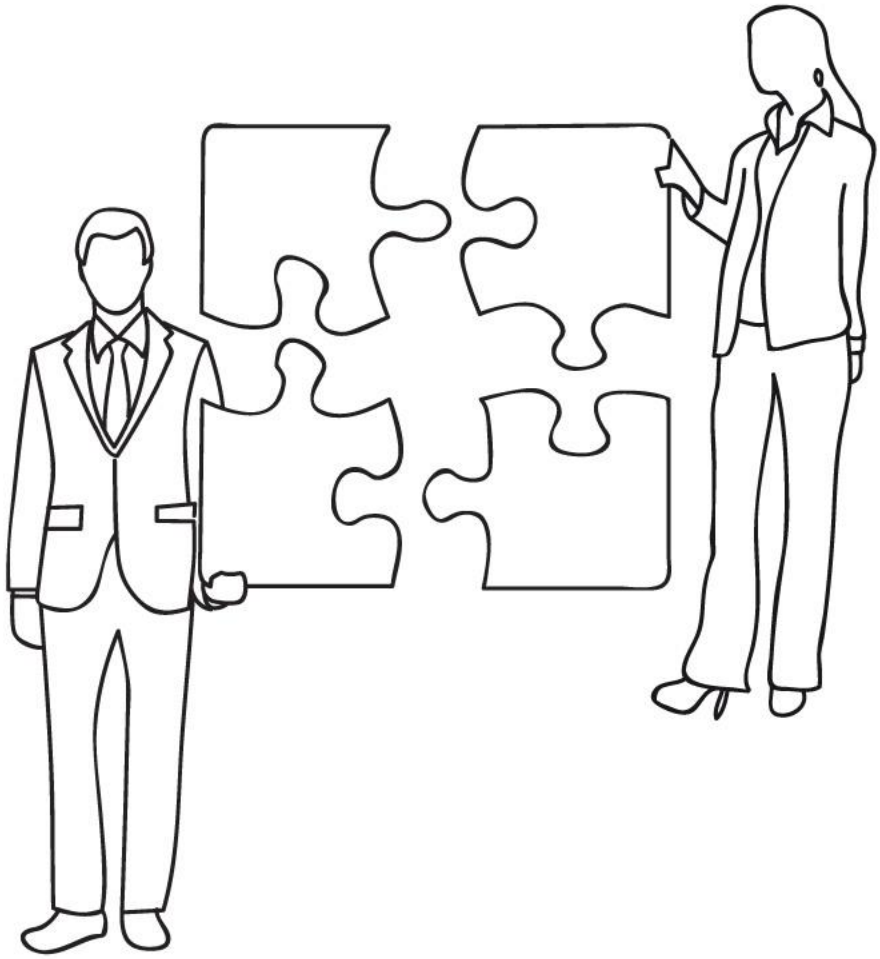
Plan

SUST-PLAN-007 - “Community Health Management Plan”



TITLE:		
COMMUNITY HEALTH MANAGEMENT PLAN		
NOTE:		
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PREPARED BY:	**CHECKED BY:**	**APPROVED BY:**
Domenico D'Ippolito Livelihood Restoration Advisor Ann Dorcas Taki Local Content & Social Investment	Baluri Kassim Bukari Local Content & Sustainability Manager	Fabio Cavanna *Managing Director*

REVISION SHEET

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00	31-05-2016	41	Final issue	J Sanchez	C Ortuño	D Strippoli

1. Purpose

Eni Ghana Exploration & Production Ltd. (eni Ghana) has developed this Community Health Management Plan as part of its Environmental, Social and Health Management Plan (ESHMP) and integral part of the HSE IMS.

This Plan aims to help avoid or minimise the risks and adverse impacts to community health that may arise from project activities (i.e. risk of increase of communicable diseases transmission rate, potential increase of pressure in existing health facilities, risk of creating mosquito breeding ground that could contribute to the transmission of malaria etc.).

eni Ghana will use reasonable efforts to require contractors, or other intermediaries procuring labour, to apply comparable standards. eni Ghana remains the ultimate responsible party for compliance with ESHIA commitments, and will establish means for monitoring/supervision of contractor's performance.

The specific objectives of the Community Health Management Plan are to describe eni commitments, as well as their implementation and monitoring related to:

- conducting pre-employment screening protocols and regular health screenings to employees;
- raising awareness of employees and support them in the prevention of impacts on the community health and safety, in conjunction with their own health care (pertinent to the Health and Safety Management System);
- raising awareness of the communities about risks to their health and safety associated with project activities; and
- ensuring that community safety protection measures are considered in construction activities management.

This Community Health Management Plan should be read in conjunction with other Company documents and plans:

- HSE IMS set of documents (specific references provided in *Table 5.1*) in particular:
  - eni Ghana Fitness to Work Instruction (HSE-INSTR-007.01);

- eni Ghana OCTP Block Health Risk Assessment (Phase 1 & Phase 2), (Doc. N°. 351400DFRV09561);
- eni Ghana Vector Borne Disease Management Plan (HR PRO 004);
- eni Ghana Medical Emergency Response Plan (HSE-PLAN-008 01).

Communications undertaken with the community within the AoI and relevant for this plan will be managed through the Stakeholder Engagement Plan and its associated Action Plans.

The provisions established in this Community Health Management Plan are supplemented by commitments contained in the following plans:

- plan ms hse 009 eni Ghana - "Environmental, Social and Health Management Plan - Construction and Development Drilling Phase";
- plan ms hse 013 eni Ghana – "Marine Traffic Management Plan";
- plan ms hse 016 eni Ghana - "Traffic Management Plan";
- plan ms hse 017 eni Ghana - "Water Management Plan"
- plan ms hse 019 eni Ghana - "Biodiversity Management Plan"
- SUST-PLAN-002 – "Recruitment Employment and Training Plan";
- SUST-PLAN-004 – "Workers Management Plan";
- SUST-PLAN-005 – "Influx Management Plan";
- Fisheries Management Plan and Participatory Monitoring Program, Annex W of the Environmental, Social and Health Management Plan - Construction and Development Drilling Phase;
- SUST-PLAN-008 "Stakeholder Engagement Plan", Annex F to the Environmental, Social and Health Management Plan - Construction and Development Drilling Phase;
- SUST-PLN-009.00 "Onshore and Offshore Security Management Plan", Annex X to the Environmental, Social and Health Management Plan - Construction and Development Drilling Phase;
- plan ms hse 002 eni ghana r07 "Emergency Response Plan", Annex Z to the Environmental, Social and Health Management Plan - Construction and Development Drilling Phase;

- plan ms hse 008 eni ghana r02 "Medical Emergency Response Plan", Annex AA to the Environmental, Social and Health Management Plan - Construction and Development Drilling Phase.

2. Applicability

This Plan describes the requirements with regard to Community Health Management, applicable to the construction activities of the Project.

Health	Safety	Environment	Social
X	X		X

3. References

3.1 Internal References

- eni Code of Ethics;
- eni UpStream Pandemic Preparedness Response Plan (1.3.1.06);
- eni UpStream Standard for Local Medical Facility (1.3.2.17);
- eni UpStream Fitness to work and health surveillance (1.3.2.30);
- eni UpStream Medical Support Study and Plan (1.3.2.22);
- eni Ghana HSE Manual (HSE –MAN-001), and related documents; and
- Ghana OCTP Block Health Risk Assessment (Phase 1 & Phase 2), Doc. N°. 351400DFRV09561.

3.2 External References

- WB/IFC "Performance Standard 4: Community Health, Safety and Security and Guidance Note 4. International Finance Corporation/World Bank Group, January 1, 2012

4. Acronyms

CHPS	Community-based Health Planning and Services
ESHIA	Environmental, Social and Health Impact Assessment
ESHMP	Environmental, Social and Health Management Plan
EERA	Escape Evacuation Rescue Analysis
FERA	Fire and Explosion Risk Analysis
FPSO	Floating Production Storage Offshore
GHS	Ghana Health Service
HAZID	Hazard Identification
HAZOP	Hazard Operability Study
HRA	Health Risk Assessment
HMS	Health Management System
HSE-IMS	Health Safety Environment – Integrated Management System
MERP	Medical Emergency and Response Plan
MoH	Ministry of Health
ORF	Onshore Receiving Facility
QRA	Quantitative Risk Analysis
SIL	Safety Integrity Level
SPS	Subsea Production System
STI/D	Sexually Transmitted Infection/ Disease

5. Legal Requirements

The Ghanaian legal framework applicable to the Health System in Ghana is mainly referred to the in ESHMP and is related to the provision of services related to the health care. On the other hand it is relevant to this Plan to provide a summary outline of the health policies and programs in the Project area, where synergies with this program can be highlighted (see following par. 5.1, 5.2 and Chapter 9 - Health Baseline - of the Phase 2 EIS document for more detail).

No specific acts were identified that apply to the commitments of this Community Health Management Plan.

The WB/IFC PS 4 on Community Health, Safety and Security (see reference in Section3.2) is the main external reference for this ESHMP. This performance standard addresses the responsibility to avoid or minimize the risks and impacts to community health, safety, and security that may arise from project related-activities, with particular attention to vulnerable groups.

The requirements of WB/IFC PS4 address the following components:

- Infrastructure and Equipment, Design and Safety – reducing potential hazards posed to the public through the design, construction, operations and decommissioning of structural elements of the Project and Project traffic and movement of equipment; and undertaking hazard analysis to identify opportunities to reduce the consequences of a failure or accident;
- Hazardous Materials Management and Safety - establishing procedures to ensure compliance with local laws and international requirements applicable to the transportation of hazardous materials, as well as measures presented for preventing or minimizing the consequences of catastrophic releases of hazardous materials;
- Ecosystem Services – preventing adverse impacts on ecosystem services that could affect the health and safety of the local population. This includes protecting:

  - provisioning services, such as the quality and availability of groundwater and surface water, and drinking water sources; availability of food resources; and medicinal plants; and
  - regulating services, such as natural buffer areas, mangroves and forests that can protect against natural hazards such as flooding and landslides.
- Community Exposure to Disease - preventing the occurrence and spread of communicable diseases, including surveillance, active screening and treatment of workers, undertaking health awareness and education initiatives in local communities, and providing health services;
- Emergency Preparedness and Response – preparing Emergency Preparedness and Response plans commensurate with the risks of the facility, including provisions for communication systems, community notification, media and agency relations, medical services; and
- Security Personnel – following good international practice, including the Voluntary Principles on Security and Human Rights[1], the United Nation's (UN) Code of Conduct for Law Enforcement Officials, and UN Basic Principles on the Use of Force and Firearms by Law Enforcement Officials in relation to hiring, rules of conduct, equipping, training, compliance with rules, and monitoring security personnel; and provision of a Grievance Mechanism for communities to express concerns regarding Project security.

The above mentioned requirements of the WB/IFC – PS4 are deployed in the eni management system elements. The main documents that cover these requirements are indicated in *Table 5.1*.

[1] voluntaryprinciples.org

Table 5.1 WB/IFC PS 4 Requirements and eni Management System Elements

WB/IFC PS 4 Requirement	eni Management System element
Infrastructure, and Equipment Design and Safety	Design safety studies for the FPSO, SPS and ORF(e.g. QRA, Hazid, Hazop, EERA, FERA, SIL) Vendor Management Procedure (pro pr 004 eni Ghana) and Contract Preparation and Award Procedure (pro pr 001 eni Ghana) for professional qualifications Traffic Management Plan (ESHMP Annex Q) for prevention of road accidents
Hazardous Materials Management and Safety	Pollution Prevention and Control Plan (ESHMP Annex H) Offshore Hazardous Materials Management Plan (ESHMP Annex I)
Ecosystem Services	Water Management Plan (ESHMP Annex R) for protection of water resources Biodiversity Management Plan (ESHMP Annex V) for protection of vegetation and fauna Fisheries Management Plan and Participatory Monitoring Program (ESHMP Annex W) for protection of fishery also as food source
Community Exposure to Disease	Community Health Management Plan (ESHMP Annex P - *this document*) Influx Management Plan (ESHMP Annex K) Workers Management Plan (ESHMP Annex D)
Emergency Preparedness and Response	Emergency Response Plan (ESHMP Annex Z) Medical Emergency Response Plan (ESHMP Annex AA)
Security Personnel	Security Management Plan (ESHMP Annex X)

5.1 Strategic Health Development Programs at the National Level

The Ministry of Health, working in partnership with its agencies and stakeholders, has the aim to improve human capital and health under the theme "creating wealth through health". These policies are governed by the medium-term health strategy (2014-2017) whose objectives are to:

1. Bridge the equity gaps in geographical access to health services;
2. Ensure sustainable financing for health care delivery and financial protection for the poor;
3. Improve efficiency in governance and management of the health system;
4. Improve quality of health services delivery including mental health services;
5. Enhance national capacity for the attainment of the health related MDGs and sustain the gains;
6. Intensify prevention and control of non-communicable and other communicable diseases.

5.2 Health Programs at Regional Level

The Western Region benefited from the USAID-funded Ghana Focus Region Health Project (FRHP), 2009-2014. The FRHP was a 4.5-year integrated maternal, new-born, and child health, family planning and HIV&AIDS project which worked to improve the health status of communities in three regions of Ghana (Greater Accra, Central, and Western Regions).

In addition, the Regional Health Directorate had been implementing the high impact rapid delivery (HIRD), a strategy to reduce maternal and child mortality. The HIRD package includes: routine immunization, vitamin A supplementation, exclusive breastfeeding and complementary feeding, use of insecticide treated bed nets, treatment of diarrhoea, malaria and pneumonia, prevention of mother-to-child transmission of HIV.

Other health programs running within the Western Region are the national tuberculosis control program (NTP) implemented through the Ghana's national tuberculosis health sector strategic plan, 2009–2013 and the expanded program on immunisation (EPI) currently implemented by the immunisation programme comprehensive multi-year plan 2010-2014. The objective of the EPI in Ghana is to contribute to the overall poverty reduction goal of the government through the decrease in the magnitude of vaccine preventable diseases. (Updates of these plans were not available at the time of the

preparation of this plan and will need to be verified through contacts with the competent authorities).

5.3 Specific Health Programs in Ellembelle District and in the Area of Influence

Specific public health programs and activities currently on-going in the District include:

- Pregnancy educational sessions and Door-to-Door provision of Family Planning Services in Esiama and Nkroful sub-districts;
- Domiciliary midwifery in Esiama, Aiyinase and Eikwe sub-districts;
- Formation of youth clubs in schools in Aiyinase and Nkroful sub-districts;
- Establishment of schools clinics (run by community health nurses) in the second-cycle institutions (i.e. senior high schools, and technical/vocational schools), currently in Nkroful agriculture secondary school;
- Ebola awareness and preparedness in schools and the community;
- Maternal death prevention campaign;
- Engagement and training of pharmaceuticals to support in the provision of Family Planning Services; and
- Screening and management of diseases of public health concern (i.e. Hepatitis B screening and breast cancer screening through breast examination). This program has recently started at Nkroful sub-District.

6. Management Plan

6.1 Management and Monitoring

Management and Monitoring measures are defined on the basis of the ESHIA outcomes, combined with applicable Legal Requirements and other relevant industry good practice and are detailed in *Table 6.1*. In particular the above mentioned information is organised within the table as follows:

- the column ESH Commitment reports the commitment of the ESHIA in terms of management, monitoring or avoidance measures
- the column Compliance Monitoring specifies further details on how the commitment should be implemented and that should be checked to assess compliance with the requirements of this plan.

eni Ghana and its contractors are required to implement and comply with the management and monitoring requirements described in the following *Table 6.1* as appropriate to their scope of work in order to avoid, minimize and control impacts and risks with regard to workers management.

6.2 Plan implementation

The commitments contained in *Table 6.1* will be implemented by:

- Integrating the requirements into existing procedures and plans; or
- Defining new procedures and/or implementation tools in case no reference document is available.

The main existing relevant documents were mapped for eni Ghana and are referred to in the column "Ref. to other plans" in *Table 6.1*. Consistency between the above mentioned documents and the ESHMP requirements have to be checked at each document review round.

The same mapping and consistency analysis will have to be carried out by contractors to identify compliance of their management systems with the requirements of this plan and establish actions for integration.

6.3 Cross-reference between ESHMP Plans

Some of the ESH commitments are relevant to more than one plan. In this case the commitment is mentioned in *Management and Monitoring* table (*Table 6.1)* of the different relevant plans along with cross-reference to the Plans where the rest of the information is provided (*Responsible Party, Compliance Monitoring, Timing/ Frequency, Responsible Party, Key Performance Indicator).*

Table 6.1 Management and Monitoring

IMPACT MANAGEMENT						IMPACT MONITORING			
Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring.**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Health and safety management	Worker Health and Safety Stress on community health infrastructure	Workers will be provided with primary health care and basic first aid at construction camps /worksites. This will be done in line with the IFC/ EBRD guidelines on worker accommodation.	Workers Management Plan (ESMP Annex D)	ESHIA Phase 2 Annex G Section G.7.5.3, G.7.6.2 and G.7.7.2	.Workers Management Plan)				
Workers Health care and monitoring	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases	Conduct pre-employment screening protocols for all employees (onshore and offshore) including contractors and subcontractors which will include testing for TB and other diseases appropriate to the individual's country of origin, vaccinations and voluntary testing for sexually transmitted diseases.	eni Ghana Fitness to Work Instruction (HSE-INSTR-007.01)	ESHIA Phase 2 Annex G Section G.7.7.2	Health Function & Contractor	Periodically verify that the screening protocol is actual been established and implemented including employees and contractors/subcontractors including testing for TB and other diseased based on individuals' specifics and on the workers' country of origin specific health risk profile. Track number of immunisation delivered to workers (for vaccine preventable communicable diseases).	Annual	Health Function	see *Table 10.1*

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Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Workers Health care and monitoring	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases	Conduct regular health screening for all employees (onshore and offshore) including contractors and subcontractors. Adequate referral and support for ongoing treatment programmes for workers found to have treatable conditions will be provided. Subcontractors will be required to do the same through contractual specifications.	eni Ghana Health Risk Assessment	ESHIA Phase 2 Annex G Section G.7.7.2	Health Function & Contractor	Verify that a health screening is provided for all employees and contractors/subcontractors through contractual specifications.	Annual	Health Function	see *Table 10.1*
Workers Health care and monitoring	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases	Provide access to free condoms at all worker sites and accommodation.		ESHIA Phase 2 Annex G Section G.7.7.2	Contractor	Verify records of number and location of distribution points and quantities distributed.	Annual	Health Function	see *Table 10.1*
Workers Health care and monitoring	Malaria	Implement procedures to identify specific prophylaxis needs for Project personnel.	eni Ghana Health Risk Assessment	ESHIA Phase 2 Annex G Section G.7.7.2	Health Function & Contractor	Verify that proper procedures are developed and implemented in order to identify specific prophylaxis needs for project personnel.	Annual	Health Function	-

IMPACT MANAGEMENT						IMPACT MONITORING			
Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring.**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Workers Health care and monitoring	Malaria	Monitor the incidence of malaria in the workforce.	Vector Borne Disease Management Plan eni Ghana (HR PRO 004)	ESHIA Phase 2 Annex G Section G.7.7.2	Health Function & Contractor	Verify that proper monitoring is designed and conducted in order to define actual incidence of malaria in the workforce. Analyse records of incidents of communicable illnesses among the workforce	Annual	Health Function	see *Table 10.1*
Employees training	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases	Employees (onshore and offshore) contractors and subcontractors will be required to follow, and will be trained in company policies and procedures including context specific guidelines on worker-community interactions, worker-worker interactions and alcohol and drug use.		ESHIA Phase 2 Annex G Section G.7.7.2	Health Function Human Resources and Training Function Contractor	Verify that training includes awareness raising about the impacts and risks for the community connected to project and employees activities. Track workers compliance with company policies and procedures. Track related grievances. Track awareness raising trainingevents.	Annual	Health Function Human Resources and Training Function	see *Table 10.1*

IMPACT MANAGEMENT						IMPACT MONITORING			
Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Employees training	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases	Employees (onshore and offshore) contractors and subcontractors will be trained and educated to improve awareness of transmission routes and methods of prevention of sexually transmitted infections, communicable diseases (such as TB) and vector borne diseases, notably malaria, as part of induction. Other diseases will be covered as appropriate.		ESHIA Phase 2 Annex G Section G.7.7.2	Health Function Human Resources and Training Function Contractor	Ensure that training includes awareness raising about the impacts and risks for the community connected to project and employees activities.	Annual	Health Function Human Resources and Training Function	see *Table 10.1*
Employees training	Malaria	Provide education and communication campaigns on malaria diseases with the workforce.	eni Ghana Vector Borne Disease Management Plan (HR PRO 004)	ESHIA Phase 2 Annex G Section G.7.7.2	Health Function Human Resources and Training Function Contractor	Ensure that training of all employees includes awareness raising about malaria and Vector Borne Diseases Track training events.	Annual	Health Function Human Resources and Training Function	see *Table 10.1*
Employees training	Traffic Accidents	eni will provide driver training to promote safe and responsible driving behaviour. The training will also target contractors and subcontractors.	*Traffic Management Plan (Annex Q)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Traffic Management Plan (Annex Q)*				

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Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Employees training	Traffic Accidents	Require mandatory training on safe driving, worker code of conduct and health awareness training for all Project drivers.	*Traffic Management Plan (Annex Q)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Traffic Management Plan (Annex Q)*				
Community engagement and training	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases Environmental Change	Continue to implement a programme of stakeholder engagement including a grievance mechanism in communities in the DAoI, in compliance with WB/IFC PS1 and PS4.	*Stakeholder Engagement Plan (Annex F)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Stakeholder Engagement Plan (Annex F)*				
Community engagement and training	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases	Disseminate the grievance mechanism within Takoradi in particular close to the Port and any accommodation used by the Project by advertising it in public places, such as health centres, community facilities and places of worship.	*Stakeholder Engagement Plan (Annex F)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Stakeholder Engagement Plan (Annex F)*				

IMPACT MANAGEMENT						IMPACT MONITORING			
Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring.**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Community engagement and training	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases	Work with relevant health authorities and NGOs to provide awareness training regarding the transmission of communicable diseases and STIs, preventative measures and the importance of seeking appropriate treatment.		ESHIA Phase 2 Annex G Section G.7.7.2	Local Content and Sustainability Function / CLOs	Periodically verify synergies with public and NGOs initiatives and consequently coordinate community engagement and training programmes.	Annual	Local Content and Sustainability Function / CLOs	-
Community engagement and training	Malaria	Work with relevant partners in the community health sector (health authorities, NGOs, development agencies, etc.) to implement awareness raising campaigns regarding the transmission of malaria and measures to prevent transmission within communities.		ESHIA Phase 2 Annex G Section G.7.7.2	Local Content and Sustainability Function / CLOs	Periodically verify synergies with public and NGOs initiatives and consequently coordinate community engagement and training programmes.	Annual	Local Content and Sustainability Function / CLOs	-
Community engagement and training	Traffic Accidents	Engage with local communities and authorities to inform them about plans and procedures	*Traffic Management Plan (Annex Q)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Traffic Management Plan (Annex Q)*				
Community engagement and training	Traffic Accidents	Implement awareness campaigns recording traffic and road safety in communities along the transport corridor.	*Traffic Management Plan (Annex Q)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Traffic Management Plan (Annex Q)*				

IMPACT MANAGEMENT						IMPACT MONITORING			
Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring.**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Community engagement and training	Site Trespass and Accidents	Develop and implement an education program for community members, particularly youth, prior to and during construction activity to promote awareness and understanding of personal safety risks associated with the Project construction.		ESHIA Phase 2 Annex G Section G.7.7.2	Local Content and Sustainability Function / CLOs / HSE Supervisors	Verify that the education programs include contents related to awareness raising with regard to Site Trespass and accidents. Track engagement initiatives.	Annual	Local Content and Sustainability Function / CLOs	see *Table 10.1*
Community engagement and training	Site Trespass and Accidents	Undertake a programme of stakeholder engagement and consultation to educate local communities of the risks of trespassing, the meaning of signs, the dangers of playing on or near equipment or entering fenced areas.		ESHIA Phase 2 Annex G Section G.7.7.2	Local Content and Sustainability Function/ CLOs/ HSE Supervisors	Verify that the stakeholder engagement plan includes contents related to awareness raising with regard to Site Trespass and accidents. Track engagement initiatives.	Annual	Local Content and Sustainability Function / CLOs	see *Table 10.1*

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Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring.**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Community engagement and training	Environmental Change	Undertake stakeholder engagement with affected communities and other stakeholders on a range of issues including changes to the visual environment, noise, waste management and social concerns including human trafficking. This includes engagement during ESHIA disclosure and prior to the commencement of construction activities. Engagement will also take place during construction and prior to the commencement of operations. The stakeholder engagements activities and requirements are described in detail in the Stakeholder Engagement Plan.		ESHIA Phase 2 Annex G Section G.7.7.2	Local Content and Sustainability Function/ CLOs/ HSE Supervisors	Verify that the stakeholder engagement initiatives include contents related to awareness raising about environmental changes to be expected. Track engagement initiatives.	Annual	Local Content and Sustainability Function / CLOs	
Construction and operation management	Malaria	Take measures to reduce the presence of standing water through environmental controls and source reduction to avoid the creation of new breeding grounds.		ESHIA Phase 2 Annex G Section G.7.7.2	Contractors	Verify that sound measures to minimise the creation of a favourable condition for mosquitos' presence are identified and implemented.	Annual	HSEQ Function	

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Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring.**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Dwelling buildings management	Malaria	Take measure such as the installation of screens or nets on windows and at doors, in worker accommodation (mosquito nets for beds), office space and other buildings to reduce the potential for mosquito-human interactions.		ESHIA Phase 2 Annex G Section G.7.7.2	Contractors	Verify that sound measures to reduce the potential for mosquito-human interactions are identified and implemented.	Annual	HSEQ & Health Function	
Construction yard management and operation	Site Trespass and Accidents	Erect signs around work fronts and construction sites warning of risks associated with trespassing. All signs will be in local language or in easily understandable form.		ESHIA Phase 2 Annex G Section G.7.7.2	Contractors	Verify that sound measures to avoid site trespass potentially leading to accidents are identified and implemented.	Annual	HSEQ Function	
Construction yard management	Site Trespass and Accidents	Erect fencing around facilities to minimise the risk of trespassing. Fencing will be checked daily to ensure that it is in good condition and to look for any signs of entry.		ESHIA Phase 2 Annex G Section G.7.7.2	Contractors	Verify that sound measures to avoid site trespass potentially leading to accidents are identified and implemented.	Annual	Security Function	
Construction yard management	Site Trespass and Accidents	When work areas are within 100 m of an inhabited building, all equipment will be parked overnight in a restricted area.		ESHIA Phase 2 Annex G Section G.7.7.2	Contractors	Verify that sound measures to avoid site trespass potentially leading to accidents are identified and implemented.	Annual	HSEQ Function	

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Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Road conditions	Traffic Accidents	Assess local road conditions and be responsible for road maintenance during Project construction to minimise traffic risks associated with roads deteriorated from Project activities.	*Traffic Management Plan (Annex Q)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Traffic Management Plan (Annex Q)*				
Emergency Response Plans	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases Community safety issues associated to unplanned events Stress on community health infrastructure	Develop and implement Emergency Response Plans (ERPs) for the Project taking into account access to health care, major incidences (e.g. fire, explosion) multiple casualty events and pandemics to avoid draw-down of community health resources in the event of an incident.	Emergency Response Plan (ESHMP Annex Z) Medical Emergency Response Plan (HSE-PLAN-008 01)	ESHIA Phase 2 Annex G Section G.7.7.2	Contractor	Verify that the MERP is updated and adequate to avoid draw-down of community health resources in the event of an incident. Verify that the ERP addresses the risks to the communities (e.g. fire, explosion, pipeline rupture and gas leakage) and related mitigation measures considering the final project design safety studies (HAZID, HAZOP. QRA).	Annual	HSEQ Function	

IMPACT MANAGEMENT						IMPACT MONITORING			
Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring.**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Pandemics monitoring	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases	Monitor the emergence of major pandemics/ epidemics through WHO alerts and in the event of a pandemic review mobilise and demobilisation of all Project personnel.	1.3.1.06 Pandemic Preparedness Response Plan	ESHIA Phase 2 Annex G Section G.7.7.2	Health/ HSEQ Function	Verify that pandemics and epidemics information is updated and the Pandemic Preparedness and Response Plan updated accordingly.	Annual	Health/ HSEQ Function	
Environmental mitigation measures	Environmental Change	Mitigation measures to minimise impacts to the environment will minimise the risk to health R).	Waste Management Plan (Annex G) Pollution Prevention and Control Plan (Annex H) Water Management Plan (Annex R)	ESHIA Phase 2 Annex G Section G.7.7.2	See *Waste Management Plan (Annex G), Pollution Prevention and Control Plan (Annex H) and Water Management Plan (Annex R)*				

IMPACT MANAGEMENT						IMPACT MONITORING			
Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Influx Management	Increased Prevalence of Sexually Transmitted Infections including HIV/AIDS and Communicable Diseases	Develop and implement an Influx Management Plan.	*Influx Management Plan (Annex K)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Influx Management Plan (Annex K)*				
Security Management	Public Security	A security management plan together with a specific patrolling procedure will be developed for both onshore and offshore installations.	*Security Management Plan (Annex X)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Security Management Plan (Annex X)*				
Security Management	Public Security	Project security systems will comply with Ghana laws and regulations as well as the requirements of the Voluntary Principles for Security and Human Rights. The security system will include, among other things, selection or personnel based on a careful background screening, training with regards to human rights requirements, and monitoring of performance.	*Security Management Plan (Annex X)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Security Management Plan (Annex X)*				

IMPACT MANAGEMENT						IMPACT MONITORING			
Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring.**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Security Management	Public Security	Given the ongoing complaints by local fishermen and the concerns raised by community members in the area of influence, eni and its contractors and subcontractors will need to be particularly attentive to ensuring that their security arrangements respect human rights, with constructive outreach to police and the navy through consultation, as well as training on human rights. Access to grievance mechanism will be provided to ensure complaints are received and addressed.	*Security Management Plan (Annex X)* *Stakeholder Engagement Plan (Annex F)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Security Management Plan (Annex X)*				
Traffic management	Traffic Accidents	In order to reduce the risk of accidents journey management planning, driving codes of conduct and enhanced driver safety awareness will be implemented.	*Traffic Management Plan (Annex Q)*	ESHIA Phase 2 Annex Section G.7.7. 2	See *Traffic Management Plan (Annex Q)*				

IMPACT MANAGEMENT						IMPACT MONITORING			
Category	**Potential ESH Impact**	**ESH Commitment**	**Ref. to Other Plans/ Documents**	**Source**	**Resp. Party**	**Compliance Monitoring.**	**Timing/ Frequency**	**Resp. Party**	**Key Performance Indicator**
Traffic management	Traffic Accidents	Plan traffic routes to limit road use by the Project during high traffic periods (including pedestrian traffic) and in sensitive areas such as near schools in order to reduce interaction with public road use.	*Traffic Management Plan (Annex Q)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Traffic Management Plan (Annex Q)*				
Traffic management	Traffic Accidents	Develop and implement a Traffic Management Plan to ensure compliance with procedures and rules.	*Traffic Management Plan (Annex Q)*	ESHIA Phase 2 Annex G Section G.7.7.2	See *Traffic Management Plan (Annex Q)*				

7. Roles and Responsibilities

The ESHMP Section 13 provides an overview of the organization, roles and responsibilities of eni Ghana and Contractors associated with the activities and includes eni Ghana Organigram.

eni Ghana responsibilities for monitoring of activities of this plan are indicated in *Table 6.1*. The documents referred to in the table provide more detailed distribution of roles and responsibilities, therefore the responsibilities provided in this plan shall only be taken as indication of the function mostly involved/leading in the processes.

eni Ghana shall ensure sufficient resources are allocated on an ongoing basis to achieve effective implementation of Company's responsibilities in this Plan.

Contractors shall ensure sufficient resources are allocated on an ongoing basis to achieve effective implementation of this Plan.

The Contractor's Plans shall describe the resources allocated to the execution of each task and requirement contained therein, and shall describe how roles and responsibilities are communicated to relevant personnel.

8. Health Facilities, Institutions and NGOs

8.1 Health Facilities

The health facilities within the Area of Influence[2] include (see *Figure 8.1*):

- one hospital at Eikwe (St Martin de Porres hospital);
- one CHPS compound located at Atuabo serving Atuabo and Asemda-Suazo (community neighboring to the Area of Influence) communities; and
- one CHPS compound located at Sanzule serving Sanzule, Anwolakrom (also known as Ewe) and Bakanta communities.

Figure 8.1 Health Facilities in the Project Area

[2] As defined in the ESHIA the Area of Influence of the Project covers the communities where the project activities will be located and includes Eikwe, Krisan, Sanzule, Anwolakrom, Bakanta and Atuabo.

St Martin de Porres Hospital

St. Martin de Porres Hospital, Eikwe is a catholic health facility which was established in 1959, and currently serves as the District hospital. The hospital serves a wide catchment area that extends beyond Ellembelle District, covering a population of over 100,000.The hospital is an obstetrics and gynaecology specialist hospital but also offers the following services:

- general outpatient services;
- general surgery and orthopaedics;
- reproductive and child health (RCH) services;
- HIV testing and counselling (HTC), prevention of mother-to-child transmission (PMTCT) and antiretroviral therapy (ART); and
- home –based care.

Other services include:

- diagnostic services (laboratory, blood bank, ultrasonography and X-ray);
- pharmacy: about 97% of essential drugs are stocked by the hospital and adequate medical supplies are also maintained for most part of the year. The hospital gets its supplies from the catholic medicine centre, the Western Regional medical stores and private suppliers (accredited companies); and
- a stand-by ambulance for transporting emergency cases to and from the hospital.

The hospital has 200 beds with an overall bed occupancy rate of 94% in 2013.

According to the key informant interviews with health professionals at the hospital conducted in December 2014, the main challenges faced are:

- inadequate medical staff particularly doctors and midwives;
- lack of mortuary services;
- broken X-ray machine;
- fluctuations and interruptions in power supply; and
- delays in reimbursement from the national health service.

Atuabo CHPS Compound

The Atuabo CHPS Compound was established in November 2012 by the Ghana health service in collaboration with Atuabo and Asemda–Suazo communities which the CHPS serves. The estimated population of these communities are 15,484 and 689 respectively. The CHPS is manned by two community health officers and a healthcare assistant and has an average daily outpatient department (OPD) attendance of three.

The Atuabo CHPS Compound has basic medical equipment and supplies.

The health facility has electricity and regular supply of water. However, it does not have a refrigerator for vaccines. It therefore gets its supply of vaccines from St. Martin de Porres hospital at Eikwe.

Sanzule CHPS Compound

The Sanzule CHPS Compound was established by the Ghana health service in collaboration with the Sanzule, Bakanta and Anwolakrom communities which the CHPS serves. The three communities in the CHPS zone have an estimated population of 1,295 and 760 and 600 respectively. The CHPS compound is manned by three Community Health Officers.

The facility has no ambulance.

Office accommodation for its operations is a rented privately owned apartment at Sanzule. eni foundation is funding the construction of a new building.

8.2 Ghanaian Health Institutions

The Ghanaian healthcare system is governed by the Ministry of Health (MoH), which is divided in two units: The Ghana Health Service (GHS) and the Teaching Hospitals.

The MoH is responsible for policy formulation, monitoring and evaluation, resource mobilization and regulation of health services delivery. The GHS is the body within the MoH who are responsible for health service provision, including the administration and management of state owned-hospitals and health facilities (excluding teaching hospitals).

Teaching hospitals provide the most specialized clinical and maternity care as well as providing academic and practical training and research in all related health fields.

Management of the health system organization is decentralized with 10 Regional health administrations and 110 District health administrations that act semi-autonomously, though their budgets and primary policies are approved by the MoH.

The regional health administrations are in charge of the coordination of the activities of the various districts by adapting the national mandates, guidelines and frameworks set by the MoH and GHS to the regional context. The regional administrations are also responsible for the management of regional hospitals.

The district health services constitute the major primary healthcare organization in Ghana. They are organized by sub-districts and communities, the latter based on Community-based Health Planning and Services (the CHPS).

This public health sector is complemented by the private health sector, including both profit and non-profit organizations.

Community health data at the Western Region level can be sourced from the Ghana Health Service and District level data from the St.Martin de Porres Hospital, in Eikwe. Local level information can be sourced from key informants at Atuabo and Sanzule CHPS.

8.3 Health NGOs in the Area of Influence of the Project

As reported in the ESHIA (Section 9) the following health related NGOs are currently supporting health programs in the District and the Area of Influence in collaboration with the District Health Administration:

- eni-foundation supports health infrastructure and health programs in the area.
- FOCOS is involved with the provision of health infrastructure
- JHPIEGO supports capacity building through training of community health nurse (CHN) to become community health officers (CHO).
- Ghana AIDS Commission supports the training of peer educators and 'Models of Hope' for persons with HIV/AIDS.
- The Vitol Foundation supports livelihood, education and water and sanitation programmes across the country.

9. Training Awareness and Competency

Project shall ensure that personnel responsible for the execution of tasks and requirements in the Community Health Management Plan are competent on the basis of education, training and experience.

The Contractor Plan shall describe the training and awareness requirements necessary for its effective implementation.

Section 14 of the ESHMP provides details on the training, awareness and competency procedures for the project. Minimum environmental, social and health and safety training requirements per role within the Project are presented in section 14.3 of the ESHMP.

Specific induction training contents related to the commitments of the ESHMP are mentioned in the Recruitment, Employment and Training Plan (ESHMP Annex B).

Project training activity associated with the implementation of the Community Health Management Plan shall be appropriately documented by means of a training needs assessment, training matrix/plan and records of training undertaken.

10. Performance Indicators

Performance indicators are used to measure and track performance against the effectiveness of mitigation and control measures described in this Plan. General performance indicators may also be relevant, such as training and awareness numbers.

Performance indicators must be measurable against a specified target. The performance indicators outlined in *Table 10.1* apply to this Plan in addition to HSE KPIs already defined in the eni Ghana HSE-IMS. The table also provides details regarding how they will be measured, target/benchmark and how frequently they will be calculated.

However Contractors may, subject to agreement with Company, modify or add to these indicators to enhance the Contractor's plan, based on lessons from the performance indicators.

Table 10.1 Performance Indicators

Performance Indicator	Measurement	Target/Benchmark	Frequency of Monitoring
Immunisation delivered to workers (for vaccine preventable communicable diseases)	% of planned vaccinations delivered	100%	annual
Condoms free distribution	% of camps provided with dispensers % of dispensers found empty at inspection	100% 0%	annual
Employees training including community health impacts prevention	% of employees trained	100%	annual
Hours of training delivered to communities on health impacts prevention	number of training sessions/ household	1 training session/ 15 Households	annual

Performance Indicator	Measurement	Target/Benchmark	Frequency of Monitoring
Incidents of communicable illnesses among the workforce	current year/ vs previous year	-30%	annual
Incidents of communicable illnesses among the communities	current year/ vs previous year	<1	annual
Incidents with impact on the community	number	Zero	annual
Project related stress on community health infrastructures	number of eni/ contractors employees using community health care	Zero	annual
Project related stress on community health infrastructures	number of immigrants using community health care	No increase (compared to previous year)*	annual

* This indicator cannot be directly linked with the performance of the Management Plans. In case of increase of this indicator a root cause analysis shall be undertaken in order to identify the reason of this increase and possible connections with the project for identification of further actions.

11. Reporting

Bi-annual reporting about the implementation of this Community Health Management Plan will be carried out following the ESHMP relevant requirements and will include:

- KPIs values and trends;
- Outcomes of collaboration with public health institutes and NGOs about community health initiatives; and
- Trend in community health indicators and analysis of the possible influence of the project on the trend.

As indicated in the EHSMP, the contractors will provide monthly reports to eni.