
Deng Akuoc Ngong	00106911	N/Y
Sex: male	Age 62 yrs	Occupation: chief
Address: Land Donor of Nyiek PHCC.		

By signing or providing thumb-print on this form, the land user or owner agrees to contribute assets to the sub-project. The contribution is voluntary. If the land user or owner does not want to contribute his/her assets to the project, he or she should refuse to sign or provide thumb print, and ask for compensation instead.

Date: 19/10/2025

County representative's signature Kongdes Wol Angui

Date: 16/10/2025

Witnesses:

1. Akot Madut Bol
2. Madiok Lual Kuot.

(Signature or thumb-print, name and address)

ANNEX FOUR: SAMPLE OF CHANCE FINDS PROCEDURE FOR EXCAVATION SITES

This procedure was developed in accordance with the mandate of the Ministry of Youth, Culture and Sports (Directorate of Archives and Antiquities) of protecting and preserving both tangible and intangible cultural heritage records of South Sudan and the requirements of the World Bank's ESS 8 (To protect cultural heritage from the impacts of subproject activities and support its preservation, to address cultural heritage as an integral aspect of sustainable development, to promote meaningful consultation with stakeholders regarding cultural heritage and to promote the equitable sharing of benefits from the cultural heritage).

This procedure is included as a standard provision in the implementation of ECRP II Public Works contracts to ensure the protection of cultural heritage (Archaeological and Historical Sites). All Implementing Partners as well as sub-contractors and implementers will be required to observe this procedure as documented hereafter.

Excavation in sites of known archaeological interest will be avoided, including sites where ESS 8 would require FPIC due to impacts on cultural heritage. Where this is unavoidable, prior discussions must be held with the concerned officers from the Ministry of Youth, Culture & Sports in order to undertake construction/ rehabilitation excavation works or assign an archaeologist to log discoveries as construction proceeds. Where historical remains, antiquity or any other object of cultural or archaeological importance are unexpectedly discovered during construction in an area not previously known for its archaeological interest, the following procedures should be applied:

Stop activities.

- Delineate the discovered site area;
- Secure the site to prevent any damage or loss of removable objects. In case of removable antiquities or sensitive remains, a full-time guard should be present until the responsible authority takes over;
- Notify the responsible foreman/archaeologist, who in turn should notify the responsible authorities, the concerned officers from the Directorate of Archives and Antiquities and local authorities (within less than 24 hours);
- Responsible authorities are in charge of protecting and preserving the site before deciding on the proper procedures to be carried out;

- An evaluation of the finding will be performed by the concerned officers from the Ministry of Youth, Culture & Sports in the Directorate of Archives and Antiquities. The significance and importance of the findings will be assessed according to various criteria relevant to cultural heritage including aesthetic, historic, scientific or research, social and economic values;
- Decision on how to handle the finding will be reached based on the above assessment and could include changes in the subproject layout (in case of finding an irrevocable remain of cultural or archaeological importance), conservation, preservation, restoration or salvage;
- Implementation of the authority decision concerning the management of the finding;
- Classroom work can resume only when permission is given from the concerned officers from the Ministry of Youth, Culture and Sports after the decision concerning the safeguard of the heritage is fully executed;
- In case of delay incurred in direct relation to archaeological findings not stipulated in the contract (and affecting the overall schedule of works), the contractor may apply for an extension of time. However, the contractor will not be entitled for any kind of compensation or claim other than what is directly related to the execution of the archaeological findings works and protections.

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