



THE WORLD BANK

**WORLD BANK FUNDED  
PRIMARY HEALTHCARE SYSTEMS  
ENHANCING PROJECT (PHSEP)  
(P1818564)**

***Environmental and Social Management  
Framework (ESMF)***

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Prepared by Project Management Unit (PMU) of Primary Health System Enhancing Project (PHSEP), Ministry of Health and Mass Media, Sri Lanka for the World Bank

## ABBREVIATION

CEA	-	Central Environmental Authority
CERC	-	Contingent emergency response component
DE&OH	-	Directorate of Environmental and Occupational Health
DPMM	-	Department of Project Management and Monitoring
E&S	-	Environmental and Social
EHS	-	Environmental, Health, and Safety
ESCoP	-	Environmental and Social Codes of Practices
ESCP	-	The Environmental and Social Commitment Plan
ESMF	-	Environmental and Social Management Framework
ESMP	-	Environmental Management Plan
ESS	-	Environment and Social Standards
EIA	-	Environment Impact Assessment
EPL	-	Environment Protection License
FFC	-	Friends' of Facility Committees
FM	-	Financial Management
FFPO	-	Fauna and Flora Protection Ordinance
GBV	-	Gender based Violence
GRM	-	Grievance Redress Mechanism
GIIP	-	Good International Industry Practice
GN	-	Grama Niladhari
GOSL	-	Government of Sri Lanka
GRC	-	Grievance Redress Committee
GWMP	-	General Waste Management Plan
HCF	-	Healthcare Facilities
HCW	-	Health Care Waste
HCWMP	-	Health Care Waste Management Plan
HRH	-	Human Resources for Health
IA	-	Implementing Agency
IDA	-	International Development Association
IEE	-	Initial Environment Examination
IPF	-	Investment Project Financing
IPP	-	Indigenous People Plan
LAA	-	Land Acquisition Act
LAR	-	Land Acquisition Regulations
LMP	-	Labor Management Procedures
MSD	-	Management Services Department
MOF	-	Ministry of Finance
MoH	-	Medical Officer of Health
MOH	-	Ministry of Health and Mass Media
NCD	-	Non-Communicable Diseases
NCH	-	National Code of Hygiene
NEA	-	National Environment Act.

NIOSH	-	National Institute of Occupational Safety and Health
NIRP	-	National Involuntary Resettlement Policy
NSC	-	National Steering Committee
OHS	-	Occupational Health and Safety
PAA	-	Project Approving Agencies
PBC	-	Performance Based Contracts
PCMU	-	Project Coordinating and Management Unit
PDHS	-	Provincial Department of Health Services
PHC	-	Primary Health Case
PHI	-	Public Health Inspector
PHSEP	-	Primary Health Care System Enhancing Project
PMCI	-	Primary Medical Care Institutions
PMU	-	Project Management Unit
PPWC	-	Project Provincial Council Working Committee
PSSP	-	Primary Healthcare System Strengthening Project
RDHS	-	Regional Director of Health Services
SBCC	-	Social and behavior change communication
SEP	-	Stakeholder Engagement Plan
SIA	-	Social Impact Assessment

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>7</b>
<b>1. BACKGROUND &amp; INTRODUCTION .....</b>	<b>9</b>
<b>2. PROJECT DESCRIPTION .....</b>	<b>11</b>
<b>3. ENVIRONMENTAL AND SOCIAL POLICIES, REGULATIONS, AND LAWS .....</b>	<b>15</b>
<b>3.1 Country Legal Framework .....</b>	<b>15</b>
3.1.1 Key Legislature and Laws Related to Environment Protection and Health Care Waste Management .....	15
3.1.2 Key Legislature and Laws Relevant to Social Development: .....	16
<b>3.2 Project Related International agreements and Conventions.....</b>	<b>19</b>
<b>3.3 National Environmental and Social Assessment and Permitting .....</b>	<b>20</b>
3.3.1 Environmental Impact Assessment (EIA) review and approval process relevant to project activities: .....	20
3.3.2 Regulatory Framework for Activities and Compliance Applicable to the Project: .....	22
3.3.3 Social Impact Assessment (SIA) review and approval process relevant to project activities .....	22
<b>3.4 Applicable World Bank Standards .....</b>	<b>23</b>
3.4.1 Environmental and Social Standards (ESSs) .....	23
3.4.2 Labor Management (ESS2) .....	26
3.4.3 World Bank Groups (WBG's) Environmental, Health, and Safety (EHS) Guidelines .....	26
<b>3.5 Key Gaps in the National Framework &amp; Gap Filling Measures .....</b>	<b>27</b>
3.5.1 Relevant World Bank ESS and Key Gaps with the National Framework .....	27
<b>4. POTENTIAL ENVIRONMENTAL AND SOCIAL RISK IMPACTS AND STANDARD MITIGATION MEASURES .....</b>	<b>32</b>
<b>4.1 Potential Environmental and Social Risk and Impacts.....</b>	<b>32</b>
<b>4.2 Environmental and Social Risks and Mitigation Measures .....</b>	<b>36</b>
4.2.1 Risk Management and Mitigation Framework.....	36
<b>Table 5 : Risk Management and Mitigation Framework .....</b>	<b>36</b>
<b>4.3 Risks and Mitigation Measures Specific to Disadvantaged and Vulnerable Groups..</b>	<b>41</b>
4.3.1 Risk Mitigation Strategies for Vulnerable Groups .....	42
<b>4.4 Planning and Design Considerations to enhance Environmental and Social Outcomes .....</b>	<b>43</b>
4.4.1 Universal and Inclusive Design Principles .....	43
4.4.2 Design principles for environmental conservation and protection: .....	45
<b>5. PROCEDURES AND IMPLEMENTATION ARRANGEMENTS .....</b>	<b>47</b>
<b>5.1 The Scope of Application of E&amp;S Management Procedures .....</b>	<b>47</b>
5.1.2 Project Cycle and Environmental and Social Management Procedures .....	47
<b>5.2 Environmental and Social Risk Management Procedures .....</b>	<b>49</b>
A. STEP 1: Subproject Assessment and Analysis – E&S Screening.....	49
B. STEP 2: Subproject Formulation and Planning – E&S Planning.....	50
C.STEP 3: Implementation and Monitoring – E&S Implementation.....	51
D.STEP 4: Review and Evaluation – E&S Completion .....	52
<b>5.3 Implementation Arrangements of the Projects and the ESMF .....</b>	<b>52</b>

5.3.1 Institutional Arrangements for Implementation Project Cycle and Environmental and Social Management Procedures.....	55
<b>5.4 Proposed Training and Capacity Building.....</b>	<b>56</b>
5.4.1. Proposed Training and Capacity Building Approach.....	56
<b>5.5 Estimated Budget for ESMF implementation .....</b>	<b>57</b>
5.5.1 Budget for Environmental and Social Management Framework Implementation.....	58
<b>6. STAKEHOLDER ENGAGEMENT, DISCLOSURE, AND CONSULTATIONS .....</b>	<b>58</b>
<b>6.1 Grievance Redress Mechanism.....</b>	<b>58</b>
6.1.1. Grievance Redress Mechanism (GRM) Structure and Responsibilities for PHSEP.....	59

## List of Tables

<b>Table 1:</b> Description of Key legislature and laws related Environment Protection and relevance to project activities. ....	17
<b>Table 2:</b> Key Legislature and Laws Relevant to Social Development. ....	19
<b>Table 3:</b> Project Related International agreements and Conventions ... <b>Error! Bookmark not defined.</b>	
<b>Table 4:</b> Regulatory Framework for Activities and Compliance applicable to the project. ....	23
<b>Table 5:</b> Relevant World Bank ESS and Key Gaps with the National Framework Relevant World Bank ESS and Key Gaps with the National Framework.....	26
<b>Table 6:</b> Relevant World Bank ESS and Key Gaps with the National Framework .....	32
<b>Table 7:</b> Risk Management and Mitigation Framework Table .....	<b>Error! Bookmark not defined.</b>
<b>Table 8:</b> Risk Mitigation Strategies for Vulnerable Groups .....	44
<b>Table 9:</b> Project Cycle and E&S Management Procedures .....	49
<b>Table 10:</b> PHSEP's Exclusion List .....	51
<b>Table 11:</b> Implementation Arrangements .....	57
<b>Table 12:</b> Proposed Training and Capacity Building Approach .....	59
<b>Table 13:</b> ESMF Implementation Budget .....	59

## List of Annexures

- ANNEX 1:** Sample Screening Format for Potential Environmental and Social Issues
- ANNEX 2:** Sample Format for Environmental and Social Management and Monitoring Plan
- ANNEX 3:** Environmental And Social Management Plan for Implementation of Sub-Projects.
- ANNEX 4:** Environmental, Social and Gender Based Violence Prevention Code of Conduct for Small Civil Works
- ANNEX 5:** Minimal Provisions to Be Included in Contract Documents
- ANNEX 6:** Terms Of Reference for Recruitment of Contractor Environmental & Social Safeguard Officer
- ANNEX 7:** Template Infection Control and Health Care Waste Management Plan (HCWMP)
- ANNEX 8:** Generic Health Care Waste Management Plan in PMCI (HCWMP)
- ANNEX 9:** Healthcare Waste Management Implementation Matrix
- ANNEX 9.A:** Healthcare Waste Management – Screening Checklist
- ANNEX 10:** Generic Monitoring Plan for Environmental and Social Parameters for Construction Phase of Subprojects
- ANNEX 11:** Standard Operating Procedures for Laboratories
- ANNEX 12:** Standard Positive List of Goods, Services and Works and Prohibited Activities as Per the World Bank CERC Operational Manuel Template
- ANNEX 13:** Environmental And Social Compliance Monitoring Checklist for Subprojects in Implementation
- ANNEX 14:** Special Monitoring Checklist for Ensuring Safe Conditions for Workers and Public During Construction Projects
- ANNEX 15:** Generic Training Plan for Project Implementation Agency Staff Training on ESMF and Environmental and Social Instrument Implementation, Monitoring and Reporting.
- ANNEX 16:** Guidelines For Occupational Health and Safety Management of Workers, Communities and Visitors During Construction Works
- ANNEX 17:** Examples Of Information Posters and Best Practice Examples on Health Care Waste Management.
- ANNEX 18:** Template ESF Preparatory Tasks Tracking Sheet For PMU
- ANNEX 19:** Assessing & Managing the Risks and Impacts of The Use of Security Personnel
- ANNEX 20:** E-Wasate Plan and Guideline (EWMP&G)
- ANNEX 21:** Stakeholder Engagement Plan
- ANNEX 22:** Grievances Redress Mechanism (GRM) Procedures and Guidelines for the PHSEP Project
- ANNEX 23:** Emergency Response Guideline (ERG)
- ANNEX 24:** Asbestos Management Guideline (AMG)
- ANNEX 25:** Guidance Note on Rehabilitation of Small-Scale Burrow Pits, Stockyard & Dumping Yard Management.

## EXECUTIVE SUMMARY

The World Bank financed Primary Health Care System Enhancing Project (PHSEP) implementing agency (IA) is the Ministry of Health and Mass Media (MOH). The objective of the project is to improve utilization and quality of Primary Health Care (PHC) services across all 25 districts of Sri Lanka. The project will support the following five key activities: Component 1: Increase availability of comprehensive PHC services at PMCIs and Medical Officer of Health (MoH) Units; Component 2: Strengthen the quality of clinical and person-centered care at PMCIs; Component 3: Strengthen health promotion, community empowerment, and citizen engagement; Component 4: Project Management and Monitoring and Evaluation; and Component 5: Contingent Emergency Response.

The project activities will take place in 25 districts of Sri Lanka. Overall, the project has already identified around 190 specific subproject locations (PMCIs), 330 MoH units to be rehabilitated across the island.

Ongoing PHSEP is classified as Moderate for environment and social as per the World Bank standards. This Environmental and Social Management framework (ESMF) has been prepared to identify and address any potential negative impacts the project might have on the Environmental Social aspects. ESMP also proposes suitable measures to prevent, mitigate or minimize these risks and impacts. This document outlines Sri Lankan laws, regulations and the World Bank environmental and social standard (ESS) applicable to this project. It describes the principles, approaches, implementation arrangements on how environmental and social issues will be managed throughout the project, including site specific actions/methods to reduce risks/adverse impacts.

The PHSEP activities could potentially lead to some environmental and social risks and impacts. These include: 01: Construction related impacts with regard to renovation and refurbishment (Loss of vegetation, dust, noise, and waste from rehabilitation or building health facilities) 02: Waste management issues (Healthcare waste, construction waste, General waste) 03: Resources depletion (Water consumption, material consumption) 04: Occupational health and safety (worker safety, healthcare staff safety) 05: Community health and safety (Access disruptions, disturbance, disease transmission, etc.) 06: Labor and working conditions (Child /forced labor, unfair labor practices, grievance mechanism), 07: Gender based violence (GBV) 08: Exclusion of vulnerable groups.

An exclusion list will be used to avoid, mitigate or minimize potential impacts in the early stages/ pre-construction stages of planning and design. This list will identify certain types of activities that are considered high-risk and will not be allowed by the project (Example: Subproject located within any ecologically sensitive areas/ located within any known cultural heritages site, activities requiring large scale land acquisition, etc.). This will help to ensure that only environmentally and socially sound activities are undertaken.

### **Waste Management Plans**

Specific plans will be developed for healthcare waste management, detailing segregation, collection, storage, transport, and disposal procedures for medical and general waste at health

facilities and rehabilitation activities related waste. These will be prepared as facilities are upgraded or new services are introduced.

### **Labor Management Procedures (LMP)/Labor and Working Conditions (ESS2)**

This ESMF sets out the framework through which labor related risks under the Project will be managed in line with ESS2, including fair and lawful engagement of workers, occupational health and safety, worker grievance mechanisms, and SEA/SH prevention. These measures will be implemented through Environmental and Social Codes of Practice (ESCoPs), Environmental and Social Management Plans (ESMPs), Codes of Conduct, national labor legislation, and contractual provisions, and will be in place prior to the commencement of any project activities involving labor.

For subprojects with routine maintenance, minor renovations, or small-scale repairs (e.g., painting, roof repair, fixing plumbing): Environmental and Social Commitment Plans (ESCoPs) would be sufficient. For sub-projects with moderate to significant impacts, a more detailed Environmental and Social Management Plan (ESMP) will be prepared. This is necessary for activities such as major structural changes, significant expansions; or works close to environmentally or socially sensitive receptors (Ex. near residential quarters, existing hospital wards, or ecologically vulnerable areas).

### **Implementing Agency responsibility**

The Ministry of Health and Mass Media (MOH) will be the main agency responsible for the overall implementation of the PHSEP. At the national level, a Project Coordination and Management Unit (PMCU) within the MOH will oversee and monitor the project. At the district level, relevant health authorities and nominated officers from PDHS and RDHS office will be responsible for coordinating and managing environmental and social safeguard-related activities, plans, and matters, particularly in collaboration with the PMU Environmental and Social Safeguard Team and other relevant parties.

Training will be a crucial part of the project. All parties responsible for implementing the ESMF, including PMU team, nominated officers from Provincial Department of Health (PDHS) and Regional Director of Health Services (RDHS) office, district consulting teams, and contractors, will receive comprehensive training. This training will cover environmental and social risk identification, mitigation measures, monitoring, and reporting procedures. The total estimated budget proposed for ESMF implementation, including staffing, training, monitoring, and specific mitigation measures, will be decided based on engineering estimate.

The Ministry of Health and Mass Media (MOH) will be responsible for monitoring and evaluating (M&E) the performance of the health sector, including the Primary Health Case (PHC) system. This will use existing administrative data and periodic surveys.

### **Site Supervision, Monitoring and Reporting**

Environmental and social specialists, Engineering team from the PHSEP-PMCU, nominated E & S safeguard officers from RDHS/PDHS office will be responsible for the regular monitoring of the rehabilitation activities including regular site visits to subproject sites

As per the requirements of the Environment and Social Commitment Plan (ESCP) the PMCU, Provincial Council and MOH will supervise contractors compliance with ESF requirements including ensuring monthly ( ) written reports from field teams on contractors environmental and social performance and compliance.. Community engagement will be through grievance

mechanisms and community engagement platforms to gather feedback on environmental and social performance.

Monitoring and other relevant reports will be prepared and shared with the World Bank and relevant stakeholders according to World Bank reporting procedures as stated in the ESCP.

### **Stakeholder Engagement Plan (SEP)**

A separate Stakeholder Engagement Plan (SEP) has been prepared for the Project, in line with the World Bank's Environmental and Social Standard 10 on Stakeholder Engagement. This plan details how the project will engage with various stakeholders throughout its lifecycle, ensuring their grievances are heard and their concerns are addressed. The PHSEP stakeholder engagement plan (SEP) is attached as **annexure 21**.

## **1. BACKGROUND & INTRODUCTION**

This Environmental and Social Management Framework (ESMF) is developed to support the environmental and social due diligence provisions for activities financed by the World Bank in the Primary Health Care System Enhancing Project (PHSEP). The project will support to improve utilization and quality of Primary Health Care (PHC) services across all districts of Sri Lanka through five components: (i) Increase availability of comprehensive PHC services at PMCIs and Medical Officer of Health (MoH) Units; (ii) Strengthen the quality of clinical and person-centered care at PMCIs; (iii) Strengthen health promotion, community empowerment and citizen engagement; (iv) Project Management and Monitoring and Evaluation; and the (v) Contingent Emergency Response Component. The Ministry of Health and Mass Media will be the primary implementing agency of the project activities with the support of the Provincial Councils.

The PHSEP seeks to scale up the essential package of PMCI services implemented under the Primary Healthcare System Strengthening Project (PSSP) to the entire nation. The PHSEP will ensure the availability of equitable access and inclusion of all communities to benefit from improved primary health care services ensuring the interventions introduced in half the primary medical care institutions of the country through PSSP are strengthened, integrated into systemwide changes and scaled up nationwide. The PHSEP aims to intervene at all remaining PMCIs that were not part of the PSSP, thereby ensuring nationwide coverage of intervention in all districts. The PSSP was implemented under WB's Safeguards Policies where the MOH and the PMU established for PSSP became familiar with the Environment and Social (E&S) risk assessment and management procedures required for civil works. The WB worked closely with the Directorate of Environmental and Occupational Health (DE&OH) to implement E&S risk screening, stakeholder engagement and prepare Environment and Social Management Plans (ESMPs) for civil works that were rated 'Moderate' and Environment and Social Code of Conduct for minor civil works. In addition, the Family Health Bureau (FHB) through the PSSP engaged with the WB to implement Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) prevention measures. A national Grievance Handling Coordination Unit was established and the Friends' of Facility Committees (FFCs) introduced through the PSSP; the latter being a Citizen Engagement mechanism that functions as an outreach program for population screening and grievance redress/feedback mechanisms. The PHSEP will build upon the above and strengthen E&S management through the ESF Standards.

This ESMF follows the World Bank Environmental and Social Framework (ESF) as well as the national laws and regulations of Sri Lanka. The objective of the ESMF is to assess and mitigate

potential negative environmental and social risks and impacts of the Project consistent with the Environmental and Social Standards (ESSs) of the World Bank ESF and national requirements. More specifically, the ESMF aims to (a) assess the potential environmental and social risks and impacts of the proposed Project and propose mitigation measures; (b) establish procedures for the environmental and social screening, review, approval, and implementation of activities; (c) specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring environmental and social issues related to the activities; (d) identify the staffing requirements, as well as the training and capacity building needed to successfully implement the provisions of the ESMF; (e) address mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances; and (f) establish the budget requirements for implementation of the ESMF.

This ESMF should be read together with other plans prepared for the project, including the Stakeholder Engagement Plan (SEP) and the Environmental and Social Commitment Plan (ESCP).

The ESMF is a living document, therefore any aspect not envisaged at the project precreation stage which was not covered in the ESMF shall be assessed and appropriate measures shall be included in the implementation stage.

## 2. PROJECT DESCRIPTION

The objective of the Primary Health Care System Enhancing Project (PHSEP) (P1818564) is to improve utilization and quality of Primary Health Care (PHC) services across all districts of Sri Lanka.

**The project comprises five components as described below:**

**Component 1: Increase availability of comprehensive PHC services at PMCIs and Medical Officer of Health (MOH) Units.** Component 1 aims to strengthen (a) the minimum capabilities of over 1,031 PMCIs and MOH units across Sri Lanka's nine provinces, enhancing their ability to provide comprehensive PHC services, aligning with Sri Lanka's national PHC reorganization strategy. Additionally, it will strengthen the array of services offered, ensuring an integrated approach to PHC with a focus on NCD prevention and management programs, geriatric care, palliative care as well as readiness for climate-related emergencies and other emerging challenges such as emerging and reemerging communicable diseases. This component comprises of the following sub-components:

- **Subcomponent 1.1: Ensuring availability of essential inputs at PMCIs and MOH Offices.** The subcomponent aims to augment the capacity and operational efficiency of PMCIs, with special focus on availability of essential equipment, supplies, medicines, laboratory testing and transport capacity.
- **Subcomponent 1.2: Sustaining and strengthening primary health workforce at PMCIs.** To overcome the HRH challenges, this subcomponent will support the mediumterm Human Resources for Health (HRH) planning, particularly the development of a human resource optimization strategy to strengthen recruitment, retention, distribution, and task-shifting protocols of health workers in PMCIs, including minor refurbishment of PMCI staff quarters facilities.
- **Subcomponent 1.3: Expanding the PMCI service package to include additional services.** Support will be for provision of an expanded package of PHC services to address the growing NCD burden (including mental health); increasing care needs by the rapidly aging population; special care needs for GBV survivors, children with special needs, and school children; and the urgent needs for the PHC system to respond to future pandemic and climate-related disaster risks.

**Component 2: Strengthen the quality of clinical and person-centered care at PMCIs.** Component 2 will focus on quality and person-centeredness of care. Sub-components include:

- **Subcomponent 2.1: Building capacity for human resources for health:** aims to ensure that health care providers across all PMCIs are adequately capacitated to provide clinical care that is responsive to citizen needs and expectations as well as natural disasters and pandemics.
- **Subcomponent 2.2: Scaling up integrated care platforms:** will finance (a) operating, consulting and non-consulting costs for the design and implementation of a referral and back-referral system. This will involve strengthening integrated platforms and networks of health facilities, utilization of personal health records (PHR) to coordinate patient care and ensure patient information transfer between facilities.

- **Subcomponent 2.3: Strengthening governance systems for quality assurance.** This subcomponent supports local technical assistance (TA) and operational, consulting and non-consulting costs.

**Component 3: Strengthen health promotion, community empowerment and citizen engagement.** Component 3 will focus on addressing demand-side constraints through health promotion, community empowerment, citizen engagement, and a strengthened interface between communities and PMCIs.

- **Subcomponent 3.1: Managing health promotion and NCD risk factors:** will support the development and implementation of a comprehensive social and behavior change communication (SBCC) strategy to raise public awareness of available preventive and curative healthcare services that the public can utilize – including care options to PHCs during pandemic and climate-related emergencies.
- **Subcomponent 3.2: Strengthening citizen engagement for preventive and curative care.** The FFCs<sup>1</sup> and the Grievance Redress Mechanism (GRM) established at each PMCI serve as the cornerstones of citizen engagement at PMCIs. This subcomponent will aim to (a) strengthen and expand FFCs and GRM at all PMCIs, (b) revise community engagement guidelines to include community empowerment and inclusion of people with disabilities and older adults' strategies, and (c) develop and implement strategies/guidelines to strengthen linkages between FFCs and mother support groups (specially to mobilize women for behavior change as well as service utilization) or any other village level platform through the provision of TA.

**Component 4: Project management and monitoring and evaluation.** This component will finance activities related to Project implementation management, capacity building, monitoring and evaluation (M&E), operations research, and strengthen ministry-level supervision.

- **Subcomponent 4.1: Project Management, Monitoring and Evaluation:** Key activities to be conducted by the Project Coordination and Management Unit (PCMU) such as (a) project management, reporting, and supervision; (b) technical support for procurement activities, financial management (FM), and environmental and social Fram work related sustainability activities; (c) learning and knowledge exchange; (d) Monitoring and Evaluation (M&E) and impact evaluations; (e) capacity building related to NCD

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management; (f) surveys and operations research (including monitoring the progress on climate related activities); and (g) institutionalization of a national excellence award in PHC

- **Subcomponent 4.2: Strengthening Project Monitoring and Management capacity at Ministry Level:** This subcomponent will support: (a) Strengthening of project monitoring capacity of the Management Development and Planning Unit of the MoH by procuring vans to be used for the supervision of field level activities, and by procuring computers and related IT equipment to strengthen the digitization of information and real time data collection for central monitoring of project activities at the MoH; and (b) facilitating the

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<sup>1</sup> FFCs include members from the facility and community (including women members) and involve regular meetings, with the aim of soliciting feedback from the community and ensuring service responsiveness especially for women, children, and disadvantaged populations.

Sri Lanka: Primary Healthcare System Enhancing Project (PHSEP) ESMF development of M&E System by financing TA activities and by procuring necessary IT equipment to facilitate national level monitoring of project progress at the Department of Project Management and Monitoring (DPMM) of the Ministry of Finance (MoF).

**Component 5. Contingent emergency response component (CERC).** A CERC is included in the Project in accordance with IPF Policy, paragraphs 12 and 13, for Situations of Urgent Need of Assistance and Capacity Constraints. This will allow for rapid reallocation of the IDA loan and IDA credit uncommitted funds in the event of an eligible emergency as defined in OP 8.00.<sup>2</sup> An Annex to the Project Operations Manual ('CERC Annex') to guide the activation and implementation of the CERC, and a CERC Environmental and Social Management Framework (ESMF) will be prepared within three months of the loan and credit effectiveness. For the CERC to be activated, and financing to be provided, the GoSL will need to (a) submit a request letter for CERC activation and the evidence required to determine eligibility of the emergency as defined in the CERC Annex, (b) submit an Emergency Action Plan, including the emergency expenditures to be financed, and (c) meet the environmental and social requirements as agreed in the Emergency Action Plan and Environmental and Social Commitment Plan.

**The direct beneficiaries of the Project are the citizens of Sri Lanka and the health care providers working in the public health sector.** The largest impact is expected among people accessing PHC services, and especially men and women who are screened for, diagnosed with, and treated for NCDs. The Project will support the GoSL to ensure that all PMCIs have the services, capacitated HR, medicines and supplies required to provide care to the population, including those living in areas that are most prone to climate induced events. The Project will also target the geriatric population (>60 years of age) who have a greater chance of having a severe or catastrophic health incident due to NCDs or any other shocks. The Project will also include measures to increase population awareness of and demand for care at PMCIs, including care for GBV survivors and mental health.

While most of the Project's systems and institutional strengthening activities will take place at the national and provincial levels, supporting community-level activities will be prioritized.

The Ministry of Health and Mass Media (MoH) will be the primary Implementing Agency (IA) overseeing day-to-day operations and be responsible for setting policy and standards and

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updating protocols for strengthening the PHC system. It will also be responsible for M&E of the performance of the sector, including the PHC system, using administrative data and periodic surveys. A Project Coordination Management Unit (PCMU) will be established at the MoH to carry out the day-to-day overall Project coordination and management. The Provincial councils will provide oversight and coordination through the Provincial Health Authorities that will implement the provincial-level Project activities. Each of the nine Provincial Councils in the country will establish a Project Provincial Council Working Committee (PPWC) who will meet quarterly to provide oversight, monitor implementation progress and provide overall guidance on the provincial level Project activities. The Provincial Department of Health Services (PDHS) are responsible for adopting protocols and planning and implementing the PHC re-organization and strengthening activities per the set standards. Therefore, the MoH will be working closely with the provincial

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<sup>2</sup> An eligible emergency is defined as an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact associated with natural or man-made crises or disasters. Such events include a disease outbreak.

health authorities through the Chief Secretary of each province in coordinating, monitoring and reporting on the Project implementation.

### 3. ENVIRONMENTAL AND SOCIAL POLICIES, REGULATIONS, AND LAWS

#### 3.1 Country Legal Framework

##### 3.1.1 Key Legislature and Laws Related to Environment Protection and Health Care Waste Management

Law and its Description	Relevance to Project Activities
<p><b>Laws, regulation and policies for protection of environment</b></p> <ul style="list-style-type: none"> <li>National Environmental Act (NEA) No 47 of 1980 and its amendments (No 56 1988 and No 53 of 2000).</li> </ul>	<p>Relevant to component 1,2,4 &amp; 5, and ensures that the project activities do not harm natural environment and are in line with the NEA and its amendments.</p>
<p><b>Laws, regulation and policies relating to Healthcare Waste Management</b></p> <ul style="list-style-type: none"> <li><b>Draft National Policy on Health Care Waste Management:</b></li> <li><b>Draft National Guidelines on Health Care Waste Management</b></li> <li><b>Laws, regulation and policies relating to infection control</b></li> <li><b>Gazette Extraordinary No. 1533/16 of 2008 (National Environmental (Protection &amp; Quality) Regulations No. 01 of 2008 – Management of Clinical Waste)</b></li> <li><b>Gazette Extraordinary No. 1533/16 (Management of Hazardous Waste) of 2008</b></li> <li><b>The Poisons, Opium, and Dangerous Drugs Ordinance (as amended)</b></li> </ul>	<p>These laws and regulations are relevant to project components 1 and 2 that generate health care waste during the project, especially Sub-component 1.1: which enhances the availability of essential supplies, medicines, laboratory testing and upgrading of facilities such as waste water treatment facilities etc.</p>
<p><b>Laws, regulation and policies relating to general solid waste and hazardous waste management</b></p> <ul style="list-style-type: none"> <li><b>Gazette Extraordinary No. 1533/16 of 2008 (National Environmental (Protection &amp; Quality) Regulations No. 01 of 2008 – Management of Hazardous Waste – eWaste is categorized as hazardous waste)</b></li> <li><b>Gazette Extraordinary No. 1466/5 of 2006 (Regulations for Licensing, Registration &amp; Monitoring of Waste Management Facilities)</b></li> <li><b>Local Government By-Laws</b></li> </ul>	<p>These laws and regulations are relevant to project components 1 and 2 that generate solid waste during minor renovations and refurbishments work and activities under component 3 that include overall project management</p>

<p><b>Other National laws and regulations relevant to the project</b></p> <ul style="list-style-type: none"> <li>• The Antiquities Ordinance No 9 of 1940 (and its amendments)</li> <li>• The Agrarian Development Act No 46 of 2000</li> <li>• The Disaster Management Act,</li> <li>• The Urban Development Authority Act No. 41 of 1978 and the Sri Lanka Land Reclamation &amp; Development Corporation Act No. 15 of 1968</li> <li>• Pradeshiya Sabha Act No. 15 of 1987. Section 12 (2)</li> <li>• National Institute of Occupational Safety and Health (NIOHS) Act, No. 38 of 2009</li> <li>• Soil Conservation Act, No. 25 of 1951</li> <li>• Mines and Minerals Act No. 33 of 1992</li> <li>• Local Government By-Laws: Local authorities (Municipal Councils, Urban Councils, Pradeshiya Sabhas)</li> </ul>	<p>These laws and regulations are relevant to project components 1 and 2 that include minor renovations and refurbishments of provincial and district level health care facilities and upgrade of divisional level hospitals.</p>
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**Table 1:** Description of Key legislature and laws related Environment Protection and relevance to project activities.

### 3.1.2 Key Legislature and Laws Relevant to Social Development:

Law and its Description	Relevance to Project Activities
<p><b>Constitution of Sri Lanka:</b> Chapter 3 of the Constitution of Sri Lanka enshrines fundamental Rights, including the right to equality and the right to be free from discrimination on the grounds of race, religion, language, caste, sex, political opinion, and place of birth.</p>	<p>Relevant to all project components, as it ensures that health care provision and services will be provided free of discrimination.</p>
<p><b>Policies and regulations promoting gender equality, prevention &amp; response to SGBV in Sri Lanka include:</b></p> <ul style="list-style-type: none"> <li>• Women’s Charter of Sri Lanka:</li> <li>• Assistance to and Protection of Victims of Crime and Witness Act No. 04 of 2015</li> <li>• Policy Framework and National Plan of Action to address SGBV in Sri Lanka (2016-2020)</li> <li>• National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence in Sri Lanka (2017-2021).</li> </ul>	<p>These laws are relevant in relation to prevention of SEA/SH related incidents. Laws are relevant for specific project components 1 and 2 that address GBV specific health care requirements such as strengthening of community support services at MOH offices for mental health care services and GBV survivors (SubComponent1.3), Sub-component 2.1 that includes capacity building on critical topics including GBV. The</p>

	<p>project will include measures to mitigate SEA/SH risks or complaints that may arise, including a complaint mechanism and protocols that take a survivor centered approach.</p>
<p><b>Key legislature supporting rights of vulnerable groups including elderly and disabled:</b></p> <ul style="list-style-type: none"> <li>• National Charter for Senior Citizens and National Policy for Senior Citizens Sri Lanka (2006):</li> <li>• The Protection of the Rights of Persons with Disabilities Act no 28 (1996)</li> <li>• The Visually Handicapped Trust Fund Act.</li> </ul>	<p>This law is relevant, specifically for Components 1, 2, and 3, and particularly relevant to SubComponents 1.3, 2.2 that focuses on vulnerable groups, palliative care and geriatric care requirements.</p>
<p><b>The Right to Information Act No. 12 of 2016 (RTI)</b> established the principle of ‘open government’ and citizens’ access to information in Sri Lanka, in order to foster a culture of transparency and accountability in public authorities</p>	<p>Relevant in relation to stakeholder consultation, public disclosure of information, and in relation to Component 3 – strengthen health promotion, community empowerment and citizen engagement. A Stakeholder Engagement Plan is prepared and will be implemented, including an effective an accessible Grievance Redress Mechanism (GRM).</p>
<p><b>Key legislative framework relating to industrial, employment, and labor relations include:</b></p> <ul style="list-style-type: none"> <li>• Terms and conditions of employment are governed by the Wages Board Ordinance No. 27 of 1941, the Shop and Office Employees’ Act No. 19 of 1954, and the Employment of Trainees (Private Sector) Act No. 8 of 1978.</li> <li>• Labour/industrial relations are governed by the Trade Unions Ordinance No. 14 of 1935, the Industrial Dispute Act No. 43 of 1950, the Termination of Employment of Workmen (Special Provision) Act No. 45 of 1971, and the Employees’ Councils Act No. 32 of 1979.</li> <li>• Well-being of employees is governed by the Employment of Women, Young Persons, and Children</li> </ul>	<p>These laws are relevant in terms of project components 1 and 2 that include minor renovations and refurbishments of provincial and district level health care facilities, upgrade of divisional level hospitals. The laws are relevant in relation to ensuring Worker safety and rights of workers are met. Procedures to address risks relate to labor are included as part of the ESCP.</p>

<p>Act No. 47 of 1956, the Maternity Benefits Ordinance No. 32 of 1939, and the Employment of Females in Mines Ordinance No. 13 of 1937.</p> <ul style="list-style-type: none"> <li>Occupational safety and health is governed by the Factories Ordinance No. 45 of 1942 and the Workmen's Compensation Ordinance No. 19 of 1934.</li> </ul>	
<p><b>Key legislation relating to acquisition of land and resettlement:</b></p> <ul style="list-style-type: none"> <li>Land Acquisition Act No. 9 of 1950 (LAA),</li> <li>Land Acquisition Regulations 2008 (LAR 2008)</li> <li>Land acquisition Regulations 2013 (LAR 2013),</li> <li>National Involuntary Resettlement Policy 2001 (NIRP)</li> </ul> <p>LAR 2008 has provision of statutory payments of compensation for affected land at market rates. LAR 2013 provides for a compensation package that goes beyond that prescribed in the LAR 2008. The NIRP provides principles and guidelines to plan and implement resettlement action plans aligned with international good practices.</p>	<p>These laws will not be relevant for the project as the project will not acquire land and cause resettlement impacts. However, in case of such requirements, the project will revise this ESMF and prepare a Resettlement Action Plan (RAP) and implement the resettlement actions following the national legislature and World Bank's ESS5.</p>
<p><b>The ESMF also takes into account relevant health policies such as those on quality and safety, emergency care, maternal and child health, mental health, environmental health and health information.</b> Some of the key national policies the project activities will be governed by include:</p> <ul style="list-style-type: none"> <li>National Health Policy (2016 – 2025)</li> <li>National Health Promotion Policy (2010)</li> <li>National Policy on Healthcare Quality and Safety (2015)</li> <li>Accident and Emergency Care Policy of Sri Lanka (2015)</li> <li>National Immunization Policy (2014)</li> <li>Mental Health Policy of Sri Lanka (2020 - 2030)</li> <li>Non-Communicable Disease Policy 2009</li> <li>National Code of Hygiene (NCH) (2008)</li> <li>Infection control Manual (2005)</li> <li>There are also several guidelines that have been issued by relevant units and directorates of the Ministry of Health and Mass Media on health and safety for dealing with the COVID-19 crisis.</li> </ul>	<p>These laws and policies are relevant for all components of the project.</p>

**Table 2: Key Legislature and Laws Relevant to Social Development.**

### 3.2 Project Related International agreements and Conventions

Table 3: Project Related International agreements and Conventions

Agreement	Ratification Date	Objectives
<b>Biosafety, Health and Sanitation</b>		
<b>Atmosphere</b>		
Vienna Convention for the Protection of the Ozone Layer (1985)	15 December 1989	Protection of the Ozone Layer through international cooperation in the areas of scientific research, monitoring and information exchange
Montreal Protocol on Substances That Deplete the Ozone Layer (1987)	12	Montreal Protocol on Substances That Deplete the Ozone Layer (1987)
United Nations Framework Convention on Climate Change (UNFCCC-1992)	23	United Nations Framework Convention on Climate Change (UNFCCC-1992)
Kyoto Protocol (1997)	3 October 2002	The Annex 1 parties (Developed Countries) to reduce their collective emissions of greenhouse gases by at least 5% of the 1990 level by the period 2008 –2012
<b>Land</b>		
United Nations Convention to Combat Desertification (UNCCD- 1994)	09 December 1998	To combat desertification and to mitigate the effects of drought in countries experiencing severe droughts and/ or desertification with the final aim being to prevent land degradation in the hyper-arid, arid, and semi-arid, dry subhumid areas in the countries that are parties of the Convention

Chemicals		
Basel Convention on the Control of Trans-boundary Movements of Hazardous Wastes and Their Disposal (1989)	28 August 1992	To reduce transboundary movements of hazardous waste; to dispose of hazardous and other waste as close as possible to the source; to minimize the generation of hazardous waste; to prohibit shipments of hazardous waste to countries lacking the legal, administrative and technical capacity to manage & dispose of them in an environmentally sound manner; to assist developing countries in environmentally sound management of the hazardous waste they generate
Rotterdam Convention (1998)	19 January 2006	To promote shared responsibility and cooperative efforts in the international trade of certain hazardous chemicals, to protect human health and the environment; to contribute to the environmentally sound use of those hazardous chemicals by facilitating information exchange, providing for a national decision-making process on their import/export
Stockholm Convention on Persistent Organic Pollutants (POPs) (2001)	22 December 2005	To protect human health and the environment from persistent organic pollutants (POPs)

### 3.3 National Environmental and Social Assessment and Permitting

#### 3.3.1 Environmental Impact Assessment (EIA) review and approval process relevant to project activities:

National Environmental Act (No. 47, 1980), National Environmental (Amendment) Act (No. 56, 1988); and National Environmental (Amendment) Act (No. 53, 2000) provides a comprehensive legal framework for management of the environment, including environmental impact assessment (EIA) and the Environmental Protection License (EPL), the two powerful tools that incorporate environmental dimensions into development planning. Regulations of the amended Act specify the projects and undertakings that require approval under the NEA and the designated Project Approving Agencies (PAAs). Part IV C of the NEA (1988) mandated that all “prescribed” 5 development projects be subjected to environmental assessment<sup>3</sup>. Projects are assigned to the “prescribed” list based on pre-determined screening criteria, which generally limits them to largescale development projects that are likely to have significant impacts on the environment<sup>4</sup>.  
In

<sup>3</sup> [1] Prescribed project lists found in Gazettes No. 772/22, June 24, 1993; No. 859/14 February 23, 1995; No. 1104/22, November 5, 1999; and No. 1108/1, November 29, 1999.

<sup>4</sup> [2] This includes Ministries: Agriculture; Energy; Housing Construction; Industries; Irrigation and Water Resources Management; Land and Land Development; Planning; Transport; Highways, Ports & Shipping; Fisheries and Aquatic Resource Development; Plantation Industries; and Wildlife and Forest Resources Conservation; Departments: Coast Conservation; Wildlife Conservation; Forest Conservation; Urban Development

addition, projects located in environmentally “sensitive areas” are required to obtain environmental approval irrespective of their magnitude. The NEA also stipulates that approval for all prescribed projects must be granted by a PAA. At present, 23 government agencies have been designated as PAAs. Each project is assigned one PAA to administer the environmental approval process. When a project involves more than one agency that is a PAA, the CEA decides which PAA will have jurisdiction. State agencies that are project proponents cannot function as PAAs for their own projects.

The environmental assessment process in the NEA has two levels:

- Initial Environmental Examination (IEE) – If the potential environmental impacts of the project are not very significant then the project proponent may be asked to do an IEE, which is a relatively short and simple study; and
- Environmental Impact Assessment (EIA) – If the potential environmental impacts appear to be more significant, the project proponent is required to do an EIA, which is a more detailed and comprehensive study of environmental impacts.

In terms of public disclosure, EIA reports must be kept open for public comments for 30 working days. Section 23BB (5) of the NEA states that an IEE report shall be deemed to be a public document for the purposes of the Evidence Ordinance and shall be open for inspection by the public. However, there is no provision for public comment on an IEE.

Similar to the prescribed activities requiring an EIA, certain “prescribed activities” are required to obtain an EPL; this relates most frequently to the type of activities covered by ESS3 (Resource Efficiency and Pollution Prevention and Management) which is discussed in detail in a later section. EPLs are issued for a limited period and need to be renewed when they expire, subject to compliance with stipulated environmental standards.

Further the National Health Care Waste Management Action Plan once it is finalized and published by the Ministry of Health. Currently, the document is still in draft form; after finalization, provincial health care waste management plans will be created, which can be used for the project's own waste management without duplicating efforts. Several meetings with the MOH have taken place, and further discussions will occur during project implementation.

### 3.3.2 Regulatory Framework for Activities and Compliance Applicable to the Project:

Activity	Relevant legislation	Statutory requirement	Authorizing body
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Authority; Geological Surveys and Mines Bureau; Ceylon Tourist Board; Mahaweli Authority; Board of Investments; and the Central Environmental Authority. The PAAs were formally listed in the Gazette Extraordinary No. 859/14, February 23, 1995 and Gazette Extraordinary No. 1373/6, December 29, 2004.

Other relevant legislations and statutory requirements applicable to the project

<b>Disposal of Health Care Waste</b>	NEA	EPL/SWL	CEA
<b>Discharge of wastewater effluents</b>	NEA (Protection and Quality) Regulation No. 1 of 1990 published in Gazette Extraordinary No. 595/16 of February, 1990	EPL	CEA
<b>Air emissions</b>	National Environmental (Ambient Air Quality) Regulations, 1994, published in Gazette Extraordinary, No. 850/4 of December 1994 and amendment gazette No. 1562/22 of 2008	EPL	CEA
<b>Disposal of solid waste</b>	National Environmental (Municipal Solid Waste) Regulations, No. 1 of 2009	Approval for disposal site	CEA
<b>Emission of noise and vibration</b>	National Environmental (Noise Control) Regulations No.1 of 1996 and its amendments	Compliance	CEA
<b>Construction on steep slopes in the central province</b>	DMA	Compliance	NBRO

*Table 3: Regulatory Framework for Activities and Compliance applicable to the project.*

### 3.3.3 Social Impact Assessment (SIA) review and approval process relevant to project activities

In Sri Lanka, there is no dedicated national legislation exclusively for Social Impact Assessments (SIAs). However, when resettlement impacts are anticipated, the Land Acquisition Act (LAA), Land Acquisition Regulations (LARs), and the National Involuntary Resettlement Policy (NIRP) mandate the conduct of an SIA. This assessment is crucial for identifying and cataloging the

impacts, which subsequently guide the preparation and implementation of Resettlement Action Plans (RAPs).

Furthermore, while the National Environmental Act (NEA) does not require a separate SIA, the evaluation of social risks and impacts is integrated into the Environmental Impact Assessment (EIA) process. This integration ensures that social considerations are addressed alongside environmental factors during project planning and approval.

In conclusion, although Sri Lanka lacks standalone SIA legislation, existing regulations and policies necessitate the assessment of social impacts, particularly in scenarios involving resettlement, within the broader EIA framework.

### **3.4 Applicable World Bank Standards**

The project will follow the World Bank Environmental and Social Standards (ESSs), as well as the World Bank Group Environmental, Health and Safety Guidelines. The overall environmental and social risk of the Project is assessed to be “moderate” given the Health and Safety risks associated with minor civil works of existing PMCs including refurbishments works and generation of additional health care waste (HCW) due to improving quality and increase services across all districts of Sri Lanka

#### **3.4.1 Environmental and Social Standards (ESSs)**

The Environmental and Social Framework (ESF) defines ten Environmental and Social Standards (ESSs). Each ESSs sets out mandatory requirements that apply to the Borrower and project. ESSs supports the Borrower in achieving prescribed development goals/development objectives that are sustainable, non-discriminatory, transparent, accountable whilst promoting good international practices and good governance.

The risk assessments carried out during the project preparatory stage, identified six ESSs that apply to this project;

- ESS 1: Assessment and Management of Environmental and Social Risks and Impacts
- ESS 2: Labor and Working Conditions
- ESS 3: Resource Efficiency and Pollution Prevention and Management
- ESS 4: Community Health and Safety
- ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities
- ESS 10: Stakeholder Engagement and Information Disclosure

The World Bank’s environmental and social standards applicable to project activities are summarized below.

## 3.4.1.1 Relevant World Bank ESS for PHSEP

E&S Standard	Relevance
<b>ESS 1: Assessment and Management of Environmental and Social Risks and Impacts</b>	<p>ESS1 is relevant for the project because project activities are expected to pose moderate environmental and social risks such as the project envisages minor civil works, including refurbishments and renovations of PCMIs and management of health care waste. An Exclusion list has been included in Table 7 Other than the existing Environmental, Health, and Safety (EHS) Guidelines of the country that excludes activities that may cause adverse impacts that are sensitive, diverse or unprecedented on the environment and/or require extensive land clearing and vegetation removal, land acquisition, cause displacement and/or resettlement of people. Community health and safety risks associated with minor civil works such as generation of noise, dust, air pollution and disturbances to ongoing clinics and occupational health and safety risks to project laborers are some risks that may arise.</p>
<b>ESS 2: Labor and Working Conditions</b>	<p>ESS2 is relevant for the project because there are labor risks in relation to minor civil works planned under the project and labor related issues that require due diligence in terms of the use of forced labor for the production of solar panels that are planned to be installed for the enhancement of PMCI facilities. Although activities are not expected to have a negative impact related to labor and working conditions, and applicable legal frameworks are aligned with the principles of ESS2, anticipated labor related risks include (i) Occupational health and safety risks to project laborers; (ii) worker safety; (iii) traffic and road safety issues; (iv) risk of use of child labor or forced labor.</p>
<b>ESS 3: Resource Efficiency and Pollution Prevention and Management</b>	<p>ESS3 is relevant for the project because the project will invest in solar energy systems and use of e-bikes as mode of transportation at PMCI level to improve energy efficiency and energy security. These activities would generate electronic and hazardous waste at their end-of use stage which will contaminate the soil, surface, and groundwater. The project also will generate an additional amount of Health Care Waste (HCW) during operational phase of the project. The HCW consists of substances such as infectious waste, sharps, pharmaceutical waste, chemical, liquid, and gaseous wastes generated during lab operations such as diagnosis, or other daily operations treatments of Health Care Facilities (HCF). Open dumping, burning, mixing of HCW with storm water runoff will result in pollution of waterbodies, air, soil which will result in pollution of natural resources and health impacts to communities and during collection, segregation and disposal.</p>

<p><b>ESS4: Community Health and Safety</b></p>	<p>ESS 4 is relevant as there will be risks and impacts to patients, medical professionals and other PMCI staff during minor civil works such as from noise, dust, air pollution and disturbances to ongoing clinics and occupational health and safety risks to project laborers. The Health and Safety risks to workers and communities due to infectious wastes, sharps, pathological wastes and disease-causing bacteria, viruses and parasites will be addressed through ESS4. During minor civil works, though labor influx will be minimal, there will be SEA/SH risks to patients and hospital staff from laborers entering hospital premises.</p>
<p><b>ESS7: Indigenous Peoples/ SubSaharan African Historically Underserved Traditional Local Communities.</b></p>	<p>ESS7 is relevant to the project as it will cover all districts in the country. Sri Lanka has a population that includes indigenous people called “Veddhas”, whose collective identity and presence is consistent with the characteristics that are specified in paragraphs 8 and 9 of ESS&amp;. The population of Veddhas are estimated to be around 5000-10,000 and they are becoming completely assimilated into society. While the project activities do not present adverse impacts on Veddhas, since the project is a nationally implemented; ensuring access to PMCI services to all communities is important. There is a potential risk for those with disabilities, elderly and bedridden patients from the Veddha communities who may have a challenge in accessing health information and services. Therefore, ensuring that they can seek primary health care services through mobile care services, FFC support to engage them in a culturally appropriate manner to access PMCI services is important. As there are no adverse impacts on indigenous people, and Indigenous People’s Planning Framework will not be prepared.</p>
<p><b>ESS 10: Stakeholder Engagement and Information Disclosure</b></p>	<p>ESS10 is relevant to the PHSSP as engaging with local communities at the Primary Health Care level will be important to tailor services to meet the needs of the community, obtain feedback, raise awareness on available services and on importance of various medical treatments, procedures, support to handle grievances and complaints raised by community members, and help PMCI to mobilize resource, monitor the performance of various PMCI services, and contribute towards the optimal function of PMCIs and overall community health. This will be done through the Friends of Facility Committees (FFC) who will serve as a bridge between the PMCIs and the local communities. In addition, as the project will finance minor civil works, impacts from labor, community health and safety, worker safety, SEA/SH risks and mitigation will be addressed through this standard by ensuring that are adequate grievance mechanisms. Other possible risks and impacts that would be addressed by ESS10 is to ensure that there is adequate inclusion of poor, vulnerable and marginalized groups and that they are able to access primary health care facilities in an equitable manner.</p>

**Table 4:** Relevant World Bank ESS and Key Gaps with the National Framework Relevant World Bank ESS and Key Gaps with the National Framework

### 3.4.2 Labor Management (ESS2)

Labor related risks under the Project will be managed in accordance with ESS2 through a set of integrated measures applied to all categories of Project workers, including: (i) direct workers (PCMU and government staff); (ii) contracted workers (contractors and subcontractors engaged in civil works, supply, and service provision); and (iii) community workers, where applicable.

In line with the anticipated scale and nature of Project activities, a standalone Labor Management Procedures (LMP) document has not been prepared. Instead, labor management measures are embedded within this ESMF and operationalized through Environmental and Social Codes of Practice (ESCoPs), site specific Environmental and Social Management Plans (ESMPs), Codes of Conduct, and Environmental, Social, Health and Safety (ESHS) provisions in procurement documents and contracts.

These measures include:

- (a) fair and lawful recruitment and employment practices consistent with national labor legislation, including provision of clear written terms and conditions of employment; (b) implementation of occupational health and safety measures consistent with national regulations and the World Bank Group EHS Guidelines;
- (c) establishment and operation of accessible worker grievance mechanisms, including confidential channels for SEA/SH related complaints;
- (d) mandatory Codes of Conduct for all project workers addressing acceptable behavior, SEA/SH prevention, and child and forced labor prohibitions; and
- (e) enhanced due diligence requirements for primary suppliers, including solar panel suppliers, to address risks of forced labor.

Contractors are responsible for day to day implementation of these measures, while oversight, supervision, and reporting are carried out by the PCMU (MoH), with support from Provincial Councils, throughout Project implementation.

### 3.4.3 World Bank Groups (WBG's) Environmental, Health, and Safety (EHS) Guidelines

Other than the existing Environmental, Health, and Safety (EHS) Guidelines of the country, the World Bank Group's (WBG's) EHS Guidelines will be applicable as Good International Industry Practice (GIIP). Application of the EHS Guidelines to existing facilities may involve the establishment of site-specific targets, with an appropriate timetable for achieving them. The applicability of specific technical recommendations should be based on the professional opinion of qualified and experienced persons. The WBG's General EHS Guidelines contain information applicable to construction and can be downloaded via the following link:

[https://www.ifc.org/wps/wcm/connect/topics\\_ext\\_content/ifc\\_external\\_corporate\\_site/sustainability-at-ifc/policies-standards/ehs-guidelines](https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/policies-standards/ehs-guidelines).

In summary, the WBG's guidelines applies to the following areas of the project:

- **The WBG's ESH Guidelines for Construction Materials Extraction** is also applicable to the project and used as key guidance provided to contractors on the management of environmental health and safety during construction material extraction in addition to specific guidance provided in the ESMF. This document includes information relevant to construction materials extraction activities such as aggregates, limestone, slates, sand, gravel, clay, gypsum, feldspar, silica sands, and quartzite etc. It addresses stand-alone

projects and extraction activities supporting construction, civil works, and cement projects. Although the construction materials extraction guidelines Emphasize major and complex extraction schemes, the concepts are also applicable to small operations and should be used for guidance. These guidelines can also be downloaded via the link provided above.

- **The WBG’s ESH Guidelines for Hazardous and Infectious Waste** is also applicable and can be used for guidance on the management of infectious and other forms of health care waste which are categorized as hazardous in nature. These guidelines apply to projects that use, store, or handle any quantity of hazardous materials (Hazmats) defined as materials that represent a risk to human health, property, or the environment due to their physical or chemical characteristics. Hazmats can be classified according to the hazard as explosives; compressed gases, including toxic or flammable gases; flammable liquids; flammable solids; oxidizing substances; toxic materials; radioactive material; and corrosive substances. Guidance on the transport of hazardous materials is covered in Section 3 of the document. When a hazardous material is no longer usable for its original purpose and is intended for disposal, but still has hazardous properties, it is considered a hazardous waste (see Section 1.4 of the guide). This guidance is intended to be applied in conjunction with traditional occupational health and safety and emergency preparedness programs which are included in Section 2.0 on Occupational Health and Safety Management, and Section 3.7 on Emergency Preparedness and Response. Guidance on the Transport of Hazardous Materials is provided in Section 3.5.
- **The WBG’s EHS Guidelines for Health Care Facilities** is also applicable and can be used for guidance for the design and operation of HCFs. It includes information relevant to the management of EHS issues associated with health care facilities (HCF) which includes a diverse range of facilities and activities involving general hospitals and small in-patient primary care hospitals, as well as outpatient, assisted living, and hospice facilities. Ancillary facilities may include medical laboratories and research facilities, mortuary centers, and blood banks and collection services.

### 3.5 Key Gaps in the National Framework & Gap Filling Measures

The World Bank’s ESSs relevant to the project’s activities are outlined in Table 6 along with notable discrepancies between Sri Lanka’s national framework and the ESF standards, providing gap filling measures where the national framework does not sufficiently meet the requirements of the relevant ESF standards.

#### 3.5.1 Relevant World Bank ESS and Key Gaps with the National Framework

E&S Standard	Gaps in the National Framework	Gap Filling Measures
<b>ESS 1: Assessment and Management of Environmental and Social Risks and Impacts</b>	Sri Lanka has a comprehensive legal framework for managing environment impacts resulting from development activities. The legal framework includes Environmental Impact Assessment (EIA) and the Environmental Protection License (EPL), two powerful tools that incorporate environmental dimensions in development planning, under the	ESS 1 requirements will apply in terms of identifying, evaluating and managing the environment and social risks and impacts of the project in a manner consistent with this Standard, and adopt a mitigation hierarchy approach to avoid, minimize, mitigate and compensate the E&S risks. To align with ESS 1, the project will use

	<p>National Environmental Act (NEA). The Coast Conservation and Coastal Resources Management Act, Fauna and Flora Protection Ordinance (FFPO) and the North Western Provincial Environmental Statute are the key laws that mandate consideration of the environment in development planning. The EIA articulates objectives similar to those of ESS 1 and are aligned with the requirements either partially or in full.</p> <p>Key divergences are in areas of project screening, assessment tools, public consultation and scope of assessment. In addition, EIA framework lacks a compressive approach to assess social risks and impacts.</p>	<p>Environmental and Social Screening Report (ESSR) , assessment of risk, and thereafter implement Environment and Social Commitment Plan (ESCoP), or Environmental &amp; Social Management Plan (ESMP) depending on risk category and consistently monitored through monitoring plans. If an EIA is required, it is recommended to develop technical guidelines and good practice notes to guide the EIA process.</p> <p>In addition, consultations shall be conducted with relevant stakeholders. Although ESS 5 is not relevant, if there are resettlement impacts, then revision of this ESMF will be required along with the preparation of a resettlement action plan.</p>
<p><b>ESS 2: Labor and Working Conditions</b></p>	<p>A large number of laws and regulations that government labor and labor relations have been enacted by the Parliament of Sri Lanka, while the national framework is extensively aligned to ESS 2; there are some laws that remain in an archaic form, and require significant changes to make them current, while others would benefit from consolidation to achieve effective enforcement. Additionally, there are inadequate legislative provisions for: effective enforcement of occupational health and safety requirements; creating an enabling environment for fair treatment equal opportunity, and addressing issues related to sexual exploitation and abuse, sexual harassment, and gender-based violence in work places and providing redress to survivors.</p>	<p>As the national framework is mostly aligned with respect to ESS2, the project will depend on the Borrower Framework with respect to ESS2, which are noted as commitments in the ESCP.</p> <p>Furthermore, ESCP also includes additional commitments to address the gaps noted, which include: the project will ensure the implementation of adequate health and safety measures through ESCOPs, ESMPs, and ensuring all workers adopt a labor code of conduct, SEA/SH prevention measures and the project implement a grievance redress mechanism for workers to create safer and decent workplaces.</p>

<p><b>ESS 3: Resource Efficiency and Pollution Prevention and Management</b></p>	<p>Sri Lanka's policy, legal and regulatory framework broadly addresses the key objectives of ESS 3. National legislation on pollution prevention (water, air, noise, vibration), waste and hazardous waste management, enforcement of bans on chemicals and materials are comprehensive. While there are policies in place that covers resource efficiency, there are no legal provisions to enforce the laws and seek remedies for violation, while progress made under policies on energy efficiency, water use efficiency and use of raw material efficiency remain weak. While mechanisms are in place to increase resource efficiency, there are no mandatory requirements applied at project level. National legislation diverges when it comes to areas of historical pollution, greenhouse gas accounting and mitigation, and application of predetermined criteria for industrial pollution control.</p>	<p>ESS 3 will be applied in relation to avoid or minimize impacts on human health and environment by avoiding or minimizing pollution from project activities, to avoid or minimize project-related emissions of short and long-lived pollutants, generation of hazardous and nonhazardous waste including impacts associated with bio-waste and medical waste. The ESCOP and ESMP will incorporate required mitigation measures to align with ESS 3, as well as good practice guidance notes.</p>
<p><b>ESS4: Community Health and Safety</b></p>	<p>The key objectives of ESS 4 are addressed in the country's policy and regulatory framework. Regulations to ensure safety of infrastructure and equipment are quite well established, although the relevant legal provisions are also spread among several laws, depending on the specific institutional mandates.</p> <p>Gaps are in areas such as factoring climate change into infrastructure design, project-level emergency preparedness and response; and ecosystem service relationship to the health and safety of communities, which has no equivalent legal provisions in the country framework. There are serious lapses noted in the</p>	<p>ESS 4 will be applied in relation to potential risks and impacts to patients, medical professionals and other PMCI staff during minor civil works from dust, noise, air pollution and disturbances to ongoing clinics. During minor civil works, though labor influx will be minimal, there will be SEA/SH risks to patients and hospital staff from laborers entering hospital premises. The project will adopt measures through the ESCOP/ESMP to mitigate anticipated risks to public health and safety including laborers adopting a labor code of conduct and SEA/SH prevention measures. A grievance redress mechanism</p>

	<p>implementation of existing laws, such as law requiring universal access in all buildings. At project level, community health and safety are addressed mainly through the EIA process.</p>	<p>(GRM) will be accessible to the public by the project, and information on GRM publicly disclosed in local languages. PMCI designs shall incorporate required design features to ensure ease of access for persons who are physically challenged and visually impaired (i.e. inclusion of access ramps, infrastructure in washroom facilities etc. as required by national law.</p>
<p><b>ESS7: Indigenous Peoples/ Sub-Saharan African Historically Underserved Traditional Local Communities.</b></p>	<p>The Veddhas are the historically recognized indigenous people of Sri Lanka. They live in various regions and most are integrated with and assimilated into the major ethnic groups, with a small number remaining distinct in a hamlet near Dambana. Under the Citizenship Act of 1948, the Veddhas are recognized as citizens of the country. They enjoy all rights and privileges enshrined in the Constitution of Sri Lanka. There is no national policy or law exclusively governing the affairs of Veddhas as a distinct community. However, they benefit from state support and several good practices are followed for the conservation of habitats, traditional livelihood practices, and cultural heritage which are aligned with key objectives of ESS7. In term of gaps, there are no requirements to engage Vedha communities in a culturally appropriate ways providing avenues for consultations and grievance handling.</p>	<p>Requirements for consultations with Veddha communities will be addressed through the stakeholder engagement plan (SEP), which provides specific guidelines for engaging Veddha community through meaningful participation and consultation in a culturally appropriate manner, and ensuring accessible mechanisms by which they can raise concerns or seek redress.</p> <p>No negative impacts on Veddha community are envisaged, however in case of resettlement impacts, a Indigenous People Plan (IPP) will be prepared and implemented.</p>
<p><b>ESS 10: Stakeholder Engagement and Information Disclosure</b></p>	<p>The regulatory framework for information disclosure and stakeholder engagement is partially aligned with the objectives of ESS 10. This means it has limited or in some cases no provisions that meet the objectives.</p>	<p>These gaps have been fulfilled with the preparation of a Stakeholder Engagement Plan (SEP) .</p> <p>The project will therefore, implement the SEP, consistent with</p>

	<p>Regulatory framework is applicable only to the screening, assessment and approval phases of projects EIAs under the NEA, and not to project implementation. The NIRP despite its full alignment with ESS 10, is a policy, not law and therefore not enforceable. Gaps exist in the LAA, which has no requirement for stakeholder engagement or grievance redress mechanisms during land acquisition and resettlement. While the Right to Information Act (RTI) is a significant milestone in terms of citizens' right to access information that is public, such as access must be requested. Stakeholder engagement is outside the mandate of the RTI.</p>	<p>ESS10, which includes measures to, inter alia, provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.</p> <p>In addition, the project will establish, publicize, maintain, operate and monitor an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances in relation to the Project.</p>
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**Table 5: Relevant World Bank ESS and Key Gaps with the National Framework**

## 4. POTENTIAL ENVIRONMENTAL AND SOCIAL RISK IMPACTS AND STANDARD MITIGATION MEASURES

The Primary Health Care System Enhancing Project (PHSEP) in Sri Lanka, while beneficial for improving healthcare, does carry potential environmental and social risks, primarily due to the civil works involved (renovations, refurbishments) and the nature of healthcare operations. These risks are typically categorized as "Moderate" by the World Bank.

### 4.1 Potential Environmental and Social Risk and Impacts

The overall environmental risk of the Primary Health Care System Enhancing Project (PHSEP) is anticipated as “**moderate**”, a reflection of the inherently limited impact of the planned rehabilitation and minor-medium level civil works. Importantly, the project will not undertake any high-risk activities (~~Category A~~) that could cause significant adverse environmental and social impacts. Consequently, the anticipated effects from the modest construction and service enhancements are expected to be minimal/moderate, temporary, and of short duration. A specific focus is placed on the crucial management of Healthcare Waste (HCW). Comprehensive details regarding these expected environmental and social impacts, along with their proposed mitigation measures, are further discussed in subsequent sections and are consolidated in the ESMP, **attached as Annexure 13**. These are indicative impacts and will need to be further explored during the detailed design stage.

- 1.1 Key environment risks and impacts associated with rehabilitation works include: (a). Dust and air pollution, noise and vibration - Construction and renovation activities, particularly material transport, demolition, cutting, and vehicle movement, are primary sources of dust and air pollution. These operations contribute to poor air quality, posing potential risks to the respiratory health of construction workers, hospital staff, patients, and nearby communities. Furthermore, such activities can lead to the soiling of hospital equipment and premises. Concurrently, the noise and vibrations generated by construction work can significantly disturb patients, hospital staff, and neighboring communities, potentially causing sleep disruptions and interfering with communication within and around the facility.
- 2.1 (b). Waste generation and management - The PHSEP's rehabilitation and improvement activities may generate some volume of waste, presenting key management challenges. This includes Construction and Demolition (C&D) waste (rubble, concrete, bricks, and soil, along with wood, metal, and plastic, etc.), which, if improperly managed, risks illegal dumping, landfill burden, and drainage issues. A critical concern is the potential for encountering hazardous materials like e-waste, asbestos or lead in older structures; their disturbance poses severe health and environmental contamination risks if not handled properly. Furthermore, ongoing hospital operations mean Healthcare Waste (HCW) generation continues, and any disruption to existing waste management systems (collection points, temporary storage areas, or existing disposal routes) during rehabilitation could exacerbate challenges and compromise public health. The asbestos management guidelines prepared for the PHSEP project are attached as **Annex 24** to manage all asbestos-related activities. Further the National Health Care Waste Management Action Plan will be followed once it is finalized and published by the Ministry of Health. Currently, the document is still in draft form; after finalization, provincial health care waste management plans will be created, which can be used for the project's own

waste management without duplicating efforts. Several meetings with the MOH have taken place, and further discussions will occur during project implementation.

- 3.1 (c). Water and Soil Contamination- Construction activities associated with the project pose a risk of water and soil contamination. This can occur through sediment-laden runoff from construction sites, which can enter drains and ultimately flow into nearby water bodies. Additionally, accidental spills of fuels, lubricants, paints, or chemicals during machinery maintenance or material storage on-site present a modest threat. Such incidents can lead to the pollution of both surface and groundwater, impacting aquatic ecosystems and potentially contaminating vital water sources, as well as causing direct soil contamination.
- 4.1 (d). Resource consumption - Resource consumption during the rehabilitation work is a significant concern. The project may have a high demand for water for activities such as dust suppression, concrete mixing, and worker facilities, placing increased pressure on local water resources. Energy consumption will be substantial due to the use of fuel for machinery, generators, and temporary lighting, contributing to greenhouse gas emissions. Furthermore, the extensive use of **construction materials** like sand, aggregates, cement, and timber will lead to the depletion of natural resources. However, since the scale of construction is minor-moderate, the Project will pose moderate level risks during the construction stage.
- 5.1 The potential negative impacts envisaged during the operations stage are related to the generation, handling, and disposal of HCW. Improper management of HCW could cause various health and safety concerns for the health care facility staff, waste collectors, patients, and nearby communities as well as risks to the environment through several routes of contamination including open dumping, burning, and mixing with storm water runoff causing widespread pollution and spread of diseases.
- 6.1 The Project will also invest in implementing solar energy systems at PMCI's to improve energy efficiency and energy security. These would generate electronic and hazardous waste at their end-of use stage which could potentially contaminate the soil, surface, and groundwater. In addition, refurbishment of existing wastewater treatment facilities will be carried out to manage liquid waste generated from improved laboratories. These impacts are discussed in detail in **Annex 08** in HCWMP.
- 7.1 The PHSEP's rehabilitation activities may lead to the generation of e-waste from replacing old healthcare electronics. Managing this e-waste is crucial due to hazardous components like heavy metals, which pose health and environmental risks. Sri Lanka addresses this under the National Environmental Act of 1980 and its 2008 Hazardous Waste Management Regulations, which classify e-waste as hazardous and mandate strict procedures for its segregation, storage, transport by licensed collectors, and environmentally sound treatment. These comprehensive laws and guidelines from the CEA and Ministry of Health and Mass Media ensure proper e-waste management during the project to minimize adverse impacts and ensure compliance. The guidelines and relevant information for e-waste management under the PHSEP project are detailed in **Annex 20**.

**The social risk of the Project is assessed to be “Low”.** The sexual exploitation and abuse/sexual harassment (SEA/SH) risk of the Project was rated ‘low’ determined through the application of the World Bank’s SEA/SH Risk Rating tool for health sector projects. There will be no involuntary land acquisition or permanent resettlement related impacts as the Project will only support minor-medium level civil works such as renovations and refurbishments of existing PCMI's. The key social risks include:

- 8.1 Occupational health and safety related risks and impacts from minor-medium level civil works including disturbances to ongoing clinics- A key concern during the project's rehabilitation and improvement activities is ensuring robust Occupational Health and

Safety (OHS) for all workers. Significant risks include accidents such as falls, machinery-related incidents, and electrocution. Workers face health hazards from exposure to dust, noise, vibration, hazardous chemicals, and biological agents, particularly in operational hospital zones. These risks are compounded by the potential for inadequate site facilities, including poor sanitation, insufficient clean water, limited first aid, and a lack of essential Personal Protective Equipment (PPE). Mitigating these OHS risks is critical for worker wellbeing and project success. The guidelines and relevant information for emergency response under the PHSEP project are detailed in **Annex 23**.

- Community health and safety - The rehabilitation works pose moderate risks to community health and safety, require close attention. Key concerns can include disruption to essential hospital services, such as emergency entrances and clinics, due to barrier, material storage, and narrowed pathways, delaying patient and visitor flow. Furthermore, the increased heavy vehicle traffic for material delivery and waste removal will exacerbate traffic congestion and elevate the risk of accidents for both pedestrians and local residents. Public nuisance from noise and dust generation is anticipated, potentially affecting nearby residential areas, schools, and businesses. Critically, dust and debris naturally cause an infection risk which could contaminate sensitive hospital areas and compromise the infection prevention and control (IPC) plans crucial for patient and safety.
- Labour and working conditions - some issues related to fairness, such as ensuring, timely payments, reasonable working hours, and non-discrimination. The absence of effective worker grievance mechanisms could prevent worker's problems from getting solved. Although considered low-risk for this project, there is a potential for child or forced labor if subcontractors are not properly checked. Furthermore, the project may introduce risks of Gender-Based Violence (GBV), Sexual Exploitation & Abuse (SEA), and Sexual Harassment (SH), particularly due to labor influx, necessitating robust codes of conduct, awareness programs, and dedicated grievance channels.
- Security related risks – Low risks related to theft of construction materials or petty crime due to the presence of a workforce, requiring site security measures.
- Cultural heritage – Low risks, if any civil works involve excavation or demolition of very old building structures, there is a minor chance of uncovering previously unknown cultural resources.
- Construction activities may create temporary physical barriers for persons with disabilities, the elderly, or those with mobility issues trying to access services and exclusion related risks especially to elderly, people with disabilities and bedridden patients living in remote locations due to lack of equitable and universal access to information on health services for these groups;
- Risks associated with assuring data protection and privacy of patient records during storing and processing by the HMIS; and
- Potential forced labor risks with the supply of solar panels. Associated risks and impacts related to civil works, including health, safety and SEA/SH risks can easily be managed following a proper ESMP, ESCOP and adopting a SEA/SH prevention Code of Conduct by contractors and their workers.
- In addition, the Project will strengthen the existing SEA/SH service provision at PMCI level and ensure adequate referral pathways. Exclusion related risks will be mitigated through the delivery of targeted essential services including home-based care services and by (a) ensuring universal access for vulnerable groups who experience mobility challenges, and

(b) engaging the FFCs to support and reach out to these groups. Data protection and privacy risks will be mitigated by complying with key national legislation related to personal data protection and computer crimes during the implementation of the e-HIMS. Forced labor risks with solar panel suppliers will be addressed by enhanced procurement mitigation measures. The ESCP<sup>5</sup> and Stakeholder Engagement Plan<sup>6</sup> have been disclosed on May 24, 2024 and May 19, 2024 respectively.

Based on the risk level identified through the Environmental & Social Screening process, Safeguard team/specialist will determine the appropriate Environmental and Social (E&S) management instrument to be used:

- **Environmental and Social Codes of Practices (ESCoPs):** These standardized, practical guidelines will be applied for low-impact sub-projects that are rated as low risk. Examples are: minor rehabilitations, routine maintenance, or small-scale activities where risks are predictable and easily manageable.
- **Environmental and Social Management Plans (ESMPs):** For sub-projects with moderate impacts, a more detailed ESMP will be prepared. This is necessary for activities such as: Substantial rehabilitation works (Ex. major structural changes, significant expansions). Works in environmentally or socially sensitive locations (Ex. near residential quarters, existing hospital wards, or ecologically vulnerable areas, etc.), or cases involving minor voluntary land donation (where unavoidable) strictly limited to small footprint adjustments for existing PCMIs, with no livelihood impacts.

Therefore, the above E&S instruments will be developed to manage environment and social impacts during minor civil works or rehabilitation, improvements. Additionally, a Health Care

Waste Management Plan (HCWMPs) will be developed taking into account the collection, handling, storage, disposal of HCW.

These possible safeguard risks highlight the need for comprehensive Environmental and Social Management Plans (ESMPs), ESCoP specifically tailored to the rehabilitation and improvement activities to ensure they are carried out responsibly and sustainably. The relevant ESCoP/ESMP will be included in Bid documents, and contractor compliance is required. The Contractor will use the ESCoP/ESMP to develop their own Environment and Social Management System (ESMS).

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<sup>5</sup> [https://pssp.health.gov.lk/images/pdf/Environmental\\_and\\_Social\\_Commitment\\_Plan\\_Negotiated\\_-\\_24-May-2024\\_clean.pdf](https://pssp.health.gov.lk/images/pdf/Environmental_and_Social_Commitment_Plan_Negotiated_-_24-May-2024_clean.pdf)

<sup>6</sup> [https://www.pssp.health.gov.lk/images/pdf/PHSEP\\_Stakeholder\\_Engagement\\_Plan\\_SEP-19May2024.pdf](https://www.pssp.health.gov.lk/images/pdf/PHSEP_Stakeholder_Engagement_Plan_SEP-19May2024.pdf)

## 4.2 Environmental and Social Risks and Mitigation Measures

### 4.2.1 Risk Management and Mitigation Framework

**Table 5: Risk Management and Mitigation Framework**

Subcomponent Activity	Risks and Impacts	E&S due diligence process
<p>Sub-Component 1.1: Renovation Repairs PCMIs (minor civil works)</p>	<p>Environmental impacts associated with Land clearing, and vegetation removal</p> <p>sourcing, transpiration and storage of construction materials.</p> <p>Impacts on air quality, water quality and noise.</p> <p>Soil erosion due to construction and land clearance</p> <p>Increased traffic due to transportation of construction material</p> <p>Generation of solid waste</p> <p>Pollution and depletion of surface and ground water resources.</p>	<p>Conduct Environment and Social (E&amp;S) Screening by the PMU E&amp;S specialist and/or E&amp;S Focal Point at PMCIs or Provincial Councils.</p> <p>Prepare ESMPs/ESCOPs based on the screening findings and will be included in bidding documents. Relevant clauses and BoQ items to implement the E&amp;S measures will be built into Civil Works Contracts.</p> <p>Implement ESMPs /ESCOPs by the contractor to mitigate such impacts.</p> <p>Focal persons will be designated and trained at PMCI level to oversee implementation of ESMPs and ESCOPs.</p>

<p>Relevant project components 1 and 2 that generate HCW</p>	<p>Generation of Health Care Waste including infectious waste, Sharps, Pharmaceutical waste, Chemical</p>	<p>Manage Health Care Waste as per HCWMPs provided in Annex 08</p> <p>1.1 Follow the National Health Care Waste Management Action Plan once it is finalized and published by the Ministry of Health. Currently, the document is still in draft form;</p>
<p>during project implementation metals, duplicating general waste which project implementation.</p>	<p>project waste, radioactive waste, waste with metals, be used for the project's own waste Pressurized containers efforts. place, and further discussions will occur during project implementation. concerns for the HCF and waste collectors</p>	<p>after finalization, provincial health care waste management plans will be created, which can heavily and Several meetings with the MOH have taken place, and further discussions will occur during project implementation. H&amp;S staff</p>
<p>Relevant to Hazardous waste that include project equipments and from management new purchasing their equipment's stage. for health facilities</p>	<p>production of Implement ESMFs and CEA regulations to manage obsolete project equipments and from management new purchasing their equipment's stage. for health facilities</p>	<p>component 1, 3 hazardous waste hazardous waste. overall</p>
<p>Sub-Component 1.1 : and safety as dust, noise, generation, implemented by operations, and provided in Annexes 1 &amp; 2.</p>	<p>Community health risks such by designated ESCOPs and/or ESMPs which will be implemented by contractors. Sample Screening checklists, provided in Annexes 1 &amp; 2. occupational health risks to laborers.</p>	<p>Conduct Environment and Social (E&amp;S) Screening focal point at PMCI and develop Renovations, ESCOPs and/or ESMPs which will be implemented by contractors. Sample E&amp;S PCMI (minor ESCOP and ESMP are civil works) daily occupational health</p> <p>ESMPs/ ESCOPs will include labor management procedures and SEA/SH Code of Conduct (CoC) and will be included in bidding documents. Relevant clauses and BoQ items to implement the E&amp;S measures will be built into Civil Works Contracts.</p> <p>Focal persons will be designated and trained at MoH, PDHS, RDHS, and PMCI level to oversee implementation of ESCOPs.</p>

PMU will make communities aware on project activities, benefits and health and safety risks to

community. Friends of Facility Committees (FFC) will be used to reach out to communities.

Further information is provided in the Stakeholder Engagement Plan (SEP) prepared for the project.

<p>Sub-Component 1.1: Renovation, Repairs to PCMIs (minor civil works)</p>	<p>Land donations</p>	<p>Only minor civil works are envisaged under the project and no new large-scale infrastructure, land acquisition or resettlement will be supported. In exceptional cases, where ongoing rehabilitation of an existing PMCI requires a very small and unavoidable adjustment to the facility footprint, and where the land is not already owned by the government, voluntary land donation by adjacent landowners may be considered.</p> <p>.</p> <p>The VLDC will ensure that the donor:</p> <ul style="list-style-type: none"> <li>(a) has been appropriately informed/consulted about the project and the choices available to them;</li> <li>(b) are aware that refusal is an option, and have confirmed in writing their willingness to proceed with the donation;</li> <li>(c) the amount of land being donated is minor (less than 10% of total land owned) and will not reduce the donor's remaining land area below that required to maintain the donor's livelihood at current levels;</li> <li>(d) no household relocation is involved;</li> <li>(e) the donor is expected to benefit directly from the project; and</li> <li>(f) for community or collective land, donation can only occur with the consent of individuals using or occupying the land.</li> </ul> <p>Refer to Exclusion List (Table 7) for list of excluded interventions that may cause adverse impacts that are unprecedented or diverse on the environment</p>
		<p>and/or require extensive land clearing and vegetation removal, land acquisition, cause displacement or involuntary resettlement of people.</p>

<p>Sub-Component 1.1 Renovation, Repairs to PCMIs ( minor civil works)</p>	<p>Labor influx, SEA/SH impacts,</p>	<p>Apply project level ESCOP, that will include labor management procedures, and SEA /SH prevention Code of Conduct ( See Annex 04 for samples) , and will be included in bidding documents. Relevant clauses and BoQ items to implement the E&amp;S measures will be built into Civil Works Contracts.</p> <p>Strengthen existing SEA/SH service provision at PMCI level and ensure adequate referral pathways.</p> <p>Awareness raising on available GRM for registering of complaints of an SEA/SH nature. GRM will refer SEA/SH cases to GBV services established at PMCI level.</p> <p>Strengthen and increase the number of Mithuru Piyasas at PMCI level and train health care providers.</p> <p>A revamped health care provider training curriculum to be introduced in Component 2 that will build capacity of providers to appropriately screen, treat and refer survivors of GBV, including as related to first aid, psychological, psychosocial and legal services.</p> <p>Build the capacity of multi-sectoral committees at divisional and village level to increase high quality GBV response.</p> <p>Conduct community awareness programs on GBV prevention .</p> <p>Any incidents related to SEA/SH are to be notified to the World Bank no later than 48 hours after learning of the incident as detailed in the ESCP.</p>
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Supply and installation of Solar Panels	Forced labor in production of panels.	<p>To reduce forced labor risks, the Bank requires bidders to provide two declarations: a Forced Labor Performance Declaration and a Forced Labor Declaration.</p> <p>The IA will also include enhanced language on forced labor in procurement contracts.</p> <p>Primary suppliers must identify and remedy any forced labor risks under Environmental and Social Standard 2 (ESS2), and if necessary, shift to suppliers meeting ESS2 requirements.</p> <p>A specimen bidding document and contract agreement will be agreed with the World Bank.</p>
Availability of comprehensive PHC services at PMCs and Medical office of Health offices, Sub-component 1.3 – increasing care needs for elderly, special care needs etc.	Exclusion related risks for elderly, disabled and bedridden living in remote areas, lack of universal access to hospital premises	<p>Delivery of targeted essential services including home based care services and ensure universal access for vulnerable groups experiencing mobility challenges.</p> <p>Engage FFCs to support and provide outreach to these groups.</p>
Sub-Component 1.1: digitalization e-health. Sub-component 2.2 – scaling of integrated care platforms	Data protection and privacy of patient records – storing and processing risks related to e-health	Project to comply with national legislation related to personal data protection and computer crimes when implementing the e-health IMS.

### 4.3 Risks and Mitigation Measures Specific to Disadvantaged and Vulnerable Groups

The social risk rating for the project is assessed as “Low”, as the project will benefit the entire population, specifically those with NCDs, cervical cancer, and mental disabilities, the elderly by strengthening citizen engagement and existing grievance redressal/feedback mechanisms. There are risks associated with exclusion, especially elderly, people with disabilities and bedridden patients living in remote locations that may be unable to physically access PMCs or have

equitable and universal access to information on health services. A Stakeholder Engagement Plan (SEP) has been developed for the project which provides strategies to engage key stakeholders including reach out to vulnerable groups with health services including the use of community engagement models with the support of the Friends of Facility Committees (FFCs), and establishing an effective grievance handling mechanism. FFC will serve as a bridge between the PMCIs and local communities, and fulfill a variety of functions, by assisting the PMCIs to tailor their services to the needs and priorities of local community based on feedback obtained from the community, raising awareness of local communities regarding available medical services and the importance of various medical treatment and procedures. The project will include mechanism to obtain feedback from patients to assess the quality and satisfaction of the PMCI services offered. The table below provides a succinct summary of potential risks and impacts with applicable mitigation measures.

#### 4.3.1 Risk Mitigation Strategies for Vulnerable Groups

Vulnerable group	Risks and Impacts	Mitigation measures
<b>Poorest households and patients from lowincome households, and those at risk of NCDs</b>	Lack access and knowledge of services available to them from PMCIs, Lack income or high transport costs prevent them from accessing services at PMCIs	Public awareness raising programs – through GNs, PHIs and the FFCs, individual and group meetings.  Provide information on available services through radio programs, television and leaflets.  House to house services, mobile clinics.
<b>Elderly, persons with disabilities</b>	Distance from nearest PMCIs make it difficult due to mobility and inability to afford transport costs.  Lack of income and access to information, medicines and essential medical services	Awareness programs through FFCs, house to house visits, GN and PHI visits.  Identify households with elderly and disabled who are unable to travel, and provide mobile services. Ensure such patients are registered with the nearest PMCI.
<b>Cancer patients and patients that require palliative care</b>	Lack transport facilities and distance to PMCI.  Unable to access nearest PMCI due to their advanced stage, bedridden and unable to travel as a result.	Identify through the GN and PHI households who have cancer patients or patients that require palliative care.  Provide information through the FFCs through door-to-door visits to brief on available care services at PMCIs.
	Lack of access to palliative care services and access to primary health services.	Register households with nearest PMCIs to enable access to mobile care services.

<p><b>Individuals living in vulnerable areas such as in estate sector, underserved urban settlements and remote rural locations, &amp; Vedda communities</b></p>	<p>Lack of awareness about available health services at PMCI.</p> <p>Lack of access due to high transport costs and distance to nearest PMCI</p>	<p>Awareness programs facilitated through the FFCs</p> <p>GNs and PHIs to identify locations and individuals – inform through brochures, leaflets of services available.</p> <p>Register of households if they meet criteria for mobile services</p> <p>PMCI to organize mobile clinics.</p>
<p><b>Women, pregnant mothers and children from low income groups.</b></p>	<p>Poor knowledge on nutritional and personal health care management</p> <p>Higher vulnerability for GBV/SH</p>	<p>Awareness programs and establish safe community-based systems to support vulnerable groups.</p> <p>Identify vulnerable households through PHI, GN in area.</p> <p>Provide brochures, leaflets and through house-to-house awareness campaigns facilities through FFCs.</p>

**Table 6: Risk Mitigation Strategies for Vulnerable Groups**

#### 4.4 Planning and Design Considerations to enhance Environmental and Social Outcomes

Design of PMCI and hospital facilities shall take into consideration universal access principles, the needs of elderly, physically challenged and integrate design measures into PMCI and refurbishments of health care facilities. These universal design principles shall be aligned to the national legislation to ensure public buildings are accessible. Universal design principles will consider hospital use in terms of patients, medical personnel and visitors to the facilities.

For further guidance refer to the United Nation Development Program published document on Universal Design in Health care at following

link: [https://www.undp.org/sites/g/files/zskgke326/files/migration/ua/Manual\\_UD-inHealthcare\\_eng.pdf](https://www.undp.org/sites/g/files/zskgke326/files/migration/ua/Manual_UD-inHealthcare_eng.pdf).

To ensure that minimum design guidelines are incorporated into PMCI building designs, MOH – PCMU E&S specialists to work closely with technical officer to incorporate universal design principles into planned civil works.

##### 4.4.1 Universal and Inclusive Design Principles

The health care facilities and PMCI to be constructed or refurbished are recommended to include the following design principles:

1. Equitable Use:
  - a. Provide equal access to services and the environment for all clients, medical personnel and visitors.
  - b. Ensure the design of buildings are attractive for all users.

- c. Design entrances with a low or no threshold, ensure that reception desks are at a low height to allow for patients in wheelchairs to access information desks.
  - d. Ensure that emergency exits are accessible and include ramps, signage and paving for visually impaired.
  - e. Include tactile surfaces to indicate exits and entrances to ensure those with disabilities are able to access facilities.
2. Flexibility in use:
- a. Provide options for different individual abilities and preferences, and ensure access through provision of different interfaces:
    - i. Ability to make appointments online or through e-channeling services (if available).
    - ii. Selection of height and table of chairs according to use. This applies not only for patient use, but also for medical staff use (i.e. workspace design, installation of monitors at right angle, height of table, chairs etc.).
3. Perceptible Information:
- a. Include different ways of presenting information (written, oral and tactile) keeping in mind patients' sensory abilities and disabilities.
  - b. Create contrast between important and supplementary information.
  - c. Present information in an understandable manner. Simplify language and provide information in local languages.
4. Size and space for approach and use:
- a. Provide adequate size and space for easy access to and use of objects, equipment, and services, regardless of their height, age, size, functional impairments and mobility level.
  - b. Provide sufficient space for assistive devices and personal assistants.
  - c. Provide clear visibility of important elements for every visitor and worker regardless of their height or body position (sitting/ standing).
    - i. Width of corridors allows for installation of handrails along walls, providing sitting places for waiting, and hanging monitors which do not obstruct passage.
    - ii. Furniture for sitting, such as chairs, benches should be accessible for visitors of different sizes and heights.
    - iii. Toilets should allow enough space for persons using wheelchairs and be equipped with an area for mothers with children, space for crutches near sink or seat for changing clothes.
    - iv. Provide handrails within toilet facilities for easy use of toilet facilities for elderly, physically challenged.
    - v. Ramps shall be wider than width of wheelchairs or hospital beds to ensure easy access to medical care facilities.
    - vi. Sufficient space in medical officers' examination rooms to ensure smooth mobility.
    - vii. Location of medical care facilities must be selected to ensure persons whether elderly, physically challenged or are in wheelchairs can access care facilities. Avoidance of care facilities in steep slope areas are recommended. If unavoidable, ensure that access ramps are at inclines that allow for easy access to care facilities.

(Source: [https://www.undp.org/sites/g/files/zskgke326/files/migration/ua/Manual\\_UD-inHealthcare\\_eng.pdf](https://www.undp.org/sites/g/files/zskgke326/files/migration/ua/Manual_UD-inHealthcare_eng.pdf)).

#### 4.4.2 Design principles for environmental conservation and protection:

##### ***A. Design principles for environmental conservation and protection in renovation /rehabilitation of PMICs***

- Periodic Safety Inspections: Conduct periodic safety inspections of new or rehabilitated structures after completion to ensure compliance with safety standards and take appropriate actions as needed.
- Conservation and Mitigation Measures: Implement appropriate conservation and mitigation measures to remove or reduce adverse impacts on natural habitats or their functions. These measures may include:
  - Full site protection through project redesign, Strategic habitat retention, Restricted conversion or modification, Mitigation measures to minimize ecological damage
  - Post-development restoration works
- Establishment and maintenance of an ecologically similar protected area of suitable size.
- Environmental Management Plan (EMP): Develop and implement EMPs that outlines the measures to be taken during the construction and operation phases to mitigate environmental impacts.
- Resource Efficiency and Pollution Prevention: Adopt resource efficiency and pollution prevention measures consistent with good international industry practice (GIIP). This includes:
  - Evaluating and selecting resource efficiency and pollution prevention techniques
  - Implementing measures to improve efficiency in the consumption of energy, water, and other resources
  - Integrating principles of cleaner production into product design and production processes
  - Considering alternatives and implementing options to reduce project-related greenhouse gas (GHG) emissions.

These principles aim to ensure that building renovation and rehabilitation works are carried out in an environmentally sustainable manner, minimizing negative impacts on natural habitats and promoting resource efficiency.

##### ***B. Design principles for environmental conservation and protection for waste water treatment plants***

- Site Selection and Surveys: The location and alignment of structures and installations for wastewater treatment plants should be based on geological, engineering-geological, and sanitary-ecological surveys.
- Approval from authorized environmental protection and sanitary-epidemiological supervision bodies is required.
- Wastewater Treatment Standards: The required degree of wastewater treatment should be determined based on local conditions and potential reuse of treated wastewater for groundwater replenishment and irrigation of agricultural lands.
- Compliance with Environmental Regulations: Adhere to regulations for water pollution and water quality standards, ensuring compliance with minimum water quality standards prescribed by the National Environmental Standards Committee.
- Implement mechanisms to control water pollution through conservation interventions and effluent discharges to public sewers or water bodies.

- **Hazardous Materials Management:** Avoid or minimize the release of hazardous materials. Assess the production, transportation, handling, storage, and use of hazardous materials.
- Consider less hazardous substitutes and avoid the use of chemicals subject to international bans or phase-outs.
- **Environmental Management Plan (EMP):** Develop EMPs that outlines measures to mitigate environmental impacts during the construction and operation phases [4].
- **Mitigation Measures:** Implement design phase mitigation measures, such as preventing surface water and rainwater from entering the landfill body by building suitable berms around the site.
- Collect and treat contaminated water and leachate. Protect soil, groundwater, and surface water through a combination of geological barriers and liners during both operational and post-closure phases.

These principles aim to ensure that wastewater treatment plants are designed and operated in an environmentally sustainable manner, minimizing negative impacts on natural habitats and promoting resource efficiency.

## 5. PROCEDURES AND IMPLEMENTATION ARRANGEMENTS

### 5.1 The Scope of Application of E&S Management Procedures

The environmental and social risk management procedures will be implemented through the Project's subproject selection process. In summary, the procedures aim to do the following:

#### 5.1.2 Project Cycle and Environmental and Social Management Procedures.

Project Stage	E&S Stage	E&S Management Procedures
<b>STEP 1 - Assessment and Analysis:</b> Subproject identification	Screening	<p>During subproject identification, ensure subproject (minor civil works) eligibility by referring to the <b>Exclusion List in table</b> below and Voluntary Land Donation Criteria (VLC) where applicable.</p> <ul style="list-style-type: none"> <li>- For minor civil works, use the E&amp;S Screening Checklist in <b>Annex 01</b> to identify and assess potential environmental and social risks and impacts, and identify the appropriate mitigation measures for the subproject. Submit screening reports indicating the requirements of ESMPS/ ESCOPs for bank review and clearance before commencement of construction work.</li> <li>- Identify the documentation, permits, and clearances required under the government's Environmental Regulation.</li> <li>- During subproject identification, confirm that all activities are confined to existing PMCI premises on government land.</li> <li>- In exceptional cases only, where minor rehabilitation requires a very small footprint adjustment and government land is unavailable, screening shall assess whether voluntary land donation is applicable, strictly in accordance with the VLDC.</li> <li>- Any subproject involving land acquisition, involuntary resettlement, livelihood impacts, or significant land expansion shall be excluded.</li> </ul>
<b>STEP 2 - Formulation and Planning:</b> Planning for subproject activities, including human	Planning	<ul style="list-style-type: none"> <li>- Environmental and social management guide line (ESMF) prepared for the overall project. Based on the <b>Screening Checklist</b> adopt and/or prepare relevant environmental and social procedures and plans. i.e. ESMPS and ESCOP.</li> <li>- For activities requiring Environmental and Social Management Plans (ESMPs), submit samples of</li> </ul>

and budgetary resources and monitoring measures		<p>ESMPs for prior review and no objection by the World Bank prior to initiating bidding processes (for subprojects involving bidding processes) and/or launching activities (for subproject activities not subject to bidding).</p> <ul style="list-style-type: none"> <li>- Ensure that the contents of the ESMPs/ ESCOPs are shared with relevant stakeholders in an accessible manner and consultations are held with the affected communities in accordance with the SEP.</li> <li>- Complete all documentation, permits, and clearances required under the government's Environmental Regulation.</li> <li>- Train staff responsible for implementation and monitoring of plans.</li> <li>- Incorporate relevant environmental and social procedures,</li> </ul> <p>Include the General Waste Management Plan (GWMP) including SEA/SH, COC, HCWMP, LMP, ESMP, GRM, and other relevant plans into contractor bidding documents; train contractors on relevant procedures and plans.</p>
<b>STEP 3 - Implementation and Monitoring:</b> Implementation support and continuous monitoring for projects	Implementation	<ul style="list-style-type: none"> <li>- Ensure implementation of plans through site visits, regular reporting from the field, and other planned monitoring. Including ESMPs/ESCOPs, Grievance records, Accident and Incident records, HCWMP, Waste Management Plans, LMP, Stakeholder engagement Plan (SEP), GRM, OHSP, etc.</li> <li>- Track grievances/beneficiary feedback.</li> <li>- Continue awareness raising and/or training for relevant staff, volunteers, contractors, communities.</li> <li>- Report the monitoring of the E &amp; S management and ESMP/ESCOP implementation to the Bank as outlined in the ESCP</li> </ul>
<b>STEP 3 - Review and Evaluation:</b> Qualitative, quantitative, and/or participatory data collection on a sample basis]	Completion	<ul style="list-style-type: none"> <li>- Assess whether plans (ESMP/ ESCoP, HSWMP, etc.) have been effectively implemented.</li> <li>- Ensure that physical sites are properly restored.</li> <li>= Conduct E&amp;S performance audit as and when required and report back to the Bank.</li> </ul>

**Table 7: Project Cycle and E&S Management Procedures Technical Assistance Activities:** The Project Management Unit will ensure that the consultancies, studies (including feasibility studies, if applicable), capacity building, training, and any other technical assistance activities under the Project are carried out in accordance with Terms of Reference acceptable to the Bank, that are

consistent with the ESSs. They will also ensure that the outputs of such activities comply with the Terms of Reference.

**Contingency Emergency Response Component:** Environmental and social risk management for CERC activities will follow the procedures set out in the PHSEP CERC Emergency Operations Manual (December 2025). In the event of CERC activation, environmental and social due diligence will be undertaken proportionate to the nature and urgency of the emergency, including screening of proposed activities, identification of applicable E&S instruments, and confirmation of disclosure requirements, as described in Section G of the CERC Manual. Where required, an addendum to this ESMF will be prepared, consulted upon, disclosed, and implemented prior to or in parallel with CERC activity implementation, consistent with the Emergency Action Plan and ESCP.

## 5.2 Environmental and Social Risk Management Procedures

### A. STEP 1: Subproject Assessment and Analysis – E&S Screening

As a first step, all proposed activities should be screened to ensure that they are within the boundaries of the Project's eligible activities, and they are not considered as activities listed on the E&S Exclusion List in the table below.

#### *1. Ensuring Responsible Investments: PHSEP's Exclusion List*

- Weapons, including but not limited to mines, guns, ammunition, and explosives
- Support of production of any hazardous good, including alcohol, tobacco, and controlled substances
- Any construction in protected areas or priority areas for biodiversity conservation, as defined in national law
- Activities that have the potential to cause any significant loss or degradation of critical natural habitats, whether directly or indirectly, or which would lead to adverse impacts on natural habitats,
- Activities that involve extensive harvest and sale/trade of forest resources (post, timber, bamboo, charcoal, wildlife, etc.) for large-scale commercial purposes
- Activities involving changing forestland into agricultural land or logging activities in primary forest
- Purchase or use of banned/restricted pesticides, insecticides, herbicides, and other dangerous chemicals (banned under national law and World Health Organization (WHO) category 1A and 1B pesticides)
- Construction of any new dams or rehabilitation of existing dams including structural and or operational changes; or irrigation or water supply subprojects that will depend on the storage and operation of an existing dam, or a dam under construction for the supply of water
- Activities that involve the use of international waterways
- Any activity affecting physical cultural heritage such as graves, temples, churches, historical relics, archeological sites, or other cultural structures

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Activities that may cause or lead to forced labor or child abuse, child labor exploitation or human trafficking, or subprojects that employ or engage children, over the minimum age of 14 and under the age of 18, in connection with the project in a manner that is likely to be hazardous or interfere with the child's education or be harmful to the child's health or physical, mental, spiritual, moral, or social development</li> <li>• Any activity on land that has disputed ownership or tenure rights</li> <li>• Any activity that will cause physical relocation of households or involuntary resettlement, private land acquisition or will require the use of eminent domain.</li> <li>• Any activity with significant environmental and social risks and impacts that require an Environmental and Social Impact Assessment (ESIA).</li> </ul> |
| <ul style="list-style-type: none"> <li>• Any activity that will require Free, Prior and Informed Consent (FPIC) as defined in ESS7.</li> <li>• No large-scale new construction of PMCIs that fall under substantial and high-risk category, such as waste incinerators (E &amp; Specialist to discuss this matter with the PD and decide the magnitude / scale of the construction of civil works)</li> </ul>   |

**Table 8: PHSEP's Exclusion List**

The MoH (PMU-PHSEP) and Provincial Councils / PMCIS focal points will use the **E&S Screening Checklist in Annex 1** to identify and assess relevant environmental and social risks specific to the activities, and identify the appropriate mitigation measures. The *Screening Checklist* lists the various mitigation measures and plans that may be relevant for the specific activities (such as the Environmental and Social Codes of Practice, the Environmental and Social Management Plan, the Labor Management Procedures, Chance Find Procedures, etc.). All screening forms should be reviewed and verified by the E&S specialist of the PCMU and shared with the Bank for no objection/Bank clearance prior to commencement of civil work.

The MoH and Provincial Councils will also identify the documentation, permits, and clearances required under the government's Environmental Regulation.

## **B. STEP 2: Subproject Formulation and Planning – E&S Planning**

Based on the process above and the Screening Form, the MoH, PMU and Provincial Councils will adopt the necessary environmental and social management measures already included in the Annexes of this ESMF (such as the ESMPs, ESCOPs, include LMP in ESCOP, SEA/SH Code of Conduct, etc.) or develop relevant site-specific environmental and social management plans.

If site-specific ESMPs are necessary as per the screening findings (magnitude of the sub project and the location sensitivity), the PCMU E&S specialist with the support of relevant focal points at PMCIs will prepare the ESMP/ ESCOPs and other applicable documents as needed. The PCMU E&S specialist will compile ESMPs and other applicable forms. The contents of the ESMPs will be shared with relevant stakeholders in an accessible manner, and consultations will be held with the affected communities on the environmental and social risks and mitigation measures. If certain subprojects or contracts are being initiated at the same time or within a certain location, an overall ESMP covering multiple subprojects or contracts can be prepared. Some moderate risk subprojects may also benefit from the preparation of a site-specific environmental and social assessment prior to the preparation of an ESMP.

Samples of ESMPs [or alternatively, the first five ESMPs in each category of subproject or a different number to be agreed with the World Bank] will be submitted to the World Bank for prior review for no objection. After this first 5, the World Bank and the PCMU will reassess whether prior review is needed for further ESMPs or a certain category of ESMPs (for example, for activities exceeding a certain budget, for certain types of activities). The PMU E&S specialist is responsible for reviewing the rest of the ESMPs prepared thereafter.

The PCMU E&S specialist will also complete the documentation, permits and clearances required under the government's Environmental Regulation before any project activities begin.

At this stage, staff who will be working on the various subproject activities should be trained in the environmental and social management plans relevant to the activities they work on. The MoH and Provincial Councils should provide such training to field staff. ESMPs/ESCOPs should be included in bidding documents and relevant clauses and BoQ items to implement the E&S measures will be built into Civil Works Contracts.

The MoH and Provincial Councils should also ensure that all selected contractors, subcontractors, and vendors understand and incorporate environmental and social mitigation measures relevant to them as standard operating procedures for civil works. The PCMU E&S Specialist should provide training to selected contractors to ensure that they understand and incorporate environmental and social mitigation measures; and plan for cascading training to be delivered by contractors to subcontractors and vendors. The MoH and Provincial Councils should further ensure that the entities or communities responsible for ongoing operation and maintenance of the investment have received training on operations stage environmental and social management measures as applicable.

### **C.STEP 3: Implementation and Monitoring – E&S Implementation**

During implementation, the PCMU (MoH) will conduct regular monitoring visits. Describe the mechanisms, responsible parties, and the frequency for project supervision. Consider whether mobile devices or any geo monitoring tools such as Kobo toolbox can be used for monitoring of projects with numerous subproject locations. If there are contractors implementing subproject activities, the contractors will be responsible for implementing the mitigation measures in the E&S risk management documents, with PCMU (MoH) and Provincial Councils oversight.

The Project Coordinating and Management Unit (PCMU) of MOH working to implement the project will ensure that monitoring practices include the environmental and social risks identified in the ESMF and will monitor the implementation of E&S risk management mitigation plans as part of regular project monitoring. As there are a large number of sub projects scattered throughout the country, the PCMU should ensure maintaining adequate staff to monitor E&S management activities within Provincial levels by appointing focal points at Provincial Councils/Provincial Health Authorities and at sub project level.

At a minimum, the reporting will include (i) the overall implementation of E&S risk management instruments and measures (ii) implementation of HCWMPs, (ii) any environmental or social issues arising as a result of project activities and how these issues will be remedied or mitigated, including timelines, (iii) Occupational Health and Safety performance (including incidents and accidents), (iv) community health and safety, (v) stakeholder engagement updates, in line with the SEP, (vi) public notification and communications, (vii) progress on the implementation and completion of

project works, and (viii) summary of grievances/beneficiary feedback received, actions taken, and complaints closed out, in line with the SEP. Reports from the local levels will be submitted to the PCMU (MOH) at the national level, where they will be aggregated and submitted to the World Bank on a quarterly basis, commencing after the Effective Date. Reports shall be submitted no later than 15 days after the end of each reporting period.

Throughout the Project implementation stage, the PCMU (MoH) will continue to provide training and awareness raising to relevant stakeholders, such as staff, selected contractors, and communities, to support the implementation of the environmental and social risk management mitigation measures. An initial list of training needs is proposed below, in Section 6.3.

The PCMU (MOH) and Provincial Councils will also track grievances/beneficiary feedback (in line with the SEP) during project implementation to use as a monitoring tool for implementation of project activities and environmental and social mitigation measures.

Last, if the PCMU (MOH) and Provincial Councils becomes aware of a serious incident in connection with the project, which may have significant adverse effects on the environment, the affected communities, the public, or workers, it should notify the World Bank within 48 hours of becoming aware of such incident. A fatality is automatically classified as a serious incident, as are incidents of forced or child labor, abuses of community members by project workers (including gender-based violence incidents), violent community protests, or kidnappings.

#### **D.STEP 4: Review and Evaluation – E&S Completion**

Upon completion of Project activities, the PCMU (MOH) will review and evaluate progress and completion of project activities and all required environmental and social mitigation measures. Especially for civil works, the PCMU (MOH) and Provincial Councils will monitor activities with regard to site restoration and landscaping in the affected areas to ensure that the activities are done to an appropriate and acceptable standard before closing the contracts, in accordance with measures identified in the ESMPs and other plans. The sites must be restored to at least the same condition and standard that existed prior to commencement of works. Any pending issues must be resolved before a subproject is considered fully completed. The PCMU (MOH) will prepare the completion report describing the final status of compliance with the E&S risk management measures and submit it to the World Bank.

### **5.3 Implementation Arrangements of the Projects and the ESMF**

The **Ministry of Health and Mass Media & Mass Media (MOH)** will be the primary organization from the GoSL responsible for implementing the project with the support of the Provincial Councils. The MoH is responsible for day-to-day operations, setting policy and standards and updating protocols for strengthening the PHC system with the aim of streamlining access to high quality people-centered health services, increasing efficiency of these services, and ensuring a continuum of primary care for people throughout their life course. It is also responsible for M&E of the performance of the sector including the PHC system, using administrative data and period surveys.

A **National Steering Committee (NSC)** will be established through an issuance of a government circular. The NSC will meet quarterly to provide oversight, monitor implementation progress and provide overall guidance to the Project. The NSC will be chaired by the Secretary of the MoH with the participation of the Provincial Health Secretaries and Provincial Directors of Health. The

additional members of the Secretary finance commission, nine provincial Chief Secretaries, representatives from the central MOH and Provincial MOH, External Resources Department, National Planning Department, the National Budget Department and Treasury Operations Department, Management Services Department (MSD) and DPMM of the MoF and any others are necessary. The NSC will be established within 30 days of effectiveness.

The **Provincial Councils** will provide oversight and coordination through the provincial health authorities that will implement the provincial-level Project activities. Each Provincial Council will establish a project provincial working committee within 30 days of effective date. The committee will meet quarterly. Sri Lanka has nine provinces, each with its own provincial councils and administrative structure. The Provincial Departments of Health are responsible for adopting protocols and planning and implementing the PHC reorganization and strengthening activities per the set standards. The MOH will work closely with the provincial health authorities through the Chief Secretary of each province in coordinating, monitoring, and reporting on project implementation.

A **Project Coordination and Management Unit (PCMU)** anchored at the MOH will be established. A Project Operation Manual (POM) will guide implementation of project activities and include details on implementation arrangements, including fiduciary management, ESF management, PCMU staffing and Terms of Reference (TORs), and PBC verification protocols. The staffing structure will be based on efforts required to manage the technical, fiduciary and ESF risks and will be reviewed regularly. The PCMU will have qualified staff and resources to support the management of ESHS risks and impacts of the Project including Environmental and Social (E&S) specialist within the PCMU who will coordinate with Provincial Councils and also be supported by Directorate of Environmental and Occupational Health at the MOH. Focal persons for E&S Management and monitoring at PMCI, Provincial levels and/or MOH nominated offices will be assigned.

**Local contractors** will be required to comply with the Project's E&S risk management plans and procedures, including the ESMPs/ESCOPs, LMP, and local legislation. The PCMU will include the relevant aspects of the ESMPs, ESCOP, including the relevant E&S instruments, LMP and E&S Code of Conduct to be included into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. This provision will be specified in the contractor's agreements. Contractors and supervising team/firms will be required to comply and cause subcontractors to comply with the ESHS specifications of their respective contracts. Contractors will be expected to disseminate and create awareness within their workforce of environmental and social E&S risk management compliance for their effective implementation.

The table below summarizes the roles and responsibilities regarding the implementation arrangements for **environmental and social management**.

To effectively manage environmental and social risks across all project activities, particularly for the diverse rehabilitation works planned for Primary Medical Care Institutions (PMCI), project will employ a risk-based screening process format. For each individual sub-project (Ex., Specific PMCI rehabilitation), a screening form will be used to identify its potential environmental and social risks and impacts. This form helps understand the nature and scale of the proposed work and its surroundings, and determines the level of risk associated with the proposed activities.

Based on the risk level identified through this screening team/specialist will determine the appropriate Environmental and Social (E&S) management instrument applicable. These include ESMPs for moderate risk and ESCOPs for low risks sub projects.

- Environmental and Social Codes of Practices (ESCoPs): These standardized, practical guidelines will be applied to sub-projects that have a low-risk rating. This includes minor rehabilitations, routine maintenance, or small-scale activities where risks are predictable and easily manageable.
- Environmental and Social Management Plans (ESMPs): Applicable to sub-projects with moderate risk rating (i.e. with considerable impacts), an ESMP which is detailed in terms of mitigation measures will be prepared. This is necessary for activities that have extensive rehabilitation works (Ex. major structural changes or significant rehabilitation)), in environmentally or socially sensitive locations (Ex. near residential quarters, existing hospital wards, or ecologically vulnerable areas, landslide prone areas) or limited cases of minor voluntary land donation associated with small footprint adjustments to existing PMCIs, with no livelihood impacts

These risks will be managed and mitigated through the application of the above E&S instruments based on the risk level determined through the screening report. This is important for each specific subproject related activity identified (Example: rehabilitation of lab, ward, clinic). Once the exact sub-project locations and activities are known the above E&S instruments shall be prepared prior to civil works commencing. These would be standard guidelines included in the contractor's contract, detailing how to manage potential impacts related to the environmental and social safeguards.

This section consolidates and formalizes implementation roles and responsibilities referenced throughout the ESMF, including those reflected in the risk mitigation tables and ESS-specific sections.

### 5.3.1 Institutional Arrangements for Implementation Project Cycle and Environmental and Social Management Procedures.

Level/ Responsible Party	Roles and Responsibilities
<b>Ministry of Health and Mass Media (MOH) /PCMU - E&amp;S specialist</b>	<p>Provide support, oversight, and quality control to field staff working on environmental and social risk management.</p> <ul style="list-style-type: none"> <li>- Collect, review, and provide quality assurance and approval to Screening Forms and ESMP/ESCOPs. Review and clear documentation related to voluntary land donation where applicable for minor PMCI footprint adjustments, ensuring compliance with the VLDC and confirmation that no livelihood or resettlement impacts occur. Keep documentation of all progress. Submit the screening documents and sample ESMPS/ESCOPs for bank review and clearance.</li> <li>- Oversee overall implementation and monitoring of environmental and social mitigation and management activities as per project ESMF and applicable national regulations, compile progress reports from local levels/subprojects, and report to the World Bank on a quarterly basis.</li> <li>- Train central and field staff and contractors who will be responsible for implementing the ESMF.</li> <li>- Rectify any E&amp;S issues and grievances identified at the field level with the support of the field staff and report back to the Bank.</li> <li>- Ensure that all bidding and contract documents include all relevant E&amp;S management provisions per screening forms, ESHS and ESMPs and ESCOPs.</li> </ul>
<b>Provincial Council/ local field staff – E&amp;S focal points / Consultancy firm (The engineer)</b>	<ul style="list-style-type: none"> <li>- Ensure project activities do not fall under the Exclusion List. Fill out E&amp;S Screening Forms for relevant subproject activities and submit forms to the national level.</li> <li>- Complete site-specific screening, ESMPs, ESCOPs for subproject activities and submit forms to the national level.</li> </ul> <p>In exceptional cases only, where minor rehabilitation of an existing PMCI requires a very small footprint adjustment and voluntary land donation is proposed, ensure full compliance with the VLDC, including documented consultations, written consent, and verification that no livelihood or resettlement impacts occur.</p> <p>.</p> <ul style="list-style-type: none"> <li>- Oversee daily implementation and monitoring of environmental and social mitigation measures as per project ESMF and national regulations, and report progress and performance to the national level on a monthly basis.</li> </ul>
	<ul style="list-style-type: none"> <li>- Provide training to local contractors and communities on relevant environmental and social mitigation measures, roles, and responsibilities.</li> <li>- If contracting is managed regionally, ensure that all bidding and contract documents include all relevant E&amp;S management provisions per screening forms, GWMP and ESCOPs, SEA/SH Prevention Code of Conduct (CoC). Establish an effective Grievance Mechanism that is accessible.</li> </ul>

<b>Local contractors-E&amp;S officers/safety officers/Project Managers/Engineers</b>	<ul style="list-style-type: none"> <li>- Comply with the Project's environmental and social mitigation and management measures as specified in ESMPs/ESCOPs, including SEA/SH prevention Code of Conduct (CoC) and contract documents, as well as national and local legislation.</li> <li>- Take all necessary measures to protect the health and safety of workers and community members, and avoid, minimize, or mitigate any environmental harm resulting from project activities.</li> </ul> <p>Establish an effective and accessible Grievance Mechanism</p>
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**Table 9: Implementation Arrangements****5.4 Proposed Training and Capacity Building**

Training and capacity building will be necessary for the key stakeholders in order to ensure effective implementation of the ESMF, SEP, and other environmental and social documents. An initial training approach is outlined in the Table 12 below. To the extent possible, training on environmental and social risk management will be integrated into the project cycle and operational procedures. Given the need to raise awareness among project workers and stakeholders at many levels, a cascading model is proposed where information will follow from the national level to the field levels.

**5.4.1. Proposed Training and Capacity Building Approach**

Level	Responsible Party	Audience	Topics/Themes that May Be Covered
<b>National level</b>	World Bank	National staff responsible for overall implementation of ESMF	WB ESF requirements, ESMF and approach: <ul style="list-style-type: none"> <li>- Identification and assessment of E&amp;S risks through proper screening</li> <li>- Selection and application of relevant E&amp;S risk management measures/instruments such as ESMPs and ESCOPs</li> <li>- E&amp;S monitoring and reporting</li> <li>- Incident and accident reporting</li> <li>- Management of HCW</li> <li>- Application of LMP, including Code of Conduct, application of Voluntary Land Donation Criteria for minor PMCI</li> </ul>
			footprint adjustments during rehabilitation works, incident reporting, SEA/SH, - Application of SEP and the grievance/beneficiary feedback mechanism

<b>Regional level</b>	MoH E&S Specialists - PCMU	Provincial staff  Contractors	ESMF and approach: - Identification and assessment of E&S risks, screening - Selection and application of relevant E&S risk management measures (ESMPs and ESCOPs) - Design upgrades of Waste water treatment plants through a qualified person - E&S monitoring and reporting - Incident and accident reporting - Application of Voluntary Land Donation Criteria for minor PMCI footprint adjustments during rehabilitation works - Application of LMP, including Code of Conduct, incident reporting, SEA/SH. - Application of SEP and the grievance/beneficiary feedback mechanism - Worker Grievance Mechanism
<b>Local/site level</b>	Provincial Level, Focal Persons at PMCI level	Local staff  Local contractors FFC	- Application of SEP and the grievance/beneficiary feedback mechanism - Application of LMP, including Code of Conduct, incident reporting, SEA/SH. - Application of ESMPs, ESCOPs or GWMP, as relevant -Design upgrades of Waste water treatment plants through a qualified person Application of SEP and grievance mechanism Worker Grievance Mechanism
<b>Community level</b>	FFC, Focal persons at PMCI level	Community members  Community Workers, if relevant	- Basic OHS measures and Personal Protective Equipment - Community health and safety issues - Worker Code of Conduct - SEA/SH issues, prevention, measures] - COVID-19 mitigation
			- Grievance redress - Workers' grievance redress

**Table 10: Proposed Training and Capacity Building Approach**

### 5.5 Estimated Budget for ESMF implementation

The following table lists estimated cost items for the implementation for the ESMF, which have been included in the overall project budget:

### 5.5.1 Budget for Environmental and Social Management Framework Implementation

Activity/Cost Item	Potential Cost (USD)
Trainings for staff (venue, travel, refreshments etc.)	Engineering estimate
Trainings for contractors (venue, travel, refreshments, etc.)	2333
Printing of awareness raising materials / grievance redress materials	166
Software for data collection / supervision / monitoring / grievance redress	1666
Preparation of site-specific ESMPs and other site-specific plans	1000
Cost of obtaining clearances or permits	666
Implementation of site-specific ESMPs and other site-specific plans	333
Training of Environmental and social staff (for different levels)	3333
Travel and accommodation budget for environmental and social staff site visits	3333
External monitoring or supervision consultant	2250
<b>TOTAL</b>	<b>15080</b>

**Table 11: ESMF Implementation Budget**

## 6. STAKEHOLDER ENGAGEMENT, DISCLOSURE, AND CONSULTATIONS

A separate Stakeholder Engagement Plan (SEP) has been prepared for the Project, based on the World Bank's Environmental and Social Standard 10 on Stakeholder Engagement. The SEP guideline is attached as **annex 21**.

### 6.1 Grievance Redress Mechanism

The PCMU will be responsible for the operation of the Grievance Redress Mechanism (GRM). The Environment and Social Specialist appointed at the PCMU will be responsible for the implementation and operation of the GRM for the project.

The main objective of the GRM is to assist to resolve complaints and grievances in a timely, effective manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions.

Specifically, the GRM:

- To build and maintain trust between the Project Management Unit (PMU), contractors, and stakeholders (Project-affected communities, patients, health facility staff, and project workers).
- To serve as an early warning system for potential issues, allowing for adaptive management.
- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Supports accessibility, anonymity, confidentiality and transparency in handling complaints and grievances;
- Avoids the need to resort to judicial proceedings (at least at first);

The Project's Grievance Redress Mechanism (GRM) shall comprehensively address concerns arising from its implementation. This includes environmental impacts such as noise, dust, and waste management, alongside social impacts like access disruption, community health and safety, and potential risks of Sexual Exploitation and Abuse (SEA) or Sexual Harassment (SH). Furthermore, the GRM shall cover grievances related to project activities, including service delivery delays and procurement issues, as well as labor and working conditions for all project workers, ensuring a dedicated worker GRM is linked. It shall also serve as a channel for any other suggestions or concerns regarding the project's outcomes.

### **6.1.1. Grievance Redress Mechanism (GRM) Structure and Responsibilities for PHSEP**

The Project Management Unit (PMU) within the Ministry of Health and Mass Media (MOH) holds the overarching responsibility for the GRM. This includes designating a dedicated GRM Focal Point/Officer to manage the system, allocating necessary resources, maintaining a central grievance log, and overseeing the overall performance. The PMU is also responsible for reporting GRM activities and outcomes to the World Bank.

Complementing this, local-level entities, such as Primary Medical Care Institutions (PMCIs), Divisional Health Offices, and project contractors, serve as the initial points of contact for grievances. They are crucial for receiving complaints, providing basic information on GRM procedures, and attempting to resolve issues at the earliest and most direct level. Unresolved or complex grievances are then escalated to the PMU.

Contractors, specifically, are mandated to establish a basic site-level GRM, appoint a site representative for construction-related grievances, and ensure a functional worker GRM for their direct employees. Critically, sensitive complaints, such as those related to Sexual Exploitation and Abuse (SEA) or Sexual Harassment (SH), must be immediately reported to the PMU for specialized and confidential handling.

**GRM Procedures** -The Grievance Redress Mechanism (GRM) shall commence with Receipt and Registration of all grievances. Upon receiving any complaint, whether verbal or written, it shall be promptly recorded in a standardized Grievance Log within 24-48 hours. Essential details such as the complainant's name (if disclosed), contact information, date, time, location,

nature of the grievance, and desired resolution shall be captured. Each grievance shall be assigned a unique reference number. For verbal complaints, the receiving staff shall assist the complainant in accurately transcribing their concern onto the official form.

PHSEP will build upon the health sector wide GRM established by the MoH through support from PSSP and the COVID-19 project that is operated by the MoH to address all issues related to health care services in the country, which will be further strengthened and utilized under the PHSEP. The GRM is operated by a dedicated MoH unit which was established in 2019 with guidance of the Additional Secretary for Medical Services of the MOH appointed at the time. This Call Centre at the national level accepts complaints through a dedicated hotline (1907), in addition via email, SMS, social media and regular letters. The GRM has the capacity to collect grievances, suggestions and complaints incoming from any possible source in the country (e.g. grievance hotlines, Presidential Administration, Prime Minister's Office, Parliament and other political establishments, various organizations, health sector employees, citizens and the media); examine each complaint and refer to relevant authorities; follow up with regards to the investigation process; provide feedback to complainants; carry out analytical work related to past and ongoing complaints. The Grievance Redress Mechanism (GRM) Procedures and Guidelines for the PHSEP Project are attached as **annex 22** for more information.

**Primary Healthcare Systems  
Enhancing Project  
(P1818564)**

***Environmental and Social Management  
Framework (ESMF)***

Annexes

July 2025

Prepared by Project Management Unit (PMU) of Primary Health System Enhancing Project (PHSEP), Ministry of Health and Mass Media, Sri Lanka for the World Bank

Page 1 of 154

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## TABLE OF CONTENTS

1	ANNEX 1: Sample Screening Format for Potential Environmental and Social Issues .....	3
2	ANNEX 2: Sample Format for Environmental and Social Management and Monitoring Plan .....	14
3	ANNEX 3: Environmental And Social Management Plan for Implementation of Sub-Projects. ....	17
4	ANNEX 4: Environmental, Social and Gender Based Violence Prevention Code of Conduct for Small Civil Works .....	43
5	ANNEX 5: Minimal Provisions to Be Included in Contract Documents .....	54
6	ANNEX 6: Terms Of Reference for Recruitment of Contractor Environmental & Social Safeguard Officer .....	57
7	ANNEX 7: Template Infection Control and Health Care Waste Management Plan (HCWMP) .....	58
8	ANNEX 8: Generic Health Care Waste Management Plan in PMCI (HCWMP) .....	61
9	ANNEX 9: Healthcare Waste Management Implementation Matrix .....	103
10	ANNEX 9.A: Healthcare Waste Management - Screening Checklist .....	106
11	ANNEX 10: Generic Monitoring Plan for Environmental and Social Parameters for Construction Phase of Subprojects .....	110
12	ANNEX 11: Standard Operating Procedures for Laboratories .....	118
13	ANNEX 12: Standard Positive List of Goods, Services and Works and Prohibited Activities as Per the World Bank CERC Operational Manuel Template .....	123
14	ANNEX 13: Environmental And Social Compliance Monitoring Checklist For Subprojects In Implementation .....	127
15	ANNEX 14: Special Monitoring Checklist for Ensuring Safe Conditions for Workers and Public During Construction Projects .....	129

16	ANNEX 15: Generic Training Plan for Project Implementation Agency Staff Training on ESMF and Environmental and Social Instrument Implementation, Monitoring and Reporting. ....	131
17	ANNEX 16: Guidelines For Occupational Health and Safety Management of Workers, Communities and Visitors During Construction Works .....	134
18	ANNEX 17: Examples Of Information Posters and Best Practice Examples on Health Care Waste Management. ....	137
19	ANNEX 18: Template ESF Preparatory Tasks Tracking Sheet For PMU .....	147
20	ANNEX 19 – Assessing & Managing the Risks and Impacts of The Use of Security Personnel .....	149
21	ANNEX 20 – E-Wasate Plan and Guideline (EWMP&G) .....	153
22	ANNEX 21 – Stakeholder Engagement Plan .....	153
23	ANNEX 22 – Grievances Redress Mechanism (GRM) Procedures and Guidelines for The PHSEP Project .....	153
24	ANNEX 23 – Emergency Response Pla and Guideline (ERP & G) .....	153
25	ANNEX 24 – Asbestos Management Guideline (AMG).....	154
26	ANNEX 25 –Guidance Note on Rehabilitation of Small Scale Borrow Pits., Stockyard & Dumping Yard Management .....	154

1 ANNEX 1: Sample Screening Format for Potential Environmental and Social Issues

This form is to be used by the Project Management Unit (PMU) to screen for the potential environmental and social risks and impacts of proposed subprojects. It will help the PMU in identifying the relevant Environmental and Social Standards (ESS), establishing an appropriate E&S risk rating for these subprojects and specifying the type of environmental and social assessment required, including specific instruments/plans. Use of this form will allow the PMU to form an initial view of the potential risks and impacts of a subproject. ***It is not a substitute for project-specific E&S assessments or specific mitigation plans.***

A note on *Considerations and Tools for E&S Screening and Risk Rating* is included in this Annex to assist the process.

<b>Subproject Name</b>		
<b>Subproject Location</b>		<b>GPS Coordinates -</b>
<b>Subproject Proponent</b>		
<b>Estimated Investment</b>		
<b>Start Date</b>		
<b>Completion Date</b>		

**Description Of Proposed Rehabilitation Activities**

S / N	Questions	Answer		If yes please explain	ESS relevance	Due diligence Actions
		Yes (if yes Significance of the effect)	No			
<b>A. General</b>						

Proposed Intervention	Intervention Related Activity

**Screening Question Checklist**

1.	Does the subproject involve civil works including new construction, expansion of healthcare facilities and/or waste management facilities?				ESS1	ESMP/ESC OPs/SEP
2.	Does the subproject involve only rehabilitation, upgrade only healthcare facilities and/or waste management facilities?				ESS1	ESMP/ESC OPs/SEP
<b>B. Potential Environmental Impacts Will Project Cause</b>						
3.	Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?				ESS1	ESMP/ESC OPs/SEP

4.	Any approvals obtained from government institutions for the project activities such as CMC, UDA, CEA, Local authorities (if yes please attach)				ESS6, ESS1	ESMP/ESC OPs/SEP
5.	Does the hospital/ PMICs has adequate fire safety measures?				ESS3	ESIA/ESMP/ ESCOPs/SE P

6.	Are there emergency preparedness/ accident reporting and response plans in place for the project site?				ESS3	ESIA/ESMP/ ESCOPs/SE P
7.	Is there existing functional wastewater treatment system (Connection to municipal sewer, onpremisess treatment plant)?				ESS3	ESIA/ESMP/ ESCOPs/SE P

8.	Is the existing wastewater treatment system adequate for the projected load and quality?				ESS3	ESIA/ESMP/ ESCOPs/SE P
9.	Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?				ESS3	ESIA/ESMP/ ESCOPs/SE P
10.	Does the subproject have an adequate system in place (capacity, processes and management) to address general and construction waste? If not, what is the method used to address those concerns				ESS3	ESIA/ESMP/ ESCOPs/SE P

11.	Will the project generate any new hazardous waste streams (e.g., from new laboratory equipment, specialized treatments, ewaste, old asbestos sheets, plastic)?				ESS3	ESIA/ESMP/ ESCOPs/SE P
12.	Does the project incorporate energy-efficient designs or technologies (e.g., LED lighting, efficient Heating, Ventilation, and Air Conditioning (HVAC) systems, solar panels				ESS3	ESIA/ESMP/ ESCOPs/SE P
13.	Will construction activities generate dust/ air emissions (Demolition, excavation, vehicles etc.)?				ESS3, ESS4	ESIA/ESMP/ ESCOPs/SE P
14.	Will construction activities generate noise, vibration (Heavy machinery, hammering, etc.)?				ESS3, ESS4	ESIA/ESMP/ ESCOPs/SE P
15.	Does the project result in soil pollution, erosion, siltation and sedimentation.				ESS3, ESS6	ESIA/ESMP/ ESCOPs/SE P

16.	Is the subproject located within any ecologically sensitive areas?				ESS6	<i>Sub-project not eligible for support under this Project</i>
17.	Is the subproject located in the vicinity of any ecologically sensitive areas (e.g., forests, wetlands, coastal zones, wetlands including paddy fields etc.)? please mention the distance to such locations if any				ESS6	ESIA/ESMP/ ESCOPs
18.	Will the subproject and related activities involve the use or potential pollution of, or be located in waterways, including irrigation canals, rivers or public streams? please mention the distance to such locations if any				<b>OP7.50 Project s on Intern ational Water ways</b>	Notification (or exceptions)
19.	Does the sub-project involve tree or vegetation removal? (If yes, provide details on tree removal procedures, proposed restoration plans in an annex)				ESS6	ESIA/ESMP/ ESCOPs

20.	Have there been any past reported natural hazards in this subproject area (e.g., landslides, flooding, cyclones, or droughts)?				ESS6	ESIA/ESMP/ ESCOPs
<b>C. Potential Social Impacts Will Project Cause</b>						
21.	Will the project involve voluntarily and temporary displacement, relocation, or movement of individuals (e.g., staff, students) or entities from their usual places (e.g., buildings, wards)?				ESS1	ESMP/ESC OPs/SEP
22.	Is there a risk that SEA/SH(GBV) may increase as a result of the sub-project works?				ESS1 ESS 10	ESMP/ESC OPs/SEP
23.	Does the rehabilitation project incorporate universal design principles to ensure accessibility for people with disabilities (e.g., ramps,				ESS1 ESS 10	ESMP, SEP

	accessible restrooms, clear signage)?					
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24.	Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?				ESS2	LMP, ESMP/ESC OP
25.	Does the subproject have appropriated OHS procedures, adequate PPE supply, and provisions for safe working conditions for all workers?				ESS2	LMP, ESMP/ESC OP
26.	Will a camp be established in the project site? Will there be a need for accommodation for labor? And what measures will be in place if labor accommodation is required?				ESS2	LMP, ESMP/ESC OP

27.	Will the project adhere to national labor laws (e.g., minimum wage, working hours, non-discrimination)?				ESS2	LMP, ESMP/ESCOP
28.	Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?				ESS 2	LMP, ESMP/ESCOP

29.	Is an influx of workers, from outside the community expected? Would workers be expected to use the health services of the community? Would they create pressure on existing services within hospital premises or community services? (Water, electricity, health, recreation, others? )				ESS3	ESIA/ESMP/ESCOPs/SEP
30.	Will the rehabilitation activities pose risks of nearby community (Staff, Patients, visitors, etc.) (e.g., traffic, open excavation,)				ESS3	ESIA/ESMP/ESCOPs/SEP

31.	Does the subproject involve transboundary transportation (including, potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?				ESS3	ESIA/ESMP/ ESCOPs/SE P
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32.	Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?				ESS4	<i>Sub-project not eligible for support under this Project</i>
33.	Is there a risk of increased community exposure to communicable diseases (i.e. COVID-19, HIV/AIDS, Malaria, Dengue) or an increase in the risk of traffic related accidents?				ESS3	ESIA/ESMP/ ESCOPs/SE P

34.	Does the subproject involve land acquisition and/or restrictions on land use?				<b>ESS5</b>	<i>Sub-project not eligible for support under this Project</i>
35.	Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?				<b>ESS7</b>	<i>Sub-project not eligible for support under this Project</i>
36.	Is the subproject located within any known cultural heritage sites?				<b>ESS8</b>	<i>Sub-project not eligible for support under this Project</i>
37.	Is the subproject located in the vicinity of any known cultural heritage sites?				<b>ESS8</b>	ESIA/ESMP, SEP
38.	Has there been consultation with relevant stakeholders (e.g., local communities, hospital staff, local authorities) regarding the project?				<b>ESS10</b>	ESIA/ESMP, SEP
39.	Does the project consider the needs of vulnerable groups within the community?				<b>ESS1 ESS 10</b>	ESIA/ESMP, SEP

40.	Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?					<i>OP7.60 Projects in Disputed Areas</i>

## **Screening Decision Recommendation**

### **Conclusion**

1. Proposed Environmental and Social Risk Rating (Overall)
  - 1.1. Environmental Risks: Low/Moderate/ Significance/Substantial
  - 1.2. Social Risks: Low/Moderate/ Significance/Substantial
  - 1.3. Proposed E&S Management Instrument: ESMP /ESCoP
2. Annexures
  - I. Stakeholder Consultation and Disclosure
  - II. Photographic evidence of the selected premises
  - III. Attendance sheet for participants of the site visit and Stakeholder discussion

**Objective and Scope of Preparation of Environmental and Social Management and Monitoring Plan**

In order to ensure short and long term environmental and social impacts that would arise due to improvement and rehabilitation work (to be described in the first section based on the subproject/activity and the sub project risk), an Environmental Social Management Plan/ Environmental Social Code of Practice will need to be developed as per the scope presented below and in accordance with the EAMG of the Project. The sub project should be reviewed and used as the basis for baseline information. Field level verification should be conducted prior to the preparation of the ESMP/ ESCOPs:

- *Identification of impacts and description of mitigation measures:* Firstly, Impacts arising out of the project activities need to be clearly identified. Secondly, feasible and costeffective measures to minimize impacts to acceptable levels should be specified with reference to each impact identified. Further, it should provide details on the conditions under which the mitigatory measure should be implemented (ex; routine or in the event of contingencies) The ESMP/ ESCOPS also should distinguish between type of solution proposed (structural & non-structural) and the phase in which it should become operable (design, construction and/or operational).
- *Enhancement plans:* Positive impacts or opportunities arising out of the project need to be identified during the preparation of the checklist and Environmental Assessment process where applicable. Some of these opportunities can be further developed to draw environmental and social benefits to the local area. The ESMP/ ESCOP should identify such opportunities and develop a plan to systematically harness any such benefit.

- *Monitoring programme:* In order to ensure that the proposed mitigatory measures have the intended results and comply with national standards and donor requirements, an environmental and social performance monitoring program should be included in the ESMP/ ESCOP. The monitoring program should give details of the following;
  - o Monitoring indicators to be measured for evaluating the performance of each mitigatory measure (for example national standards, engineering structures, extent of area replanted, etc.).
  - o Monitoring mechanisms and methodologies
  - o Monitoring frequency o Monitoring locations
- *Institutional arrangements:* Institutions/parties responsible for implementing mitigatory measures and for monitoring their performance should be clearly identified. Where necessary, mechanisms for institutional co-ordination should be identified as often monitoring tends to involve more than one institution.
- *Implementing schedules:* Timing, frequency and duration of mitigation measures with links to overall implementation schedule of the project should be specified.
- *Reporting procedures:* Feedback mechanisms to inform the relevant parties on the progress and effectiveness of the mitigatory measures and monitoring itself should be specified. Guidelines on the type of information wanted and the presentation of feedback information should also be highlighted.
- *Cost estimates and sources of funds:* Implementation of mitigatory measures mentioned in the ESMP/ESCOP will involve an initial investment cost as well as recurrent costs. The ESMP/ESCOP should include costs estimates for each measure and also identify sources of funding.
- *Contract clauses:* This is an important section of the ESMP/ ESCOP that would ensure recommendations carried in the ESMP/ESCOP will be translated into action on the ground. Contract documents will need to be incorporated with ESMPs/ ESCOPs and clauses directly linked to the implementation of mitigatory measures. Mechanisms such as linking the payment schedules to implementation of the said clauses could be explored and implemented, as appropriate.
- The bid documents must include generic ESMPs/ESCOPs and based on that the contractors are required to develop site specific ESMPs/ESCOPs and include to the contract documents.

The format to present the ESMPs in a matrix is provided below:

Activity	Environmental Impact	Social Impact	Proposed Mitigatory Action	Location	Frequency of Implementation	Implementation Responsibility	Monitoring Responsibility	Monitoring Frequency	Implementation Progress
<b>Pre-Construction Phase</b>									
<b>Construction Phase</b>									
<b>Operational Phase</b>									
<b>Decommissioning Phase (if any)</b>									

Important to note the following when using this ESMP template:

The ESMP/ESCAP that will be prepared should have all sections in place, except the last column on Implementation Progress

What goes in as the ESMP/ ESCOP to the bid and contract documents of construction contractor is the sections highlighted in blue, as Implementation Progress is not relevant at the time of bidding

Any activity that may be identified as the responsibility of design engineers should not be part of the ESMP/ ESCOP that goes into the bid and contract documents of construction contractors

### **Reporting and feedback schedule**

All submissions related to the assignment should be submitted to the PMU by the contractor, as hard copies and electronically and then to the WB as stated in the ESCP. During the final submission of the ESMP/ ESCOP report, if changes requested during the draft report stage have not been incorporated in a satisfactory manner to the client and the World Bank, the contractor will be required to work further on the document until it is considered satisfactory.

The following detailed Environmental and Social Management Plan (ESMP) has been developed in line with guidance provided in the following documents and presents best practice measures to be incorporated into the various stages of project implementation in order to ensure and mitigate associated environmental and social impacts of related to expansion and upgradation work in existing PMCIs including laboratories etc.

The Health Care Waste Management Plan presented in the ESMF is considered part of this ESMP. The ESMP makes reference to pertaining E&S instruments as required by ESF, including the LMP.

The guidance documents presented below can be referred to for further in-depth details for design recommendations and detailed measures in terms of equipment selection and operational guidance for PMCIs. Additional pictorial guidance presented in a following Annex. All relevant internal best practice guidelines issues by the World Health Organization (WHO) and national guidelines issued by the Health Promotion Bureau and Ministry of Health (MoH) have been referred to in all respective sections in the ESMP itself.

**Guidelines Used:**

- Guidelines for Design and Construction of Hospital and Health Care Facilities- The American Institute of Architects Academy of Architecture for Health the Facility Guidelines Institute With assistance from the U.S. Department of Health and Human Services: 2018
- Safe management of wastes from health-care activities-Second edition. The World Health Organization: 2014
- Safe management of wastes from health-care activities A summary. The World Health Organization: 2017
- Mainstreaming Environmental Management in the Health Care Sector Implementation Experience in India & A Toolkit for Managers-VOLUME I & II- The World Bank:

2012

- World Bank Group General Environmental Health and Safety Guidelines:2007
- World Bank Group Environmental, Health, and Safety Guidelines for Health Care Facilities: 2007

### 3 ANNEX 3: Environmental And Social Management Plan for Implementation of Sub-Projects.

Based on the following generic ESMP, the E&S specialist of the PMU is required to develop project specific ESMP based on the scale of activities, magnitude of the construction and sensitivity of the project locations

**GENERIC ESMP MATRIX COVERING THE DESIGN, CONSTRUCTION, OPERATION OF PMCIS**

	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
<b>Design Stage</b>						
1.	<b>Location of PMCIs and sites for project associated works</b>	<ul style="list-style-type: none"> <li>■ All upgradation work will be limited to the footprint of existing PMCI and other government owned property.</li> <li>■ Consultations with relevant stakeholders, including local communities in the vicinity of these PMCI, will be organized to seek their feedback on the location of the PMCIs,</li> <li>■ Civil works requiring expansion beyond the existing facility, involving new construction on a virgin site, or any form of land acquisition or resettlement of households, will not be supported under the project.</li> </ul>	At the site selection phase	No Associated Cost	MoH and PMCIs Management	MoH, Nominated Environmental and Social Officer Provincial-MoH, PMU(PHS&EP), Contract supervisor <sup>1</sup> Engineer/ the engineer ( >SE)
2.	<b>Incorporation of Environmental Design Recommendations</b>	<ul style="list-style-type: none"> <li>■ The engineering design of the project should take the following into consideration:                             <ul style="list-style-type: none"> <li>○ the connection of the building or infrastructure to the potable water system and the capacity of the existing water distribution network, or the need to establish a water supply system for the building (well, storage tank, desalination system or station, etc.);</li> <li>○ the connection to the sewerage network and the need for capacity expansion for receiving collectors or the need for a wastewater treatment system for the building (septic tank, infiltration ditch);</li> <li>○ the treatment of wastewater from cafeterias and restaurants before being discharged to the sewerage networks or the wastewater treatment system;</li> <li>○ the adequate management of runoff and the facilities for its recollection and evacuation, having in mind the existing downstream systems;</li> <li>○ the systems of recollection, storage and transportation of solid wastes generated in the building, incorporating the structures for separation and recycling;</li> </ul> </li> </ul>	During design preparation	Design Cost	MoH and PMCIs Management	PMU, MOH, Contract <sup>1</sup> supervisor <sup>1</sup> the Engineer/ >SE) engineer (



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<ul style="list-style-type: none"> <li>○ appropriate access systems for pedestrians, cars and bicycles, and in city traffic.</li> <li>○ appropriate access system for children and physical challenge people, including ramps for wheelchairs and other requirements as per universal access norms;</li> <li>○ the need to integrate building design with architectonic characteristics of the surrounding neighborhood;</li> <li>○ avoiding the use of materials such as wood from unlicensed sources, lead-based paints, asbestos.</li> <li>○ ensuring structural safety</li> <li>○ clearly demarcating exit and entry ways and ensuring adequate light and ventilation via natural sources where possible, in the design.</li> </ul>				
3.	<b>Incorporation of Green Design</b>	<ul style="list-style-type: none"> <li>■ The architectural and engineering designs of projects should incorporate and reinforce the criteria of environmentally friendly buildings. <ul style="list-style-type: none"> <li>○ This should take place during the conceptualization stage and should include: <ul style="list-style-type: none"> <li>○ solar panels to satisfy totally or partially the electricity needs (as the project will finance potential installation of solar units and battery storage (BESS systems)-</li> <li>○ rainwater storage for the irrigation of gardens and green zones; ○ recycling of wastewater for irrigation; ○ separation of the potable water systems from irrigation systems; ○ maximizing natural light in order to minimize artificial light needs;</li> <li>○ planting of native species in gardens and green areas;</li> <li>○ natural ventilation systems, minimizing the necessities of airconditioning where appropriate</li> </ul> </li> </ul> </li> </ul>	During design preparation	Design Cost	MoH and PMCI Management	PMU/MoH,
4.	<b>Application of principles of universal access in PMCI design</b>	<ul style="list-style-type: none"> <li>■ Seek input from local community and other relevant stakeholders, including people with disabilities, women, and elders, Disabled People's Organizations (DPOs), etc., on the PMCI design</li> <li>■ Incorporate principles of universal access for groups of higher sensitivity or vulnerable (potentially elderly, those with preexisting conditions, or the very young)</li> </ul>	During design preparation	Design Cost	MoH and PMCI Management	PMU/MoH,



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<ul style="list-style-type: none"> <li>○ PMCI to be built at ground level, where appropriate, or at least have one entrance ramp and level internal design</li> <li>○ Chairs placed for use by people who cannot stand while transacting business.</li> <li>○ Enough open space in the waiting areas for wheelchair users, luggage, etc.</li> <li>○ Doors sufficiently wide for wheelchair users and people who assist patients.</li> <li>○ Directional signage that is visible, easily understood and clearly marked, including with pictographs, for reception desk, bathrooms, doctor's offices, etc</li> <li>○ Accessible, spacious toilets and dressing rooms</li> </ul> <p><i>Universal design will be integrated into the procurement process by establishing procedures which mandate universal design concepts</i></p>				
5.	<b>Environmental Management Plan (ESMP)</b>	<ul style="list-style-type: none"> <li>■ A site specific. ESMP and relevant guidelines will be included as a Special Condition in the Bid Document; and ESMP should be attached to contract to form part of the contract requirement.</li> <li>■ The ESMP will also be equally applicable to sub-contractors including nominated sub-contractors if any. The Contractor will be responsible for the compliance with the requirements of the ESMP. With the assistance of the "Engineer" on behalf of the Employer the Project Proponent (PP) will monitor the compliance of the ESMP by the Contractor.</li> <li>■ The bidders are advised to carefully consider the ESMP requirements during construction stage when preparing the bid and pricing the items of work. The prescriptions and clauses detailed in the ESMP are integral components of the specifications for relevant item of work unless separate items are included in the Bill of Quantities. Thus, separate payments will not be made in respect of compliance with the ESMP.</li> <li>■ The ESMP will be consulted with the relevant stakeholders, and disclosed to the general public</li> <li>■ In case the Contractor or the sub-contractor/s fails to implement the ESMP recommendations, the Engineer will inform them in writing. After informing in</li> </ul>	Prior to contractor mobilization on the ground	Preparation cost incurred by MOH, implementation cost embedded in engineering cost of contractor. To be provided as a provisional sum and/or as part of the engineering cost	MoH and PMCI Management	PMU/MoH,



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<p>writing to the Contractor, the Engineer will take whatever actions it is deemed necessary to ensure that the ESMP is properly implemented.</p> <ul style="list-style-type: none"> <li>■ The Contractor through an Appointed Environmental Officer (AEO) shall assist the “Engineer” to conduct his duties as required in the ESMP implementation by; <ul style="list-style-type: none"> <li>(a) maintaining up to date records on actions taken by the Contractor with regard to the implementation of ESMP recommendations</li> <li>(b) through timely submission of reports, information and data to the Employer through the Engineer,</li> <li>(c) via participating in the meetings conveyed by the Engineer or any relevant line agency and</li> <li>(d) any other assistance requested by the “Engineer”.</li> </ul> </li> </ul>				
<b>Pre-Construction/Site preparation phase</b>						
<b>6.</b>	<b>Site Access Closure to avoid risk to public and HCWs from construction site.</b>	<p>All public access to the site via adequate fencing and signage which prohibit public access completely, in order to avoid risk to the public.</p> <ul style="list-style-type: none"> <li>■ The site entrance will include adequate signage indicating the details of the proposed subproject, implementing agencies etc as well as safety signage to keep public away.</li> <li>■ A fence shall be erected to cover the entire perimeter of the facility using cost effective fence materials consisting of chain link fence fabric, concrete post, etc. as specified in the Technical Specifications in order to ensure, animals and public are unable to access the site. <ul style="list-style-type: none"> <li>○ To avoid land disturbance and movement, the fence shall generally follow the contour of the ground.</li> <li>○ Grading shall be performed where necessary to provide a neat appearance</li> </ul> </li> </ul>	Prior to commencing works on site	Engineering Cost	Contractor	PMU(PHS MOH, No Environmental and Social Officer ProvincialContractMoH, superviso Engineer/ engineer (the CSE)



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
7.	<b>Material Sourcing leading to an impact on Natural Resource supplies cumulatively.</b>	<ul style="list-style-type: none"> <li>■ The contractor is required to ensure that all construction materials, including gravel, sand, earth as well as other quarry material for construction is sourced from licensed sources.</li> <li>■ Sourcing of any material from protected areas and/or designated natural areas, such as earth is strictly prohibited.</li> </ul>	Prior to commencing works on site	Engineering Cost	Contractor	PMU(PHS EP), MOH, N Nominated Environmental and Social Officer ProvincialContractMoH, supervisio Engineer/ engineer (he SE)
8.	<b>Work Site Management to ensure minimal accidents on site.</b>	<p>The contractor will be required to identify an area onsite to store construction materials and equipment which should be approved by the engineer and demarcated for material storage as per the site plan.</p> <ul style="list-style-type: none"> <li>■ Parking, repairing vehicles, machinery and equipment shall be done stationed only at the work site and/or in any other designated areas by the engineer.</li> <li>■ The contractor should provide instruction and advice should be given to drivers and operators (both companies owned and hired) to park vehicles and store equipment at this designated area.</li> </ul>	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU(PHS EP), Nominated Environmental and Social Officer ProvincialContractMoH, supervisio Engineer/ engineer (he SE)
9.	<b>Labor Camps and managing impacts associated with labor and communities</b>	<p>Due to safety and public health issues prevalent at the site, it should be assessed if labor camps may be established on site from the relevant RDHS office.</p> <ul style="list-style-type: none"> <li>■ Resting facilities and the site office will be located closer to the site entrance and away from the waste mound.</li> <li>■ Separate resting and sanitary facilities for both men and women laborers.</li> <li>■ In terms of labor camps, the following measures will be adhered to, where relevant: <ul style="list-style-type: none"> <li>○ The location, layout and basic facility provision of labor camps to be set up will be submitted to the Engineer prior to establishment.</li> <li>○ The establishment of labor camps will commence only upon the written approval of the Engineer.</li> </ul> </li> </ul>	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU(PHS EP), Nominated Environmental and Social Officer ProvincialContractMoH, supervisio Engineer/ engineer (he SE)



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<ul style="list-style-type: none"> <li>The contractor shall maintain necessary living accommodation and ancillary facilities in functional and hygienic manner and as approved by the Engineer.</li> <li>All temporary accommodation will be established and maintained in such a fashion that uncontaminated water is available for drinking, cooking and washing.</li> <li>The sewage system for the camp, if not available, will be planned and implemented with concurrence from the Local Public Health Officer (PHI).</li> </ul>				
10.	<b>Labor Training and Code of Conduct</b>	<ul style="list-style-type: none"> <li>The contractor is required to develop a labor code of conduct and translate it into local languages upon clearance from the Engineer. The code of conduct must be made available to all staff and displayed in the work site in local languages. <i>In some instances, the code of conduct will need to be translated into migrant worker's language (e.g., Bangla)</i></li> <li>Labor awareness programs to educate the workers about the code of conduct, general conduct, the Environmental and Social Management Plan, Infection Control Norms and use of PPE, Occupational Health and Safety, contingency plan or etc., will be conducted throughout the contract period as agreed in the contractual documents in line with the sub-project specific ESMP.</li> <li>No labor under the age of 18 can be hired for work under this contract.</li> <li>If contractor recruits migrant workers, they shall have valid work permits and all copies of labor identity cards issued by the GoSL that clearly indicates the Date of Birth of <i>workers</i> will be photocopied and recorded for routine inspection by the project implementing agency.</li> </ul>	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU(PHSEP), Nominated Environmental and Social Officer Provincial-MoH, Contract supervision Engineer/The engineer (CSE)
11.	<b>Removal of trees for expansion of existing PMCs and areas selected to be converted to quarantine facilities</b>	<ul style="list-style-type: none"> <li>Avoid cutting of trees unless absolutely necessary.</li> <li>Trees that are of rare endemic should not be removed.</li> <li>During removing, attention maintain minimum disturbances to soil cover and care should be taken not to damage adjoining trees.</li> <li>Compensation for the trees removed should be conducted at a 1:3 ratio at least.</li> </ul>	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU(PHSEP), Nominated Environmental and Social Officer Provincial-MoH, Contract supervision

**Commented [Is1]:** This may not be applicable to SL no? Migrant labor , but if we keep I changed the wording slightly

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
					Engineer/ engineer (SE)
12. Demolition of existing infrastructure within existing PMCIc	<ul style="list-style-type: none"> <li>■ Management of Asbestos Cement (ACM) Based Material-Avoiding Exposure Risk <ul style="list-style-type: none"> <li>○ An inspection of building materials for the presence of asbestos and lead hazards must be conducted prior to initiating demolition projects.</li> <li>○ Removal of ACM roof sheeting requires trained and qualified personnel as damage to/or broken ACM during removal will have an exposure risk to demolition workers.</li> <li>○ Thus, it is essential that workers have the necessary personal protective equipment, most importantly masks, safety boots, full suiting to cover body and hard hats. It is also recommended that High efficiency particulate air (HEPA) filters vacuum cleaners would be requiring to vacuum up any debris. These activities must be supervised by the engineer.</li> <li>○ ACM Material should be removed prior to demolition of the structure, and transported immediately in a contained manner to an approved disposal site by the engineer. As there are no sites to accept hazardous waste material in Sri Lanka this will pose a challenge, it should be explored how best the material can be managed via CEA guidance on best practice.</li> <li>○ No ACM material can be stockpiled off site. This should be fully prohibited.</li> </ul> </li> <li>■ Management of Environmental Impacts During Demolition Process. <ul style="list-style-type: none"> <li>○ The demolition works shall not cause any nuisance by way of noise, dust and vibration to the surrounding environment, by following the requirements as per the project Environmental Management Plan (ESMP).</li> <li>○ Particular attention should be paid to ensure the following</li> </ul> </li> </ul>	During construction-demolition of existing facilities.	Engineering Cost	Contractor	PMU(PHS Nominated Environmental Social Officer ProvincialContract supervisor Engineer/ engineer (SE), ntal and er MoH, i he SE)



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<ul style="list-style-type: none"> <li>□ The site of works shall be fenced and screened to protect site from strong winds and to contain dust.</li> <li>□ The noise level during demolition works shall be within the permissible limits as per the CEA guidelines on noise.</li> <li>□ All hazardous wastes, including asbestos shall be disposed of as per the provisions laid out by the CEA</li> <li>□ The following measures shall be taken so as to abate the visual impacts during demolition works: <ul style="list-style-type: none"> <li>• Visual screening / fencing of works</li> <li>• Proper location of equipment and machinery on site</li> <li>• No encroachment of demolition wastes on pavements and roads</li> </ul> </li> <li>□ Demolition works within residential areas shall be carried out during normal working hours (8:00 – 17:00) only.</li> <li>□ The demolition wastes may be used as filler material as appropriate and approved by the engineer. Any excess wastes shall be disposed of to an authorized site as recommended by the</li> <li>□ No debris shall be burned on the site.</li> </ul>				
13.	<b>Information Disclosure among Stakeholders.</b>	Discussions should be conducted with the residents who reside along the vicinity of the project site <ul style="list-style-type: none"> <li>○ Residents must be briefed of the project, purpose and design and outcomes via a documented community consultation session; this should be done immediately once the contractor is mobilized.</li> <li>○ Local community should also be informed of the measures put in place to minimize the chances and contain the spread of the virus in order to reassure the community of controlled movement of workers, and ensure that stigma or discrimination is reduced in the event of an outbreak</li> </ul>	During construction	Engineering Cost	Contractor	PMU(PHS Nominated Environmental and Social Officer ProvincialContractMoH, superviso Engineer/ engineer (he SE)



Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility		
				Implementation	Monitoring	
	<ul style="list-style-type: none"> <li>○ The contractor should take note of all impacts, especially safety hazards that will be of concern to the residents and take necessary measures as stipulated in the ESMP to mitigate them.</li> <li>■ The contractor will maintain a log of any grievances/complaints and actions taken to resolve them.</li> <li>■ A copy of the ESMP should be available always at the project supervision office on site.</li> </ul>					
<b>Construction Phase</b>						
<b>14. Site Clearance and Land Development</b>	<ul style="list-style-type: none"> <li>■ Prevention of removal of large trees should be maintained as far as possible.</li> <li>■ During removing, attention should be paid to maintain minimum disturbances to soil cover and also care should be taken not to damage adjoining trees. Degraded state land identified for forestry activities will be improved to compensate for the trees removed as 1:3 at least</li> <li>■ Water spraying should be done at a regular interval to avoid dust generation due to site clearance</li> </ul>	During construction	Engineering Cost	Contractor	PMU(PHS Nominated Environmental and Social Officer ProvincialContractMoH, supervisory Engineer/ engineer (the SE))	
<b>15. Disposal of Debris and Spoil</b>	<ul style="list-style-type: none"> <li>■ All debris and residual spoil material including any left earth shall be disposed only at locations approved by the engineer and agreed with the relevant local council for such purpose and subjected to the following clauses:</li> <li>■ The contractor shall obtain the approval from the relevant local council and other government agencies (as required) for disposal and spoil at the specified location, as directed by the Engineer</li> <li>■ Private land cannot be selected for disposal should also require written consent from the landowner</li> <li>■ The debris and spoil shall be disposed in such a manner that; <ul style="list-style-type: none"> <li>○ Waterways and drainage paths are not blocked</li> <li>○ Not disposed in any wetland areas or coastal areas such as lagoons or on beaches.</li> </ul> </li> </ul>	During construction	Engineering Cost	Contractor	PMU(PHS Nominated Environmental and Social Officer ProvincialContractMoH, supervisory Engineer/ engineer (the SE))	



Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	<ul style="list-style-type: none"> <li>○ the disposed material should not be washed away by runoff and should not be a nuisance to the public</li> <li>■ All material that is reusable or recyclable shall be used for such purposes either by the contractor or through dealers.</li> <li>■ The debris and residual spoil material including any left earth shall be used, to refill the burrow areas as directed by the engineer, subjected to laying of topsoil as per recommendations for conservation and reuse of top soil provided below.</li> <li>■ Excavated earth materials and all debris materials shall be disposed immediately without allowing to stockpile at identified locations for debris disposal, recommended by the engineer. During transportation, dispose materials should be covered with tarpaulin.</li> <li>■ If approved by the engineer, contractor can dispose the debris and spoil as a filling material provided that the contractor can ensure that such material is used for legally acceptable purposes with disposed in an environmentally acceptable manner.</li> </ul>				
<b>16. Transport and Storage of construction materials</b>	<ul style="list-style-type: none"> <li>■ During transport of material: <ul style="list-style-type: none"> <li>○ The contractor should avoid over loading trucks that transport material to construction sites.</li> <li>○ During transportation, materials should be covered with tarpaulin. <ul style="list-style-type: none"> <li>○ Peak hours in roads with moderate to high traffic should be avoided.</li> </ul> </li> <li>○ The contractor shall minimize possible public nuisance due to dust, traffic congestion, air pollution, etc., due to such haulage;</li> <li>○ If local roads are used, routes are to be selected based on the truck load; loads should be divided to prevent damages to local roads and bridges.</li> <li>○ Speed limits as nationality stipulated for haulage must be maintain</li> <li>○ All vehicles used for haulage should be in good condition.</li> <li>○ If there are damages to local roads and other utilities due to hauling in roads caused by the contractor. The contractor shall attend to</li> </ul> </li> </ul>	During construction	Engineering Cost	Contractor	PMU(PHS Nominated Environmental and Social Officer ProvincialContractMOH, supervisio Engineer/ engineer ( SE)



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		repair all damaged infrastructure/ roads, if needed through relevant authorities				
17.	<b>Emission of Dust during cover application and construction.</b>	<ul style="list-style-type: none"> <li>■ All construction materials such as sand, soil, metal, etc. should be transported under cover to the site and stored under cover at the sight.</li> <li>■ Plastic sheeting (of about 6 mm minimum thickness) can be used and held in place with weights, such as old tires or cinder blocks, with the edges of the sheeting buried, or by the use of other anchoring systems, in order to minimize the levels of airborne dust.</li> <li>■ Mud patches caused by material transporting vehicles in the access road should be immediately cleaned</li> <li>■ Continual water sprinkling should be carried out in the work and fill areas and the access road if dust stir is observed.</li> <li>■ Water sprinkling should be done more frequently on days that are dry and windy (at least four time's day) as the levels of dust can be elevated during dry periods.</li> </ul> <p>Dust masks should be provided to all laborers for the use at required times</p>	During construction	Engineering Cost	Contractor	PMU(PHS Nominated Environmental and Social Officer ProvincialContractMoH, supervisio Engineer/ engineer ( he SE)
18.	<b>Prevention of soil erosion during site preparation and run off into coastal environments.</b>	<p>Debris material shall be disposed in such a manner that waterways, drainage paths would not get blocked.</p> <ul style="list-style-type: none"> <li>■ Drainage paths associated with the infrastructure should be improved / erected to drain rainwater properly.</li> <li>■ Silt traps will be constructed to avoid siltation into water ways where necessary.</li> <li>■ To avoid siltation, drainage paths should not be directed to streams, other water bodies and sea directly and they should be separated from streams / other water bodies / sea</li> <li>■ Barricades such as humps will be erected at excavated areas for culverts, silt traps, toe walls, filling and lifting with roper sign boards, as some work in these sections will have to be stopped during heavy rains due to heavy erosion. To prevent soil erosion in these excavated areas, proper earth drain system should be introduced.</li> </ul>	During construction	Engineering Cost	Contractor	PMU(PHS Nominated Environmental and Social Officer ProvincialContractMoH, supervisio Engineer/ engineer ( he SE)



Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	<ul style="list-style-type: none"> <li>■ Embankment slopes, slopes of cuts, etc. shall not be unduly exposed to erosive forces. These exposed slopes shall be graded and covered by grass or other suitable materials per the specifications.</li> <li>■ All fills, back fills and slopes should be compacted immediately to reach the specified degree of compaction and establishment of proper mulch.</li> <li>■ Work that lead to heavy erosion shall be avoided during the raining season. If such activities need to be continued during rainy season prior approval must be obtained from the Engineer by submitting a proposal on actions that will be undertaken by the contractor to prevent erosion.</li> <li>■ The work, permanent or temporary shall consist of measures as per design or as directed by the engineer to control soil erosion, sedimentation and water pollution to the satisfaction of the engineer. Typical measures include the use of berms, dikes sediment basins, fiber mats, mulches, grasses, slope drains and other devices. All sedimentation and pollution control works and maintenance thereof are deemed, as incidental to the earthwork or other items of work and no separate payment will be made for their implementation.</li> </ul>				
19. Machinery Operation	<ul style="list-style-type: none"> <li>■ Only experienced and well-trained workers should be used for the handling of machinery, equipment and material processing plants.</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer), Provincial Contract supervisor, the engineer (CSE)
20. Noise from vehicles, machinery, equipment and construction activities.	<ul style="list-style-type: none"> <li>■ Noise generating work should be limited to day time within PMCIs (6:00AM to 6:00PM). No work that generates excessive noise should be carried out during night hours (from 6:00PM to 6:00AM on the following day).</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer)



Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	<ul style="list-style-type: none"> <li>■ All equipment and machinery should be operated at noise levels that do not exceed the permissible level of 75 dB<sup>1</sup> (during construction) for the day time.</li> <li>■ For all construction activities undertaken during the night time, it is necessary to maintain the noise level at below 50 dB as per the CEA noise control regulations</li> <li>■ All equipment should be in good serviced condition. Regular maintenance of all construction vehicles and machinery to meet noise control regulations stipulated by the CEA or relevant manufacture.</li> <li>■ Ideally noise generating work should not be carried out during public holidays and religious days.</li> <li>■ Labor gangs should be warned to work with minimum noise. Strict labor supervision should be undertaken in this respect.</li> <li>■ No nighttime residency of laborers on site should be encouraged, post work hours.</li> <li>■ Idling of temporary trucks or other equipment should not be permitted during periods of loading / unloading or when they are not in active use.</li> <li>■ The practice must be ensured especially near residential / commercial / sensitive areas.</li> <li>■ Stationary construction equipment will be kept at least 100m from the site periphery, which has proximity to households. All possible and practical measures to control noise emissions during drilling shall be Employed.</li> <li>■ Contractor shall submit the list of high noise/vibration generating machinery &amp; equipment to the engineer for approval.</li> <li>■ Servicing of all construction vehicles and machinery must be done regularly and during routine servicing operations, the effectiveness of exhaust silencers will be checked and if found defective will be replaced.</li> <li>■ Maintenance of vehicles, equipment and machinery shall be regular and up to the satisfaction of the Engineer to keep noise levels at the minimum.</li> </ul>			ProvincialContractMoH, supervisio Engineer/ engineer ( he CSE)	

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<sup>1</sup> dB-Decibels

	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
21.	<b>Pollution of Soil and Water via Fuel and Lubricants</b>	<ul style="list-style-type: none"> <li>■ The contractor shall ensure that all construction vehicle parking locations, fuel/lubricants storage sites, vehicle, machinery and equipment maintenance and refueling site shall be located away from any coastal areas, lagoons or wetland by least 200m away.</li> <li>■ Contractor shall ensure that all vehicle/machinery and equipment operation, maintenance and refueling will be carried out in such a fashion that spillage of fuels and lubricants does not further contaminate the ground.</li> <li>■ Contractor shall arrange for collection, storing and disposal of oily wastes to the pre-identified disposal sites (list to be submitted to Engineer) and approved by the Engineer.</li> <li>■ All spills and collected petroleum products will be disposed of in accordance with standards set by the CEA.</li> <li>■ Engineer will certify that all arrangements comply with the guidelines of EPA or any other relevant laws.</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, (EP), PMU(PHS Nominated Environmental and Social Officer), ProvincialContract supervisor, the Engineer/ engineer (CSE)
22.	<b>Preventing Loss of minor water sources and disruption to water users</b>	<ul style="list-style-type: none"> <li>■ Contractor should make Employees aware on water conservation and waste minimization in the construction process.</li> <li>■ Arrange adequate supply of water for the project purpose throughout the construction period. Not obtain water for project purposes, including for labor camps, from public or community water supply schemes without a prior approval from the relevant authority.</li> <li>■ Not extract water from ground water or surface water bodies without the permission from engineer &amp; relevant authority. Obtain the permission for extracting water prior to the commencing of the project, from the relevant authority.</li> <li>■ Contractor shall protect sources of water (potable or otherwise) such as water sources used by the community so that continued use these water sources will not be disrupted by the work. In case the closer of such sources is required on temporary basis contractor shall provide alternative arrangement for supply. Alternative sources such as wells thus provided should be within acceptable distance to the original sources and accessible to the affected community.</li> </ul>	During construction	Engineering Cost	Contractor	PMU/PMC Management/MoH, EPA,



Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	<ul style="list-style-type: none"> <li>Contractor shall not divert, close or block existing canals and streams in a manner that adversely affect downstream intakes. If diversion or closure or blocking of canals and streams is required for the execution of work, contractor must obtain the engineers approval in writing.</li> <li>In case the contractor's activities going to adversely affect the quantity or quality of water, the contractor shall serve notice to the relevant authorities and downstream users of water sufficiently in advance.</li> <li>Apply best management practices to control contamination of run-off water during maintenance &amp; operation of equipment.</li> <li>Maintain adequate distance between stockpiles &amp; water bodies to control effects to natural drainage paths.</li> </ul>				
23. Preventing siltation into coastal water bodies	<ul style="list-style-type: none"> <li>Contractor shall take measures to prevent siltation of water bodies because of construction work including, construction of temporary / permanent devices to prevent water pollution due to siltation and increase of turbidity. These shall include the measures against erosion highlighted in this ESMP</li> <li>Construction materials containing small / fine particles shall be stored in places not subjected to flooding and in such a manner that these materials will not be washed away by runoff.</li> <li>Temporary soil dumps should be placed at least 200m away from all water bodies</li> <li>If temporary soil piles are left at the site for a long time those piles should be covered with thick polythene sheets</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer), Provincial Contract supervisor, the Engineer/engineer (CSE)
24. Preventing contamination of water from construction wastes	<ul style="list-style-type: none"> <li>The work shall be carried out in such a manner that pollution of natural water courses rivers, lagoons, sea and other minor stream paths located within construction areas or downstream.</li> <li>Measures as stipulated in this ESMP shall be taken to prevent the wastewater produced in construction from entering directly into streams, water bodies or the irrigation systems.</li> <li>Avoid / minimize construction works near / at such drainage locations during heavy rainy seasons</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer), Provincial Contract supervisor, MoH,



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<ul style="list-style-type: none"> <li>The discharge standards promulgated under the National Environmental Act shall be strictly adhered to.</li> <li>All waste arising from the project is to be disposed in a manner that is acceptable to the engineer and as per the guidelines/instructions issued by the CEA and Local Authority.</li> </ul>				Engineer/ engineer ( ) (SE)
25.	<b>Public Safety</b>	<ul style="list-style-type: none"> <li>At all times the site will restrict the entry of public and PMCI's workers on to the site.</li> <li>Safety signboards and signboards prohibiting entrance and risks, should be displayed at all necessary locations.</li> <li>The contractor should obtain a third-party insurance to compensate any damages, injuries caused to the public or laborers during the construction period.</li> <li>All construction vehicles should be operated by experienced and trained operators under supervision.</li> </ul> <p>Trenches should be progressively rehabilitated once work is completed. Material loading and unloading should be done only within the project site.</p>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer ProvincialContract MoH, superviso Engineer/ engineer ( ) (SE)
26.	<b>Safety of Workers during general construction practices</b>	<p>Contractor shall comply with the requirements for safety of the workers as per Factory Ordinance and the Labor Management Plan of the project to extent that those are applicable to this contract.</p> <ul style="list-style-type: none"> <li>The contractor shall supply all necessary safety measures at site-including provision of First Aid Kits, Fire extinguishers.</li> <li>Signage providing instructions on first aid management, emergency contact and emergency operational procedures in local languages.</li> <li>Basic onsite safety training should be conducted for all laborers during the ESMP training prior to the start of the construction activities.</li> <li>The training to laborers should also include a brief on the risks of working on an open dump site.</li> <li>The contractor should obtain a Third-party insurance to compensate any damages, injuries caused to laborers during the construction period.</li> <li>Protective footwear and protective goggles should be provided to all workers Employed on mixing of materials like cement, concrete etc.</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer ProvincialContract superviso Engineer/ engineer ( ) (SE)



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<ul style="list-style-type: none"> <li>Welder's protective eye-shields shall be provided to workers who are engaged in welding works.</li> <li>Earplugs shall be provided to workers exposed to loud noise, and workers working in crushing, compaction, or concrete mixing operation.</li> <li>The contractor shall supply all necessary safety equipment such as safety goggles, helmets, safety belts, ear plugs, mask etc. to workers and staff.</li> <li>In addition, the contractor shall maintain in stock at the site office, gloves, earmuffs, goggles, dust masks, safety harness and any other equipment considered necessary.</li> <li>A safety inspection checklist should be prepared taking into consideration what the workers are supposed to be wearing and monitored monthly and recorded.</li> </ul>				
27.	Prevention of accidents	<ul style="list-style-type: none"> <li>Prevention of accidents involving human beings or vehicles or accidents during construction period should be done via adequate training and guidance to all workers.</li> <li>A readily available first aid unit including an adequate supply of sterilized dressing materials and first aid supplies should be available at the site office at all times.</li> <li>Availability of suitable transport at all times to take injured or sick person(s) to the nearest hospital should also be insured.</li> <li>Names and contact information for emergency services such as Ambulance services, hospitals, police and the fire brigade should be prepared as a sign board and displayed at the work site.</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS), Nominated Environmental and Social Officer, ProvincialContract supervisor, Engineer/ engineer (SE)
28.	Operation of labor camps	<ul style="list-style-type: none"> <li>The Contractor shall establish and maintain all offsite labor accommodation in such a fashion that uncontaminated water is available for drinking, cooking and washing.</li> <li>A supply of sufficient quantity of potable water in every workplace/labor camp site at suitable and easily accessible places and regular maintenance of such provisions should be maintained.</li> <li>The sewage system for the offsite labor camp, if newly established, are designed, built and operated in such a fashion that no health hazards</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS), Nominated Environmental and Social Officer, ProvincialContract supervisor



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<p>occurs and no pollution to the air, ground water or adjacent water courses take place.</p> <ul style="list-style-type: none"> <li>■ Ensure adequate water supply is to be provided in all toilets and urinals.</li> <li>■ The contractor shall provide garbage bins in the camps and ensure that these are regularly emptied and disposed of in a hygienic manner</li> </ul>				Engineer/ engineer (the SE)
29.	Handling Environmental Issues during Construction	<ul style="list-style-type: none"> <li>■ The Contractor will appoint a suitably qualified Environmental Officer following the award of the contract. The Environmental Officer will be the primary point of contact for assistance with all environmental issues during the pre-construction and construction phases. He/ She shall be responsible for ensuring the implementation of ESMP.</li> <li>■ The Contractor shall appoint a person responsible for community liaison and to handle public complaints regarding environmental/ social related matters. All public complaints will be entered into the Complaints Register. The Environmental Officer will promptly investigate and review environmental and/or social complaints and implement the appropriate corrective actions to arrest or mitigate the cause of the complaints. A register of all complaints is to be passed to the Engineer within 24 hrs. They are received, with the action taken by the Environmental Officer on complains thereof.</li> <li>■ Contractor shall prepare detailed Environmental Method Statement (EMS) clearly stating the approach, actions and manner in which the ESMP is implemented. It is required from the contractor to prepare the ESMS for each work site, if work will be carried out at more than one site at once and time plan for implementation. The ESMS shall be updated regularly and submit for Engineers review.</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer), Provincial Contract supervisor, Engineer/ engineer (the SE)
30.	Grievance Redress Mechanism during construction	<p>Grievances are inevitable during the entire construction period; and grievances can be submitted verbally, in-writing, in-person through multiple intake channel as described in the ESMF and SEP</p> <ul style="list-style-type: none"> <li>■ Contact information of Engineer/ PMU/PMCI/MOH in print form shall be available at the site</li> <li>■ Grievances submitted shall be referred to the PMU/PMCI/MOH by the social or environmental officer of the Contractor through the Engineer.</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer), Provincial-Contract



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<ul style="list-style-type: none"> <li>Grievances shall be submitted to the Engineer on the same day of receiving. It has to be recorded and the environmental/social officer of the Engineer shall ensure the timely redress through the PMU/PMCI/MOH</li> <li>Workers at the site will be able to report work situations and/or workplace concerns which they believe are not safe or healthy, and to remove themselves from a work situation which they have a reasonable justification to believe presents an imminent and serious danger to their life or health (with no reprisal for reporting or removing themselves)</li> </ul>				supervision Engineer/ engineer (SE)
31.	<b>Traffic Management</b>	<p>Travel routes for construction vehicles should be designed to avoid areas of congestion and communicated to drivers.</p> <ul style="list-style-type: none"> <li>If project vehicles will be entering and exiting the site and being operated after 6PM a lighting system should be maintained to ensure adequate on site lighting and clear lighting to road uses, off the site access point.</li> <li>Contractor should supply traffic co-coordinators to manage vehicle movements to and from the project site at the entrance, as it is located off a main road directly.</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer), ProvincialContract supervisor Engineer/ engineer (SE)
32.	<b>Surface Drainage and Possible Water Stagnation</b>	<p>The project interventions itself include and adequate storm water drainage system in the premises, which will discharge water to existing storm water drainage networks.</p> <ul style="list-style-type: none"> <li>During construction, the contractor will conduct overall storm water management in the premises during construction using temporary ditches, sand bag barriers etc.</li> <li>Proper drainage arrangements to be made, to avoid the overflowing of existing drainage paths to cutting, excavation and other activities</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer), ProvincialContract supervisor Engineer/ engineer (SE)
33.	<b>Fire Safety</b>	Easily flammable materials should not be stored in construction site; they must be transported out of project site.	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer), ProvincialContract supervisor Engineer/ engineer (SE)



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<ul style="list-style-type: none"> <li>■ Any activities, such as welding, that can lead to ignition should be conducted post the closure of the mound where possible to avoid risk of exposure to landfill gas.</li> <li>■ At all times the site should be equipped with appropriate firefighting and fire-retardant equipment to suppress any fires on the site.</li> <li>■ Fire extinguishers should be available at the site office for use in the case of emergencies.</li> <li>■ A supply of water should be available on site during the excavation period and construction period for firefighting purposes.</li> </ul>				Environmental and Social Officer ProvincialContractMoH, superviso Engineer/ engineer (SE)
34.	Management of Chance found Archeological Property and Cultural Resources.	<p>All fossils, coins, articles of value of antiquity and structures and other remains or things of geological or archaeological interest etc. discovered on the site and/or during construction work shall be the property of the Government of the Sri Lanka and the Department of Archaeology will be contacted immediately.</p> <ul style="list-style-type: none"> <li>■ The contractor shall take reasonable precaution to prevent his workmen or any other persons from removing and damaging any such article or thing and shall, immediately upon discovery thereof and before removal acquaint the Engineer of such discovery and carry out the Engineer's instructions for dealing with the same, awaiting which all work shall be stopped within 100m in all directions from the site of discovery.</li> <li>■ If directed by the Engineers the Contractor shall obtain advice and assistance from the relevant department of the Ministry of Arts, Culture and Heritage on conservation measures to be taken with regard to the artifacts prior to recommencement of work in the area.</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer ProvincialContract superviso Engineer/ engineer (SE)
35.	Chance found important Flora/Fauna	<p>Flora</p> <ul style="list-style-type: none"> <li>○ While any rare/threatened/endangered flora species will be identified and removed prior to construction, during construction if by chance such species are found, it shall be immediately informed to the PMU by the contractor.</li> <li>○ All activities that could destroy such flora and/or its habitat shall be stopped with immediate effect. Such activities shall be started only after obtaining the Engineer's approval. Contractor shall carry out</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS Nominated Environmental and Social Officer ProvincialContractMoH, superviso



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility		
					Implementation	Monitoring	
		<p>all activities and plans that the Engineer instructed him to undertake to conserve such flora and/or its habitat.</p> <ul style="list-style-type: none"> <li>■ Fauna <ul style="list-style-type: none"> <li>○ All works shall be carried out in such a manner that the destruction or disruption to the fauna and their habitats is minimum.</li> <li>○ Construction workers shall be instructed to protect fauna including birds and aquatic life as well as their habitats.</li> <li>○ During construction, if any faunal species is found, it shall be immediately informed to the PMU by the contractor. All activities that could destroy such fauna and/or its habitat shall be stopped with immediate effect. Such activities shall be started only after obtaining the Engineer's approval. Contractor shall carry out all activities and plans that the Engineer instructed him to undertake to conserve such fauna and/or its habitat.</li> </ul> </li> </ul>				Engineer/ engineer ( ) (SE)	
36.	<b>Site Closure and Demobilization</b>	<ul style="list-style-type: none"> <li>■ The contractor will remove all excess material, equipment, vehicles from the project site prior to complete demobilization.</li> <li>■ Cofferdams, if erected need to be completely removed and associated debris has to be cleared from the.</li> <li>■ All temporary site offices will be dismantled and removed from the site.</li> <li>■ If the parking site has been dilapidated in any way as per the evaluation of the engineer, the contractor will reinstate it to the original condition prior to demobilization.</li> </ul>	During construction	Engineering Cost	Contractor	PMCI, PMU(PHS), Nominated Environmental and Social Officer, Provincial Contract supervisor, Engineer/ engineer ( ) (SE)	
<b>Health Care Facility Operation Phase</b>							
37.	<b>PMCI operation - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (potentially the elderly,</b>	<ul style="list-style-type: none"> <li>■ PMCIs will continue to provide services to the health needs of people with disabilities, existing conditions, elderly, etc</li> <li>■ Health information and government guidance will be provided in accessible formats to the extent feasible (e.g., explanations of what is happening during the time of care for deaf, blind, people with cognitive disabilities),</li> </ul>	During PMCI	Operational Cost	PMCI Management, HCWs	MOH, PM Nominated Environmental and Social Officer, Provincial-	



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
	those with preexisting conditions, or the very young)	<ul style="list-style-type: none"> <li>including print materials in Braille or large print, sign language interpretation, captions, audio provision, and graphics</li> <li>■ Universal design principles will be adopted while expanding clinical care capacities, including refurbishing ICUs or inpatient PMCI</li> <li>■ Training to health workers, including community health workers, government officials, emergency planners and other stakeholders on interacting with vulnerable groups, including people with disabilities and how to support their needs</li> <li>■ Sensitization and training of healthcare workers and other staff at the PMCI on GBV and SEA so that such cases can be identified and referred to relevant authorities and service providers.</li> </ul>				
38.	Basic roles and responsibilities of HCWs when working in PMCI	<ul style="list-style-type: none"> <li>■ HCWs should: <ul style="list-style-type: none"> <li>○ follow established occupational safety and health procedures (refer handwashing and infection control guidelines issues by the WHO and Health Promotion Bureau, avoid exposing others to health and safety risks, and participate in employer-provided occupational safety and health training;</li> </ul> </li> </ul>	During PMCI	Operational Cost	PMCI Management, HCWs	MOH, PMCI, Nominated Environmental and Social Officer Provincial-MoH.
39.	Laboratory Operations	<ul style="list-style-type: none"> <li>■ All provisions stipulated in the Laboratory testing must be followed when conducting testing.</li> <li>■ Laboratories operations should be conducted as per the Standard Operation Principles for Laboratories- presented in Annex 13 which summarizes the required good practices with regard to safe handling of chemicals, which are to be followed by laboratory technicians.</li> </ul>	During PMCI	Operational Cost	PMCI Management, HCWs (Specifically laboratory workers)	MOH, PMCI, Nominated Environmental and Social Officer Provincial-MoH.
40.	Collection, handling and movement of specimens, samples, reagents, medical equipment, and infection materials.	<p style="background-color: black; color: white; text-align: center;">All provisions approved in the <i>Laboratory testing</i> must be followed when conducting testing.</p> <ul style="list-style-type: none"> <li>○ All procedures Specimen collection and shipment should be governed by the processes outlined in this guideline.</li> </ul>	During PMCI	Operational Cost	PMCI Management, HCWs	MOH, PMCI, Nominated Environmental and Social Officer Provincial-MoH.
41.	Management of Health Care Waste Management	<ul style="list-style-type: none"> <li>○ HCWM operations for the various waste streams will be conducted as per standard operating procedures.</li> </ul>	During PMCI	Operational Cost	PMCI Management, HCWs	MOH, PMCI, Nominated



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<ul style="list-style-type: none"> <li>■ For all World Bank project funded PMCI the facility specific Infection Control and Health Care Waste Management Plan will be adopted (ICHCWMP)- The generic plan in line with international best practice presented in Annex 10- provides detailed guidance on due procedures to be implemented.</li> <li>■ HFCs will be responsible to ensure. <ul style="list-style-type: none"> <li>○ Best practices for safely managing health care waste should be followed, including assigning responsibility and sufficient human and material resources to dispose of such waste safely.</li> <li>○ If waste is handed to an external party for management- all relevant disposal measures should be in line with guidance provided above.</li> <li>○ All workers handle health care waste should wear appropriate PPE (boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it as per basic hand hygiene practices.</li> <li>○ Final disposal of all HCW should be in line with national regulatory guidance and international best practice where applicable.</li> <li>○ All general waste should be disposed as per typical practices via the service provider. The PMCI has to ensure full vigilance that no cross contamination of general waste occurs and ensure waste segregation rules are fully adhered to.</li> </ul> </li> </ul>			(Specifically cleaning staff)	Environmental and Social Officer Provincial- MoH.
42.	<b>Avoiding exposure and contamination from blood spills and bodily fluids during PMCI operations and patient care.</b>	<p>Promptly clean and decontaminate spills of blood or other potentially infectious materials.</p> <ul style="list-style-type: none"> <li>■ Follow proper procedures for site decontamination of spills of blood or blood-containing body fluids as per WHO guidelines.</li> <li>■ Workers must use protective gloves and additional PPE appropriate for this task.</li> <li>■ If the spill contains large amounts of blood or body fluids, clean the visible matter with disposable absorbent material, and discard the contaminated materials in appropriate, labeled containment.</li> <li>■ Swab the area with a cloth or paper towels moderately wetted with disinfectant and allow the surface to dry.</li> </ul>	During PMCI and Quarantine center operations	Operational Cost	PMCI Management, HCWs, Cleaning Staff	MOH, PMCI, Nominated Environmental and Social Officer Provincial- MoH.



Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	<ul style="list-style-type: none"> <li>■ Use high grade hospital disinfectants in accordance with label instructions to decontaminate spills of blood and other body fluids.</li> <li>■ Sodium hypochlorite products should be used as preferred as per international best practice, however if such products are not available, generic versions of sodium hypochlorite solutions (e.g., household chlorine bleach) may be used. <ul style="list-style-type: none"> <li>○ Use a 1:100 dilution (500–615 ppm available chlorine) to decontaminate nonporous surfaces after cleaning a spill of either blood or body fluids in patient-care settings.</li> <li>○ If a spill involves large amounts of blood or body fluids, or if a blood or culture spill occurs in the laboratory, use a 1:10 dilution (5,000–6,150 ppm available chlorine) for the first application of germicide before cleaning.</li> </ul> </li> </ul>				
<b>43. Cleaning and Disinfecting Measures for Environmental Surfaces in Patient-Care Areas</b>	<ul style="list-style-type: none"> <li>■ All disinfectants use should be used in accordance with the manufacturer's instructions.</li> <li>■ Do not use high-level disinfectants/liquid chemical sterilant for disinfection of either noncritical instrument/devices or any environmental surfaces; such use is counter to label instructions for these toxic chemicals.</li> <li>■ Follow manufacturers' instructions for cleaning and maintaining noncritical medical equipment.</li> <li>■ In the absence of a manufacturer's cleaning instructions, follow certain procedures. <ul style="list-style-type: none"> <li>○ Clean noncritical medical equipment surfaces with a detergent/disinfectant.</li> <li>○ Do not use alcohol to disinfect large environmental surfaces. <ul style="list-style-type: none"> <li>○ Use barrier protective coverings as appropriate for noncritical equipment surfaces that are <ul style="list-style-type: none"> <li>□ touched frequently with gloved hands during the delivery of patient care;</li> <li>□ likely to become contaminated with blood or body substances; or</li> <li>□ difficult to clean (e.g., computer keyboards).</li> </ul> </li> </ul> </li> </ul> </li> </ul>	During PMCI and Quarantine center operations	Operational Cost	PMCI Management, HCWs, Cleaning Staff	MOH, PMCI, Nominated Environmental and Social Officer Provincial-MoH.



	Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
					Implementation	Monitoring
		<ul style="list-style-type: none"> <li>■ Keep housekeeping surfaces (e.g., floors, walls, and tabletops) visibly clean on a regular basis and clean up spills promptly.</li> <li>■ Use registered hospital disinfectant/detergent designed for general housekeeping purposes in patient-care areas when</li> <li>■ Detergent and water are adequate for cleaning surfaces in nonpatientcare areas (e.g., administrative offices).</li> <li>■ Clean and disinfect high-touch surfaces (e.g., doorknobs, bed rails, light switches, and surfaces in and around toilets in patients' rooms) on a more frequent schedule than minimal touch housekeeping surfaces.</li> <li>■ Clean walls, blinds, and window curtains in patient-care areas when they are visibly dusty or soiled.</li> </ul>				
44.	<b>General cleaning of other areas in PMCI as a whole.</b>	<ul style="list-style-type: none"> <li>■ Conduct regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces. Review cleaning protocols for key construction equipment (particularly if it is being operated by different workers). This should include:</li> <li>■ Providing cleaning staff with adequate cleaning equipment, materials and disinfectant.</li> <li>■ Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.</li> <li>■ Training cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).</li> </ul>	During PMCI and Quarantine center operations	Operational Cost	PMCI Management, HCWs, Cleaning Staff	MOH, PMCI, Nominated Environmental and Social Officer Provincial-MoH.



**All contractors, sub-contractors or entities implementing small civil works will ensure the following environmental and social safeguards measures during the process of project implementation.**

#### 4.1.1.1 INFORMATION DISCLOSURE AMONG STAKEHOLDERS

- Discussions should be conducted with the residents who reside around the immediate vicinity of the construction site; provide them with information on the project activities, muster their views for possible impact mitigation as this will also ensure a good support and less complaints. This should be done immediately once the contractor is mobilized.
- A copy of the ESMP should be available at all times at the project supervision office on site.

#### 4.1.1.2 GRIEVANCE REDRESS MECHANISM

- Contractors shall establish a GRM at site, include a complaint box located in an accessible location, with contact details and procedures.
- All workers shall be trained about the GRM process.
- The Contractor shall brief the community on GRM process.
- A mechanism shall be in place to resolve complaints swiftly. The relevant PMUs shall be informed about complaints received and regular records shared.
- A registry of complaints to be maintained with measures taken to resolve complaints.
- Any GBV related complaints should be immediately reported to the PMU & WB for guidance. Thus GBV -related issues will be handled maintaining confidentiality, obtaining necessary consent from survivor and use a survivor centric approach in a safe and ethical manner.

#### 4.1.1.3 MATERIAL SOURCING

- To avoid significant impact on geological resources the contractor will ensure that sand, aggregates and other quarry material is sourced from licensed sources.
- The contractor is required to maintain the necessary licenses and environmental clearances for all burrow and quarry material they are sourcing to obtain soil, fine aggregate and coarse aggregate.
- Sourcing of any material from any protected areas and/or designated natural areas are strictly prohibited.

The Project Supervision Engineer will require maintaining the numbers and relevant details of all necessary licenses etc. and report of their status accordingly.

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#### 4.1.1.4 CONSTRUCTION MATERIALS

#### TRANSPORT AND STORAGE OF

- Sites for storage of construction materials should be identified, without affecting the traffic, block access to homes or businesses and other common utilities that will lead to access issues as the compound is operational.
- All material for civil works should be transported in fully covered trucks. Overloading of vehicles with materials should be controlled and done in a manner to suit the trucks capacity.
- Construction material such as cement, sand and metal should be stored in closed structures or in a contained manner.

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#### 4.1.1.5 DUST

- All construction materials such as sand, metal, lime, bricks etc. should be transported under cover to the site and stored under cover at the sight. Plastic sheeting (of about 6 mm minimum thickness) can be used and held in place with weights, such as old tires or cinder blocks, with the edges of the sheeting buried, or by the use of other anchoring systems. This will minimize the levels of airborne dust.
- Continual water sprinkling should be carried out in the work and fill areas and the access road if dust stir is observed. Water sprinkling should be done more frequently on days that are dry and windy (at least fourtime's day) as the levels of dust can be elevated during dry periods. Dust barriers should be used during all construction activities, especially in areas along roads with heavy traffic, commercial and residential areas.

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#### 4.1.1.6 NOISE

- Noise generating work should be limited to daytime (6:00AM to 6:00PM). Other type of construction work which will not disturb the environment by noise or vibration could be carried out during the nighttime. No work that generates excessive noise should be carried out during night hours (from 6:00PM to 6:00AM on the following day).
- Even during daytime use of the access road should be minimized during departure times (7:00AM to 8:30AM), school time (1:00PM-2:00PM) and arrival times (After 4:30PM-6:00PM). This will not only reduce noise levels but also help mitigate congestion issues in the area due to the construction activities.
- All equipment and machinery should be operated at noise levels that do not exceed the permissible level of 75 dB (during construction) for the daytime. For all construction activities undertaken during the nighttime, it is necessary to maintain the noise level at below 50 dB as per the Central Environmental Authority (CEA) noise control regulations
- All equipment should be in good, serviced condition. Regular maintenance of all construction vehicles and machinery to meet noise control regulations stipulated by

the CEA in 1996 (Gazette Extra Ordinary, No . 924/12) must be conducted for vehicles/machinery that will be used in construction on site and for transport.

- Ideally noise generating work should not be carried out during public holidays and religious days. Special care should be taken as there is a temple nearby.
- Labor gangs should be warned to work with minimum noise. Strict labor supervision should be undertaken in this respect. Number of nighttime resident laborers should be minimized.
- Temporary sound barriers should be erected around buildings or premises as appropriate to shield residents if there are complaints from them.

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#### 4.1.1.7 VEHICULAR NOISE POLLUTION AT RESIDENTIAL / SENSITIVE RECEPTORS

- Idling of temporary trucks or other equipment should not be permitted during periods of loading / unloading or when they are not in active use. The practice must be ensured especially near residential / commercial / sensitive areas.
- Stationary construction equipment will be kept at least 500m away from sensitive receptors, where possible. These include hospitals, schools, places of worship and households.
- All possible and practical measures to control noise emissions during drilling shall be employed.

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#### 4.1.1.8 REMOVAL AND DISPOSAL OF CONSTRUCTION DEBRIS AND EXCAVATED MATERIALS

- During site clearance activities, demolition and debris removal must be carried out swiftly and in well-planned manner. Possibly debris removal can be carried out during non-peak hours to avoid traffic at the site.
- The contractor shall identify the sites for debris disposal and should be finalized prior to start of the earthworks; Spoil and other disposal materials should only be dumped at sites for which prior approval from relevant authorities such as the LA have been obtained.
- Taking into account the following:
  - The dumping does not impact natural drainage courses
  - No endangered / rare flora is impacted by such dumping
  - Should be located in nonresidential areas located in the downwind side
  - Located at least 100m from the designated forest land.
  - Avoid disposal on productive land.
  - Should be located with the consensus of the local community, in consultation with the engineer and shall be approved by the highways department
  - Minimize the construction debris by balancing the cut and fill requirements.
  - The contractor should avoid any spillage of spoil when transporting such materials to the approved material dumping sites.

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#### 4.1.1.9 PROTECTION OF TOPSOIL

- The topsoil to be protected and compacted after completion of pipe laying activities.

The contractor should attempt to reuse the cut material from earthworks for project activities where possible

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#### 4.1.1.10 POLLUTION FROM FUEL AND LUBRICANTS

- The contractor shall ensure that all construction vehicle parking location, fuel/lubricants storage sites, vehicle, machinery and equipment maintenance and refueling sites shall be located away from rivers and irrigation canal/ponds.
- Contractor shall ensure that all vehicle/machinery and equipment operation, maintenance and refueling will be carried out in such a fashion that spillage of fuels and lubricants does not contaminate the ground.
- Contractor shall arrange for collection, storing and disposal of oily wastes to the pre-identified disposal sites (list to be submitted to Engineer) and approved by the Engineer. All spills and collected petroleum products will be disposed of in accordance with standards set by the CEA/MDE.
- Engineer will certify that all arrangements comply with the guidelines of CEA/MDE or any other relevant laws.

#### **Surface Drainage and Possible Water Stagnation**

- Provide storm water drain system in the premises which shall discharge water to the improved roadside storm water drain.
- Carry out overall storm water management in the premises during construction using temporary ditches, sand bag barriers etc.
- Temporary flooding due to excavation.
- Proper drainage arrangements to be made, to avoid the overflowing of existing drains due to excavation during the laying of pipes, cutting activities.

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#### 4.1.1.11 PUBLIC AND WORKER SAFETY

- The construction site should be barricaded at all time in a day with adequate marking, safety tape, flags, reflectors etc. for safety of individuals using the compound on a daily basis. (Items such as parking cones, lights, tubular markers, orange and white strips and barricades of a luminous nature for night visibility).
- The construction site should be clearly demarcated by the above means and restriction of access to public to the site will help the safety of public.

- Safety signboards in local languages should be displayed at all necessary locations.

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#### 4.1.1.12 SAFETY GEAR FOR LABORS

- Masks and Gloves should be provided in addition to sanitizers and soaps for handwashing purposes.

Protective footwear and protective goggles should be provided to all workers employed on mixing of materials like cement, concrete etc.

- Welder's protective eye-shields shall be provided to workers who are engaged in welding works.

Earplugs shall be provided to workers exposed to loud noise, and workers working in crushing, compaction, or concrete mixing operation.

- The contractor shall supply all necessary safety appliances such as safety goggles, helmets, safety belts, ear plugs, mask etc. to workers and staffs.
- In addition, the contractor shall maintain in stock at the site office, gloves, ear muffs, goggles, dust masks, safety harness and any other equipment considered necessary.
- A safety inspection checklist should be prepared taking into consideration what the workers are supposed to be wearing and monitored on a monthly basis and recorded.

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#### 4.1.1.13 PREVENTION OF ACCIDENTS

- Prevention of accidents involving human beings, animals or vehicles falling or accidents due to open trenches/manholes during construction period. This needs to be ensured with proper barricading, signage boards and lighting etc.

- A readily available first aid unit including an adequate supply of sterilized dressing materials and appliances should be available at the site office at all times

Availability of suitable transport at all times to take injured or sick person(s) to the nearest hospital should also be insured.

- Names and contact information for emergency services such as Ambulance services, hospitals, police and the fire brigade should be prepared as a sign board and displayed at the work site.
- All vehicles used by any contractor for the purpose of the project will have valid registration, insurance and road worthiness.
- Provide adequate fire safety measures including fire extinguishers, fire assembly points and fire safety trainings to the staff.

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#### 4.1.1.14 PREVENTION OF POTENTIAL CAPACITY OF SPREAD OF INFECTION DUE TO INTRODUCTION OF WORKERS TO COMMUNITIES.

- Where possible all attempts must be taken to use labor already present in the island.
- Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk
- Consider ways to minimize/control movement in and out of construction areas/site.
- If workers are accommodated on site require, them to minimize contact with people outside the construction area/site or prohibit them from leaving the area/site for the duration of their contract
- Check and record temperatures of workers and other people entering the construction area/site or require selfreporting prior to or on entering
- Require workers to selfmonitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell
- Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for 14 days
- Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days

#### 4.1.1.15 LABOUR FORCE

- There is potential for local labour to participate in small civil works activities. Priority shall be set by Contractor(s) and subcontractor(s) to hire local labour for works to the extent possible.
- Workers will be provided with an employment letters/contract providing details of employment terms and conditions.
- Maximum working hours, leave, salary and other payments will adhere to regulations as stipulated in the national labor legislature.
- The contractor will not engage in child labour or forced labour
- A toolbox training prior to commencing any physical work and equal training opportunity will be available to all staff working in the project without discrimination. Strict labor supervision should be undertaken. There should be labor awareness programs to educate the laborers about their general behavior while at work as well as their own safety.
- A Code of Conduct shall be established to outline the importance of appropriate behavior, drug and alcohol abuse and compliance with local laws and regulations. Each employee shall be informed of the Code of Conduct and bound by it while in the employment of the Contractors. All workers will be required to sign the Code of Conduct.
- The Code of Conduct will be made available to local communities in local language and placed in an easily accessible place for communities.
- To ensure enforcement of these measures, relevant provisions will be included in the employment contracts of all workers and necessary documentary evidence will be shared with the PMU including proof of employment.

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#### 4.1.1.16 SANITARY FACILITIES FOR WORKERS

- If camp sites are to be provided, separate and adequate sanitation (toilets and washing areas) shall be provided for the use of male and female workers. Toilet facilities should be provided with adequate supplies for running water, soap and maintain hygiene of facilities on a regular basis to prevent spread of infectious disease. Facilities should be conveniently accessible.
- Separate sanitation facilities for men and women shall be provided, in an accessible location, and kept clean and in hygienic conditions.
- Latrines shall be under cover and partitioned off as to secure privacy and shall have a proper door and fastenings with adequate lighting.
- Where there are both men and women workers employed, each latrine or washroom must be lockable from inside and outside of each block. There must be a notice in local languages understood by workers “For Men” and “For Women” as the case maybe.

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#### 4.1.1.17 CHANCE OF FOUND ARCHAEOLOGICAL PROPOERTY

- The following actions will be taken if during the civil works if any Chance found archeological property.
  - All fossils, coins, articles of value of antiquity, structures and other remains or things of geological or archaeological interest discovered on the site shall be the property of the Government and shall be dealt with as per provisions of the relevant legislation.

- The Contractor shall take reasonable precautions to prevent his workmen or any other persons from removing and damaging any such article or thing. He shall, immediately upon discovery thereof and before removal acquaint the Engineer of such discovery and carry out the instructions for dealing with the same, waiting which all work shall be stopped.
- The Engineer shall seek direction from the Archaeological Department of Sri Lanka and inform the project EO to follow the Chance Find Procedures set forth.

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4.1.1.18 CLEARING/CLOSURE OF CONSTRUCTION SITE/LABOR CAMPS

- Contractor to prepare site restoration plans for approval by the engineer. The plan is to be implemented by the contractor prior to demobilization.
- On completion of the works, all temporary structures will be cleared away, all rubbish cleared, excreta or other disposal pits or trenches filled in and effectively sealed off and the site left clean and tidy, at the contractor's expenses, to the entire satisfaction of the engineer.

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4.1.1.19 CODE OF CONDUCT SHALL ADDRESS FOLLOWING (BUT NOT LIMITED TO THEM)

- Reporting of work situations that are believed to be unsafe or unhealthy.
- Treating other people with respect, and not discriminating against specific groups such as women, people with disabilities, migrant workers or children.
- Illegal substances shall be prohibited.

- Creating nuisances and disturbances in or near communities shall be prohibited.
- Disrespecting local customs and traditions shall be prohibited.
- Requirement of completion of training courses that will be provided related to the environmental and social aspects of the Contract, including on health and safety matters, and Gender Based Violence (GBV) / Sexual Exploitation & Abuse / Sexual Harassment (SEA/SH).
- Failure to comply with GBV prevention Code of Conduct will result in disciplinary action.

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4.1.1.20 COMPLIANCE ON PREVENTION OF GENDER BASED VIOLENCE

- The following codes have to be filled and signed by all individual workers and maintained by the contractor.
-

***Following Code of Conduct to be signed by individual workers.***

**Individual Code of Conduct Implementing ESHS and OHS Standards Preventing Gender Based Violence**

I, \_\_\_\_\_, acknowledge that adhering to environmental, social, health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing Gender Based Violence (GBV) is important. The Company considers that failure to follow ESHS and OHS standards, or to partake in activities constituting GBV—be it on the work site, the work site surroundings, at workers' camps, or the surrounding communities—constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution by the Police of those who commit GBV may be pursued if appropriate.

I agree that while working on the project I will:

1. Consent to Police background check.
2. Attend and actively partake in training courses related to ESHS, OHS, and GBV as requested by my employer.
3. Will wear my personal protective equipment (PPE) at all times when at the work site or engaged in project related activities.
4. Take all practical steps to implement the contractor's environmental and social management plan (C-ESMP).
5. Implement the OHS Management Plan.
6. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can impair faculties at all times.
7. Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
8. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
9. Not sexually exploit or abuse project beneficiaries and members of the surrounding communities.
10. Not engage in sexual harassment of work personnel and staff—for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is prohibited. E.g. looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; in some instances, giving personal gifts.
11. Not engage in sexual favors—for instance, making promises of favorable treatment (e.g. promotion), threats of unfavorable treatment (e.g. loss of job) or payments in kind or in cash, dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.

12. Not use prostitution in any form at any time.
13. Not participate in sexual contact or activity with children under the age of 18—including grooming, or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
14. Unless there is the full consent<sup>1</sup> by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex (including prostitution). Such sexual activity is considered “non-consensual” within the scope of this Code.
15. Consider reporting through the GRM or to my manager any suspected or actual GBV by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.

**With regard to children under the age of 18:**

16. Bring to the attention of my manager the presence of any children on the construction site or engaged in hazardous activities.
17. Wherever possible, ensure that another adult is present when working in the proximity of children.
18. Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.
19. Not use any computers, mobile phones, video and digital cameras or any other medium to exploit or harass children or to access child pornography (see also “Use of children’s images for work related purposes” below).
20. Refrain from physical punishment or discipline of children.
21. Refrain from hiring children for domestic or other labor below the minimum age of 14 unless national law specifies a higher age, or which places them at significant risk of injury.
22. Comply with all relevant local legislation, including labor laws in relation to child labor and World Bank’s safeguard policies on child labor and minimum age.

**Use of children’s images for work related purposes**

When photographing or filming a child for work related purposes, I must:

23. Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
24. Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used.
25. Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
26. Ensure images are honest representations of the context and the facts.

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<sup>1</sup> **Consent** is defined as the informed choice underlying an individual’s free and voluntary intention, acceptance or agreement to do something. No consent can be found when such acceptance or agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. In accordance with the United Nations Convention on the Rights of the Child, the World Bank considers that consent cannot be given by children under the age of 18, even if national legislation of the country into which the Code of Conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defense.

27. Ensure file labels do not reveal identifying information about a child when sending images electronically.

### Sanctions

I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action which could include:

1. Informal warning.
2. Formal warning.
3. Additional Training.
4. Loss of up to one week's salary.
5. Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months.
6. Termination of employment.
7. Report to the Police if warranted.

*I understand that it is my responsibility to ensure that the environmental, social, health and safety standards are met. That I will adhere to the occupational health and safety management plan. That I will avoid actions or behaviours that could be construed as GBV. Any such actions will be a breach this Individual Code of Conduct. I do hereby acknowledge that I have read the foregoing Individual Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, GBV issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## 5 ANNEX 5: Minimal Provisions to Be Included in Contract Documents

*Unless the WBGs Standard Bidding Documents, that already contain ESHS provisions are used at the minimum the following provisions shall be included in all contract documents for any physical works that include construction and/or rehabilitation.*

### **Implementation of environmental and social impacts mitigation measures and monitoring**

#### **General Conditions**

The Contractor shall provide adequate measures to avoid, reduce or off-set any environmental and/or social impacts during the construction period due construction activities or any other related activities. The Contractor shall implement the Environment and Social Management Plan (ESMP) attached with the Bidding Documents. The remedial actions shall comply and be acceptable to Engineer and other project monitoring agencies.

The Contractor shall be responsible to ensure all construction material are sourced from approved sites or licensed commercial vendors. All key environmental parameters such as vibration and noise shall not exceed the limitation imposed by the Environmental Protection agency.

#### **1. Applicable Laws, Regulations and Policies covering the proposed project**

Following national laws and regulations will be applicable for this project.

- National Environmental Act (NEA) No 47 of 1980 and its amendments (No 56 1988 and No 53 of 2000).
- Laws, regulation and policies relating to Healthcare Waste Management
- Laws, regulation and policies relating to general solid/liquid waste management
- The Flora and Fauna Protection Ordinance, No. 2 of 1937
- The Antiquities Ordinance No 9 of 1940 (and its amendments)
- The Agrarian Development Act No 46 of 2000
- The Disaster Management Act,
- The Urban Development Authority Act No. 41 of 1978 and the Sri Lanka Land Reclamation & Development Corporation Act No. 15 of 1968
- Pradeshiya Sabha Act No. 15 of 1987. Section 12 (2)
- National Institute of Occupational Safety and Health (NIOHS) Act, No. 38 of 2009
- Soil Conservation Act, No. 25 of 1951
- Mines and Minerals Act No. 33 of 1992
- Coast Conservation Act, No. 57 of 1981 (and its amendments)
- Fisheries and Water Resources Act, No. 49 of 2007
- Forest Ordinance, No. 16 of 1907 (and its amendments)
- Factories Ordinance (as amended)
- Local Government By-Laws: Local authorities (Municipal Councils, Urban Councils, Pradeshiya Sabhas)
- Constitution of Sri Lanka: Chapter 3 of the Constitution of Sri Lanka enshrines fundamental Rights, including the right to equality and the right to be free from discrimination on the grounds of race, religion, language, caste, sex, political opinion, and place of birth.
- Policies and regulations promoting gender equality, prevention & response to SGBV in Sri Lanka
- Key legislature supporting rights of vulnerable groups including elderly and disabled
- The Right to Information Act No. 12 of 2016 (RTI)
- Key legislative framework relating to industrial, employment, and labor relations
- National Health Policy (2016 – 2025)
- National Health Promotion Policy (2010)
- National Policy on Healthcare Quality and Safety (2015)
- Accident and Emergency Care Policy of Sri Lanka (2015)
- National Immunization Policy (2014)
- Mental Health Policy of Sri Lanka (2020 - 2030)
- Non-Communicable Disease Policy 2009
- National Code of Hygiene (NCH) (2008)
- Infection control Manual (2005)
- Project related international agreements and conventions.

In addition to national laws and regulations, the project should comply with World Bank Environment and Social Standards.

## **2. Controlling environmental impacts**

The Contractor shall be responsible to maintain and monitor the impacts to the environment to ensure the construction and related works are harmless to the environment. In order to maintain the activities in accordance with ESMAP, the Contractor shall be asked to quote the required rate in the Bill of Quantity.

The Contractor shall submit methodology and frequency of remedial activities for the approval of Engineer, as per the construction plan addressing the following, but not limited to:

- (a) Identification of construction material extracting sites and disposal sites and related approvals from authorities and/or time-based plan to obtain the approvals;
- (b) Measures to avoid and/or control the occurrence of environmental impacts;
- (c) Measures to provide positive environmental offsets to unavoidable environmental impacts;
- (d) Measures to implement environmental enhancements;
- (e) Site specific environmental management techniques and processes for all construction activities which are important for the quality of the environment in respect to permanent and/or temporary works including specific measures on safety;
- (f) Locational details of important elements such as temporary dust and noise barriers, portable amnesties, truck, plant and material storage, access locations, provision of site hoarding, etc.; and
- (g) Identification of the role, responsibility, authority, accountability and reporting of personnel relevant to compliance with the ESMP

If the Contractor fails to adhere to the ESMP to a level acceptable to the Engineer or other monitoring the Engineer shall be temporarily suspend the work until such time proper mitigation measures are implemented.

If any of the defects are not remedied by the Contractor within the time given by the Engineer, the

Engineer shall consider the contractor's work is non-compliance towards environmental safeguards and necessary remedial action shall be undertaken by the Engineer through a third party. Further the cost of the third party and 12% (twelve percent) for supervision charges shall be deducted from the Contractors Interim Payment that has non-compliance towards environmental and social safeguards. Any additional cost or time incurred due to above shall be at contractors' expense and shall not be subjected to extension of time or claim.

The contractor shall be responsible for cleaning up and disposing of all waste materials and rehabilitating (landscaping) all construction sites and work areas so that these can be returned as close as possible to their previous use. This includes the stabilization and landscaping of all of the construction sites. Any borrow pits that were operated by the contractor are to be reshaped and closed. Any contaminated soil must be removed from fuel and oil storage areas. All construction debris is to be removed. Payment will be withheld from the contractor until all of the sites are satisfactorily cleaned, all spoils removed and the sites satisfactorily rehabilitated. The final payment will be released only after confirmation by the Environmental and Social Specialist that the above-mentioned tasks have been completed satisfactorily by the Contractor

#### **Measurement and Payment**

The measurement will be based on weekly assessment of all activities given as per the construction plan and related ESMP.

6 ANNEX 6: Terms Of Reference for Recruitment of Contractor Environmental & Social Safeguard Officer

To be Included in bidding documents with respective ESMP.

The contractor through an appointment of dedicated / qualified environmental and social safeguard officer shall be responsible in implementation of ESMP requirement by

- a) Maintaining up-to-date records on actions taken by the contractor with regards to implementation of ESMP recommendations.
- b) Timely (weekly) submission of reports, information and data to the Project Management Unit (PMU) /Implementation Agency Environmental & Social Specialist, through Supervision consultant (SC) {Contract supervision Engineer/The engineer (CSE)}.
- c) Participating in the meetings conveyed by the Engineer and
- d) Any other assistance requested by the Engineer.

The Environmental & Social Safeguard Officer will be the primary focal point of contact for the assistance with all environmental and social issues during the pre-construction and construction phases. He/ She shall be responsible for ensuring the implementation of Environment and Social Management Plan. The appointed officer should be available on the site fulltime basis during the project period. In addition, Environmental & Social Safeguard Officer should prepare an Environmental Action Plan in line with Environment Management Plan and submit to the Engineer along with construction method statements.

The Environmental & Social Safeguard Officer will promptly investigate and review environmental, social and gender related complaints and implement the appropriate corrective actions to arrest or mitigate the cause of the complaints as specified in the Environmental Management Guideline of PHSEP. A register of all complaints is to be passed to the Engineer within 24 hrs they are received, with the action taken by the Safeguard Officer on complaints thereof. In addition, Safeguard Officer required to perform following tasks as well;

1. Participation for the periodic Grievance Redress Committee Meetings at Village/Subproject Level, Implementation Agency Level and PMU Level
2. Coordinate and liaise with Implementing Agency and PMU
3. Support and coordinate with PMU Environmental and Social Safeguard team in carrying out the monitoring assessments such as baseline surveys, progress review, mid-term review, Relevant safeguard reporting and training/awareness, etc
4. Take actions to mainstream project activities during the period
5. Identify the potential environment and social safeguards issues in accordance provided EA/ ESMP, etc.
6. Implementing rehabilitation works in compliance with WB and national safeguard policies, and according to the given guidelines. (By PMU-PHSEP)

**Qualifications required**

The Environmental & Social Safeguard Officer should possess a Bachelor's Degree with a minimum of three years of professional experience in a relevant field, such as Environmental Science, Geography, or Agriculture. Experience in a similar capacity, particularly with specific project-related work, is highly desirable. It is also essential for the candidate to have knowledge and experience in the occupational health and safety field. Experience in a foreign-funded project is an added advantage. Furthermore, proficiency in spoken English and a strong working knowledge of MS Office applications are required.

**Health Care Waste Management Plan (IHCWMP) Template for Health Care Facility (PMCI Name) 1. Introduction**

**1.1** Describe the project context and components

**1.2** Describe the targeted healthcare facility (PMCI):

- Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory, quarantine or isolation centers;
- Functions and requirement for the level infection control, e.g. biosafety levels;
- Location and associated facilities, including access, water supply, power supply;
- Capacity: beds

**1.3** Describe the design requirements of the PMCI, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave, and waste management facilities.

**1.4** Describe the government regulation requirements such as obtaining Environmental Protection License (EPL) from the Central Environmental Authority (CEA) and adherence to EPL requirements throughout the project implementation.

**1.5** Describe the requirement to follow the National Health Care Waste Management Action Plan once it is finalized and published by the Ministry of Health. Currently, the document is still in draft form; after finalization, provincial health care waste management plans will be created, which can be used for the project's own waste management without duplicating efforts. Several meetings with the MOH have taken place, and further discussions will occur during project implementation.

## 2. Infection Control and Waste Management

### 2.1 Overview of infection control and waste management in the PMCI

- Type, source and volume of healthcare waste (HCW) generated in the PMCI, including solid, liquid and air emissions (if significant)
- Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid and nonhazardous) following WBG [EHS Guidelines](#) for Healthcare Facilities and pertaining GIIP.
- Describe the healthcare waste management system in the PMCI, including material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment work.
- Provide a flow chart of waste streams in the PMCI if available
- Describe applicable performance levels and/or standards
- Describe institutional arrangement, roles and responsibilities in the PMCI for infection control and waste management

### 2.2 Management Measures:

- Waste minimization, reuse and recycling: PMCI should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations.
- Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: PMCI should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of hazardous medical goods.
- Waste segregation, packaging, color coding and labeling: PMCI should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed. The Generic ICHCWMP provides additional guidance on this
- Onsite collection and transport: PMCI should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Waste storage: A PMCI should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out.
- Onsite waste treatment and disposal (e.g. an incinerator): Many PMCIs have their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended. For new PMCI financed by the project, waste disposal facilities should be integrated into the overall design and ESIA developed. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerators can be found in pertaining EHS Guidelines and GIIP.
- Transportation and disposal at offsite waste management facilities: Not all PMCI has adequate or well-performed incinerator onsite. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or the private sector are probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.
- Wastewater treatment: PMCI wastewater is related to hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted

to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the PMCI should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, PMCI should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases where PMCI wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.

### **3. Emergency Preparedness and Response**

Emergency incidents occurring in a PMCI may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, communities, the PMCI's operation and the environment.

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).

### **4. Institutional Arrangement and Capacity Building**

A clearly defined institutional arrangement, roles and responsibilities should be included. A training plan with recurring training programs should be developed. The following aspects are recommended:

- Define roles and responsibilities along each link of the chain along the cradle-to-crave infection control and waste management process;
- Ensure adequate and qualified staff are in place, including those in charge of infection control and biosafety and waste management facility operation.
- Stress the chief of a PMCI takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a PMCI, and build an intra-departmental team to manage, coordinate and regularly review issues and performance;
- Establish an information management system to track and record the waste streams in PMCI; and
- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

### **5. Monitoring and Reporting**

Many PMCIs in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. PMCI should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. The PMCI is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the PMCI chief takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the PMCI. Internal reporting and filing systems should be in place.

Externally, reporting should be conducted per government and World Bank requirements.

## 8 ANNEX 8: Generic Health Care Waste Management Plan in PMCI (HCWMP)

The following detailed Health Care Waste Management Plan has been developed in line with guidance provided in the following documents and presents best practice measures to be incorporated into the preparation of facility level HCWMPs in order to ensure that sound practices are followed in terms of the management of HCW from the point of generation to final disposal. This Generic HCWMP can be used to develop PMCI specific plans for any facility as it covers the whole waste stream typically seen in PMCIs and can be adopted in relevance to the operational processes, needs and context. Annex provides a template that can be used in combination with this HCWMP to be prepared facility specific plans. The plans will be subject to the review and endorsement of the MOH and World Bank Clearance for all project associated facilities. Based on the following generic HCWMP, the E&S specialist of the PMU is required to develop project specific HCWMP based on the existing HCWMPs in PMCIs, magnitude of the PMCIs and quantity of HCW generation etc.

### Guidelines Used:

- Safe management of wastes from health-care activities-Second edition. The World Health Organization: 2014
- Mainstreaming Environmental Management in the Health Care Sector Implementation Experience in India & A Toolkit for Managers-VOLUME I & II- The World Bank: 2012
- World Bank Group General Environmental Health and Safety Guidelines:2007
- World Bank Group Environmental, Health, and Safety Guidelines for Health Care Facilities: 2007

	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
<b>1.</b>	<b>Waste Generation in PMCI at patient care station</b>					
1.1.	Management and final disposal of HCW and the risk of comingling with general waste streams can have impacts on the environment such as toxic emissions of leachate and air emission and lead to exposure of communities to spread of infectious diseases via adhering to WHO guidance and following international best practice on management of HCW.	<ul style="list-style-type: none"> <li>• All HCW generated should be categorized as hazardous waste as per the WHO guidelines, segregated and disposed as per the guidance provided in this Infection Control and Health Care Waste Management Plan.</li> </ul>	HCWWs, Waste Collection Service Providers	During waste management practices.	HCW PMCI Operational budget	PMCI, MoH, Environment Social Officer, Provincial-M and PMU(PHSEP H, Contract supervision ), Engineer/The engineer (CS E)
1.2.	Looking at waste minimization, reuse, and recycling where possible and in the long term within the PMCI. This will facilitate in the reduction of waste that	<ul style="list-style-type: none"> <li>• Facilities should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations, including:                             <ul style="list-style-type: none"> <li>○ Source reduction measures:</li> </ul> </li> </ul>	PMCI	Long Term Planning of facility	HCW PMCI Operational budget	PMCI, MoH, Environment al and Social Officer



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
	needs to be handled, especially in smaller PMCs, more in the longer term.	<ul style="list-style-type: none"> <li>□ Consider options for product / material substitution to avoid products containing hazardous materials that require the product to be disposed as hazardous or special waste (e.g. mercury or aerosol cans).</li> <li>□ Selecting preferring products with less packaging or products that weigh less than comparable products that perform the same function.</li> <li>□ Use of physical rather than chemical cleaning practices (e.g. using microfiber mops and cloths), where such practices do not affect disinfection and meet relevant standards for hygiene and patient safety as per national and international guidelines.</li> <li>○ Waste toxicity reduction measures such as; □ <ul style="list-style-type: none"> <li>Consider options for product / material substitution for equipment containing mercury or other hazardous chemicals; products that may become hazardous waste when disposed; products made of polyvinyl chloride (PVC); halogenated compounds; products that off-gas volatile organic compounds (VOCs), or products that contain persistent, bio accumulative and toxic (PBT) compounds; products that contain substances which are carcinogenic, mutagenic or reproductive toxins (CMR).</li> </ul> </li> </ul>		specific HCWPs		Provincial-M H, PMU(PHSEP), Contract supervision Engineer/The engineer (CS <sup>E</sup> )



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Use of efficient stock management practices and monitoring (e.g. for chemical and pharmaceutical stocks), including: <ul style="list-style-type: none"> <li>□ Small / frequent orders for products that spoil quickly and strict monitoring of expiry dates</li> <li>□ Complete use of old product before new stock is used</li> </ul> </li> <li>○ Maximization of safe equipment reuse practices, including: <ul style="list-style-type: none"> <li>□ Reuse of equipment following sterilization and disinfection (e.g. sharps containers)</li> </ul> </li> </ul>				
<b>2.</b>	<b>Segregation and Storage Prior to Collection</b>					
2.1.	<p><b>Infectious Waste/ Biohazardous Waste:</b> This kind of waste is typically consisting of human tissues, body fluids, laboratory cultures, waste from isolation wards, tissues (swabs), materials or equipment that have been in contact with infected patients and containers or equipment containing fluid blood or fluids generated in patient care areas. Can spread infection to HCWs and lead to contamination unless properly segregated and stored. Such waste can Infectious and direct or indirect contact through a carrier can lead to infection as well as exposure to pathogens can result in contraction of HIV/ AIDS, Hepatitis B,</p>	<ul style="list-style-type: none"> <li>• All waste indicated here should be placed in red biohazard bags, labeled, “Biohazardous Waste” or with the international biohazard symbol and the word, “Biohazard”. Full red bags must be tied so that leakage or expulsion of contents does not occur and should be contained in a rigid container.</li> <li>• Strong, leak-proof plastic bag, or container capable of being autoclaved should be used.</li> <li>• The container can be of any (preferred to be red) color with a tight-fitting lid and labeled “Biohazard,” readable from any lateral direction.</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, and Environment Social Officer, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
	Hepatitis C and other blood-borne diseases					
2.2.	<p><b>Sharps Waste:</b> Patient care and clinical support areas generate sharps that are infectious and can spread disease and cause minor injuries to HCWs unless properly handled. Sharps include hypodermic needles, hypodermic needles with attached syringes, needles with attached tubing, blades, broken glass, acupuncture needles, and pipettes, whether or not contaminated with biohazardous or pharmaceutical material. Via Direct contact this waste can cause HIV, HBV and physical injury.</p>	<ul style="list-style-type: none"> <li>○ Used sharps should be placed into the appropriate sharp's container immediately after use- contains must be puncture proof.</li> <li>○ All sharps are disposed of in either a labeled sharps container or a pharmaceutical / chemo sharps container.</li> <li>○ Containers should be labeled "SHARPS WASTE" or "BIOHAZARD," with the international biohazard symbol</li> <li>○ Full sharps containers must be collected regularly and replaced with empty containers</li> <li>○ All re-usable sharp containers must be disinfected prior to reuse and thoroughly cleaned.</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, il and Environment Social OfficerH, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS
2.3.	<p><b>Human Anatomical Waste and Human Surgical Specimens:</b> Human anatomical waste is generated from surgical and other interventional procedures which take place in designated, controlled areas. This waste category, which includes any recognizable human anatomical parts such as limbs, organs and larger tissue samples deemed non-infectious, is considered pathological waste. Human surgical specimen waste is generated from (1) surgical and other interventional procedures, performed in both in- and out-patient areas, and (2) Pathology and Laboratory Medicine, Clinical Labs areas.</p>	<ul style="list-style-type: none"> <li>○ Management of Human Anatomical Waste: <ul style="list-style-type: none"> <li>□ The PMCI proceeds with disposing of the remains as pathological waste if there is consent from the authorized person as per the religious beliefs.</li> <li>□ Where consent is provided it can be segregated and stored as per norms for pathological waste segregation below.</li> </ul> </li> <li>○ All human anatomical waste, independent of where or how generated, is brought to the Pathology Department for possible analysis, processing and preparation for disposal during typical hospital operations.</li> <li>○ All pathological waste should be placed into a bag which is appropriately tied, and then placed into a rigid container with a tight-fitting lid. Both the</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, il and Environment Social OfficerH, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
	Human surgical specimens or tissues, removed at surgery or autopsy, are considered potentially contaminated with infectious agents known to be contagious to humans. This includes cultures and stocks of infectious agents, live attenuated vaccines and dishes and devices used to culture infectious agents. They are both considered pathological waste. Such waste can Infectious and direct or indirect contact through a carrier can lead to infection as well as exposure to pathogens can result in contraction of HIV/ AIDS, Hepatitis B, Hepatitis C and other blood-borne diseases	<p style="text-align: center;">container and lid are to be labeled “Pathology Waste” or “PATH.”</p> <ul style="list-style-type: none"> <li>○ A permitted contractor transports and incinerates human anatomical waste generated by the Health System.</li> </ul>				
2.4.	<p><b>Pharmaceutical Waste:</b> Pharmaceutical waste and hazardous pharmaceutical waste are produced from most patient care and clinical support areas are not suitable to be disposed to the environment and can be toxic to living organisms. This category of waste includes, but is not limited to unused, partially used or expired prescription or over-the-counter medications (e.g. vials, tablets, capsules, powders, liquids, creams/lotions, eye drops, suppositories), IV bags and tubing, full syringes, glass vials and ampules, narcotics and controlled substances in syringes, narcotic patches (cut in half), carpujets, and tubexes.</p>	<ul style="list-style-type: none"> <li>• Pharmaceutical waste should be placed in brown plastic bags or a rigid container, labelled with the appropriate hazards symbols</li> <li>• As per WHO guidance, they should be marked “INCINERATION ONLY” so that it can be visible from any lateral direction.</li> <li>• Pharmaceutical waste, including empty vials and syringes, is placed into a sharp’s container or chemo container at the point of generation, stored in a utility room, and then transported to a central holding area at the loading dock. The processes outlined in point 2.2 for sharps management should be followed.</li> <li>• Bulk unused and expired pharmaceutical waste, independent of where generated, should be returned to the supplier as per contractual requirements on cradle to grave provisions-the supplier will be responsible for</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, and Environment Social Officer(H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
	Hazardous Pharmaceutical Waste: includes, but is not limited to, syringes, inhalers, tubexes or IV bags/piggybacks with residual (>5ml) of medication (i.e.: all cytotoxic drugs, cyclosporine, mycophenolate, oxytocin, coumadin, warfarin, epinephrine, and nitroglycerin tablets). This waste stream also includes items that may contain mercury, including vaccines, topical preparations, eye, ear and nose drops.	disposal in according to procedures specific to the medication type				
2.5.	<p><b>Waste Mixed with Hazardous Chemicals:</b></p> <p>Medical waste mixed with hazardous chemicals is generated primarily in Pathology and Laboratory Medicine areas from activities associated with tissue fixing and preservation. The chemicals are usually solvents such as alcohol and xylenes, or formalin. This waste is maintained within and under the control of Pathology and Laboratory Medicine. Disinfectants, laboratory chemicals and reagents, film developer and solvents. Mercury: found in thermometers, blood pressure gauges and dilators and contained hazardous chemical waste and Contact through proximity to such waste can lead to burns and severe skin reactions,</p>	<p>In addition to the standard operating procedure for laboratories presented in Annex X. The following minimal norms of segregation should be employed.</p> <ul style="list-style-type: none"> <li>waste should be places in brown plastic bags or a rigid container, labelled with the appropriate hazard's symbols</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, al and Environment Social Officer(H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
	poisoning, allergies and asthma. Substances such as mercury causes damage to nervous system and to kidney and urinary system, especially in fetuses and newborns. Contact through release into water bodies and atmosphere can cause serious harm.					
2.6.	<b>Radioactive Materials, Contaminated with</b> Medical waste contaminated with radioactive materials may be generated from any patient care area, originating from patients who underwent nuclear medicine procedures or regular patients in either in- or outpatient. Direct or indirect contact through proximity to radioactive waste may causes Cancer, other diseases and possible genetic damage.	<ul style="list-style-type: none"> <li>This type of mixed waste is usually in the form of excrement or materials which have had contact with excrement, from these patients. It is identified as waste when <ul style="list-style-type: none"> <li>initially generated or</li> <li>at the loading dock when passed through a mounted radiation detector.</li> </ul> </li> <li>Typical management processes must be undertaken in PMCI's that undertake these treatments.</li> <li>All, radioactive medical waste must be segregated and stored in a placed in a designated, secure area and monitored until the activity level drops below threshold, at which point the waste can re-enter the typical HCWM system.</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, al and Environment Social Officer H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS
2.7.	<b>General Waste generated</b>	<ul style="list-style-type: none"> <li>General health-care waste such as food waste will be also considered</li> <li>General waste will be collected via a separate stream from all health care waste and will not be comingled under any circumstances.</li> </ul>	HCWs, PMCI operational staff, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, Environment al and Social Officer Provincial-M H, PMU(PHSEP), Contract supervision Engineer/The engineer (CSE)



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
<b>3. Transport of HCW Within PMCIs for Storage or Direct Final Treatment</b>						
3.1.	Onsite transport of waste from point of generation to storage needs to be managed in a planned manner in order to avoid environmental risks associated with cross contamination with general waste, accidental spillage and exposure of HCWs and patients as	<ul style="list-style-type: none"> <li>• General requirements               <ul style="list-style-type: none"> <li>○ Onsite transport should take place during less busy times whenever possible. Set routes should be used to prevent                   <ul style="list-style-type: none"> <li>○ exposure to staff and patients and to minimize the passage of loaded carts through patient care and other clean areas.</li> <li>○ Depending on the design of the PMCI, the internal transport of waste should use separate floors, stairways or elevators as far as possible. Regular transport routes and collection times should be fixed and reliable.</li> <li>○ Associated staff should wear adequate personal protective equipment, gloves, strong and closed shoes, overalls and ○ masks.</li> <li>○ Hazardous and non-hazardous waste should always be transported separately.</li> </ul> </li> </ul> </li> <li>• The following three different transport systems should be adopted in line with best practice:               <ul style="list-style-type: none"> <li>○ Waste transportation trolleys for general waste should be painted black, only be used for nonhazardous waste types and labelled clearly "General waste" or "Non-hazardous waste".</li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, il and Environment Social OfficerH, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Infectious waste can be transported together with used sharps waste. Infectious waste should not be transported together with other hazardous waste, to prevent the possible spread of infectious agents. Trolleys should be colored in the appropriate color code for infectious waste (yellow) and should be labelled with an "Infectious waste" sign.</li> <li>○ Pharmaceutical wastes should be transported separately in boxes to central storage sites.</li> <li>○ The use of waste chutes in health-care facilities is not recommended, because they can increase the risk of transmitting airborne infections.</li> <li>• Transport trolleys <ul style="list-style-type: none"> <li>○ Health-care waste can be bulky and heavy and should be transported using wheeled trolleys or carts that are not used for any other purpose.</li> <li>○ To avoid injuries and infection transmission, trolleys and carts should: <ul style="list-style-type: none"> <li>• be easy to load and unload</li> <li>• have no sharp edges that could damage waste bags or containers during loading and unloading</li> </ul> </li> </ul> </li> <li>• Other hazardous waste, such as chemical and be easy to clean and, if enclosed, fitted with a drainage hole and plug <ul style="list-style-type: none"> <li>○ be labelled and dedicated to a particular waste type</li> <li>○ be easy to push and pull</li> <li>○ not be too high (to avoid restricting the view of staff transporting waste)</li> <li>○ be secured with a lock (for hazardous waste)</li> </ul> </li> </ul>				



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ be appropriately sized according to the volumes of waste generated at a health-care facility.</li> <li>• Waste, especially hazardous waste, should never be transported by hand due to the risk of accident or injury from infectious material or incorrectly disposed sharps that may protrude from a container.</li> <li>• Spare trolleys should be available in case of breakdowns and maintenance. The vehicles should be cleaned and disinfected daily.</li> <li>• All waste bag seals should be in place and intact at the end of transportation.</li> </ul>				
3.2.	Routing of the infected waste in PMCIs should be maintained to minimize risks of exposure and accidents during operating hours.	<p>Routing</p> <ul style="list-style-type: none"> <li>• Separate hazardous and non-hazardous routes should be planned and used.</li> <li>• A specific routing plan should be developed based on the lay out of the PMCI.</li> <li>• A waste route should follow the general requirements below. <ul style="list-style-type: none"> <li>○ The route should start from the most hygienically sensitive medical areas (e.g. intensive care, dialysis, theatres).</li> <li>○ A fixed route around other medical areas and interim storage locations should be followed.</li> <li>○ The frequency of collection should be refined through experience to ensure that there are no overflowing waste containers at any time.</li> <li>○ Biologically active waste (e.g. infectious waste) must be collected at least daily.</li> </ul> </li> <li>• A facility specific routing plan would be influenced by: <ul style="list-style-type: none"> <li>○ waste volume and number of waste bags or containers</li> <li>○ waste types</li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, al and Environment Social OfficerH, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ capacity of the waste storage within medical areas and at interim storage areas</li> <li>○ capacity of the transportation trolleys</li> <li>○ transport distances and journey times between the collection points. ○ The route should be prepared with the facility specific layout.</li> </ul>				
<b>4. Storage of Waste within the PMCI Premises or Storage of Treated Residuals</b>						
4.1.	Establishment of central storage areas within a health-care facility for safe retention of waste until it is treated onsite or collected for transport and treatment offsite. Improper storage of larger amounts of health care waste can lead to	<ul style="list-style-type: none"> <li>• The following general requirements relevant to most types of PMCI where sufficient waste is produced and needs to be stored centrally.</li> <li>• <b>Note:</b> Waste storage for specific particular items (e.g. blood, radioactive substances, chemicals) are only likely to be required at and specialized medical centers.</li> <li>• Storage facilities should be built appropriate to the volumes of waste generated from the respective PMCI. Annex 29 provides examples of typical best practice in the design of waste storage areas from South Asia as per WHO guidelines. <ul style="list-style-type: none"> <li>○ All areas designated for health care waste should: <ul style="list-style-type: none"> <li>○ have an impermeable, hard-standing floor with good drainage (away from watercourses); the floor should be easy to clean and disinfect;</li> <li>○ include the facility to keep general waste separated from infectious and other hazardous waste;</li> <li>○ have a water supply for cleaning purposes; ○ have easy access for staff in charge of handling the waste;</li> <li>○ be lockable to prevent access by unauthorized persons;</li> <li>○ have easy access for waste-collection vehicles; ○ have protection from the sun;</li> </ul> </li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, al and Environment Social OfficerH, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Potential E&S Issue and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ be inaccessible to rodents, other animals, insects and birds;</li> <li>○ have good lighting and at least passive ventilation; ○ not be situated in the proximity of fresh food stores and food preparation areas;</li> <li>○ have a supply of cleaning equipment, protective clothing and waste bags or containers located conveniently close to the storage area;</li> <li>○ have a washing basin with running tap water and soap that is readily available for the staff;</li> <li>○ be cleaned regularly (at least once per week); ○ have spillage containment equipment;</li> <li>• Storage facilities should be labelled in accordance with the hazard level of the stored waste. <ul style="list-style-type: none"> <li>○ show typical signs advising the hazard posed by waste. In general, there are four different kinds of waste-storage areas: <ul style="list-style-type: none"> <li>○ non-hazardous or general waste</li> <li>○ hazardous waste (infectious and pathological waste, sharps waste)</li> <li>○ chemical and hazardous pharmaceutical waste ○ radioactive waste</li> </ul> </li> </ul> </li> </ul>				
4.2.	Procedure for decontamination of Reusable storage containers and storage areas to prevent the risk of continuous contamination and residue accumulation.	<ul style="list-style-type: none"> <li>• At all times cleaning staff should be equipped with the requisite PPE, including at minimum, masks, plastic puncture proof gloves and boots and covered clothing, including aprons. ○ Discarded spoiled PPE should be included in the waste stream as part of hazardous waste.</li> <li>• Reusable secondary containers (garbage cans, bins, etc.) should be decontaminated each time they are emptied unless they are protected from contamination by disposable liners, bags, or other devices removed with the waste.</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, Environmental and Social Officer Provincial-MoH, PMU(PHSEP), Contract supervision Engineer/The Engineer (CS <sup>E</sup> )



	Potential End Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>• These containers should be maintained in a clean and sanitary manner.</li> <li>• Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one of the following procedures:               <ul style="list-style-type: none"> <li>○ Exposure to hot water of at least 82 °C (180 °F) for a minimum of 15 seconds</li> <li>○ Exposure to chemical sanitizer by rinsing with, or immersion in, one of the following for a minimum of 35 minutes at minimum:                   <ul style="list-style-type: none"> <li>□ Hypochlorite solution (500 ppm available chlorine)</li> <li>□ Phenolic solution (500 ppm of active agent)</li> <li>□ Iodoform solution (100 ppm available iodine)</li> <li>□ Quaternary ammonium solution (400 ppm active).</li> </ul> </li> </ul> </li> </ul>				
4.3.	<p>Pharmaceutical waste should be segregated from other wastes and local regulations followed for final disposal. General, pharmaceutical wastes can be hazardous or non-hazardous, and liquid or solid in nature, and each should be handled differently. The classification should be carried out by a pharmacist or other expert on pharmaceuticals.</p>	<ul style="list-style-type: none"> <li>• Pharmaceutical waste with non-hazardous characteristics that can be stored in a non-hazardous storage area include the following.               <ul style="list-style-type: none"> <li>○ ampoules with non-hazardous content (e.g. vitamins);</li> <li>○ fluids with non-hazardous contents, such as vitamins, salts (sodium chloride), amino salts;</li> <li>○ solids or semi-solids, such as tablets, capsules, granules, powders for injection, mixtures, creams, lotions, -- aerosol cans, including propellant-driven sprays and inhalers.</li> </ul> </li> <li>• Hazardous waste that should be stored in accordance with their chemical characteristics and instructions specifically assigned as per regulations include (e.g. genotoxic drugs) or specific requirements for disposal (e.g. controlled drugs or antibiotics), include the following.</li> </ul>				<p>PMCI, MoH, and Environment Social Officer (Provincial-M), PMU(PHSEP Contract supervision Engineer/The<sup>E</sup> engineer (CS</p>



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ controlled drugs (should be stored under government supervision);</li> <li>○ disinfectants and antiseptics; ○ anti-infective drugs (e.g. antibiotics); ○ genotoxic drugs (genotoxic waste); ○ gels and suppositories; ○ ampoules with, for example, antibiotics.</li> <li>• Genotoxic waste is highly toxic and should be identified and stored carefully away from other forms of HCW in a designated secure location. It can be stored in the same manner as toxic chemical waste, although some cytotoxic waste may also carry a risk of infection.</li> </ul>				
4.4.	Specific measures for hazardous chemical waste storage	<ul style="list-style-type: none"> <li>• When planning storage places for hazardous chemical waste, the characteristics of the different chemicals to be stored and disposed of must be considered (flammable, corrosive, explosive). <ul style="list-style-type: none"> <li>○ The storage place should be an enclosed area and separated from other waste storage areas.</li> <li>○ When storing liquid chemicals, the storage should be equipped with a liquid- and chemical-proof sump. ○ If no sump is present, catch-containers to collect leaked liquids should be placed under the storage containers.</li> <li>○ Spillage kits, protective equipment and first aid equipment (e.g. eye showers) should be available in the central storage area.</li> <li>○ The storage area itself should have adequate lighting and good ventilation to prevent the accumulation of toxic fumes.</li> <li>○ To ensure the safe storage of chemical wastes, the following separate storage zones should be available to prevent</li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, and Environmental and Social Officer (H, Provincial-M), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	nd Potential Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ dangerous chemical reactions.</li> <li>○ The storage zones should be labelled according to their hazard class. If more than one hazard class is defined for a specific waste, use the most hazardous classification:               <ul style="list-style-type: none"> <li>□ explosive waste</li> <li>□ corrosive acid waste</li> <li>□ corrosive alkali waste (bases)</li> <li>□ toxic waste</li> <li>□ flammable waste</li> <li>□ oxidative waste</li> <li>□ halogenated solvents (containing chlorine, bromine, iodine or fluorine) □ non-halogenated solvents.</li> </ul> </li> <li>• Liquid and solid waste should be stored separately.</li> <li>• If possible, the original packaging should be taken for storage too.</li> <li>• Packaging used to store, and transport chemical wastes offsite should also be labelled.               <ul style="list-style-type: none"> <li>○ This label should have the following information:                   <ul style="list-style-type: none"> <li>hazard symbol(s), waste classification, date, and point of generation (if applicable).</li> </ul> </li> </ul> </li> <li>• The storage area for explosive or highly flammable materials must be suitably ventilated above and below, with a bonded floor and constructed of materials suitable to withstand explosion or leakage.</li> </ul>				
4.5.	Specific measures for storage of Radioactive Waste in order to mitigate exposure risks.	<ul style="list-style-type: none"> <li>• Storage areas must be equipped with sufficient shielding material, either in the walls or as movable shielding screens.</li> <li>• The storage area must be clearly marked with “RADIOACTIVE WASTE”, and the international hazard label should be placed on the door and entry should be restricted unless for authorized personnel.</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, Environment Social Officer and Provincial-M PMU(PHSEPH, Contract ),



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>• The storage place should be constructed in a manner that renders it flame-proof and should have such surfaces on floors, benches and walls that allow proper decontamination.</li> <li>• An air-extraction system and radioactive monitoring system should be put in place.</li> <li>• The International Atomic Energy Agency provides comprehensive guidance on all aspects of the safety of radioactive waste management in the Safety Standards Series and should be referred to.</li> <li>• Storage within storage areas should follow the following best practice norms. <ul style="list-style-type: none"> <li>○ Radioactive waste should be stored in containers that prevent dispersion of radiation and stored behind lead shielding as indicated above.</li> <li>○ Waste that is to be stored during radioactive decay should be labelled with the type of radionuclide, date, period of time before full decay and details of required storage conditions.</li> <li>○ The decay storage time for radioactive waste differs from other waste storage, because the main target will be to store the waste until the radioactivity is substantially reduced and the waste can be safely disposed of as normal waste. <ul style="list-style-type: none"> <li>○ A minimum storage time of 10 half-life times for radioisotopes in wastes with a half-life of less than 90 days is a common practice.</li> </ul> </li> <li>○ Infectious radioactive waste should be decontaminated before disposal.</li> <li>○ Liquids associated with solid materials, such as assay tube contents, should be decanted or removed by decay time.</li> </ul> </li> </ul>				supervision E) Engineer/The engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Radioactive waste with a half-life of more than 90 days must be collected and stored externally in accordance with national regulations.</li> <li>• In many countries, this type of waste would be taken to a national disposal site by a government agency or its specialist contractor.</li> </ul>				
4.6.	Documentation of the operation of storage places. Keeping clear records of the wastes stored and their treatment and disposal dates is important to ensure a good control of waste management during overall operations.	<ul style="list-style-type: none"> <li>• As best practice the following forms of additional documentation are suggested to be maintained.               <ul style="list-style-type: none"> <li>○ a written spill contingency plan;</li> <li>○ a weekly store inspection protocol;</li> <li>○ protocols for using, repairing and replacing emergency equipment;</li> <li>○ training system and documentation (names of trained staff, job descriptions, form of training, date of training, date for refresher or revalidation training);</li> <li>○ hazardous waste storage documentation;</li> <li>○ collection of relevant material safety data sheets.</li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, and Environment Social Officer (H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> engineer (CS
<b>5. Onsite Treatment and Disinfection of Waste Prior to Final Disposal</b>						
5.1.	Recommended treatment options for various types of waste generated via care activities as per WHO guidelines during an emergency.	<ul style="list-style-type: none"> <li>• <b>Human Anatomical Waste</b> (Human tissues, organs, body parts)               <ul style="list-style-type: none"> <li>○ Via Incineration at temperatures above 800°C</li> </ul> </li> <li>• <b>Infectious Waste</b> (Wastes from clinical samples, pathology, bio-chemistry, hematology, blood bank, laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human cell culture, infectious agents, dishes and devices used for transfer of cultures, items contaminated with blood and body fluids including cotton, dressings, soiled plaster-</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, and Environment Social Officer (H, Provincial-M ), PMU(PHSEP), Contract supervision Engineer/The engineer (CSE)



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<p>casts, linen, bedding, other materials contaminated with blood  Wastes generated from disposable items other than the waste sharps, such as tubing, hand-gloves, saline bottles with IV tubes, catheters, glass, intravenous sets etc.</p> <ul style="list-style-type: none"> <li>○ Via Disinfection at source by chemical treatment or by autoclaving/microwaving followed by mutilation/shredding and after treatment final disposal in secured landfill or incinerated at temperatures above 800°C</li> <li>• <b>Waste Sharps</b> (Needles, glass syringes or syringes with fixed needles, scalpels, blades, glass, etc. that may cause punctures and cuts. This includes both used and unused sharps) <ul style="list-style-type: none"> <li>○ Disinfection by chemical treatment or destruction by needle and tip-cutters, autoclaving or microwaving followed by mutilation or shredding, whichever is applicable, and final disposal through disposal in secured landfill, contained waste parallels that are sealed if open dumping is the only option in country or designated concrete waste sharps pit where possible.</li> </ul> </li> <li>• <b>Discarded Pharmaceuticals</b> (Wastes comprising of outdated, contaminated and discarded medicines) <ul style="list-style-type: none"> <li>○ Disposal in secured land fill or incineration incinerated at temperatures above 800°C</li> </ul> </li> <li>• <b>Hazardous Chemical Waste</b> (Chemicals used in production of biological toxins, chemicals used in disinfection, as insecticides etc.) <ul style="list-style-type: none"> <li>○ Chemical treatment and discharge into drains, meeting the norms specified below in Section X.</li> </ul> </li> </ul>				



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
5.2.	<p>Disinfection via the use of Chemicals such as Characteristics of sodium hypochlorite (NaOCl), bleach and other substances may lead to irritation of skin, eyes and the respiratory track, and cause burns due to associated toxic properties and there need to be handled with care. Large quantities if disposed to water ways without</p>	<ul style="list-style-type: none"> <li>• Waste to be Autoclaved should not be chemically treated unless post autoclaving as an additional measure.</li> <li>• Disinfection via chemical substance should only be conducted in designated area or where not available a designated bathroom or lab area that has adequate ventilation and wash facilities available. <ul style="list-style-type: none"> <li>○ Storage and use areas as a best practice should have facilities should always have sinks or facilities and access to portable water for washing.</li> </ul> </li> <li>• Only individuals trained to carry out chemical disinfection should be involved, and the chemicals should be handled, stored and disposed in line with the guidance provided by the manufacture. <ul style="list-style-type: none"> <li>○ Gloves and protective eyeglasses should be worn at all times during handling of such substances to protect skin and eyes.</li> <li>○ In the case of contact with eyes, the eyes should be rinsed abundantly with water and due medical care provided.</li> </ul> </li> <li>• Storage and Disposal <ul style="list-style-type: none"> <li>○ Aqueous solutions of hypochlorite and other chlorine-based substances are corrosive to metals and should always be stored in plastic containers in well-ventilated, dark and leakage-proof rooms;</li> <li>○ All Cleaning substances should be stored separately from acids.</li> <li>○ Unused solutions should be reduced with substances such as sodium bisulfite or sodium thiosulfate and neutralized with acids before discharge into sewers as per the WHO guidelines for management.</li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, il and Environment Social OfficerH, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Large quantities of concentrated solutions should be treated as hazardous chemical waste and treated as per the requirements of the EPA.</li> </ul>				
5.3.	Autoclave operation for disinfection of waste poses a number of potential risks which can impact operators. These include heat and steam burns, hot fluid scalds, injuries to hands and arms from the door, and bodily injury in the event of an explosion. Exposure to biohazardous material may occur if biohazardous waste is improperly packaged or manipulated.	<ul style="list-style-type: none"> <li>• <b>General Operational Requirements</b> <ul style="list-style-type: none"> <li>○ Autoclaves should be operated only by trained personnel or certified operators.</li> <li>○ Waste treated with hypochlorite should not be autoclaved, while it can be used to further disinfect waste post autoclaving.</li> <li>○ Onsite training on how to use the autoclave properly and safely is essential for all new employees to prevent injury- should be conducted and documented (as a best practice training should be documented and training records should be maintained in an autoclave training log).</li> <li>○ Autoclaves should be placed in designated areas with the PMCI with hazard signage duly places with only authorized personnel allowed to enter.</li> <li>○ Desktop autoclaves at waste management points should be placed in secure areas away from other equipment and care and testing areas.</li> <li>○ The use of heat-insulating gloves, lab coat, and closed-toe shoes help prevent burns and scalds during loading and unloading the autoclave must be worn by all personnel prior to operation.</li> <li>○ Follow the manufacturer’s specific user manual and guidance and PMCI laboratory SOPs (generic laboratory SOPs have been presented in Annex 26) for operating autoclaves.</li> <li>○ Specific areas where autoclaves should be locked, and users should ensure the door is secure before starting a cycle.</li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, and Environment Social Officer (H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Record cycle information on autoclave log sheet or logbook.</li> <li>• <b>Precautions during Loading</b> <ul style="list-style-type: none"> <li>○ The top of waste bags shall be handles as per the handling instructions.</li> <li>○ Be sure that the autoclavable red bag or yellow Infectious waste bags can withstand the autoclave cycle without melting.</li> <li>○ Inspection of the door gasket (seal) for any cracks or bulges should be conducted. <i>Typically, the gasket should be smooth and pliable.</i></li> <li>○ Ensure that the jacket has reached sufficient pressure to start a cycle</li> <li>○ The following steps should be followed when loading               <ul style="list-style-type: none"> <li>□ Inspect for spills or debris inside the autoclave; □ Place items in an autoclave tub on rack.                   <ul style="list-style-type: none"> <li>□ Never place items directly on the autoclave bottom or floor.</li> <li>□ Do not overload the autoclave.</li> <li>□ Allow sufficient space between items for steam.</li> <li>□ Always use secondary containment in case of spillover</li> </ul> </li> </ul> </li> <li>○ Users should check about 20 minutes into the cycle to verify the respective autoclave being operated has reached sterilization temperature (typically 121°C).</li> <li>○ The autoclave door during a cycle should not be opened during the process at all.</li> <li>○ If it is necessary to open the door, the cycle should be aborted, and the time should be allowed for the chamber depressurizes.</li> </ul> </li> </ul>				



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ If cycle fails immediate assistance from trained personnel or the manufacture should be taken as the waste inside may not be sufficiently decontaminated if the cycle did not complete.</li> <li>○ If any problems are found, contact the responsible person before using the autoclave.</li> </ul> <p>• <b>Unloading and Repacking Waste</b></p> <ul style="list-style-type: none"> <li>○ During the unloading and packaging autoclaves waste the following steps must be taken by operated to ensure good management:</li> <li>○ When the cycle is complete, verify that chamber temperature has dropped, and pressure is zero.</li> <li>○ Wear appropriate PPE to protect yourself from heat and steam (e.g. heat-resistant gloves, lab coat, safety glasses).</li> <li>○ The door should be opened slowly to allow steam to escape gradually.</li> <li>○ At all times the face should be kept away from the door.</li> <li>○ Allow items to stand in the autoclave for 10 minutes- both desktop and larger units- unless a specific time has been instructed in the manufactures Manuel.</li> <li>○ Maintain caution when removing items, and place in a safe area to cool.</li> <li>○ Do not agitate containers as boiling or superheated liquids can explode if moved too quickly.</li> <li>○ Carefully move the remains of waste into the transport bins for final disposal.</li> <li>○ Clean the drain screen of debris if necessary.</li> </ul>				



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Record cycle information on autoclave log sheet or logbook.</li> <li>○</li> <li>• <b>Maintenance Requirements</b> <ul style="list-style-type: none"> <li>○ A regular implementation schedule should be maintained to ensure safe operation.</li> <li>○ The contact information for maintenance technician available should be recorded and made available near the units for emergencies.</li> </ul> </li> <li>• <b>Management of Unforeseen Accidents-</b> in the event an accident occurs the following mediate measures will be undertaken at the PMCI. <ul style="list-style-type: none"> <li>○ An Exposure Response Poster must be posted near the autoclave.</li> <li>○ In the event of an accident, first aid should be immediately provided first aid and help should be taken in accordance with the according to the instructions on the poster immediately.</li> <li>○ Report any accidents or near misses in the log and to hospital authorities, so that they can be investigated and hopefully prevented in the future.</li> </ul> </li> <li>• <b>Personal protective equipment (PPE)</b> uses for autoclave operation <ul style="list-style-type: none"> <li>○ Operators are required to always use PPE when using an autoclave.</li> <li>○ The basic attire should be a lab coat, heat-resistant gloves, and safety glasses.</li> <li>○ Workers must ensure via the attire that arms are covered by a lab coat and longer heat-resistant gloves to prevent burns from heat and steam.</li> </ul> </li> </ul>				



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>• <b>Precautions on Items that can be autoclaved and process</b> <ul style="list-style-type: none"> <li>○ Autoclave should not be used for sterilizing waterproof materials, such as oil and grease or dry materials, such as glove powder</li> <li>○ Materials are loaded in, such a way that it allows efficient steam penetration (do not overfill the chamber). It is more efficient and safer to run two separate, uncrowded loads than one crowded one.</li> <li>○ Wrapping objects in aluminum foil is not recommended because it may interfere with steam penetration. Articles should be wrapped in materials that allow steam penetration.</li> <li>○ Materials should not touch the sides or top of the chamber</li> <li>○ The clean items and the wastes should be autoclaved separately.</li> <li>○ Polyethylene trays should not be used as they may melt and cause damage to the autoclave. ○ Do not autoclave flammable, combustible, reactive, corrosive, toxic, or radioactive materials.</li> <li>○ Contact EH&amp;S for disposal of hazardous materials.</li> <li>○ Check that plastics are compatible with the autoclave as not all plastics can be autoclaved.</li> <li>○ Prior to loading inspect glassware for cracks. Do not autoclave cracked or compromised glassware when disinfecting for reuse.</li> <li>○ For liquids, leave caps loose or cover with foil to allow steam penetration and prevent explosion.</li> <li>○ For bagged items, loosely tape or tie closed. <ul style="list-style-type: none"> <li>□ Leave an opening for steam to penetrate the bag.</li> </ul> </li> </ul> </li> </ul>				



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
5.4.	Management of Liquid Medical Waste such a chemical as improper management of liquid waste can lead to exposure risks and contamination of marine and land environments.	<ul style="list-style-type: none"> <li>• Treated medical waste in liquid or semi-liquid state can be discharged to the sanitary sewer, i.e. a sewer that leads to a treatment facility if available if it is not a mixed waste containing radioactive, hazardous, or untreated medical waste.</li> <li>• Medical waste of the following types must be treated by a chemical disinfection if the medical waste is liquid or semiliquid and the chemical disinfection method as per Infection Control guidance.</li> <li>• The medical waste that may be treated by chemical disinfection includes, but not limited to, the following: <ul style="list-style-type: none"> <li>○ Cultures and stocks of infectious agents from research and industrial laboratories.</li> <li>○ Wastes from the production of bacteria, viruses, and spores, discarded live and attenuated vaccines used in human health care or research, and discarded animal vaccines.</li> </ul> </li> <li>• Disposal of Disinfectants <ul style="list-style-type: none"> <li>○ Only hypochlorite bleach has been pre-approved for disposal down the drain for discharge into the public sewer system as per best practice standards.</li> <li>○ Other disinfectants may be approved on a case-by-case basis. It should be verified that the disinfectant is a certified, approved method. The default mode of disposal (for disinfectants other than bleach) is as chemical hazardous aqueous waste</li> <li>○ All other chemical disinfectants or waste with any additional hazardous properties must be included for disposal as hazardous waste, unless otherwise approved.</li> <li>○ Prior approval must be obtained prior to disposing of these solutions down the sink by the relevant authority</li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, il and Environment Social Officer H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<p>such as the MNDF. There is a list of chemicals that can be imported without permit and a list of chemicals that needs permit under Hazardous Chemicals Regulation (2019/R-1057). For disposal of hazardous chemicals, it has to be handed over to MNDF there is a special form contained in the regulation.</p> <ul style="list-style-type: none"> <li>• Liquid medical waste containing biotoxins on the select agent list will be autoclaved and then disposed of as chemically hazardous waste, via the processes outlined in the HCWMP.</li> </ul>				



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
5.5.	Wastewater Disposal	<p>The following actions should be only carried out if no other way of hazardous waste disposal is available or during an emergency situation</p> <ul style="list-style-type: none"> <li>• The use of appropriate PPE is of utmost importance in all situations: <ul style="list-style-type: none"> <li>○ Body fluids and the contents of suction systems from non-infectious patients from places such as operating theatre should be discharged via the drain by staff wearing PPE and with all possible further precautions to avoid fluid splashing.</li> <li>○ Stool, vomit and mucus from highly infectious patients (e.g. cholera patients) should be collected separately and thermally treated before disposal (e.g. by an autoclave reserved for waste treatment). Lime milk (calcium oxide) can be used during emergencies and if no appropriate autoclave or other disinfectant is available.</li> <li>○ Blood can be emptied into a septic or sewerage system if safety measures are followed (e.g. PPE and precautions against spatter).</li> <li>○ Other options for expired blood bags include disposal at a controlled land-disposal site, or treatment in a high-temperature incinerator (1100 °C) if available or in an autoclave that has a special liquid treatment program cycle.</li> </ul> </li> <li>• Collection and disposal of wastewater another secure location. <ul style="list-style-type: none"> <li>○ • Solid health-care waste, especially solid hazardous waste (pharmaceuticals, chemicals), should not be mixed into wastewater.</li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, il and Environment Social Officer H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Liquid laboratory hazardous waste (colorants, formalin) should be collected separately.</li> <li>○ Adsorbent (e.g. sawdust) should be used for easier handling.</li> <li>○ The solid mass should be rendered immobile or encapsulated.</li> <li>○ Chlorine-based disinfectant should be diluted to reach a concentration of &lt;0.5% active chlorine, and should be disposed of directly in a soak away pit.</li> <li>○ Chlorine-based disinfectant should not be disposed of in a septic tank, because it will harm the biodegradation process.</li> <li>○ Liquid pharmaceuticals in vials (but not cytotoxic materials) can be crushed in a closed bucket, mixed with sawdust, and the solid mass incinerated or encapsulated.</li> <li>○ Glutaraldehyde should be stored after use and can be neutralized using glycine. Subsequently, it can be slowly disposed of via a soak away pit.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Note:</b> that sludge and sewage from health-care facilities generated by a basic wastewater-management system should never be used for agricultural or aquaculture purposes and should be disposed via incineration.</li> <li>• Effluents from the basic treatment should not be discharged into the ocean unless the wastewater standards of the EPA have been achieved.</li> </ul>				
<b>6. Transport of Health Care Waste by Service Providers for Treatment in another PMCI or For End Disposal</b>						

	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
6.1.	<p>Transport of Health Care Waste for Incineration by Waste Service Providers can pose both workers and communities on risk if not transported and managed as per standards from the collection point to final disposal. A fundamental requirement is for the vehicle transporting hazardous waste to be roadworthy and labelled to indicate its load, and its payload to be secured to minimize the risk of accidents and spillages.</p>	<ul style="list-style-type: none"> <li>• <b>Standards for Suitable Vehicles/Vessel</b> <ul style="list-style-type: none"> <li>○ Any vehicle used to transport health-care waste should fulfil several design criteria: <ul style="list-style-type: none"> <li>□ The body of the vehicle should be of a suitable size commensurate with the design of the vehicle.</li> <li>□ There should be a bulkhead between the driver's cabin and the vehicle body, which is designed to retain the load if the vehicle is involved in a collision.</li> <li>□ There should be a suitable system for securing the load during transport.</li> <li>□ Empty plastic bags, suitable protective clothing, cleaning equipment, tools and disinfectant, together with</li> <li>□ special kits for dealing with liquid spills, should be carried in a separate compartment in the vehicle.</li> <li>□ The internal finish of the vehicle should allow it to be steam-cleaned and internal angles should be rounded to</li> <li>□ eliminate sharp edges to permit more thorough cleaning and prevent damage to waste containers.</li> <li>□ The vehicle should be marked with the name and address of the waste carrier.</li> <li>□ An international hazard sign should be displayed on the vehicle and containers, as well as an emergency telephone number.</li> <li>□ The driver should be provided with details of the waste being carried. The transport vehicle should be labelled according to the type of waste that is being transported.</li> </ul> </li> </ul> </li> <li>• <b>Vehicle/Vessel Operators</b></li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, il and Environment Social Officer H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Drivers of vehicles carrying hazardous health-care waste should have appropriate training about risks and handling</li> <li>○ of hazardous waste. Training on the following issues should be included: <ul style="list-style-type: none"> <li>□ relevant legal regulations</li> <li>□ waste classifications and risks</li> <li>□ safe handling of hazardous waste</li> <li>□ labelling and documentation</li> <li>□ emergency and spillage procedures.</li> </ul> </li> <li>○ In addition, drivers should be declared medically fit to drive vehicles and have valid licenses for waste vehicle operation.</li> <li>○ In case of accident, contact numbers or details of the emergency services and other essential departments should be carried in the vehicles.</li> <li>○ For safety reasons, vaccination against tetanus and hepatitis A and B is recommended and vaccination and training details of staff should be recorded.</li> <li>• <b>Vehicle/Vessels Operations</b> <ul style="list-style-type: none"> <li>○ Vehicles should be operated as per the speed regulations of the country.</li> <li>○ A routing plan via routes that avoid densely populated areas and high traffic zones where possible should be used.</li> </ul> </li> </ul>				
<b>7. Final Disposal and Waste Management Sites</b>						
7.1.	Final disposal of Health Care waste generated via operations is conducted via incineration. Many PMCIs have access to incinerators in Sri Lanka.	<b>Operational Requirements for MWIs</b>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, Environmental and Social Officer



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
	<p>Incinerators can be major source of emissions to air and wastewater while it is still more suitable in comparison to open burning which is practiced in a few hospitals still. Medical waste incinerator (MWI) emitted from MWIs include: Heavy metals; organics in the flue gas, which can be present in the vapor phase or condensed or absorbed on fine particulates; Various organic compounds which are generally present in hospital waste or can be generated during combustion and post-combustion processes are known toxins to human and environmental health as well as fly and bottom ash and contaminated water residue that needs to be treated.</p>	<ul style="list-style-type: none"> <li>• Medical Waste Incinerators (MWI) should have permits issued by authorized regulatory agencies such as the CEA prior to operation.</li> <li>• The MWI must be operated and maintained by trained employees to ensure proper combustion temperature, time, and turbulence specifications necessary for adequate combustion of waste.</li> <li>• All infectious waste brought to the site must be immediately incinerated and not stored. Infectious waste has to be fully managed within a period of 24 hours from point of generation to final disposal via incineration.</li> <li>• This includes implementation of standard operational controls including combustion and flue gas outlet temperatures (combustion temperatures should be above 850 °C while flue gases need to be quenched very quickly to avoid formation and reformation of POPs) as well as use of flue gas cleaning devices meeting international standards.</li> <li>• Secondary air pollution control measures for MWIs should be ensured in the unit used and include the following, this should be verified when selecting units and documented: <ul style="list-style-type: none"> <li>○ Wet scrubbers to control acid gas emissions (e.g. hydrochloric acid [HCl]), sulfur dioxide [SO<sub>2</sub>, and fluoride compounds]). A caustic scrubbing solution will increase the efficiency for SO<sub>2</sub> control;</li> <li>○ Control of particulate matter may be achieved through use of cyclones, fabric filters, and or electrostatic precipitators (ESP).</li> <li>○ Efficiencies depend on the particle size distribution of the particulate matter from the combustion chamber.</li> </ul> </li> </ul>				<p>Provincial-M H, PMU(PHSEP), Contract supervision Engineer/The engineer (CS<sup>E</sup>)</p>



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Particulate matter from hospital incinerators is commonly between 1.0 to 10 micrometers (µm). ESPs are generally less efficient than baghouses in controlling fine particulates and metals from HWI; ○ Control of volatile heavy metals depends on the temperature at which the control device operates. Fabric filters and ESP typically operate at relatively high temperatures and may be less effective than those that operate at lower temperatures.</li> <li>○ Venturi quenches and venturi scrubbers are also used to control heavy metal emissions. The volatile heavy metals usually condense to form a fume (less than 2 µm) that is only partially collected by pollution control equipment;</li> <li>• The unit should contain emission monitoring devices or hand held mobile emission monitoring devices should be monitored in line with the Standards in Incinerator emissions which have been issued by the EPA and are in line with US EPA and EU standards which are referred to in the WBGs General and Hazardous Waste Environmental Health and Safety Guidelines.</li> <li>• Management of incineration residues such as fly ash, bottom ash and liquid effluents from flue gas cleaning as a hazardous waste may contain high concentrations of POPs and need to be managed as per specific guidance below</li> <li>• Further guidance and technical information on the proper operation and maintenance of hospital</li> </ul>				



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>• waste incinerators may be obtained from WHO (1999) Chapter 8 and the US EPA Handbook on the Operation and Maintenance of Medical Waste Incinerators (2002).</li> </ul> <p><b>Operational Logging</b></p> <ul style="list-style-type: none"> <li>• A strict operational and maintenance schedule should be managed for the incinerator operation with a log.</li> <li>• Maintenance log can include tasks such as the following: <ul style="list-style-type: none"> <li>○ Loading amounts, temperatures, names of daily operators, emission records should be logged.</li> <li>○ As Maintenance activities the status of the following timely actions should be logged in <ul style="list-style-type: none"> <li>□ Hourly: inspect ash removal conveyor and water levels in quench pit</li> <li>□ Daily: check opacity, oxygen and temperature monitors; clean underfired airports, ash pit and sump; inspect limit switches and door seals</li> <li>□ Weekly: clean heat recovery boiler tubes, blower intakes, burner flame rods and sensors, heat recovery induced draft fan; lubricate latches, hinges, hopper door pins, etc.</li> </ul> </li> </ul> </li> </ul>				
7.2.	Recommended Measures for disposal of residuals from treatment processes via MWIs- Ash and Wastewater.	<p><b>Types of final disposal options for residuals in line with best practice guidance by the WHO and World Bank</b></p> <ul style="list-style-type: none"> <li>• Incineration ash – Secured sanitary landfill or fully encapsulated and sealed in containers for testing and safe disposal in a municipal sanitary landfill.</li> <li>• Treated solid waste – incinerated and ash stored as per above guidance.</li> <li>• Wastewater from incineration process should be collected in a concreted leachate collection pit via adequate</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, Environment Social Officer and Provincial-M PMU(PHSEPH, Contract ), supervision Engineer/The engineer (CSE)



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<p>drainage facilitation if there is no link to wastewater treatment facilities.</p> <ul style="list-style-type: none"> <li>• Mobile leachate treatment options should be explored.</li> <li>• Plastic waste and sharp after disinfection and shredding –Recycling or municipal sanitary landfill</li> <li>• Sharps, after disinfection- fully encapsulated –Municipal sanitary landfill</li> <li>• Treated wastewater – Sewer/drain or recycling</li> <li>• Oil and grease residue – Incineration</li> </ul> <p><b>Encapsulation and storage of Residual Ash</b></p> <ul style="list-style-type: none"> <li>• Disposal of incinerator ash in municipal landfills is less advisable unless the waste is fully encapsulated.</li> <li>• Encapsulation involves filling containers with waste, adding an immobilizing material, and sealing the containers. The process uses either cubic boxes made of high-density polyethylene or metallic drums.</li> <li>• Encapsulation can be filled three-quarters filled with sharps and chemical or ash residue.</li> <li>• The containers or boxes are then filled up with a medium such as plastic foam, bituminous sand, cement mortar, or clay material.</li> <li>• After the medium has dried, the containers are sealed they have to be stored in a housed location within the facility until further disposal can be attained.</li> <li>• This process is relatively cheap, safe, and particularly appropriate for establishments that practice minimal programs for the disposal of sharps and chemical or ash residues.</li> </ul>				



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>Encapsulation alone is not recommended for non-sharp infectious waste but may be used in combination with burning of such waste and residue.</li> </ul>				
<b>8. Occupational Health and Safety Management for Health Care Waste Workers</b>						
waste	<p>8.1. Management of exposure to On HCW PMCI PMCI, MoH, waste, Environment waste, chemicals, and partaking in operation of autoclaves machinery and incinerators during the health management cycle to workers • involved on Health Care Waste Management. operations to protect</p>	<p>infectious • Adequate awareness and training should be other forms of toxic health care line with Section X.</p> <p>risky • Only trained personnel should be allowed to operate such as autoclaves and incinerators as these Provincial-M care reduce the risk operational injuries. PMU(PHSEP</p> <p>Minimum PPE Contract</p> <ul style="list-style-type: none"> <li>Gloves should be worn at all times during HCWM from exposure to blood, Engineer/The</li> <li>other potentially infectious materials and engineer (CS (respirators) to protect from respiratory infections hazards from burning waste; and boots for waste handlers to protect</li> <li>Industrial boots with thick soles should be worn as they area, as a precaution from spilt sharps, and where floors are</li> <li>As it is likely that health-care waste bags will come into during handling, leg protectors may also need to be worn of typical attire).</li> <li>Workers should have access to soap and water, and hygiene are also</li> </ul>	<p>provided in generation</p> <p>budget Social</p> <p>supervision</p> <p>chemicals; and from sharps offer protection</p> <p>contact with (Annex 29</p> <p>alcohol hand</p>	<p>HCWs,</p> <p>Officer</p> <p>particulate</p> <p>injuries to in the</p> <p>workers' provides a</p> <p>rub, for</p>	<p>activities</p> <p>masks</p> <p>the foot. storage</p> <p>legs depiction</p> <p>hand</p>	<p>HCWWs,il and Operational H, such as), E) particulates</p>



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<p>important to maintain cleanliness and inhibit the transfer of infection via dirty hands.</p> <ul style="list-style-type: none"> <li>• The type of protective clothing used will depend to an extent upon the risk associated with the health-care waste, but the following should to be made available to all personnel who collect or handle waste:               <ul style="list-style-type: none"> <li>○ obligatory disposable gloves (medical staff) or heavy-duty gloves (waste workers)</li> <li>○ industrial aprons ○ overalls (coveralls)</li> <li>○ leg protectors and/or industrial boots</li> <li>○ depending on type of operation eye protectors (safety goggles) ○ face masks (if there is a risk of splash into eyes) ○ helmets, with or without visors.</li> </ul> </li> <li>• The following preventive measures can also be implemented during an emergency response phase such as the Covid-19 Response to reduce public and occupational health risks (in a emergency response period, some activities, such as awareness raising, may not be implemented):               <ul style="list-style-type: none"> <li>○ Provide hepatitis B vaccination to all health-care staff and waste handlers.</li> <li>○ Encourage hand hygiene (washing, preferably followed by disinfection) (please see guidance in Annex 29) ○ Raise the awareness of staff about simple post exposure prophylaxis in the event of an occupational injury (e.g. needle-stick injury).</li> </ul> </li> </ul>				



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Contain and promptly clean up spillages of infectious materials and disinfect quickly to avoid pathogen transmission.</li> <li>○ Conduct onsite awareness-raising activities (whenever possible) to remind health-care staff about occupational exposures and the safe practices for managing health-care waste.</li> </ul>				
8.2.	Reporting accidents and incidents	<ul style="list-style-type: none"> <li>• All health care management staff should be trained in emergency response and made aware of the correct procedure for prompt reporting.</li> <li>• Accidents or incidents, including near misses, spillages, damaged containers, inappropriate segregation and any incidents involving sharps, should be reported to the waste-management officer (if waste is involved) or to another designated person.</li> <li>• The report should include the following details of: <ul style="list-style-type: none"> <li>○ the nature of the accident or incident</li> <li>○ the place and time of the accident or incident</li> <li>○ the staff who were directly involved</li> <li>○ any other relevant circumstances.</li> </ul> </li> <li>• The cause of the accident or incident should be investigated by the waste-management officer (in case of waste) or other responsible officer, who should also take action to prevent recurrence.</li> <li>• The records of the investigation and subsequent remedial measures should be maintained at the PMCI.</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, and Environmental and Social Officer (H, Provincial-M H, PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> engineer (CS
8.3.	Staff Training-In order to ensure good implementation once the HCWMP is developed or where time permits during the development phase itself PMCI managers, medical staff producing the	<ul style="list-style-type: none"> <li>• The training of waste handlers and nurses managing medical areas should be more thorough and focus on practical procedures outlined in the PMCI specific ICHCWMP.</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, Environmental and Social Officer (H, Provincial-M H, PMU(PHSEP),



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
	<p>waste (doctors, nurses and lab technicians), waste workers and waste handlers and teams involved in final disposal should be trained. Nurses and waste handlers are key personnel to instill a disciplined approach in the day-to-day management of wastes.</p>	<ul style="list-style-type: none"> <li>• Training programs should be practical and undertaken at their own place of work or somewhere similar.</li> <li>• Training and awareness programs help in changing the mindset of the PMCI teams and workers towards healthcare waste. Regular and ongoing training and awareness programs for all the staff members –</li> <li>• from the top administrator to the housekeeping staff should be organized to reinforce the message of proper waste management practices.</li> <li>• Training for HCWs should be conducted as soon as the ICHCWMP is completed as least via a quick awareness program taking into consideration the nature of operations.</li> <li>• As all PMCIs will have at least one designated HCW personnel as per the MoH, this training can be conducted remotely via video conference or via online reading material.</li> <li>• Training programs should broadly include the following topics: <ul style="list-style-type: none"> <li>○ Hazards of health-care waste</li> <li>○ Infection control measures</li> <li>○ Bio-Medical Waste (Management and Handling) <ul style="list-style-type: none"> <li>○ Waste management steps: waste collection, segregation, transportation, storage, treatment and disposal</li> <li>○ Liquid waste management</li> <li>○ Cleaning of spills</li> <li>○ Waste minimization</li> <li>○ Alternatives to hazardous chemicals</li> <li>○ Occupational safety issues.</li> </ul> </li> </ul> </li> </ul>				Contract supervision Engineer/The engineer (CS E)



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>• More in-depth face to face training must be conducted immediately after the rapid response phase</li> <li>• Periodic repetition of courses will provide an opportunity to instruct new employees, and “refresher” courses for existing employees can remind them of practices and inform about changes or new responsibilities.</li> <li>• Online based modules are offered by the WHO with already pre-prepared training material that can be used.</li> </ul>				
<b>9. Emergency Preparedness Plans</b>						
9.1.	Biohazard, Infectious material and chemical spills.	<ul style="list-style-type: none"> <li>• Only staff members who are trained and competent regarding the proper procedures, that have the appropriate spill clean-up equipment and personal protective equipment, are allowed to clean up blood or other potentially infectious materials.</li> <li>• Department heads of the PMCI are responsible for ensuring that staff members have been trained regarding spill response procedures for biological materials to which they may be exposed.</li> <li>• Alert people in immediate area of spill to keep away and not to touch the material or walk near it.</li> <li>• Staff trained, need to put on protective equipment including gloves, gown and face and eye protection.</li> <li>• The following management steps needs to be followed: <ul style="list-style-type: none"> <li>○ Cover spill with paper towels or other absorbent material.</li> <li>○ Carefully pour a hospital-approved germicide around the edges of the spill and then into the spill. Avoid splashing. Avoid making the spill significantly larger.</li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, al and Environment Social Officer(H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		<ul style="list-style-type: none"> <li>○ Wipe up the spill with towels, absorbent material and dispose properly.</li> <li>○ Follow other applicable departmental procedures.</li> <li>○ Exposed individuals should be immediately referred to the Occupational/Employee Health Facility or Emergency Department within the PMCI and provided with due care.</li> <li>○ All actions should be documented in operational logs</li> </ul>				
9.2.	Contingency Measures for Disruption of Service – Transport and Treatment and/or final disposal by a service provider.	<ul style="list-style-type: none"> <li>• In the event that service by the health care waste transporter and/or treatment/disposal contractor is interrupted for any reason, the following actions would be implemented: <ul style="list-style-type: none"> <li>○ Determine when regular service from regular transport and treatment contractor can be resumed. Inquire if contractor has alternative transportation, storage and disposal plan that can be implemented.</li> <li>○ Notify the HPA and MOH senior officials and HFC management for guidance on next steps.</li> <li>○ If the service provider cannot provide services within a reasonable time, then the following actions will be implemented: <ul style="list-style-type: none"> <li>□ Attempt to secure the services of an alternate service provider who may be able to transport and dispose of waste until regular service is restored.</li> <li>□ Implement disinfection and contained storage for a minimal period of 48 hours.</li> <li>□ Section X below suggests further storage and containment options where equipment for storage as per permissible standards,</li> </ul> </li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, il and Environment Social Officer H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> engineer (CS



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		such as deep freezers and refrigerated areas are available.				
9.3.	Potential Equipment Failure within PMCI	<ul style="list-style-type: none"> <li>If the primary equipment fails, there should always be an alternate machine or facility identified.</li> <li>Health care waste will be handled by one of the following methods: <ul style="list-style-type: none"> <li>Complete the sterilization at the other autoclave if possible or immediate chemical disinfection</li> <li>Medical waste can be stored at temperatures greater than 32 °F (0°C) for up to 7 days prior to treatment if refrigeration facilities for waste is available within the facility.</li> <li>The medical waste may also be stored frozen for up to 90 days. Attempts will be made to complete repair within this time.</li> </ul> </li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI, MoH, and Environment Social Officer (H, Provincial-M ), PMU(PHSEP Contract supervision Engineer/The <sup>E</sup> ) engineer (CS
9.4.	Hinderance to regular operations due to Natural Disasters	<ul style="list-style-type: none"> <li>In the event of a natural disaster, all activities generating medical waste should follow guidance on longer storage.</li> <li>It is recommended that for larger PMCI refrigerators should be explored as a storage option in the event of emergencies.</li> <li>In the event of an electrical or other problem related to natural disasters, the lab users need to coordinate with the relevant authorities to ensure power supply.</li> <li>Having a backup power supply such as a generator is recommended such as auxiliary generators to provide backup power to autoclaves or solar based BESS systems.</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI Management, MoH, H, Provincial M PMU
9.5.	Potential closure of a waste treatment facility	<ul style="list-style-type: none"> <li>Upon closure of the facility, all equipment, facilities, and non-disposable items used in the operation of the treatment process will be decontaminated either by steam sterilization or by disinfection with a commercial</li> </ul>	HCWs, HCWWs,	On generation	HCW PMCI Operational budget	PMCI Management MoH,



	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		quaternary ammonium salt disinfectant, mixed and used per the manufacturer's directions.				Provincial M H, PMU







Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General PMCI operation – Environment	General wastes, wastewater and air emissions				
General PMCI operation – OHS issues	<ul style="list-style-type: none"> <li>- Physical hazards;</li> <li>- Electrical and explosive hazards;</li> <li>- Fire;</li> <li>- Chemical use;</li> <li>- Ergonomic hazard;</li> <li>- Radioactive hazard.</li> </ul>				
PMCI operation - Infection control and waste management plan					
Waste minimization, reuse and recycling					
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies					
Storage and handling of specimen, samples, reagents, and infectious materials					



Waste segregation, packaging, color coding and labeling					
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
PMCI operation – transboundary movement of specimen, samples, reagents, medical equipment, and infectious materials					
Emergency events	<ul style="list-style-type: none"> <li>- Spillage;</li> <li>- Occupational exposure to infectious;</li> <li>- Exposure to radiation;</li> <li>- Accidental releases of infectious or hazardous substances to the environment;</li> <li>- Medical equipment failure;</li> <li>- Failure of solid waste and wastewater treatment facilities;</li> </ul>	Emergency response plan			

	<ul style="list-style-type: none"> <li>- Fire;</li> <li>- Other emergent events</li> </ul>				
<i>To be expanded as relevant and needed</i>					





- a)
- b)
- c)
- d)
- e)

**2.**

10 ANNEX 9.A: Healthcare Waste Management - Screening Checklist

**Healthcare Waste Management –Screening Checklists**

**1. Hospital Information**

Name of the PMCIs:.....  
 Bed Strength and occupancy rate:.....  
 Number of wards:.....  
 Number of Staff (Doctors/ Nurses/ / Paramedics/ Minor Staff): .....  
 Number of laboratories:.....

**Does the PMCIs have an approved Health Care Waste Management Plan?**  Yes

2.1. Does the PMCIs practice following waste management methods

- Segregation and manage within the premises :.....
- Segregation and send to a nearby HCWM facility:.....
- Waste burning :.....
- Mixing with general waste:.....
- Sending to local authority :.....
- Burring :.....
- Any other :.....

**Type and amount of Healthcare Waste Generated per day:**

Waste type	Yes	No	If yes Quantity
Infectious waste			
Chemical waste			
Pharmaceutical waste			
Sharps			
Radio-active waste			
Bio degradable Waste			
Plastic/ polythene			
Paper			
Electronic waste / mercury waste			
Other			

No

3.

**4. Details on waste handling and disposal (solid Health Care waste)**

4.1 Details on waste segregation – into which categories are HCW separated?

No Segregation       Non-risk HCW       Hazardous HCW   
Sharps       Radioactive HCW       Other

4.2 What type of containers are used to segregate and store waste (bags, cardboard boxes, plastic/metal containers)

.....

4.3 What type of labeling and color coding is used for marking segregated waste?

.....

4.4 What is the method of waste collection and on-site transportation

Manual       Cart/Trolley       Other

4.5 Do sanitary laborers use protective clothing like masks, boots, gloves and aprons?

Yes       No

4.6 What types of containers are used for collection and internal transport of waste?

(Bins, bags, boxes, trolleys, wheelbarrows etc)

.....  
...

4.7 Where is segregated waste stored while awaiting removal from the hospital or disposal?  
Is this area secure?

.....  
...

4.8 Is there off-site transportation of HCW involved prior to disposal? If yes, please provide details of the following:

Does the hospital have an approved off-site transportation plan?

.....

How often is waste removed?

.....

4.9 How is HCW treated prior to disposal?

.....

4.10 Is there a waste treatment facility available within the hospital? (incinerator/steam sterilizer)

.....

or

4.11 Has the hospital outsourced HCW treatment to third party? If so, does the organization offer satisfactory services?

.....

4.12 Where is the treated waste finally disposed to?

.....

**5. Waste water generation, treatment and disposal**

5.1 Which facility generates waste water in your PMCLs

Laboratories ..... Theaters ..... Normal clinics .....  
Kitchen and Pantry ..... Any other .....

5.2 What is the quantity of

(i) Waste water generated per day.....

(ii) Water usage per day.....

5.3 Methodology of waste water treatment and disposal

.....

**6. Staff responsible for HCW management**

6.1 Is there a waste management team in the hospital with designated responsibilities?

Yes ..... No.....

6.2. Please provide a brief overview of how duties and responsibilities for HCWM is organized.

.....  
...

6.3 Who is the focal point for HCWM in your hospital?

.....  
**7 Has the hospital obtained the services of a cleaning service**

Yes  No

**8 Has the staff been trained on HCWM (permeant staff, laborers and sanitary staff)**

.....

**9 Status of obtaining Environmental Protection License and Scheduled Waste License from the Central Environmental Authority**

EPL: .....

SWL: .....

**10 Do you think the current practices of waste handling, storage and disposal offer sufficient security and protection against risks posed by hazardous HCW**

---

**11 Issues / challenges related to Healthcare Waste Management in your institution**

.....

...





Phase	What parameter is to be monitored? (Action Steps Should be consistent with the respective ESMPs)	Where is the parameter to be monitored?	How is the parameter to be monitored? / Type of monitoring equipment	When is the parameter to be monitored? (frequency of measurement or continuous)	Why is the parameter to be monitored? (optional)	Cost		Institutional Responsibility	Monitoring oversight
						Install	Operate		
<b>Construction Material Sourcing</b>									
a) Stone, sand, gravel and clay borrow pit	a) possession of official approval or valid operating license	a) stone, gravel and clay borrow pit	a) Inspection	a) before work begins		a) NA	a) NA	a) Contractor	PMU, Construction Supervising Engineer and Environmental /Social Officer (MOH)
<b>Transport of Construction Material</b>									
a) Crushed stone	a) truck load covered or wetted	a) Main and local road; job site	a) Inspection	a) unannounced inspections during work	a)-c) safety requirements and enable as	a) NA	a) minimal	a) Contractor	PMU, Construction Supervising Engineer and Environmental /Social Officer (MOH)



Phase	What parameter is to be monitored? (Action Steps Should be consistent with the respective ESMPs)	Where is the parameter to be monitored?	How is the parameter to be monitored? / Type of monitoring equipment	When is the parameter to be monitored? (frequency of measurement or continuous)	Why is the parameter to be monitored? (optional)	Cost		Institutional Responsibility	Monitoring oversight
						Install	Operate		
b) Sand, gravel, clay	b) truck load covered or wetted	b) Main and local road; job site	b) Inspection	b) unannounced inspections during work	little disruption to traffic as it is possible	b) N/A	b) minimal	b) Contractor	PMU, Construction Supervising Engineer and Environmental /Social Officer (MOH)
c) Traffic management	c) routes selected; following a traffic management plan	c) Main and local road; job site	c) Inspection	c) unannounced inspections during work		b) N/A	b) minimal	c) Contractor	PMU, Construction Supervising Engineer and Environmental /Social Officer (MOH)



Phase	What parameter is to be monitored? (Action Steps Should be consistent with the respective ESMPs)	Where is the parameter to be monitored?	How is the parameter to be monitored? / Type of monitoring equipment	When is the parameter to be monitored? (frequency of measurement or continuous)	Why is the parameter to be monitored? (optional)	Cost		Institutional Responsibility	Monitoring oversight
						Install	Operate		
<b>During Construction Phase</b>									
a) Noise	a) Overall level of noise that is transmitted in the immediate environment	a) job site; nearest homes	a) sound monitoring smart phone application/ sound monitoring device	a) At the beginning of works, on complain	a) assure compliance of performance with environment,	a) NA	a) NA	a) Contractor	PMU, Construction Supervising Engineer and Environmental /Social Officer (MOH)



Phase	What parameter is to be monitored? (Action Steps Should be consistent with the respective ESMPs)	Where is the parameter to be monitored?	How is the parameter to be monitored? / Type of monitoring equipment	When is the parameter to be monitored? (frequency of measurement or continuous)	Why is the parameter to be monitored? (optional)	Cost		Institutional Responsibility	Monitoring oversight
						Install	Operate		
b) Emissions, Particulate matter and Dust	b) air pollution (flying particles, pollutants in the air and oxides of C, S, N, ozone and similar. )	b) at and near job site	b) laboratory with necessary equipment of the licensed organization (NBRO)	b) during material delivery and construction; on complain	health and safety requirements and enable as little disruption to traffic as it is possible	b) NA	b) NA	b) Contractor	PMU, Environmental, Social Officer, (MOH), CSE
c) Vibrations	c) limited time of activities	c) job site	c) observation, /Vibration metering device	c) unannounced inspections during work and on complain		c) NA	c) NA	c) Contractor	PMU, Environmental, Social Officer, (MOH), CSE



Phase	What parameter is to be monitored? (Action Steps Should be consistent with the respective ESMPs)	Where is the parameter to be monitored?	How is the parameter to be monitored? / Type of monitoring equipment	When is the parameter to be monitored? (frequency of measurement or continuous)	Why is the parameter to be monitored? (optional)	Cost		Institutional Responsibility	Monitoring oversight
						Install	Operate		
d) Traffic disruption during construction activity	d) existence of traffic management plan; traffic patterns	d) main and local road; job site	d) traffic police	d) unannounced inspections during work and on complain		d) N/A	d) NA	d) Contractor	PMU, Construction Supervising Engineer and Environmental, Social Officer (MOH)
a) Reduced access due to project activities	a) Provided alternative access	c) Job site	b) Observation	a) During construction		a) N/A	a) minimal	a) Contractor	Construction Supervising Engineer and Environmental/Social Officer (MOH), PMU
b) Vehicle and pedestrian safety	b) Visibility and appropriateness	d) At and near job site	c) Observation	b) During construction		b) N/A	b) minimal	b) Contractor	Construction Supervising Engineer (CSE) and Environmental Officer and Social (MOH), PMU



Phase	What parameter is to be monitored? (Action Steps Should be consistent with the respective ESMPs)	Where is the parameter to be monitored?	How is the parameter to be monitored? / Type of monitoring equipment	When is the parameter to be monitored? (frequency of measurement or continuous)	Why is the parameter to be monitored? (optional)	Cost		Institutional Responsibility	Monitoring oversight
						Install	Operate		
c) Water and soil pollution from improper material storage, management and usage building and auxiliary materials	c) water and soil quality (suspended solids, oils, organic solids, heavy metals, pH value, conductivity, constant physical and chemical parameters)	e) runoff from site, material storage areas; wash down areas of equipment	d) observation; laboratory with necessary equipment of the licensed organization	a) Twice depending on the construction lifetime b) On complain or in case of accident situation		c) NA	c) NA	c) Contractor	Construction Supervising Engineer and Environmental and Social Officer (MOH), PMU



Phase	What parameter is to be monitored? (Action Steps Should be consistent with the respective ESMPs)	Where is the parameter to be monitored?	How is the parameter to be monitored? / Type of monitoring equipment	When is the parameter to be monitored? (frequency of measurement or continuous)	Why is the parameter to be monitored? (optional)	Cost		Institutional Responsibility	Monitoring oversight
						Installation	Operate		
a) Potential contamination of soil and water from improper maintenance and fuelling of equipment	a) Water and soil quality (suspended solids, oils, fuel, lubricants, organic compounds, heavy metals, pH value, conductivity); procedures of work	h) Job site; equipment maintenance facilities	b) Observation; laboratory with necessary equipment of the licensed organization	a) Twice depending on the construction lifetime  b) On complain or in case of accident situation		a) NA	a) NA	a) Contractor	PMU, Environmental Inspector, Construction Supervising Engineer and Environmental and Social Officer (MOH), PMU
Phase	What parameter is to be	Where is the	How is the parameter to be	When is the parameter to be	Why is the	Cost		Institutional Responsibility	Monitoring oversight

	<b>monitored? (Action Steps Should be consistent with the respective ESMPs)</b>	<b>parameter to be monitored?</b>	<b>monitored? / Type of monitoring equipment</b>	<b>monitored? (frequency of measurement or continuous)</b>	<b>parameter to be monitored? (optional)</b>				
						Install	Operate		
<i>h) Labour Health and Safety</i>	i) protective equipment (glasses, masks, helmets, boots, etc); ii) Condition of worker camps	i) Job site/Worker camps	b) Observation	a) Unannounced inspections during work		a) NA	a) minimal	a) Contractor	PHI, Construction Supervising Engineer and Environmental and Social Officer (MOH), PMU



## 12 ANNEX 11: Standard Operating Procedures for Laboratories

Extracted from the World Bank "Mainstreaming Environmental Management in the Health Care Sector: Implementation Experience in India and a Tool-kit for Managers- Volume 2-2012

Laboratories are unique workplaces where a wide variety of chemicals are handled on a routine basis. This section briefly outlines the required good practices with regard to safe handling of chemicals, which are to be followed by laboratory technicians.

### 1. General guidelines

- i. Carefully read the label before using a chemical.
- ii. The manufacturer's or supplier's Material Safety Data Sheet (MSDS) will provide special handling information.
- iii. Be aware of the potential hazards existing in the laboratory and the appropriate safety precautions.
- iv. Know the location and proper use of emergency equipment, the appropriate procedures for responding to emergencies, and the proper methods for storage, transport and disposal of chemicals within the facility.
- v. Employees should not work alone in the laboratory.

- vi. Anyone considering running an experiment unattended should consider the possible hazards that could occur as a result of failures, malfunctions, operational methods, environments encountered, maintenance error and operator error.
- vii. Label all chemical containers with appropriate identification and hazard information.
- viii. Use only those chemicals for which there are appropriate exposure controls (such as a chemical fume hood) and administrative programs/ procedures (training, restricted access, etc.).
- ix. Always ensure that there is adequate ventilation when working with chemicals.
- x. Operations using large quantities (500 milliliters) of volatile substances with workplace standards at or below 50 ppm should be performed in a chemical fume hood.
- xi. Use hazardous chemicals and all laboratory equipment only as directed or for their intended purpose.
- xii. Inspect equipment or apparatus for damage before use and before adding a hazardous chemical.
- xiii. Do not use damaged equipment. integrity or proper functioning before use.
- xiv. Inspect personal protective apparel and equipment for integrity or proper functioning before use.
- xv. Malfunctioning laboratory equipment (hood) should be labeled or tagged "out of service" so that others will not inadvertently use it before repairs are made.
- xvi. Handle and store laboratory glassware with care.
- xvii. Do not use damaged glassware.
- xviii. Use extra care with Dewar flasks and other evacuated glass apparatus; shield or wrap them before-hand to contain chemicals or fragments should implosion occur.
- xix. Do not purchase or dispense more of a hazardous chemical than is needed for immediate use.

## 2. Protective clothing and laboratory safety equipment

Personal protective clothing and equipment should be selected carefully and used in situations where engineering and administrative controls cannot be used or while such controls are being established. These devices are viewed as less protective than other controls because they rely heavily on each employee's work-practices and an effective training. The engineering and administrative controls which should always be considered first when reducing or eliminating exposures to hazardous chemicals include:

- Substitution by a less hazardous substance
- Scaling down the size of experiment
- Isolation of the operator or the process
- Local and general ventilation (e.g., use of fume hoods)

The Material Safety Data Sheet (MSDS) will list the Personal Protective Equipment (PPE) recommended for use with the chemical. The MSDS addresses worst case conditions. Therefore, all the equipment shown may not be necessary for a specific laboratory scale task.

The Environment Health Safety Officer (EHS Officer) can assist in determining which personal protective devices are required for each task.

Remember, there is no harm in being overprotected.

Appropriate personal protective equipment should be put on by employees.

### 3. Laboratory safety equipment

In the laboratory, the chemical hood is the primary means of controlling inhalation exposures. Hoods are designed to retain vapors and gases released within them, protecting the laboratory employee's breathing zone from the contaminant.

This protection is accomplished by having a curtain of air (approximately 100 linear feet per minute) move constantly through the face (open sash) of the hood. Chemical hoods can also be used to isolate apparatus or chemicals that may present physical hazards to employees. The closed sash on a hood serves as an effective barrier to fires, flying objects, chemical splashes or spattering and small implosions and explosions. Hoods can also effectively contain spills, which might occur during dispensing procedures, particularly if trays are placed in the bottom of the hoods. When using a chemical fume hood keep the following principles of safe operation in mind:

- Keep all chemicals and apparatus at least six inches inside the hood (behind sash).
- Hoods are not intended for storage of chemicals. Materials stored in them should be kept to a minimum.
- Stored chemicals should not block vents or alter air flow patterns.
- Keep the hood sash at a minimum height (4 to 6 inches) when not manipulating chemicals or adjusting apparatus within the hood.
- When working in front of a fume hood, make sure the sash opening is appropriate. This can be achieved by lining up to arrows placed on the sash door and hood frame. This sash opening will ensure an adequate air velocity through the face of the hood.
- Do not allow objects such as paper to enter the exhaust ducts. This can clog ducts and adversely affect their operation.

### 4. Chemical storage in the laboratory

- i. Carefully read the label before storing a hazardous chemical.
- ii. The MSDS will provide any special storage information as well as information on

### 5. Chemical procurement, distribution and storage

**Procurement** iii. Before a new substance that is known or suspected to be hazardous is received, information on proper handling, storage, and disposal should be known to those who will handle it.

- iv. It is the responsibility of the supervisor to ensure that the laboratory facilities in which the substance will be handled are adequate, and that those who will handle the substance have received the proper training.
- v. The necessary information on proper handling of hazardous substances can be obtained from the
- vi. Material Safety Data Sheets that are provided by the vendor.
- vii. Because storage in laboratories is restricted to small containers, order small container lots to avoid hazards associated with repackaging.
- viii. No container should be accepted without an adequate identifying label.

#### **Distribution**

- i. When hand-carrying open containers of hazardous chemicals or unopened containers with corrosive or highly acute or chronically toxic chemicals, place the container in a secondary container or a bucket.
- ii. Rubberized buckets are commercially available and provide both secondary containment as well as "bump" protection.
- iii. If several bottles must be moved at once, the bottles should be transported on a small cart with a substantial rim to prevent slippage from the cart.
- iv. Wherever available, a freight elevator should be used to transport chemicals from one floor to another.

#### **Chemical storage in the laboratory**

- i. Carefully read the label before storing a hazardous chemical.
- ii. The MSDS will provide any special storage information as well as information on incompatibilities.
- iii. Do not store un-segregated chemicals in alphabetical order.
- iv. Do not store incompatible chemicals in close proximity to each other.

### **6. Emergency preparedness program**

In case of an emergency like fire, spill, electrical shock or natural disaster immediately follow these procedures:

- i. Call the required help (fire department, medical department, etc.).
- ii. Activate the building alarm. If not available or operational, verbally notify the people in the building.
- iii. Isolate the area immediately.
- iv. Shut down all the equipment if possible.
- v. Evacuate to the exit point and follow the instructions of the Supervisor or the person In charge.
- vi. Notify about the hazard and emergency to the concerned team of rescue/help.

### **7. Chemical spills & accidents**

- i. Try to anticipate the types of chemical spills that can occur in the laboratory and obtain the necessary equipment (spill kits and personal protective equipment) to respond to a minor spill.
- ii. Learn how to safely clean up minor spills of the chemicals used regularly.
- iii. A MSDS contains special spill clean-up information and should also be consulted.

- iv. Chemical spills should only be cleaned up by knowledgeable and experienced personnel.
- v. If the spill is too large to handle, is a threat to health safety or the environment, or involves a highly toxic or reactive chemical, call CHO/ EHS Officer for assistance immediately.

## **8. Fire and fire-related emergencies**

If a fire or fire-related emergency such as abnormal heating of material, a flammable gas leak, a flammable liquid spill, smoke, or odor of burning is noticed, the procedures mentioned below must be followed:

- i. Notify the Fire Department.
- ii. Activate the building alarm (fire pull station). If not available or operational, verbally notify people in the building.
- iii. Isolate the area by closing windows and doors and evacuate the building.
- iv. Shut down equipment in the immediate area, if possible.
- v. Use a portable fire extinguisher to:
  - a. Assist oneself to evacuate;
  - b. Assist another to evacuate; and
  - c. Control a small fire, if possible.
- vi. Provide the fire/police teams with the details of the problem upon their arrival.

## **9. Pesticides and disinfection**

The laboratory area should be free from the pests like rodents, cockroaches, termites, etc. These pests cause a variety of diseases and may lead to a mishap resulting in injury or illness. The rodents cause illnesses like rat bite fever and Weil's disease. To make the laboratory pest-free a pesticide program should be in place. The disinfection of laboratory equipment should be done by less or non-hazardous chemicals and only WHO approved pesticides can be used. .

Pesticide and disinfection programs should be as follows:

- i. Before carrying out pesticide or disinfection programs the laboratory staff should be informed.
- ii. The person using the pesticides should be well-trained and qualified in the use of the pesticides.
- iii. The person should wear all the required personal protective equipment while using the pesticides in the laboratory.
- iv. Only non-hazardous or less hazardous pesticides should be used in the laboratory.
- v. Borax powder is a good pesticide which may be used against German Cockroaches.
- vi. The disinfection of the laboratory should be done using 1% – 10% hypochlorite solution as required.
- vii. The person carrying out disinfection should know how to prepare the solution of hypochlorite as required.

13 ANNEX 12: Standard Positive List of Goods, Services and Works and Prohibited Activities  
as Per the World Bank CERC Operational Manual  
Template

**Table 4 of the Contingent Emergency Response Component (CERC) Operation Manuel Template**

**Positive list of goods, services and works** *Needs to be discussed and agreed with the CERC implementing agency*

Item
<b>Goods</b>
<ul style="list-style-type: none"> <li>• Medical equipment and supplies</li> <li>• Non-perishable foods, bottled water and containers</li> <li>• Tents for advanced medical posts, temporary housing, and classroom/daycare substitution</li> <li>• Equipment and supplies for temporary housing/living (gas stoves, utensils, tents, beds, sleeping bags, mattresses, blankets, hammocks, mosquito nets, kit of personal and family hygiene, etc.) and school</li> <li>• Gasoline and diesel (for air, land and sea transport) and engine lubricants</li> <li>• Spare parts, equipment and supplies for engines, transport, construction vehicles</li> <li>• Lease of vehicles (Vans, trucks and SUVs)</li> <li>• Equipment, tools, materials and supplies for search and rescue (including light motor boats and engines for transport and rescue)</li> <li>• Tools and construction supplies (roofing, cement, iron, stone, blocks, etc.)</li> <li>• Equipment and supplies for communications and broadcasting (radios, antennas, batteries)</li> <li>• Water pumps and tanks for water storage</li> <li>• Equipment, materials and supplies for disinfection of drinking water and repair/rehabilitate of black water collection systems</li> <li>• Equipment, tools and supplies for agricultural, forestry, and fisheries</li> <li>• Feed and veterinary inputs (vaccines, vitamin tablets, etc.)</li> <li>• Construction materials, equipment and industrial machinery</li> <li>• Water, air, and land transport equipment, including spare parts</li> <li>• Temporary toilets</li> <li>• Groundwater boreholes, cargos, equipment to allow access to affected site, storage units</li> <li>• Any other item agreed on between the World Bank and the Recipient (as documented in an Aide-Memoire or other appropriate formal Project document)</li> </ul>
<b>Services</b>
<ul style="list-style-type: none"> <li>• Consulting services related to emergency response including, but not limited to urgent studies and surveys necessary to determine the impact of the disaster and to serve as a baseline for the recovery and reconstruction process, and support to the implementation of emergency response activities</li> <li>• Feasibility study and technical design;</li> </ul>

- Works supervision
- Technical Assistance in developing TORs, preparing Technical Specifications and drafting tendering documents (Bidding Documents, ITQ, RFP).
- Non-consultant services including, but not limited to: drilling, aerial photographs, satellite images, maps and other similar operations, information and awareness campaigns
- Non-consultant services to deliver any of the activities described in the “Goods” section of this table (e.g., debris removal, dump trucks, drones survey)

**Works**

- Repair of damaged infrastructure including, but not limited to: water supply and sanitation systems, dams, reservoirs, canals, roads, bridges and transportation systems, energy and power supply, telecommunication, and other infrastructure damaged by the event
- Re-establish of the urban and rural solid waste system, water supply and sanitation (including urban drainage)
- Repair of damaged public buildings, including schools, hospitals and administrative buildings
- Repair, restoration, rehabilitation of schools, clinics, hospitals
- Removal and disposal of debris associated with any eligible activity.

**Training**

- Conduct necessary training related to emergency response including, but not limited to the Implementation of EAP
- Training on rapid needs assessment and other related assessments

**Emergency Operating Costs**

- Incremental expenses by the Government for a defined period related to early recovery efforts arising as a result of the impact of an eligible emergency. This includes, but is not limited to: costs of staff attending emergency response, operational costs and rental of equipment

- i. The following uses for goods and equipment financed by the CERC are prohibited, which also applies to use and storage for DRM-related activities including hazard monitoring, disaster preparedness, and future response to natural disasters *Needs to be discussed and agreed with the CERC implementing agency.*
- ii. Activities of any type classifiable as Substantial and High Risk pursuant to the Association’s Environmental and Social Framework. iii. Activities that would lead to conversion or degradation of critical forest areas, critical natural habitats, and clearing of forests or forest ecosystems
- iv. Activities affecting protected areas (or buffer zones thereof), other than to rehabilitate areas damaged by previous natural disasters.
- v. Land reclamation (i.e., drainage of wetlands or filling of water bodies to create land)

- vi. Land clearance and leveling in areas that are not affected by debris resulting from the eligible crisis or emergency
- vii. River training (i.e., realignment, contraction or deepening of an existing river channel, or excavation of a new river channel)
- viii. Activities that will result in the involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households' use of land and livelihoods
- ix. Construction of new roads, realignment of roads, or expansion of roads, or rehabilitation of roads that are currently located on communal lands but will be registered as government assets after rehabilitation
- x. Use of goods and equipment on lands abandoned due to social tension / conflict, or the ownership of the land is disputed or cannot be ascertained
- xi. Use of goods and equipment to demolish or remove assets, unless the ownership of the assets can be ascertained and the owners are consulted
- xii. Uses of goods and equipment involving forced labor, child labor, or other harmful or exploitative forms of labor
- xiii. Uses of goods and equipment for activities that would affect indigenous peoples, unless due consultation and broad support has been documented and confirmed prior to the commencement of the activities
- xiv. Uses of goods and equipment for military or paramilitary purposes
- xv. Uses of goods and equipment in response to conflict, in any area with active military or armed group operations
- xvi. Activities related to returning refugees and internally displaced populations
- xvii. Activities which, when being carried out, would affect, or involve the use of, water of rivers or of other bodies of water (or their tributaries) which flow through or are bordered by countries other than the Borrower/Recipient, in such a manner as to in any way adversely change the quality or quantity of water flowing to or bordering said countries.

### **G – E and S Compliance**

1. All activities financed through the CERC are subject to World Bank safeguards policies, keeping in mind that paragraph 12 of the [IPF Policy](#) applies once the CERC is triggered. The ESMF of the Project should include a section on the CERC, to align with the ERM, and to supplement the existing Project's environmental and social safeguards instruments, where needed<sup>2</sup>. This "CERC-ESMF" will outline a screening process built around the positive list for key environmental and social issues and risks. This will be linked to identifying institutional arrangements for oversight of any required additional Environmental and Social (E&S) due diligence and monitoring. In addition, the CERCESMF will include generic emergency civil works "sector" guidance identifying key E&S issues with practical Environmental and Social Management Plan (ESMP) type

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<sup>2</sup> A sample CERC section to the Project's ESMF is in Annex 9 of this manual

checklists. All activities financed through the CERC are subject to the WB's Environmental, Health and Safety (EHS) Guidelines<sup>3</sup>.

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2. Content of the CERC section in the Project ESMF will include:
  1. Description of the potential emergencies and the types of activities likely to be financed;
  2. Potential risks and general mitigation measures associated with the potential activities;
  3. Identification of Vulnerable locations and/or groups;
  4. Environmental and Social Assessment (screening) and the environmental and social requirements (studies, plans, etc.) to comply with the Bank's requirements and the national law;
  5. An ESCOP (Environmental & Social Code(s) of Practice) for the positive list of goods;
  6. Assessment to guide emergency responses (e.g. what existing social conflicts could be exacerbated by an emergency); and
  7. Institutional arrangements for environmental and social due diligence and monitoring.

Activities financed under the CERC will be limited to provision of critical goods and services, as well as rehabilitation and reconstruction of damaged infrastructure outlined in a positive list in this ERM (Table 4). Land acquisition leading to involuntary resettlement and/or restrictions of access to resources and livelihoods is not anticipated. It is further not anticipated to support activities which might have adverse impacts on ethnic groups considered indigenous people under the World Bank's ESF Standard ESS 7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities. It is also unlikely that changes to the existing safeguards instruments of the project will be required. However, if necessary, the safeguards instruments will be updated if the EAP do not fall within the scope of the existing instruments. It is unlikely that emergency works will trigger new safeguards policies, however, if required, new instruments will be prepared, consulted upon and disclosed; per the requirements of the Bank's Investment Financing Policy, a restructuring would be prepared.

CERC implementing agency through the environmental and social specialist, will identify based on the activities and works proposed in the EAP, the potential environmental

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<sup>3</sup> [https://www.ifc.org/wps/wcm/connect/topics\\_ext\\_content/ifc\\_external\\_corporate\\_site/sustainability-at-ifc/policies-standards/ehs-guidelines](https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/policies-standards/ehs-guidelines)

and social negative impacts, and the studies or plans required for the environmental and social management. This will be done by completing the Environmental and Social Screening, annexed to the ESFM, from for each activity.

3. In the case of the procurement of works requirement the mobilization of civil works contractors, the bidding documents will include standard codes of conduct for workers and supervisors, specifying appropriate conduct and sanctions related to community relations, gender-based violence, child protection, human trafficking, and sexual exploitation and abuse.





<b>Subproject Name</b>		
<b>Subproject Location</b>		<b>GPS Coordinates -</b>
<b>Project Proponent</b>		
<b>Contractor's Name</b>		
<b>Monitoring date</b>		
<b>Name of the monitoring Officer and designation</b>		

<b>Issue</b>	<b>Proposed mitigation measures (from the ESMP/ESCOPS/HWMP)</b>	<b>Implementing Responsibility</b>	<b>Compliance (Yes/No)</b>	<b>Reason for noncompliance</b>	<b>Follow up Action</b>

**Photo-documentation of Issue Identified Above**

<b>Issue # (from description above)</b>	<b>Date of photograph</b>	<b>Photograph depicting issue</b>

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### **Tips on Tools for Monitoring**

It is recommended that a free remote survey-based tool such as the following is used as I allow the checklist to be populated and used for remote mobile monitoring and geo reference data.

- **KoBo Toolbox:** is a free open-source tool for mobile data collection, available to all. It allows you to collect data in the field using mobile devices such as mobile phones or tablets, as well as with paper or computers.
  - More Info: <https://support.kobotoolbox.org/en/articles/751575-welcome-to-kobotoolbox>
- **I-Auditor:** iAuditor is a free inspection app used to empower your workers in the field. Combined with the web platform, iAuditor can be used as an inspector software that provides visibility and insights to help raise safety and quality standards across an organization
  - More Info: <https://support.safetyculture.com/>



15 ANNEX 14: Special Monitoring Checklist for Ensuring Safe Conditions for Workers and Public During Construction Projects

<b>Date inspection conducted:</b>	<b>Location:</b>
<b>Name(s) of those participating in this inspection:</b>	
<b>INDICATE EITHERS:</b>	
<b>A = Acceptable/Yes; U = Unacceptable/No; N/A = Not Applicable</b>	

No.	Safety Title	A	U	N/A	Action Taken
1	<b>PERSONAL PROTECTIVE EQUIPMENT:</b>				
	Foot protection worn as required?				
	Hand protection used/worn as required?				
	Safety glasses and/or goggles available + being used?				
	Hearing protection worn where required?				
	Hard hats worn when falling object hazard is present?				
	Dust masks used when needed?				
	Traffic vests being worn where needed?				
2	<b>EMERGENCY ITEMS:</b>				
	Emergency phone numbers posted and known by all?				
	Emergency eyewash and/or shower units accessible?				
	First aid kit available at work site?				
3	<b>ELECTRICAL SAFETY ISSUES: if required</b>				
4	<b>CONSTRUCTION SAFETY &amp; HEALTH ISSUES:</b>				
	100% fall protection in place above 6-5... feet in height?				
	Excavation? Protection from cave-ins for >5 feet deep				
	Hand tools are kept in safe				
	Employees instructed in proper use of all power tools? If available				
	Employees below protected from falling objects?				



	Proper access provided for workers and surrounding community?				
	<b><i>Trenches Excavation and Shoring:</i></b>				
	Materials are stored at least two feet from trench?				
	Proper number of workers for each operation?				
5	<b>Job Information/Administrative:</b>				
	First aid kit stocked?				
	First aid kit available?				
	Work areas properly demarcated				
	Work areas properly barricaded?				
6	<b>Housekeeping:</b>				
	Work area neat?				
	Protected from projecting nail points (removed/bent over)?				
	Waste containers provided?				
	Waste containers used?				
7	<b>General:</b>				
	Toilet facilities available?				
	Toilet facilities maintained?				
	Drinking water available?				
	Visitor hard hats available?				
	Visitor hard hats used?				
	Record Maintaine at Site level:				
	Unsafe Acts or Practices Observed:				
	<b>Comments:</b>				
	Signature: _____				
	Date: _____				

16 ANNEX 15: Generic Training Plan for Project Implementation Agency Staff Training on ESMF and Environmental and Social Instrument Implementation, Monitoring and Reporting.

**Topic:** Environmental and Social Stewardship via ESF Implementation within the NAME of PROJECT

**Objective:** To introduce the project staff to the World Bank's ESF and Environmental and Social Management procedures set forth in the Environmental Management Framework of the project, assist them in implementing environmental safeguards within the project and understand their function, roles and responsibilities in implementation, monitoring and reporting, while gaining an overall **Duration:** 1 Day

**Target Group:** Project Mangers, Technical Specialists, Environmental and Social Specialists, Environmental and Social Officers(MOH/PMCI), Procurement Specialists based in PMU, Project IAs

**Training Material:** A Cloud Drive link with the Soft Copies of all Relevant Training Material (Session Presentations, ESMF, Guiding Documents (Screening Formats, Copies of example ESMPs, project safeguards instruments, etc.), and other resource material.

No	Subject	Purpose	Time	Session Structure	Materials	Aids	Potential Resource Person
1.1	Introduction to ESF Requirements and procedure within the project	To introduce the WB ESF and ESSs, the activities set forth in the ESMF and procedures of implementation, monitoring and reporting within the project	1.5hr	Brain storming, Lecture	Copy of the ESF, ESMF Guideline, copies of Screening Formats,	Laptop Multimedia Projector File with Training Material for whole day	
No	Subject	Purpose	Time	Session Structure	Materials	Aids	Potential Resource Person
1.2	Identification of Environmental impacts and deducing Mitigatory Methods	To facilitate understanding on what environmental impacts can arise from project interventions and understand the nature of technical mitigation measures that can assist in curtailing these	1 hr	Brain storming, Lecture, Group work	A Copy of a well completed Screening Form and ESMP as an example. Copies of Specifications for subprojects	Laptop, Multimedia projector, Flip charts & Pens	

1.3	Specific roles and Responsibilities in implementation and monitoring	To assist the members, present to understand the roles and responsibilities of their designation. What is expected from them and how they can do the work assigned in the best manner.	1hr	Lecture, Discussion	A Sheet describing the roles and responsibilities of each individual of project administrative structure.	Laptop, Multimedia projector, Flip charts & Pens	
1.4	Group Activity (Details Below)	To assess the understanding post the session	2hr	Group Activity followed by a discussion	Copy of the Case study, A Blank screening form and ESMP	Flip charts & Pens	



**Group Activity for the End of Session- 1hr (30 minutes for Group Activity and 30 Minutes for Presentation and Discussion)**

Present the groups with copies of an example of a project-specific subproject or project-related scenario. Once the team has reviewed the case study and the copies of the Screening Form and ESMPs, they should discuss and, note down and present on the following areas. The Design of the intervention should be presented well with details of the surrounding area and the rational etc.

- Conduct a Screening of the Subproject with the Screening Form as an aid and deduce what sort of clearances is required and what sort of environmental assessments will be required. Based on this indicate where the project should proceed as is environmentally cleared.
- Identify the Environmental Impacts of the project and their severity based on its scope and design, and propose mitigatory mechanisms for these if they can be mitigated

Identify who will be responsible for the safeguard activities from within the project administrative structure The points formulated during the discussion should then be presented group wise and discussed with the team. The Trainer should provide technical assistance to the teams where required to direct the discussion accordingly and share experiences from within the program.

## 17 ANNEX 16: Guidelines For Occupational Health and Safety Management of Workers, Communities and Visitors During Construction Works

Health and safety of workers and the public should be designed into constructions, before and during and after the building phase. It is cheaper and easier to control risks in construction to workers as well as the public before work starts on site by proper planning, training, site induction, worker consultation and incorporating strict safety procedures in construction plans. The proposed project interventions will mostly involve small to medium scale construction sites. As such, extreme dangers posed by working in environments such as great heights, deep water and involving dangerous chemicals and radioactive material will not be present. Potential dangers associated with ESCAMP sites will include falling from moderate heights, vehicle accidents, falling into trenches, drowning, breathing dust and other air pollutants, back aches caused by handling heavy material, wildlife attacks, etc. and can be mitigated with following safety guidelines.

EA/ESMP for each site should mandatorily include a risk assessment as to what are the hazards involved in the work site, who might be harmed and how seriously, how likely this harm might happen and what actions are required to eliminate or reduce the risk and incorporate such measures in the ESMP and clearly set out in the tender documents. All subprojects must observe health and safety regulations, hence during implementation it is important to check if these control measures are put in place and are meeting the legal requirement.

Further guidance can be found in the World Bank Group General EHS Guidelines. The following measures have been developed to fit the country context based on the General EHS Guidelines.

### **Training**

- Ensure constructors carry out suitable training programs on occupational health and safety for workers prior to commencement of construction, especially with regard to working in wild territory.
- Ensure only experienced and well trained workers are used for the handling of machinery, equipment and material processing plants
- Ensure all persons, including managers, are trained and able to carry out their work without risk to the safety or health of themselves, other workers or the public

### **Personal Protective Equipment**

- Ensure appropriate safety equipment, tools and protective clothing are provided to workers and that safe working methods are applied. A safety inspection checklist should be prepared taking into consideration what the workers are supposed to be wearing and monitored.
- Any person who works or operates in an area where there is a risk of flying objects, such as splinters, should wear safety goggles at all time. These should be securely fitted to the face. Welders should protect the entire face from hot sparks and bright rays by using a welding mask.

Page 134 of 154

- Any person exposed to high levels of dust or hazardous gases (when working in tunnels) should wear respiratory protection in the form of disposal masks or respiratory masks which fit more snugly around the nose and mouth.
- Any person working in an area where there is the risk of being struck on the head by a falling or flying object should wear a hard hat at all times. These should be well maintained in order to be fully effective, and any helmets or hard hats that are damaged or cracked should immediately be replaced.
- All workers will be required to wear shoes or strong boots to prevent sharp objects from penetrating or crushing the foot. Those working in muddy conditions and in canals with polluted water should avoid hand/foot contact with water and should never wear slippers.
- Road workers should wear reflective vests to avoid being hit by moving vehicular traffic.

### **Infection Control Site Delineation and Warning Signs**

- Ensure delineation devices such as cones, lights, tubular markers, orange and white strips and barricades are erected to inform about work zones.
- Ensure all digging and installing work items that are not accomplished are isolated and warned of by signposts and flash lamps in nighttime (for those sites outside PAs).
- Ensure dangerous warning signs are raised to inform public of particular dangers and to keep the public away from such hazards, such as warning for bathing when working on river sites and irrigation works.

Page 234 of 262

- Ensure rehabilitation of trenches progressively once work is completed.
- The safety inspection checklist must look to see that the delineation devices are used, whether they are appropriately positioned, if they are easily identifiable and whether they are reflective.

**Equipment safety**

- Work zone workers use tools, equipment and machinery that could be dangerous if used incorrectly or if the equipment malfunctions. Inspections must be carried out to test the equipment before it is used, so that worker safety can be secured. Inspections should look for evidence of wear and tear, frays, missing parts and mechanical or electrical problems.

**Material management**

- Ensure easily flammable materials are not be stored in construction site and that they are transported out of project site

**Emergency Procedures**

- Ensure an emergency aid service is in place in the work zone.
- Ensure all site staff is properly briefed as to what to do in the event of an emergency, such as who to notify and where to assemble for a head count. This information must be conveyed to Employees by the site manager on the first occasion a worker visits the site.

**Construction camps**

- Ensure installation of adequate construction camps and sanitation facilities for construction workers to control of transmission of infectious diseases.
- Ensure that adequate warning is provided on issues of poaching and wildlife attacks

**Information management**

- Develop and establish contractor's own procedure for receiving, documenting and addressing complaints that is easily accessible, culturally appropriate and understandable to affected communities.
- Provide advance notice to local communities by way of information boards about the schedule of construction activities.

**Worker consultation**


- Consulting the workforce on health and safety measures is not only a legal requirement, it is an effective way to ensure that workers are committed to health and safety procedures and improvements. Employees should be consulted on health and safety measures and before the introduction of new technology or products.



18 ANNEX 17: Examples Of Information Posters and Best Practice Examples on Health Care Waste Management.

The following guidelines have been extracted from best practice guidelines

Example of Waste Segregation Poster and Guidance on Segregation- Source WHO

<b>SHARPS</b> Red Sharps Container	<b>BIOHAZARD</b> Red Container or Red Liner in Container	<b>TRACE CHEMO</b> Yellow Container
<ul style="list-style-type: none"> <li>✓ Needles</li> <li>✓ Ampules</li> <li>✓ Broken Glass</li> <li>✓ Blades</li> <li>✓ Razors</li> <li>✓ Staples</li> <li>✓ Trocars</li> <li>✓ Guide Wires</li> <li>✓ Other Sharps</li> </ul> 	<ul style="list-style-type: none"> <li>✓ Infectious Waste</li> <li>✓ Blood Products (albumin, etc.)</li> <li>✓ Contaminated Personal Protective Equipment (PPE)</li> <li>✓ IV Tubing</li> <li>✓ Cultures, Stacks</li> </ul> 	<ul style="list-style-type: none"> <li>✓ Empty vials, ampules</li> <li>✓ Empty Syringes, Needles</li> <li>✓ Empty IVs</li> <li>✓ Gowns</li> <li>✓ Gloves</li> <li>✓ Tubing</li> <li>✓ Aprons</li> <li>✓ Wipes</li> <li>✓ Packaging</li> </ul> 
<b>RCRA HAZARD</b> Black Container	<b>PHARMACEUTICAL</b> Blue Container	<b>RADIOACTIVE</b> Shielded Containers with Radioactive Symbol
<ul style="list-style-type: none"> <li>✓ Hazardous meds (RCRA)</li> <li>✓ Half/Partial doses (RCRA)</li> <li>✓ Hazardous bulk meds</li> <li>✓ P-listed drugs, packaging</li> <li>✓ Bulk chemo</li> <li>✓ Pathological Waste. (Incineration Only)</li> </ul> 	<ul style="list-style-type: none"> <li>✓ Pills</li> <li>✓ Injectables</li> <li>✓ Antibiotics</li> </ul> 	<ul style="list-style-type: none"> <li>✓ Fluorine-18 (F-18). 110 minutes half-life.</li> <li>✓ Technetium-99 (T-99m). 6 hours half-life.</li> <li>✓ Iodine-131 (I-131). 8 days half-life.</li> <li>✓ Strontium-89 (Sr-89). 52 days half-life.</li> <li>✓ Iridium-192 (Ir-192). 74 days half-life.</li> <li>✓ Cobalt-60 (Co-60). 5.3 years half-life.</li> </ul> 
pathological and anatomical waste Sharps	Yellow, marked "SHARPS", with biohazard symbol	Puncture-proof container
Chemical and pharmaceutical waste	Brown, labelled with appropriate hazard symbol	Plastic bag or rigid container
Radioactive waste <sup>b</sup>	Labelled with radiation symbol	Lead box
General health-care waste	Black	Plastic bag
a see Figure 7.1 (which lists the biohazard and radiation symbols) b Not produced in all hospitals		

Pictorial Guidance on Immediate Disposal and Storage: Source WHO, Sericycle USA,



Proper disposal of used syringes into a designated sharps container

Photo sources: (left to right) Susan Wilburn, Maxwell Tucker, Susan Wilburn



A proper cardboard sharps container



Sharps box in a Peruvian hospital

Figure 7.3 Cardboard safety boxes

## How to Prepare Your Waste Container for Pickup

1



### Corrugated Boxes:

- Turn over and seal bottom flaps with tape
- Auto-locking boxes, engage bottom flaps

No set up required for reusable containers

2



Line the container or box with red bag\*\*

3



Tie bag when box or container is full

4



### Reusable Containers:

- Secure lid on container
- Ensure all closure and/or locking mechanisms are engaged

### Corrugated Boxes:

- Seal top of box with tape
- Auto-locking boxes, engage top flaps

Don't put loose sharps in liners.  
Don't let bags stick out of boxes or containers.

5



### Check markings

- Federal markings (see picture above)
- Additional state and local regulations may apply
- Apply barcode label where available

Close bag with a single overhand knot: ✓



1. Gather top of bag and twist

2. Make loop then push bag end

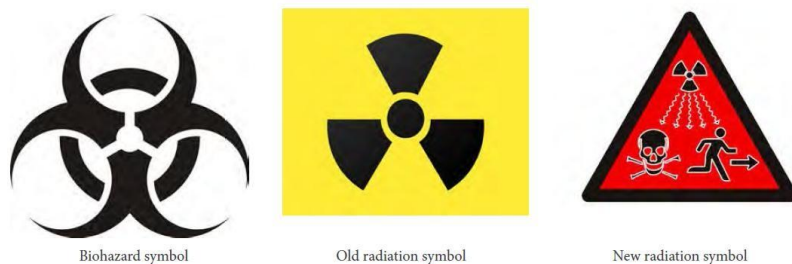
3. Pull on bag end to tighten knot



Do not close by crossing tabs ("bunny or dog-ear" method) ✗



Guidance on Appropriate Signage Implementation for Health Care Waste Management Practices and Infrastructure Source WHO



Note: The new radiation symbol was adopted by the United Nations in 2007, but the older symbol is still widely recognized and expected to remain in common use for many years.

Figure 7.1 Biohazard, radiation and chemical hazard symbols

Table 7.3 Selected United Nations packaging symbols

UN class	Name	Description of symbol	Symbol
3.1	Flammable Liquids	Black symbol: flame Background: red Class "3" in bottom corner	
5.1	Oxidizing Substances	Black symbol: flame over circle Background: yellow Class "5.1" in bottom corner	
6.1	Toxic Substances	Black symbol: skull and crossbones Background: white Class "6" in bottom corner	





Figure 7.2 Comparison of common hazardous waste symbols

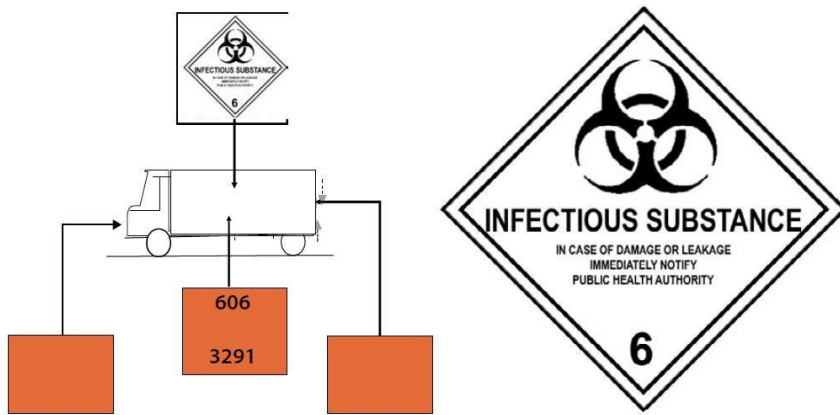


Figure 7.15 Specifications for placards (e.g. UN 3291 Infectious [Biomedical] Waste)

**Guidance on design of HCW Storage Areas Source WHO**

**7.6.3 Layout of waste-storage areas**

If new health-care waste-management systems are developed and if new infrastructure is planned, a “waste yard” should be built. A waste yard is where all the relevant waste-management activities are brought together. To concentrate certain tasks, it is best to set up multifunctional buildings (waste-storage area), including a fenced storage area for general waste (A), a room for infectious waste (B), a treatment room (C), a fenced area with an ash or sharps pit (D), a container cleaning room (E) and a clean office with lockers and toilets (F).

A sample design of a storage room for chemical waste is presented in Figures 7.12 and 7.13.

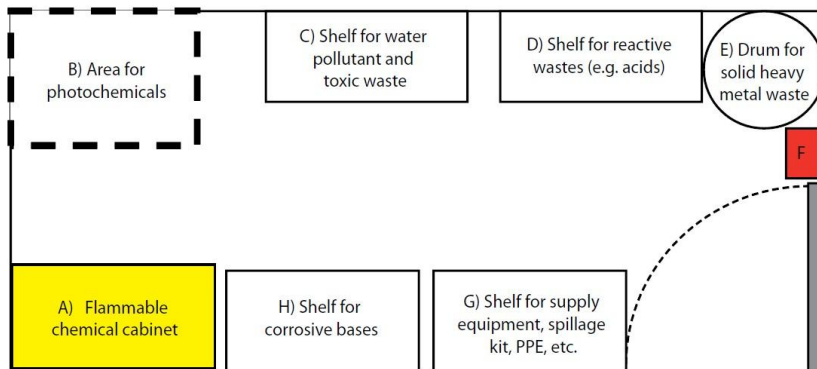
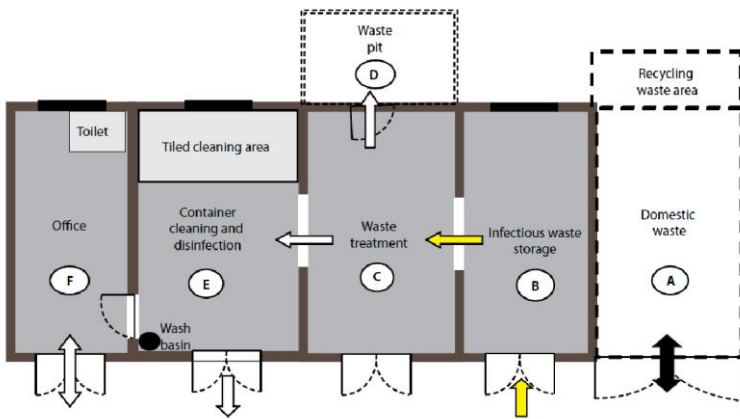
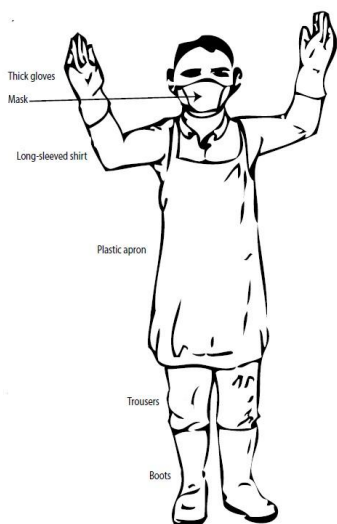


Figure 7.13 Sample outline of chemical storage room

**Guidance on Appropriate Use of PPE for Cleaning Staff and HCW Workers** Source WHO



Source: Ministry of Health (1995) (adapted with permission)

**Figure 11.1** Recommended protective clothing for health-care waste transportation in small hospitals in Thailand

## Guidance on Process of Handwashing and Use of Hand Sanitizer-Source WHO

# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

⌚ Duration of the entire procedure: 40-60 seconds



Source: WHO (2009)



# How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20–30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces

Rub hands palm to palm



Right palm over left dorsum with interlaced fingers and vice versa

Palm to palm with fingers interlaced

Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of left thumb clasped in right palm and vice versa

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

Once dry, your hands are safe



AIDE-MEMOIRE

OCTOBER 2007 INFECTION CONTROL

## Standard precautions in health care

### Background

Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

Hand hygiene is a major component of standard precautions and one of the most effective methods to prevent transmission of pathogens associated with health care. In addition to hand hygiene, the use of personal protective equipment should be guided by risk assessment and the extent of contact anticipated with blood and body fluids, or pathogens.

In addition to practices carried out by health workers when providing care, all individuals (including patients and visitors) should comply with infection control practices in health-care settings. The control of spread of pathogens from the source is key to avoid transmission. Among source control measures, respiratory hygiene/cough etiquette, developed during the severe acute respiratory syndrome (SARS) outbreak, is now considered as part of standard precautions.

Worldwide escalation of the use of standard precautions would reduce unnecessary risks associated with health care. Promotion of an institutional safety climate helps to improve conformity with recommended measures and thus subsequent risk reduction. Provision of adequate staff and supplies, together with leadership and education of health workers, patients, and visitors, is critical for an enhanced safety climate in health-care settings.

### Important advice

- Promotion of a safety climate is a cornerstone of prevention of transmission of pathogens in health care.
- Standard precautions should be the minimum level of precautions used when providing care for all patients.
- Risk assessment is critical. Assess all health-care activities to determine the personal protection that is indicated.
- Implement source control measures for all persons with respiratory symptoms through promotion of respiratory hygiene and cough etiquette.

### Checklist

#### Health policy

- Promote a safety climate.
- Develop policies which facilitate the implementation of infection control measures.

#### Hand hygiene

- Perform hand hygiene by means of hand rubbing or hand washing (see detailed indications in table).
- Perform hand washing with soap and water if hands are visibly soiled, or exposure to spore-forming organisms is proven or strongly suspected, or after using the restroom. Otherwise, if resources permit, perform hand rubbing with an alcohol-based preparation.
- Ensure availability of hand-washing facilities with clean running water.
- Ensure availability of hand hygiene products (clean water, soap, single use clean towels, alcohol-based hand rub). Alcohol-based hand rubs should ideally be available at the point of care.

#### Personal protective equipment (PPE)

- ASSESS THE RISK of exposure to body substances or contaminated surfaces BEFORE any health-care activity. **Make this a routine!**
- Select PPE based on the assessment of risk:
  - clean non-sterile gloves
  - clean, non-sterile fluid-resistant gown
  - mask and eye protection or a face shield.

#### Respiratory hygiene and cough etiquette

- Education of health workers, patients and visitors.
- Covering mouth and nose when coughing or sneezing.
- Hand hygiene after contact with respiratory secretions.
- Spatial separation of persons with acute febrile respiratory symptoms.



EPIDEMIC AND PANDEMIC ALERT AND RESPONSE

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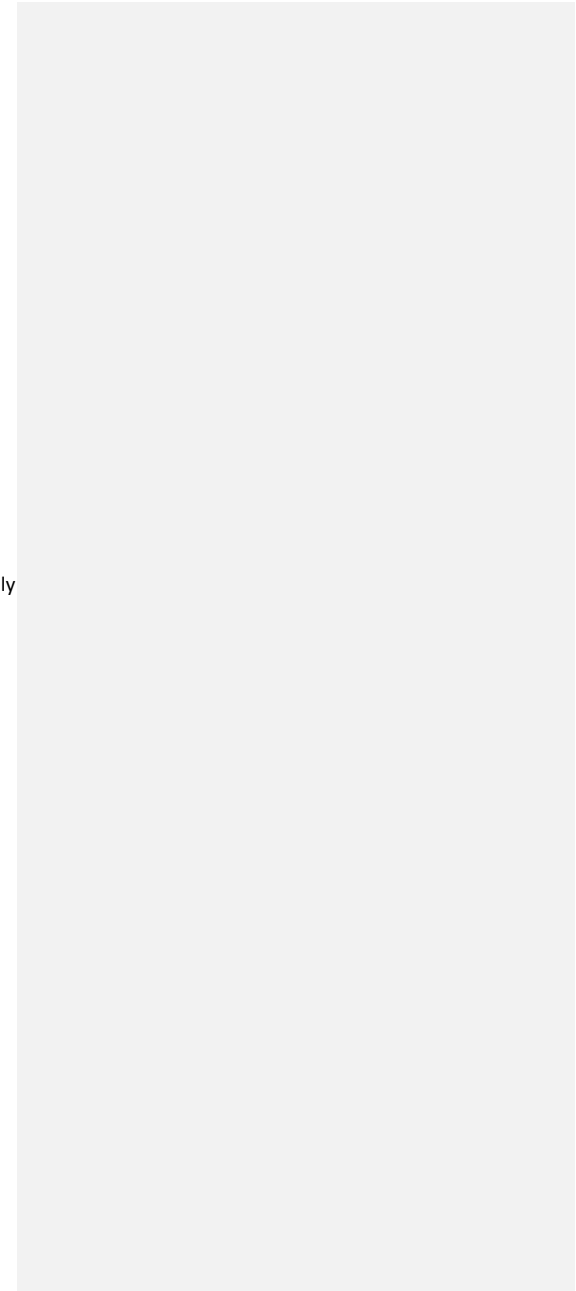
World Health Organization • CH-1211 Geneva-27 • Switzerland • www.who.int/csr



**ENVIRONMENT AND SOCIAL PREPARATORY TASKS FOR SUB-PROJECTS STATUS TRACKING SHEET**

#	IMPLEMENTATION SCHEDULE PACKAGE #	Name and Description of Sub-project	Safeguards Instrument (Indicate via use of tick mark)		CLEARANCE RECEIVED (EPA, Other Agency)		Date received by WB	Date	Clearance/conditional	Tentative Date for Tender	Date safeguards instrument sent to procurement team	ESHS Clauses in Contract (Indicate via use of tick mark)			Status as at (Date sheet is updated)	Status Related Comments
			Environmental Screening Report ESCOPS	ESMP	INS	DATE						Document Included in Bid Docs	ESHS Clauses in Contract	BOQ Includes adequate costing for ESMP implementation		
<b>Component 1</b>																
<b>Comp 1.1</b>																
<b>Comp 1.2</b>																
<b>Comp 1.3</b>																





20 ANNEX 19 – Assessing & Managing the Risks and Impacts of The Use of Security Personnel

The need to address the assessment and mitigation of risks to, and impacts from, the use of security personnel on project-affected communities and project workers is set out in various Environmental and Social Standards (ESSs). These are shown in Table 1:



Table 1. Human Security and the Environmental & Social Standards

**ESS1. Assessment and Management of Environmental and Social Risks and Impacts**

ESS1 addresses the need to assess environmental and social assessment risks and impacts, including those related to human security.

*“Annex 1 5(e) Social and conflict analysis is an instrument that assesses the degree to which the project may (a) exacerbate existing tensions and inequality within society (both within the communities affected by the project and between these communities and others); (b) have a negative effect on stability and human security; (c) be negatively affected by existing tensions, conflict and instability, particularly in circumstances of war, insurrection and civil unrest.”*

**ESS4. Community Health and Safety**

ESS4 addresses the health, safety, and security risks to and impacts on project-affected communities and the corresponding responsibility of Borrowers to avoid or minimize such risks and impacts, with particular attention to people who, because of their particular circumstances, may be vulnerable.

*“24. When the Borrower retains direct or contracted workers to provide security to safeguard its personnel and property, it will assess risks posed by these security arrangements to those within and outside the project site. In making such arrangements, the Borrower will be guided by the principles of proportionality and GIIP, and by applicable law, in relation to hiring, rules of conduct, training, equipping, and monitoring of such security workers. The Borrower will not sanction any use of force by direct or contracted workers in providing security except when used for preventive and defensive purposes in proportion to the nature and extent of the threat.*

*25. The Borrower will seek to ensure that government security personnel deployed to provide security services act in a manner consistent with paragraph 24 above, and encourage the relevant authorities to disclose the security arrangements for the Borrower’s facilities to the public, subject to overriding security concerns.*

*26. The Borrower will (i) make reasonable inquiries to verify that the direct or contracted workers retained by the Borrower to provide security are not implicated in past abuses; (ii) train them adequately (or determine that they are properly trained) in the use of force (and where applicable, firearms), and appropriate conduct toward workers and affected communities; and (iii) require them to act within the applicable law and any requirements set out in the ESCP.*

*27. The Borrower will review all allegations of unlawful or abusive acts of security personnel, take action (or urge appropriate parties to take action) to prevent recurrence and, where necessary, report unlawful and abusive acts to the relevant authorities.”*

***In general, when the Borrower determines that it is necessary to incorporate an assessment of security-related risks and impacts in the ESIA, key elements of such assessment should include:***

- Country context (e.g., conflict, criminality, governance/rule of law, physical environment, socioeconomic situation);
- National/local security issues (e.g., availability of security personnel, track record, including allegations with any link to abuse, and professional reputation of private security and public security personnel);
- Risks from other external threats (e.g., to workforce/contractors at or in transit to remote construction sites);

- Risks to human safety and security of assets perceived by community members, due to the presence of the project (including any private or public security);
- Risks to workers from security personnel, including non-compliance with the Code of Conduct;
- Preliminary recommendations (prioritized) for prevention and mitigation, and agreements needed with security responders to mitigate risks;
- Potential opportunities to employ women in the security personnel for the project;
- An institutional and legal analysis that identifies potentially affected persons and groups, assesses potential impacts, in particular on those that are disadvantaged or vulnerable, and that develops relevant mitigation measures.

**The SRA should include an analysis of contextual factors that could cause or exacerbate human security risks.** For example, tensions between community members, local businesses, sub-contractors and other stakeholders and security personnel may arise due to actual or perceived project impacts as well as actual or perceived behavior of security personnel. In particular, interactions between communities and security personnel can lead to tensions if the security personnel are involved in enforcing land acquisition and resettlement, protecting extractive industry sites, preventing access to cultural heritage sites, or transporting or disposing of solid or hazardous waste. Communities may feel threatened by security personnel if the project disturbs community lands or project community benefit sharing arrangements have not been implemented, or if the behavior of the security personnel is perceived to be threatening to their well-being or business activities.

**When assessing security risks, it is important to engage with stakeholders, including project-affected communities, local NGOs, and other groups that may be particularly aware of security issues.** Box 2 lists indicative questions that could be asked when assessing risks to and impacts on human security stemming from the use of security personnel.

<b>Box 2. Sample questions for Security Risk Assessments</b>
• What is the potential for conflict in and around the project area (for example, escalation of violence based on grievances, regional protests)?
• Are there different project locations, with different risk profiles? Are some project areas higher risk or do they need more security than others?
• Does the nature of the project itself pose any risks to the community?

<ul style="list-style-type: none"> <li>• Is the presence of security personnel proposed to be temporary or long-lasting?</li> </ul>
<ul style="list-style-type: none"> <li>• Are public security personnel already deployed to the project site? If so, is it possible to see the agreement or memorandum of understanding (MoU) regarding the deployment and to review it for reference to behavior, Code of Conduct and proportional force?</li> </ul>
<ul style="list-style-type: none"> <li>• If security personnel already are in existence at the proposed project site/facilities, who is currently providing security? Are there any historical or legacy issues with these security providers that may still be relevant? How have security incidents been handled, and by whom (for example, by project security personnel or by local police or others)? What kind of vetting was undertaken prior to employment or contracting?</li> </ul>
<ul style="list-style-type: none"> <li>• Does the Borrower have any concerns about the reputation or behavior of private or public security personnel? Have there previously been any incidents concerning security personnel in the country or project region? Is the Borrower able to request or require removal of individuals from the project services if they do not comply with the Code of Conduct or other project requirements?</li> </ul>
<ul style="list-style-type: none"> <li>• Will security personnel be armed? If so, what security risk assessment was done to come to that decision and under what conditions can force be used? Are there guard dogs, barricades, barbed wire, or other defenses? Is the management of weapons and other defenses structured and are procedures clear?</li> </ul>
<ul style="list-style-type: none"> <li>• Are security personnel engaged in accompanying high value assets or transportation of raw or hazardous materials and production? If so, what are the additional and specific arrangements in terms of risk assessment, prevention, mitigation, and response planning?</li> </ul>
<ul style="list-style-type: none"> <li>• Is the project exposed to targeted pressure from local/regional political establishments, NGOs, etc.? What agreements have been made or are expected to be made with regard to the project?</li> </ul>
<ul style="list-style-type: none"> <li>• Do the planned security personnel originate from the project area, or have the same religion/race/ethnic background as local communities and other project workers? Do they speak the same language/dialect? Are there risks of tension due to different backgrounds among the security personnel, community members, and project workers?</li> </ul>

**Bank project teams should maintain a continuous dialogue with Borrowers about security issues and arrangements where the Borrower or a contractor engages security personnel.** It may be advisable for the Borrower to engage independent experts or third parties with specific security expertise to develop security risk assessments and management plans when a project is located in a high-risk area. Examples of such high-risk areas include those in or adjacent to a conflict zone, where there are terrorist activities, or where there is a high prevalence of gender-based violence. The Borrower should appoint a suitable focal point for managing security issues and this individual's role should be

reflected in the contract with privately engaged security personnel or in the arrangements for public sector security personnel. The focal point can be an in-house staff member or a consultant; however, to be effective and credible, particularly when interacting with security personnel, the individual should have significant experience with security risk management. A senior project manager should maintain oversight and review all evaluations and recommendations of the SRA to ensure that the assessment and proposed prevention/mitigation measures are reasonable and appropriate to the project and context (particularly if an external firm tasked with the SRA is also bidding for the risk management work).

***Given the FCV context in which some projects are located, and often in response to different phases of the project, when risks may be higher or lower, it is important that security risk management and mitigation be adaptive and able to change in response to needs.*** If security issues escalate or deescalate, the SRA and any management plans should be adjusted, following discussion with the Bank. A summary of material changes should also be communicated to local stakeholders consistent with stakeholder engagement and information disclosure requirements in ESS10.

**Set out below is suggested wording on reporting:** Frequency of reporting will depend on the context and the risks associated with the activities

#### 21 ANNEX 20 – E-Wasate Plan and Guideline (EWMP&G)

For the Primary Healthcare System Enhancing Project (PHSEP), a descriptive E-Waste Management Plan (EWMP) and its accompanying guidelines have been prepared by PMUPHSEP. To make this information more accessible and user-friendly, it has been compiled and arranged as a separate document for easy reference.

#### 22 ANNEX 21 – Stakeholder Engagement Plan

For the Primary Healthcare System Enhancing Project (PHSEP), a descriptive Stakeholder Engagement Plan (SEP) has been prepared and to make this information more accessible and user-friendly, it has been compiled and arranged as a separate document for easy reference.

#### 23 ANNEX 22 – Grievances Redress Mechanism (GRM) Procedures and Guidelines for The PHSEP Project

For the Primary Healthcare System Enhancing Project (PHSEP), a descriptive Grievance Redress Mechanism (GRM) Procedures and Guidelines has been prepared and to make this information more accessible and user-friendly, it has been compiled and arranged as a separate document for easy reference.

#### 24 ANNEX 23 – Emergency Response Pla and Guideline (ERP & G)

For the Primary Healthcare System Enhancing Project (PHSEP), a descriptive Emergency Response Plan and Guideline (ERP & G) has been prepared and to make this information more accessible and user-friendly, it has been compiled and arranged as a separate document for easy reference.

#### 25 ANNEX 24 – Asbestos Management Guideline (AMG)

For the Primary Healthcare System Enhancing Project (PHSEP), a descriptive Asbestos Management Guideline (AMG) has been prepared and to make this information more accessible and user-friendly, it has been compiled and arranged as a separate document for easy reference.

26 ANNEX 25 –Guidance Note on Rehabilitation of Small Scale Borrow Pits.,  
Stockyard & Dumping Yard Management

For the Primary Healthcare System Enhancing Project (PHSEP), a descriptive guidance notes on rehabilitation of small scale borrow pits., stockyard & dumping yard management has been prepared and to make this information more accessible and user-friendly, it has been compiled and arranged as a separate document for easy reference.

**Ministry of Health and Mass Media  
Democratic Socialist Republic of Sri  
Lanka**

**Sri Lanka Primary Healthcare System  
Enhancing Project (PHSEP) (P181564)**

***Stakeholder Engagement Plan (SEP)***

19th May, 2024

**Table of Contents**

1. Introduction and Project Description.....	2
2. Objectives & Brief Summary of Previous Stakeholder Engagement Activities .....	7
2.1 Objectives of Stakeholder Engagement Plan .....	7
2.2 Brief Summary of Stakeholder Engagement Activities .....	8
3. Stakeholder Identification and Analysis .....	11
3.1 Affected Parties.....	12
3.2 Other Interested Parties .....	15
3.3 Disadvantaged / Vulnerable Individuals or Groups.....	16
4. Stakeholder Engagement Program .....	20

4.1. Proposed Strategy for Information Disclosure.....	20
4.2. Proposed Strategy for Consultations .....	24
4.3. Proposed Strategy for engaging Vulnerable Groups.....	27
5 Resources and Responsibilities for Implementing Stakeholder Engagement Activities.....	28
5.1. Resources .....	28
5.2. Management Functions and Responsibilities .....	28
6 Grievance Redressal Mechanism (GRM).....	30
7. Citizen’s Engagement Mechanism.....	34
8. Monitoring and Reporting .....	35
8.1. Involvement of Stakeholders in Monitoring Activities .....	35
8.1. Reporting back to Stakeholder Groups .....	35

## 1. Introduction and Project Description

**The program development objective of the project is to improve utilization and quality of Primary Health Care (PHC) services across all districts of Sri Lanka.** The project builds on the World Bank’s experience in supporting the ongoing Primary Health Care System Strengthening Project (PSSP; P163721), as well as recent analytical and advisory work, including mid-term assessment of the PSSP, an analysis of emergency preparedness and health sector efficiency gains in Sri Lanka, and an assessment on the impact of the economic crisis on health financing systems.

## **Project Development Objective (PDO)**

To improve access and quality of primary health care services across all districts of Sri Lanka

### **PDO Level Indicators**

- a) Women aged 35 to 45 years who tested positive for cervical cancer followed up (percentage)
- b) People (men and women) who are screened and diagnosed with hypertension, effectively managed, and followed up (percentage)
- c) PMCIs meeting four out of five minimum capabilities (number)
- d) Availability of palliative and geriatric services at selected PMCIs in each district (Number)

### **The project will support:**

**Component 1: Increase availability of comprehensive PHC services at PMCIs and Medical Officer of Health (MOH) Units.** Component 1 aims to strengthen (a) the minimum capabilities of over 1,031 PMCIs and MOH units across Sri Lanka's nine provinces, enhancing their ability to provide comprehensive PHC services, aligning with Sri Lanka's national PHC reorganization strategy. Additionally, it will strengthen the array of services offered, ensuring an integrated approach to PHC with a focus on NCD prevention and management programs, geriatric care, palliative care as well as readiness for climate-related emergencies and other emerging challenges such as emerging and reemerging communicable diseases.

- **Subcomponent 1.1: Ensuring availability of essential inputs at PMCIs.** The subcomponent aims to augment the capacity and operational efficiency of PMCIs, with special focus on availability of essential equipment, supplies, medicines, laboratory testing, minor civil works to refurbish PMCIs infrastructures and facilities and transport capacity.
- **Subcomponent 1.2: Sustaining and strengthening primary health workforce at PMCIs.** To overcome the HRH challenges, this subcomponent will support the medium-term Human Resources for Health (HRH) planning, particularly the development of a human resource optimization strategy to strengthen recruitment, retention, distribution, and task shifting protocols of health workers in PMCIs. The subcomponent will also finance minor refurbishment of PMCI staff quarters facilities.
- **Subcomponent 1.3: Expanding the PMCI service package to include additional services.** This subcomponent will support the provision of an expanded package of PHC services to address the growing NCD burden (including mental health); increasing care needs by the rapidly aging population; special care needs for GBV survivors, children with special needs, and school children; as well as the urgent needs for the PHC system to be more prepared to respond to future pandemic and climate-related disaster risks.

**Component 2: Strengthen the quality of clinical and person-centred care at PMCIs.** While component 1 focuses on the availability of services, particularly related to structural elements, component 2 focuses on the quality and person-centeredness of care. Activities under this component will include: (a) capacity enhancement for HRH; (b) strengthening of pharmacovigilance systems for safer use of medicines; (c) scaling up of multisector coordination mechanism to facilitate coordinated and integrated care across facility types and geographies; and (d) strengthening of governance systems for quality assurance at the facility level.

- **Subcomponent 2.1: Building capacity for human resources for health.** This subcomponent aims to ensure that health care providers across all PMCIs are adequately capacitated to provide clinical care that is responsive to citizen needs and expectations as well as natural disasters and pandemics.
- **Subcomponent 2.2: Scaling up integrated care platforms.** This subcomponent will finance (a) operating, consulting and non-consulting costs for the design and implementation of a referral and back-referral system. In addition, this subcomponent will also finance (b) procurement of equipment that are required for the optimization of palliative, rehabilitative, geriatric care and communicable disease control activities, including equipment required for stepdown approach in palliative care, geriatric care (intermediate care centres) and domiciliary care.
- **Subcomponent 2.3: Strengthening governance systems for quality assurance.** This subcomponent supports local technical assistance (TA) and operational, consulting and non-consulting costs related to updating and developing tools and guidelines for PMCI quality management.

**Component 3: Strengthen health promotion, community empowerment and citizen engagement.** Component 3 will focus on addressing demand-side constraints through health promotion, community empowerment, citizen engagement, and a strengthened interface between communities and PMCIs.

- **Subcomponent 3.1: Managing health promotion and NCD risk factors.** This subcomponent will support a strategy to strengthen the multisectoral coordination mechanism at the district level to coordinate NCD risk factor management and other critical illnesses.
- **Subcomponent 3.2: Strengthening citizen engagement for preventive and curative care.** The FFCs<sup>1</sup> and the Grievance Redress Mechanism (GRM) established at each PMCI serve as the cornerstones of citizen engagement at PMCIs. This subcomponent will aim to (a) strengthen and expand FFCs and GRM at all PMCIs, (b) revise community engagement guidelines to include community empowerment and inclusion of people with disabilities and older adults' strategies, and (c) develop and implement strategies/guidelines to strengthen linkages between

---

FFCs and mother support groups (especially to mobilize women for behaviour change as well as service utilization) or any other village level platform through the provision of TA.

**Component 4: Project management and monitoring and evaluation.** This component will finance activities related to Project implementation management, capacity building, monitoring and evaluation (M&E), operations research, and strengthen ministry-level supervision.

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<sup>1</sup> FFCs include members from the facility and community (including women members) and involve regular meetings, with the aim of soliciting feedback from the community and ensuring service responsiveness especially for women, children, and disadvantaged populations.

**Component 5. Contingent emergency response component (CERC).** A CERC is included in the Project in accordance with IPF Policy, paragraphs 12 and 13, for Situations of Urgent Need of Assistance and Capacity Constraints.

**Project beneficiaries:** The direct project beneficiaries will be the citizens of Sri Lanka and health care providers working in the public health sector. The largest impact is expected among people accessing Primary health care services in the nine provinces, especially adult men and women who are screened for, diagnosed with and treated for NCDs and people accessing primary health care services. In particular, the primary users tend to be the poorer segments of the population, including vulnerable groups such as elderly, women headed households, physically disabled and those in need of palliative care. While most of the project's systems and institutional strengthening activities will take place at the national and provincial levels, supporting community-level activities will also be prioritized. The project will ensure that all PMCIs have the services, capacitated human resources, medicines and supplies required to provide care to members of the population, including those living in areas that are most prone to climate induced events. Project will also target the geriatric population (>60 years of age) (both men and women) who have a greater chance of having severe or catastrophic health incident due to NCDs or any other shocks. The project will not only cater to those already actively seeking primary care in Sri Lanka, but also include measures to increase population awareness of and demand for care at PMCIs, including care for GBV survivors and mental health.

**Project implementation arrangements:** The Ministry of Health (MoH) will be the primary organization from the GoSL responsible for implementing the project, while the Ministry of Provincial Councils, Local Government Sports (MPCLGS) will provide oversight, coordination and has authority over the Provincial Councils for provincial-level project activities. The MoH is responsible for setting policy and standards and updating protocols for strengthening the PHC system with the aim of streamlining access to high quality people-centred health services, increasing efficiency of these services, and ensuring a continuum of primary care for people throughout their life course. It is also responsible for M&E of the performance of the sector including the PHC system, using administrative data and period surveys.

MPCLGS oversees the nine provincial departments of health services as part of the Provincial Ministries of Health that are under the authority of the Provincial Councils, and are responsible for adopting protocols, planning and implementing the PHC reorganization and strengthening activities per the set standards. The MoH and the MPCLGS will work closely in project implementation structures and directly with the provinces and their department of health services in coordinating, monitoring, and reporting on project implementation. The provinces will receive funds through and report to the MPCLGS. The MPCLGS has the necessary authority to ensure that the loan funds are transferred to the provinces on a Grant basis, that the provincial authorities provide the necessary progress and financial reports and undertake the other necessary responsibilities in participation of the project.

A Project Management Unit (PMU) has been and will consist of the key positions - Project Director, Deputy Project Directors (MoH and MPCLGS), Project officers, Procurement Specialist, FM

Specialist, Environment and Social Specialist, Accountants (MoH and MPCLGS), Internal Auditor, M&E Officers (MoH and MPCLGS), Communication and Information & Communication Technology (ICT) officers, Provincial Project Managers, Provincial Project Officers and Regional Project Coordinators, as well as other relevant administrative and technical support staff. The addition of designated provincial and regional project staff to the project management structure given the intensity of the health sector change supported by the project, the additional responsibilities for coordination and reporting on project-level performance in addition to the regular duties, and the level of effort and time expected to convene the stakeholders. Specific job descriptions and responsibilities for each position will be established. The staffing structure is based on this high level of effort required to manage the substantial stakeholder and technical risk, but will be reviewed and updated from time to time to ensure that the staffing is consistent with the workload and requirements.

### **Project's Environmental and Social Risks:**

The environmental risk of the proposed project is assessed to be “moderate” given the Health and Safety risks associated with minor civil works of existing PMCIS including refurbishments and rehabilitation of additional Health Care Waste (HCW) due to improving quality and increased services across all districts of Sri Lanka. Key environment risks associated with minor civil works includes sourcing, transport and storage of construction materials, generation of dust, noise, disposal of construction debris and excavated materials, pollution from fuel and lubricants, soil erosion and pollution of surface and ground water resources, generation of solid and liquid wastes, health and safety issues for construction workers and public. However, since the scale of construction is minor, the program will pose limited risks during the construction stage. The potential negative impacts envisaged during the operational phase of the project are related to the generation, handling and disposal of health care waste (HCW). Improper management of HCW could cause various H&S concerns for the HCF staff, waste collectors, patients, and nearby communities and risks to the environment through several routes of contamination including open dumping, burning and mixing with storm water runoff causing widespread pollution and spread of diseases. Therefore, an Environment and Social Code of Practice (ESCOP) will be developed to manage Environment and social impacts during minor civil works while Health Care Waste Management Plan (HCWMP) will be developed taking into consideration the collection, handling, storage, disposal of HCW. The project will also invest in implementation of solar energy systems at PMCIIs to improve energy efficiency and energy security. These would generate electronic and hazardous waste at their end-of use stage which could potentially contaminate the soil, surface, and groundwater. In addition, refurbishment of existing waste water treatment facilities will be carried out to manage liquid waste generated from improved laboratories.

The social risk of the proposed project is assessed to be “low”. The project expects to benefit the entire population, specifically, those with NCDs, cervical cancer, and mental disabilities, and the elderly; and by strengthening citizen engagement and existing grievance redressal/feedback mechanisms. No involuntary land acquisition or resettlement related impacts are expected as the project will only support minor civil works such as renovations & refurbishments of existing PCMIIs. Key social risks associated with the project includes: a) community and occupational health and safety related risks and impacts from minor civil works including disturbances to ongoing clinics, b) potential sexual exploitation & abuse (SEA) and sexual harassment (SH) risks due laborers entering hospital premises, though labor influx is minimum as the civil works are minor in nature ; c) exclusion

related risks especially to elderly, people with disabilities and bedridden patients living in remote locations due lack of equitable & universal access to information, health services for these groups, d) risks associated with assuring data protection and privacy of patient records during storing and processing by the e-health information management system (IMS) and e) forced labor risks, which is considered low since supply of solar panels does not contribute to achievement of core components of the project. Associated risks & impacts related to civil works, including health, safety and SEA/SH risks can easily be managed following a proper ESCOP and adopting a SEA/SH prevention Code of Conduct (CoC).

In addition, the project will strengthen the existing SEA/SH service provision at PMCI level and ensure adequate referral pathways. Exclusion related risks will be mitigated through the delivery of targeted essential services including home-based care services and ensuring universal access for vulnerable groups who experience mobility challenges and engaging the Friends of Facility Committees (FFCs) to support and reach out to these groups. Data protection and privacy risks will be mitigated by complying with key national legislation related personal data protection and computer crimes during the implementation of the e-health IMS. Forced labor risks with solar panel suppliers will be addressed by enhanced procurement mitigation measures, requiring additional declarations from suppliers and prior review by the Bank.

## **2. Objectives & Brief Summary of Previous Stakeholder Engagement Activities**

### **2.1 Objectives of Stakeholder Engagement Plan**

The Stakeholder Engagement Plan (SEP) is prepared for the Sri Lanka Primary Health Care Systems Enhancing Project (PHSEP) (P181564) in accordance with the requirements of the World Bank's Environmental and Social Framework (ESF) and in particular with the Environment and Social Standard 10 (ESS10) on Stakeholder Engagement and Information Disclosure. Stakeholder engagement refers to a process of sharing information and knowledge, seeking to understand and respond to the concerns of potentially affected or impacted individuals and groups, and building relationships based on trust.

The purpose of the present SEP is to explain how the various stakeholders relating to the project will be engaged throughout the project lifetime and which methods will be used as part of the process. The SEP also outlines the responsibilities of the PMU, other relevant government, and private institutions in the implementation of stakeholder engagement activities, including the ways in which the PMU will communicate with stakeholders; the mechanism by which people can raise concerns; provide feedback; and/or make complaints about the PMU, other implementing partners and the project itself. SEP will identify stakeholders and mechanisms through which they will be included in the engagement process as part of project preparation and implementation and will serve as a record for the engagement process during the project preparation period.

**2.2 Brief Summary of Stakeholder Engagement Activities**

Several missions were conducted from January 22 - 30, 2024, February 12 - 16, 2024, March 11 - 22, 2024 with World Bank to prepare the project. The mission held discussions with the Ministry of Finance, Ministry of Health and MoH authorities at Provincial level, including consultations with regional health directors and PCMI staff. During the mission the following was discussed and agreed: (i) the financing mechanism; (ii) project objectives, components, and the component cost allocation; (ii) the allocation of the funds between the Recipient Executed and Bank Executed parts, the corporate cost recovery, and supervision costs; (iii) the proposed results framework/indicators, and (iv) the project’s implementation and oversight arrangements.

In addition, consultations are being conducted with other stakeholders, including representatives from the MoF, MoH authorities (Secretary, Director General, Directors, Hospital Directors, Regional Health Directors and PHC staff), patients visiting PMCIs, Friends of Facility Committees and nongovernmental organization working with vulnerable groups. Given below are findings from the initial consultations conducted. Findings from additional consultations will be included in a revised version of the SEP.

Stakeholder consultations with key government counterparts
<p><b>Meeting Objective:</b> To understand the availability systems in place to manage E&amp;S risks and impacts of project activities.</p> <p><b>Participants:</b> Dr. Kamil Prabhaswara MOPL RDHS Nuwara Eliya, Dr. Gimhani MOPL RDHS Gampaha, Dr Arundathi Udeshika MOPL RDHS Puttalam, Dr. Alaghai Lathaharan CCP PDHS Eastern province, , Dr Gamini Dissanayaka MONCD RDHS Kandy,</p> <p><b>Facilitators:</b> Mr. Hasitha Karawita Mr. Pradeep Jayawardana Senior M&amp;E (Primary Health Systems Strengthening Project),</p> <p><b>Date of consultation:</b> Session 1 (15th Feb, 2024) and Session 2 (16th Feb, 2024).</p>

## **Key Findings**

### **Outreach to Vulnerable group**

- Institutionalize home-based care to vulnerable groups such as people with disabilities, elderly and bedridden patients.
- Palliative care (both at hospital premises and community outreach) needs to be strengthened in a standardized manner.
- If community outreach (home base palliative care) is expanded/strengthened the Public Health Nursing Officer needs to be given more incentives and facilities (bike/scooter) to carry out their duties.
- DHs should also introduce a cadre position for Public Health Nursing Officer.

### **Citizen Engagement for E&S Compliances**

- FFCs can work with Hospital Director to coordinate to ensure that civil works do not disrupt clinic days.
- FFCs have also monitored and supervised some civil works under PSSP. Therefore, explore possibility of utilizing FFCs to assist with monitor, supervision of minor works at PCMLs.

### **Grievance Redress Mechanism**

- Strengthening of awareness on National hotline for GRM at PCMI level is required.

### **Environmental & Social Compliance Monitoring**

- Contractors that are below National Level C will require capacity building training on Environment and Social Compliance requirements. Small contractors are not aware of the Environment and Social compliance requirements, such as OHS, safety and PPE requirements.
- Civil works should be managed and planned to avoid PMCI clinic days for Pregnant women and Cardiology unit clinic days.
- Infection control nurse at PMCI can also be given the responsibility of monitoring civil works.

### **Healthcare Waste Management & Optional ESMPs**

- Strengthening and standardization of SOP guidelines for laboratory services at the national level is required.

- HCWM and palliative care (both at hospital premises and community outreach) needs to be strengthened in a standardized manner.

### **Energy efficiency**

- As HCF's electricity usage quite high, it will be beneficial and efficient if renewable energy sources (solar), lighting (sensor lights, energy efficient lighting) can be introduced to the facilities.

**Stakeholder Consultations with Interested Groups (such as NGOs attached to the health sector, work with elderly, people with disabilities etc.)**

**Meeting Objective:** To understand the concerns, risks and impacts affecting PMCI users, gather feedback on the quality and accessibility of services, identify challenges, and discuss suggestions for improvements and measures to address concerns/issues.

**Participants:** FFC members and other community associations working closely with the (administration of) PMCIs.

- Low male participation in clinics due to clinic hours conflicting with working hours during weekdays.
- Poor accessibility of basic healthcare measurements at certain PMCIs.
- Poor awareness of services offered at PMCIs which results in the community opting for care from secondary and tertiary healthcare institutions.
- Poor collaboration between PMCIs and local governing agencies (such as the Grama Niladhari) to identify the healthcare needs of the community.
- Development of community ownership and utilization of community-based funding for the expansion of PHC services.
- Scheduling convenient time slots during the weekend at clinics to improve community participation.
- Poor transportation facilities to reach PMCIs.
- Poor communal awareness on preventative healthcare.
- Elderly and disabled individuals lack access to services at PMCIs, requiring the need for the 'doorstep method'.
- Community leaders should take the initiative to raise awareness regarding the services available at PMCIs.

**Issues raised by the medical administration of the PMCIs:**

- Low participation of patients for clinics scheduled on weekdays during working hours.
- Increased burden on tertiary care hospitals due to a lack of awareness on the services available at PMCIs.
- Poor availability of laboratory facilities at PMCIs hindering the ability to provide comprehensive PHC services. This in turn results in patients lacking reassurance regarding

the services provided, and as such opt for secondary and tertiary care hospitals for the provision of laboratory facilities.

- Poor transportation facilities hampering the ability to provide 'doorstep' care for elderly and disabled patients.
- Poor participation of vulnerable social groups (such as women and children) due to a lack of awareness on the services available at PMCIs.
- Poor communication and surveys on PHC issues in selected localities resulting in services that do not target the requirements of patients.

- PHC facilities must be customized for different localities as per the uniqueness of their livelihood and risk factors.
- Expansion of PHC services (such as blood pressure and BMI measurement) through clinics on the ground and in public spaces where people have easy and frequent access.
- Expansion of laboratory facilities to improve diagnostic efficiency at PMCIs.

### 3. Stakeholder Identification and Analysis

For the purpose of the SEP, stakeholders of the proposed Project will be divided into the following core categories:

1. **Affected Parties:** impacted or likely to be impacted directly or indirectly, positively or adversely, by the project, identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures.
2. **Other Interested Parties:** may have an interest in the project, including individuals or groups whose interests may be affected by the project and who have the potential to influence the project outcomes in some way.
3. **Vulnerable/Disadvantaged Groups:** persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

Engagement with all identified stakeholders will help ensure the greatest possible contribution from the stakeholders toward the successful implementation of the project and will enable the project to draw on their pre-existing, expertise, networks, and agenda. It will also facilitate both the community’s and institutional endorsement of the project by various parties. Access to the local knowledge and experience also becomes possible through the active involvement of stakeholders.

**Table 1: Stakeholder identification and Classification**

Affected Parties	Other Interested Parties	Disadvantaged and Vulnerable groups
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<ul style="list-style-type: none"> <li>• Ministry of Health (MoH)</li> <li>• Ministry of Provincial Councils, Local Government Sports (MPCLGS)</li> <li>• Regional Directors of Health Services (RDHS)</li> <li>• Divisional Hospitals (Category A, B.C)</li> <li>• Primary Care Medical Institutes (PMCI)</li> <li>• Public Health Inspector (PHI)</li> <li>• Public Health Nurse Officer (PHNO)</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Finance, Economic Stabilization and National Policies (MoF)</li> <li>• Provincial and Local Government level councillors</li> <li>• Sri Lankan Citizens and their civil society organizations</li> <li>• Health Promotion Bureau (HFB)</li> <li>• Information Community Technology Agency (ICTA)</li> <li>• Public health care workers (Doctors, Nurses, Midwives)</li> </ul>	<ul style="list-style-type: none"> <li>• Poorest households and patients from low-income households who may have or are at risk of NCDs</li> <li>• Elderly, Persons with Disabilities.</li> <li>• Cancer patients and patients that require palliative care.</li> <li>• Living in vulnerable areas such as in estate sector, underserved urban settlements, and remote</li> </ul>
<ul style="list-style-type: none"> <li>• Poorest households and patients from low-income households who may have or are at risk of NCDs</li> <li>• Households who have lost their livelihoods/incomes</li> <li>• Elderly, Persons with Disabilities</li> <li>• Cancer patients and patients that require palliative care.</li> <li>• Women, pregnant mothers and children from low-income families with nutritional issues vulnerable to GBV/ SH</li> </ul>	<ul style="list-style-type: none"> <li>• Communities in close proximity to PCMIs</li> <li>• Family Health Bureau (FHB)</li> <li>• Friends of Facility Committees (FFCs)</li> <li>• Non-governmental / civil society organizations (NGOs/CSOs)</li> </ul>	<ul style="list-style-type: none"> <li>rural locations &amp; Vedda communities.</li> <li>• Women, pregnant mothers and children from low-income families with nutritional issues vulnerable to GBV/ SH</li> </ul>

### 3.1 Affected Parties

“Affected Parties” are, persons, groups and other entities within the Project Area of Influence (PAI) who are directly influenced (actually or potentially) by the project and/or have been identified as being most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures.

Table 2 provides an assessment of the project’s risks and impacts on individuals, groups, and other stakeholders that may be directly or positively or negatively affected by the project. The assessment

further extends to analyse the level of influence that these different stakeholder groups can exercise over the project preparation and implementation processes.

**Table 2: Project’s impact on affected parties and their level of influence**

<b>Project affected parties</b>	<b>Description of Impacts</b>	<b>Level of Impact</b>	<b>Level of Influence</b>
Ministry of Health (MoH)	MoH accountability and institutional capacity will be improved and will be responsible for the design and implementation of project activities while safeguarding the social and environmental sustainability.	High	High
Ministry of Provincial Councils, Local Government Sports (MPCLGS)	Will benefit through institutional capacity and will be responsible for implementation of project activities at Provincial level through Provincial	High	High

<b>Project affected parties</b>	<b>Description of Impacts</b>	<b>Level of Impact</b>	<b>Level of Influence</b>
	Health Ministries. Benefit from streamlined eprocurement systems.		
Regional Directors of Health Services (RDHS)	Will benefit from ability to perform required medical services to patients with access to equipment, drugs, laboratory services, streamlined systems for better coordination with higher level facilities, improved HR policy, access to quality management tools. Furthermore, there will be long-term savings on energy consumption due to introduction of solar systems and e-bikes.	High	High
Divisional Hospitals (Category A, B.C)	Benefit by being able to provide better medical services, improved and streamlined e-procurement capabilities, and improved personal health record systems.	High	Medium
Primary Care Medical Institutes (PMCI)	Improved capacities of PMCIs to provide comprehensive primary care, improved screening of NCDs, drugs and equipment. Able to better monitor its services with special attention to quality of services and community engagement.	High	High
Public Health Inspector (PHI)	Benefit from access to training on NCDs, geriatric and mental health care, ability to perform tasks at divisional level in an efficient manner.	Medium	Medium

Public Health Nurse Officer (PHNO)	Benefit from access to continuous professional development through improved HR policies, better access to quality management tools, and improved coordination of care and service provision between PMCIs, community outreach programs and high-level facilities. Able to provide improved services to elderly, disabled and palliative care through access to equipment, tools for mobile health service delivery.	Medium	Medium
Poorest households and patients from low-income households who may have or are at risk of NCDs	Benefit from access to improved medical services at PMCIs and improved efficiency in preventive and curative care through screening of NCDs by trained medical professionals, access to required drugs, laboratory facilities.	High	High
Households who have lost their livelihoods/incomes	Benefit from access to improved medical services at PMCIs and improved efficiency in preventive and curative care through screening of NCDs by	High	High
<b>Project affected parties</b>	<b>Description of Impacts</b>	<b>Level of Impact</b>	<b>Level of Influence</b>
	trained medical professionals, access to required drugs, laboratory facilities.		
Elderly, Persons with Disabilities	Benefit from access to trained PHNOs and medical staff who are better equipped to address preventive and curative health issues faced by this segment.	High	High
Cancer patients and patients that require palliative care.	Benefit from access to trained PHNOs mobile services, access to drugs and medical services.	High	High
Living in vulnerable areas such as in estate sector, underserved urban settlements, and remote rural locations & Vedda communities.	Benefit from improved awareness, community outreach programs that promote information of available health services at PMCIs, requirement to seek medical care for prevention or to address prevalent NCDs. Benefit from access to quality health care facilities at PMCIs.	High	High

Women, pregnant mothers and children from low-income groups.	Ability to benefit from improved nutrition and healthcare management due to change in communal perceptions. Reduce the vulnerability for GBV/ SH and benefit from enhanced GBV/SH services.	High	High
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### 3.2 Other Interested Parties

“Other Interested Parties” constitute individuals/groups/entities that may not experience direct impact from the project but who consider or perceive their interest as being affected by the project and/or who could affect the project and the process of its implementation in some way. Table 3 presents the multiple interests of other parties and their level of potential influence over the Project.

**Table 3: Interest of other parties and their level of influence over the project**

Other Interested Parties	Description of Interests	Level of Interest	Level of Influence
Ministry of Finance, Economic Stabilization and National Policies (MoF)	To enhance the efficiency, quality and transparency of the MoH. Reduce number of patients seeking services from secondary and tertiary care hospitals & shift bulk of the patients with minor conditions to less costly PHC level, hence improving the health system efficiency.	High	High
Provincial and Local Government level councillors	To ensure quality, accountability, transparency and efficiency of Provincial Ministry of Health, RDHS, MOH and PMCI performance at district level.	High	Medium
Health Promotion Bureau	To understand their responsibilities, areas for engagement and technical support to the project to implement the communication activities of the project.	High	High
Sri Lankan Citizens and their civil society organizations	Participate in ensuring health service provision and Provincial, District and Divisional levels, specifically PCMIs are implemented in a transparent, accountable manner.	High	Low
Information Community Technology Agency (ICTA)	Design, develop and manage the Electronic Management Information Systems and health related digital databases for procurement, patient records.	High	Medium

Public health care workers (Doctors, Nurses, Midwives)	Access to training, medical equipment, drugs, laboratory services, improved HR policies and management tools to increase efficiency, transparency and accountability in health care system.	High	High
Communities in close proximity to PCMIs	Benefit from access to well-equipped PCMIs, improved health coverage. Sense of ownership to the health facilities available to their community and interests to enhance quality of primary health care services their community.	High	Medium
Family Health Bureau (FHB)	Oversee, monitor and manage complaints of an SEA/SH nature received during project implementation.	High	Medium
Friends of Facility Committees	To enhance efficiency of citizen engagement processes, work with PCMIs to raise awareness, support communication, receive and address grievances and complaints received from project activities.	High	Medium
Sri Lankan Citizens	Receive information on PCMI strengthening and available services	Moderate	Moderate

### 3.3 Disadvantaged / Vulnerable Individuals or Groups

“Disadvantaged/Vulnerable Groups” are persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project. They would include the following groups.

1. Poorest households, communities in remote rural locations (i.e. Veddas, plantation communities), and low-income communities in both rural and urban settings.
2. Poorest households and patients from low-income households who may have or are at risk of NCDs
3. Cancer patients and patients that require palliative care.
4. Elderly, Persons with Disabilities

**Table 4: identifies the communication methods and resources required for the engagement of disadvantaged/vulnerable persons and groups in the project.**

Stakeholder Group	Key Vulnerability/disadvantage	Preferred means of notification/consultation	Additional Resources Required
Poorest households and patients from lowincome households.	<ul style="list-style-type: none"> <li>• Lack of access to information and access to services at PMCI.</li> <li>• Lack of access to trained medical staff.</li> <li>• Lack of access to basic drugs for treatment of NCDs etc.</li> <li>• Lack of access to laboratory services.</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness programs facilitated through FFCs, individual and group meetings.</li> <li>• Through GNs/PHIs.</li> <li>• Through television programs, radio &amp; newspapers.</li> <li>• Through SMS / WhatsApp groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Printed Posters &amp; Brochures &amp; awareness raised by PMCIs.</li> <li>• Targeted television, radio programs &amp; Newspaper, social media, Website.</li> <li>• Support from NGOs/CSOs</li> </ul>
Poorest households and patients from lowincome households who may have or are at risk of NCDs	<ul style="list-style-type: none"> <li>• Lack of access to information on the available services at PCMIs.</li> <li>• Access to primary health care facilities limited, lacks knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness programs facilitated through FFCs, individual and group meetings.</li> <li>• Through</li> </ul>	<ul style="list-style-type: none"> <li>• Printed Posters &amp; Brochures &amp; awareness raised by PMCIs.</li> <li>• Targeted television, radio</li> </ul>
	on services available.	<ul style="list-style-type: none"> <li>GNs/PHIs.</li> <li>• Through television programs, radio &amp; newspapers.</li> <li>• Through SMS / WhatsApp groups.</li> </ul>	<ul style="list-style-type: none"> <li>programs &amp; &amp; Newspaper, social media, Website.</li> <li>• Support from NGOs/CSOs</li> </ul>

<p>Elderly, Persons with Disabilities</p>	<ul style="list-style-type: none"> <li>• Distance from nearest PCMI, difficulty with mobility, unable to afford transport to access primary health services.</li> <li>• Lack of access to information, medicines, and essential medical services</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness programs facilitated through FFCs, individual and group meetings.</li> <li>• Through GNs/PHIs.</li> <li>• Through television programs, radio &amp; newspapers.</li> <li>• Through SMS / WhatsApp groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Printed Posters &amp; Brochures &amp; awareness raised by PMCIs.</li> <li>• Targeted television, radio programs &amp; Newspaper, social media, Website.</li> <li>• Support from NGOs/CSOs</li> </ul>
<p>Cancer patients and patients that require palliative care.</p>	<ul style="list-style-type: none"> <li>• Lack of transport facilities and distance to PCMI.</li> <li>• Unable to access nearest PCMI due to their advanced stage and are physically unable to travel.</li> <li>• Lack of access to palliative care, and access to primary health services.</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness programs facilitated through FFCs, individual and group meetings.</li> <li>• Through GNs/PHIs.</li> <li>• Through television programs, radio &amp; newspapers.</li> <li>• Through SMS / WhatsApp groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Printed Posters &amp; Brochures &amp; awareness raised by PMCIs.</li> <li>• Targeted television, radio programs &amp; Newspaper, social media, Website.</li> <li>• Support from NGOs/CSOs</li> </ul>

<p>Living in vulnerable areas such as in estate sector, underserved urban settlements, and remote rural locations &amp; Vedda communities.</p>	<ul style="list-style-type: none"> <li>• Lack of awareness about available health services at PMCIs,</li> <li>• Lack of access due to high transport costs and distance to nearest PCMIs.</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness programs facilitated through FFCs, individual and group meetings.</li> <li>• Through GNs/PHIs.</li> <li>• Through television programs, radio &amp; newspapers.</li> <li>• Through SMS / WhatsApp groups.</li> <li>• Communication using culturally appropriate methods.</li> </ul>	<ul style="list-style-type: none"> <li>• Printed Posters &amp; Brochures &amp; awareness raised by PMCIs.</li> <li>• Targeted television, radio programs &amp; Newspaper, social media, Website.</li> <li>• Support from NGOs/CSOs</li> </ul>
<p>Women, pregnant mothers, and children from lowincome groups.</p>	<ul style="list-style-type: none"> <li>• Poor knowledge on nutritional and personal healthcare management</li> <li>• Higher vulnerability for GBV/SH impacts</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness programs and establish safe community-based systems to support vulnerable individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• Printed Posters &amp; Brochures &amp; awareness raised by PMCIs.</li> <li>• Targeted television, radio programs &amp; Newspaper, social media, Website.</li> <li>• Support from NGOs/CSOs</li> </ul>

## **4. Stakeholder Engagement Program**

The SEP provides an opportunity for all-inclusive approach in project preparation, planning, implementation and monitoring processes. It is geared toward ensuring meaningful and a wide consultative process guided by World Bank's Environmental and Social Framework (ESF), particularly ESS-10.

### **4.1. Proposed Strategy for Information Disclosure**

Information disclosure and consultation processes will continue with affected parties, other interested parties and vulnerable groups during (i) project preparation, (ii) project implementation, and (iii) project operational phases. A variety of methods such as group consultations, individual consultations, and interviews through different offline and virtual medians such as emails, telephone and conference calls etc. and communication through printed and electronic media, appropriate to the target audience, will be used for information disclosure and consultation.

During project preparation and planning, information related to project scope and schedule will be shared with project affected persons and other stakeholders during consultations. The Project will also provide up-to-date information on the websites of MoH, MPCLGS and other the relevant stakeholder agencies.

At the appraisal stage, safeguard instruments including Environmental and Social Commitment Plan (ESCP), and the SEP prepared for this project will be disclosed on the websites of MoH, MPCLGS and related agencies and on the World Bank's external website, after their clearance by the GoSL and the Bank. Additionally, copies of the referenced documents will be kept at the MoH and MPCLGS for public reference. Any changes to the approved ESCP, and SEP would have to follow the same clearance/ approval procedures and disclosure.

During project implementation, sub-project specific safeguard instruments will be publicly disclosed in-country. The documents and plans to be disclosed include:

- Environmental and Social Commitment Plan (ESCP)
- Stakeholder Engagement Plan (SEP)
- Monitoring activities undertaken as per ESCP and SEP
- Project quarterly reports and annual reports

Translations of executive summary of all documents prepared by the project in Sinhala and Tamil will also be made available to the public through the websites of MoH and MPCLGS. Information can also be disseminated through digital platform (where available) like Twitter, WhatsApp/Viber groups, and traditional means of communications (TV, newspaper, radio, notices, phone calls and e-mails) with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

Table 6: provides a plan for information disclosure during project preparatory, implementation and operational periods.

**Table 6: Communications / Information Disclosure Plan**

List of information to be disclosed	Proposed methods	Timetable/ Location Dates	Target stakeholders	Responsibility
<b>Project preparation and planning phase</b>				
<ul style="list-style-type: none"> <li>• Scope of the project</li> <li>• Project implementation arrangements including partner agencies and their roles and responsibilities</li> <li>• Project beneficiaries and anticipated impacts</li> <li>• Environmental and Social Commitment Plan &amp; Stakeholder Engagement Plan</li> <li>• Grievance redress mechanism including places to report sexual harassment, and gender-based violence</li> <li>• Arrangements for project monitoring &amp; reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Websites of the MoH, MPCLGS and other relevant departments</li> <li>• Pre-arranged workshops/seminars</li> <li>• E-brochures printed in English, Sinhala &amp; Tamil</li> <li>• Printed reports</li> <li>• Newspaper advertisements in English, Sinhala &amp; Tamil</li> </ul>	Three months prior to the commencement of the project and will continue throughout the project period	Affected parties, other interested parties and vulnerable groups	PMU MOH MPCLGS PMCI HPB
<b>Project implementation phase</b>				
<p><b>PMCISS equipped with minimum capabilities across nine provinces:</b></p> <ul style="list-style-type: none"> <li>• Screening of adult population for risk factors</li> <li>• Availability of trained staff (doctors and public health nursing officers)</li> <li>• Minimum set of operational diagnostic equipment and tools available at PCMIs,</li> <li>• Minimum availability of essential drugs and lab test capacity (on-site or through networked/contracted pharmacy or laboratory),</li> <li>• Meeting of national quality and safety standards</li> </ul>	<ul style="list-style-type: none"> <li>• Websites of the MoH, MPCLGS and other relevant departments</li> <li>• Pre-arranged workshops/seminars</li> <li>• Brochures printed in English, Sinhala &amp; Tamil</li> <li>• Notices at PMCIs and other health facilities</li> </ul>	Continuously and as and when they are ready	Affected parties, other interested parties and vulnerable groups	PMU MOH MPCLGS PMCI HPB

<ul style="list-style-type: none"> <li>List of PMCIs with basic infrastructure in place for connecting to the e-health information management system.</li> </ul> <p><b>Improved supply chain management</b></p> <ul style="list-style-type: none"> <li>E-procurement expanded to connect all PMCIs with central procurement system</li> <li>Development of guidance and directives to abide by e-procurement system at national and provincial level. <b>Improved Quality of Care</b></li> <li>Improved primary health care cadres' competencies on NCDs, elderly care, mental health care and pandemic/climate disaster preparedness. Strengthening of national in-service platforms (online and face to face training).</li> <li>Quality management tools and guidelines for PMCIs – clinical audits, patient experience improvement, grievance redressal</li> <li>FFC policies, guidelines and their activities available.</li> <li>Grievance redress mechanism including places to report sexual harassment, and gender-based violence</li> <li>Summary outcomes of stakeholder consultations and feedback received</li> </ul>				
<b>Project operational phase</b>				

<ul style="list-style-type: none"> <li>• Project's achievements, drawbacks, challenges, any remedial measure adopted</li> </ul>	<ul style="list-style-type: none"> <li>• Websites of the MoH, MPCLGS and other relevant departments</li> </ul>	Continuously and as and when they	Affected parties, other interested	PMU MOH
<ul style="list-style-type: none"> <li>• Feedback from project beneficiaries and other interested parties on project's impacts</li> <li>• Project management information, procedures for open-competitive bidding, procurement opportunities, contract awards etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-arranged workshops/seminars</li> <li>• Brochures printed in English, Sinhala &amp; Tamil</li> <li>• Printed reports</li> <li>• Newspaper advertisements in English, Sinhala &amp; Tamil</li> </ul>	are ready	parties and vulnerable groups	MPCLGS PMCs

## **4.2. Proposed Strategy for Consultations**

The project will continue to consult the project affected parties; other interested parties and the vulnerable and disadvantaged groups, specifically on themes listed below, in order to elicit their views and feedback. Individual and group meetings, mini-workshops/focus group discussions, satisfaction surveys, social media, etc. will be used to facilitate the consultations on the following:

1. Strengthening the participation of disadvantaged/vulnerable groups in project cycle
2. Improvements to PMCI infrastructure, services and access to essential medicines.
3. Introducing and strengthening of the e-health information management system
4. Improved supply chain management – expansion of e-procurement capabilities at PMCIs.
5. Certification systems for quality care at PMCIs
6. Expansion and strengthening of Friends of Facility Committees.
7. Operation of the Grievance Redressal Mechanism
8. Availability of adequate SEA/SH services at PMCI level.
9. Capacity building trainings for the staff of relevant agencies
10. Stakeholder satisfaction on project processes, deliverables and outcomes and impacts

**Table 7: Strategy for Stakeholder Consultations**

Target stakeholders	Topic(s) of engagement	Method/s used	Location/frequency	Responsibility
<b>Project preparation and planning phase</b>				
<ul style="list-style-type: none"> <li>• Ministry of Health (MOH)</li> <li>• Ministry of Provincial Councils, Labour and Government and Sports (MPCLGS)</li> <li>• Ministry of Finance, Economic Stablization and National Policies (Mo)</li> <li>• Information and Communication Technology Agency (ICTA)</li> <li>• Family Health Bureau (FHB)</li> </ul>	<ul style="list-style-type: none"> <li>• Project's scope, key deliverables and anticipated impacts</li> <li>• Project implementation arrangements and resource allocations</li> <li>• Environmental and social requirements of the project (inclusion of vulnerable groups, stakeholder engagement, information disclosure, community health &amp; safety measures, consultations, grievance redress mechanism).</li> </ul>	Consultative workshops/seminars/meetings with ppt. presentations, and a document summarizing the key aspects of the topics to be covered	Prior to the project's commencement MOH	MoH MPCGLS PMU HPB PMCIs
<b>Project Implementation Phase</b>				

<ul style="list-style-type: none"> <li>• Representative of all project affected parties listed in Table 2</li> <li>• Representatives of other interested parties listed in Table 3</li> <li>• Representatives of Disadvantaged and vulnerable groups listed in Table 4</li> </ul>	<ul style="list-style-type: none"> <li>• Project's scope, key deliverables and anticipated impacts</li> <li>• Project implementation arrangements and gaps, drawbacks and challenges</li> <li>• Strengthening project's environmental and social requirements (inclusion of vulnerable groups, stakeholder engagement, information disclosure, community health &amp; safety measures, consultations, grievance redress mechanism)</li> <li>• Citizens' engagement and project monitoring</li> </ul>	<p>Consultative workshops/seminars /meetings with ppt. presentations, and a document summarizing the key aspects of the topics to be covered (in local languages)</p> <p>Baseline surveys for disadvantaged and vulnerable groups</p>	<p>At project's commencement s and later biannual.</p>	<p>MoH MPCGLS PMU</p>
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Project Operational Phase				
<ul style="list-style-type: none"> <li>• Representative of all project affected parties listed in Table 2</li> <li>• Representatives of other interested parties listed in Table 3</li> <li>• Representatives of Disadvantaged and vulnerable groups listed in Table 4</li> </ul>	<ul style="list-style-type: none"> <li>• Review and monitor the establishment and functioning of project's outputs, outcomes, and impacts</li> <li>• Feedback on project's operational modalities, project's outcomes and impacts.</li> <li>• Implementation of Operational ESMPs.</li> </ul>	<p>Consultative workshops/seminars /meetings with ppt, focus groups discussions, key person interviews, feedback surveys, presentations, and a document summarizing the key aspects of the topics to be covered</p>	<p>Periodically during project's operation phase.</p>	<p>MoH MPCGLS PMU</p>

### 4.3. Proposed Strategy for engaging Vulnerable Groups

Table 8 presents a strategy for the engagement of vulnerable and disadvantaged groups in consultative processes.

**Table 8: Strategy for the engagement of Disadvantaged/Vulnerable groups**

Disadvantaged/Vulnerable Groups	Strategy
<ul style="list-style-type: none"> <li>• Poorest households and patients from low-income households.</li> <li>• Households who have lost their livelihoods/incomes</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct consultations to identify their issues and constraints for participation in project activities, access to information, primary health care facilities.</li> <li>• Support them to acquire or have access to PCMIs and available health care services.</li> <li>• Provide through easy-to-understand communication materials information on available services, access to information, GRM etc.</li> </ul>
<ul style="list-style-type: none"> <li>• Living in vulnerable areas such as in estate sector, underserved urban settlements, and remote rural locations &amp; Vedda communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct group consultations to identify their potentials/constraints for participation and representation</li> <li>• Work with Divisional level health care providers to develop strategy for outreach programs, information disclosure.</li> <li>• Ensure meaningful participation and consultation with Vedda communities in a culturally appropriate manner, and ensure availability of mechanisms by which IPs can raise concerns or seek redress.</li> </ul>
<ul style="list-style-type: none"> <li>• Elderly, Persons with Disabilities</li> <li>• Cancer patients and patients that require palliative care.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct individual/groups consultations to identify constraints for their participation</li> <li>• Develop a strategy ensuring their inclusion and participation in project processes and benefits.</li> </ul>

## 5 Resources and Responsibilities for Implementing Stakeholder Engagement Activities

### 5.1. Resources

Resources required for implementation of the stakeholder engagement plan would include costs of information disclosure and stakeholder consultations, and the cost of the grievance redress mechanism. The project cost tables and annual work plans and budget shall allocate costs for specific information disclosure and stakeholder consultation activities including: preparation, printing and dissemination of information materials, communications, and costs of stakeholder consultation workshops, and grievance redressal procedures.

The detail breakdown of the budget will be annexed at the point the final SEP is disclosed.

### 5.2. Management Functions and Responsibilities

The project will be implemented by MoH and MPCLGS. A Project Management Unit (PMU) will be established for implementation of the project. The PMU will be headed by a Project Director (PD) who will be designated by the MoH. The PMU is responsible for overall implementation of the project ensuring that all environmental and social safeguard requirements are met in accordance with the requirements of the World Bank’s Environmental and Social Framework. A staff from the PMU will be designated as the focal person for Environmental and Social, who will be responsible for the overall coordination, implementation and monitoring of the SEP including the GRM.

The roles and responsibilities of the different stakeholders in SEP implementation are described in Table 9.

**Table 9: Responsibility of SEP implementation**

Entity/Person	Responsibility
Project Director	<ul style="list-style-type: none"> <li>• Ensure that all project activities are undertaken as per SEP</li> <li>• Undertake stakeholder and public consultations</li> <li>• Provide feedback to stakeholders</li> <li>• Provide information on environmental and social requirements to stakeholders</li> <li>• Provides oversight to the project’s Grievance Redress Mechanism</li> <li>• Give information on GRM of the project to all stakeholders.</li> </ul>
Focal person for Environment and Social.	<ul style="list-style-type: none"> <li>• Ensure that the consultants hired is informed regarding the provisions of the SEP;</li> <li>• Ensure relevant stakeholder engagement activities in SEP are implemented in a timely manner;</li> <li>• Support PD in GRM operations</li> <li>• Give information on GRM of the project to consultants and stakeholder involved.</li> </ul>

Health Promotion Bureau	<ul style="list-style-type: none"> <li>• Support the design of communication tools and products on PMCI services.</li> <li>• Ensure the communication material is universally accessible allowing</li> </ul>
	<p>people with disabilities can understand.</p> <ul style="list-style-type: none"> <li>• Support in the development, dissemination and implementation of communication campaigns related to PMCI services.</li> </ul>
Key staff at PMCIs	<ul style="list-style-type: none"> <li>• Engage with key stakeholders, support in consultations, information dissemination activities and implementation of the GRM.</li> </ul>
Friends of Facilities communities	<ul style="list-style-type: none"> <li>• Engage with communities to take information about PMCI services and relay necessary information back to PMCIs to improve service delivery.</li> </ul>

## 6 Grievance Redressal Mechanism (GRM)

The Environment and Social Specialist will be responsible for the implementation and operation of the grievance redress mechanism for the project. The PMU will be responsible for the operation of the Grievance Redress Mechanism (GRM).

The main objective of the GRM is to assist to resolve complaints and grievances in a timely, effective manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes.

It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Supports accessibility, anonymity, confidentiality and transparency in handling complaints and grievances;
- Avoids the need to resort to judicial proceedings (at least at first);

PHSEP will build upon the health sector wide GRM established by the MoH through support from PSSP and the COVID-19 project that is operated by the MoH to address all issues related to health care services in the country, which will be further strengthened and utilized under the PHSEP. The GRM is operated by a dedicated MoH unit which was established in 2019 with guidance of the Additional Secretary for Medical Services of the Ministry of Health appointed at the time. This Call Centre at the national level accepts complaints through a dedicated hotline (1907), in addition via email, SMS, social media and regular letters. The GRM has the capacity to collect grievances, suggestions and complaints incoming from any possible source in the country (e.g. grievance hotlines, Presidential Administration, Prime Minister's Office, Parliament and other political establishments, various organizations, health sector employees, citizens and the media); examine each complaint and refer to relevant authorities; follow up with regards to the investigation process; provide feedback to complainants; carry out analytical work related to past and ongoing complaints.

**A four tiered system** is operated at national, provincial, district and PMCI levels as follows:

- Tier 1:(MOH/Divisional level) Primary, Secondary, Tertiary Medical Care Institutions – these include all hospitals, hospitals where cases are treated and isolation/quarantine centers
- Tier 2 (District level): Regional Director of Health Services (RDHS)
- Tier 3 (Provincial level): Provincial Director of Health Services (PDHS)
- Tier 4 (National level): Grievance Coordinating Unit (GCU) manned by two Medical officers, two development officers, public health management assistant, and health assistants (Support Staff).

## **THE OPERATION OF THE PSSP GRM**

### ***Step 1: Grievance submission***

Grievances can be submitted at each of the four tiers of the GRM. This includes anonymous grievances.

At the national level, the GRM Unit at the MoH operates a call centre, which typically serves as a first respondent for all complaints. The call centre staff registers the complaints and directs them for investigation to relevant authorities at sub-national levels. The call centre accepts complaints through a dedicated hotline (1907), phone calls, email, SMS, social media, and regular letters.

At the sub-national levels, grievances are accepted by the GRM focal points verbally, in writing via suggestion/complaint box, through telephone, mail, SMS, social media (WhatsApp, Viber, Facebook), email, website, and via the 'Friends of Facility' committees.

### ***Step 2: Grievance registration:***

Grievances are recorded and classified based on the type and subject of complaints. Complaints are registered at the GRM level in which they were submitted, and the GRM focal points then direct them for investigation. Reports regarding all incoming complaints are also provided to the GRM Unit at MoH.

### ***Step 3: Grievance investigation:***

Grievance investigation by relevant authorities and response to complainant within 7 days.

### ***Step 4: Complainant's response:***

The complainant either confirms that the grievance is closed or requires to take further steps to address the grievance. If the grievance remains open, the complainant is given the opportunity to appeal to the MoHIMS.

### ***Analytics:***

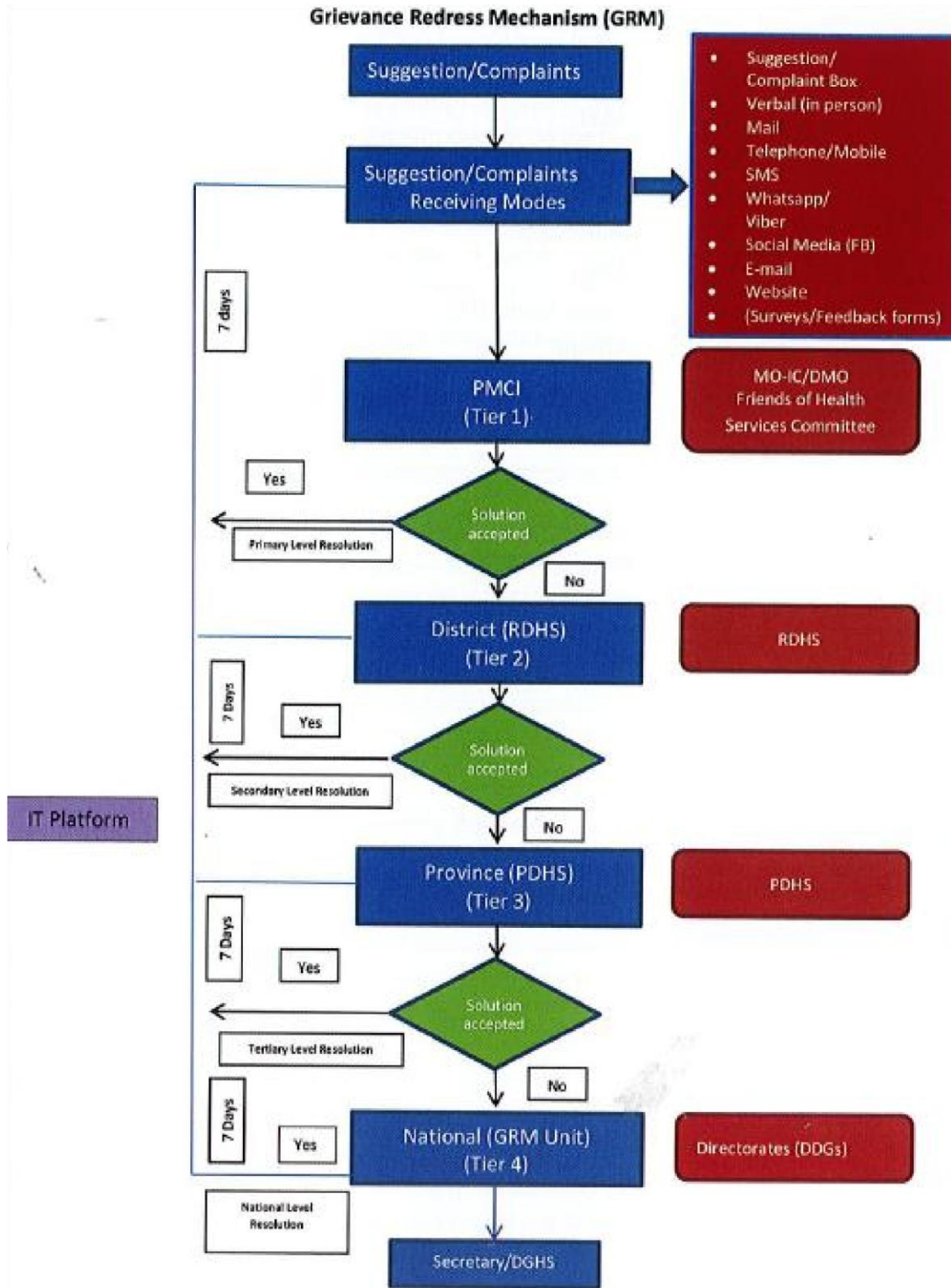
Quarterly reports that include a summary of complaint types, actions taken and progress made are submitted for the review of focal points at levels, including to RDHS, PDHS, DGS and to the secretary of MoHIMS. Reports are currently shared by various GRM stakeholders via email, but in the future will be easily available online through the digital GRM platform.

### ***Appeal:***

Once all possible avenues of redress are exhausted and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

This GRM system has effectively managed to receive and resolve a large volume of complaints/enquiries that ranged from quality of medical services, drug availability, service availability and accessibility, lack of medical facilities and equipment, medical needs, medical negligence, misconduct and employee relations (i.e. transfers, salaries, promotions etc.). This nationwide GRM has been able to address any health-related issue to date. Under the project,

more awareness of the GRM will be done at every PMCI and among communities accessing PMCI services.



## Handling Gender-Based Violence (GBV) Issues

At PMCI level, SEA/SH cases will be handled by specialists providing medical health services and when necessary, will be referred to Mithuru Piyasa operating at base hospitals. These doctors have been trained on mental health counselling, identifying patients who may be experiencing some form of GBV.

Mithuru Piyasa, established as one stop GBV crisis centres by the FHB of MoH provide services to victims of gender base violence (GBV) and related issues at home, workplace etc., screening cases, referring for counselling or any other specialized areas services.

Mithuru Miyasas have been established in Base Hospitals in the country.

Mithuru Piyasa's also operates a GBV hotline 070 26 11 111 where anyone can report SEA/SH incidences and receive necessary support. Any SEA/SH related complaints reported to the National Health-sector GRM will also be referred to Mithuru Piyasa's for necessary response.

Health workers at PCMI level will be trained with the basic skills to respond to disclosures of GBV, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care to specialized SEA/SH services at Mithuru Piyasa's.

Further, the GRM will also have in place processes to immediately notify both the MoH and the World Bank of any GBV complaints related to the project, with the consent of the survivor. Survivor confidentiality should be always protected to prevent any risks of stigmatization and reprisals against the survivor

The project will also educate the public that the GRM can be utilized to raise concerns or complaints regarding the conduct of medical officers, especially related to GBV and SEA/SH issues. Thus, the existing GRM will also be strengthened with procedures to handle allegations of GBV/SEA/SH violations.

The GRM will follow the following guidelines when SEA/SH are received:

a) Only three elements related to a SEA/SH allegation will be recorded: (i) the allegation in the survivor's own words; (ii) if the alleged perpetrator is, to the best of the survivor's knowledge, related to the project; and, if possible, (iii) the age and sex of the survivor.

b) the GM operator will report minimal information to the implementing agency, which in turn informs the Bank task team.

This information should be along four lines: (i) the nature of the case; (ii) if the case is project related; (iii) age and sex of survivor (if available); and (iv) if the survivor was referred to services.

c) Finally, the GBV complaints or allegations made to the project GRM will be referred to the GBV service providers that have been identified, regardless of the perpetrator's identity.

## **7. Citizen's Engagement Mechanism**

The "Friends of Facility Committees" (FFCs) represent an innovative CE mechanism that has been introduced as part of PSSP. FFCs are established in attachment to Primary Medical Care Units (PMCI) and District Hospitals, in order to serve as a direct link between PMCI and the communities they serve.

Each FFC is comprised of a chairman, coordinator, treasurer, and several committee members, who are typically well-reputable members of the local community. The chairman is typically a medical doctor, and other committee members are reputable local community members (religious leaders, lawyers, engineers, etc.) that are invited to serve on the committee by the chairman.

FFCs serve as a bridge between the PMCI and local communities and fulfil variety of functions. First, they assist the PMCI to tailor its services to the needs and priorities of the local community based on feedback obtained from the community. Second, they raise the awareness of local communities regarding available medical services and the importance of various medical treatments and procedures. Further, they handle grievances or complaints raised by community members, help PMCIs to mobilize resources, monitor the performance of various PMCI services, ensure the proper maintenance of equipment, and generally contribute to the optimal functioning of PMCIs and community health overall.

As of March 2023, 309 FFCs are active in Sri Lanka, established in pursuance of guidelines developed by the MoH in 2019. Committee members are all volunteers and they are not paid for their services, yet they are provided with capacity building activities. Each FFC follows its own objectives and action plan, and has regular communication among the various FFCs through WhatsApp groups. There is also a general WhatsApp group for all FFCs in the country, and also separate groups for each of the committees.

The PSSP has undertaken a range of activities to support the establishment of FFCs. It has developed training materials for the committees, and it specifically encourages women to take leadership roles in them. The M&E officer of PSSP closely monitors the activities of the different committees, and collects information on issues that they identify.

Under the PHSEP, FFCs will be further capacitated through trainings to provide tangible skills and tools to enhance FFC performance and introduce systems to monitor FFC activities to capture the key outcomes and learnings to enhance PMCI approaches to community outreach. The project will build-in mechanism to obtain feedback from patients to assess the quality and satisfaction of the PMCI services offered. Accordingly, the project includes two BF indicators: Percentage of PMCIs conducting annual patient experience surveys using standardized tools and b) Percentage of PMCIs with active Friends of Facilities committees.

## **8. Monitoring and Reporting**

### **8.1. Involvement of Stakeholders in Monitoring Activities**

The project will establish multiple mechanisms for monitor and evaluate the SEP implementation. They would include the following arrangements: (i) overall monitoring and evaluation by the PMU; and (ii) engagement of the project affected parties, other interested parties, and disadvantaged /vulnerable groups, to monitor and report on the adequacy and usefulness of (i) information disclosure programs; (ii) consultations; and (iii) stakeholder engagement activities via their participation in individual/group consultations, and in the GRM.

The project will use a variety of methods and tools for monitoring and evaluation. They will include review of project documents and progress reports, stakeholder interviews and group discussions, feedback surveys, site visits etc. Focal person for Environment and Social at the PMU will coordinate and facilitate documentation of the monitoring and evaluation results and outcomes including the maintenance of records of all consultations and meetings conducted with stakeholders, types of information disclosed, issues and concerns raised at consultations/meetings, public comments/feedback received for disclosed documents, informal feedback, decisions made, and reporting back to the stakeholders.

### **8.1. Reporting back to Stakeholder Groups**

The results of the stakeholder engagement activities including results and outcomes of monitoring and evaluation of SEP implementation will be reported back to the stakeholders through website and/or formal communications. The PMU will collate all monitoring and evaluation results and produce bi-annual reports to be submitted to the World Bank. SEP monitoring will be part of the project monitoring reports submitted.

## Annex 1 – Stakeholder Consultations related to Environment and Social

### Consultation Notes

Project Name: Sri Lanka: Primary Healthcare System Enhancing Project (PHSEP)

Meeting Name: Stakeholder consultations with key government counterparts

Meeting Objective: To understand the current operations of PMCs/ PMCU in relation and environmental and social management.

Dates of consultations: Session 1 (15th Feb, 2024) and Session 2 (16th Feb, 2024).

Participants
<ol style="list-style-type: none"><li>1. Dr. Prabhashwara – RDHS Nuwara Eliya</li><li>2. Dr. Gimhani – PSSP Project Coordinator, Gampaha district.</li><li>3. Dr. Ramya Hettiarachchi – RDHS Gampaha</li><li>4. Dr. Udeshika – RDHS Puttalam</li><li>5. Hasitha Karawita – Environmental Specialist – SL COVID-19 Emergency Response and Health Systems Preparedness Project</li></ol>

Discussion Points		
General / Operational	Environmental Management	Social Management

**Primary Medical Care Institutes (PMCI's)**

- Constitute of Primary Medical Care Units (PMCU's) and Divisional Hospital (DH) OPD services.
- PMCI's are governed by the provincial health departments.
- There are approximately 1070 PMCI's island wide.
- Responsibilities:
  - Waste management procedures.

**Environmental Social Health and Safety (ESHS)**

- The Environmental and Occupational Health Directorate is responsible for all aspects related to ESHS.
- They are the main department which circulates guidelines, policies, action plans, SOPs for PMCU's.
- M&E of ESHS is carried out at the district level.

**Land and involuntary resettlement**

- Extensions, minor civil works etc. under PSSP-1 was done in hospital premises or land owned by MoH.
- There was no private land acquisition or involuntary resettlement in PSSP-1.

**Grievance Redress Mechanism**

- Encouraged maintaining suggestion boxes. GRM is available at different levels, and complaints are handled depending on issues at different levels.

- Clinic staff carries out social compliances.
- Key Staff: Hospital Director, Infection control nurse, Microbiologist Pathologist

**Procurement**

- Projects above 50 million are Mega projects.
- Provincial focal points oversee procurement.
- Unable to define budget of minor civil works. Some are carried out via budgetary allocations and some through the Ministry.
- The PMCI that had Friends of the Facility committee (FFC) have been able to support PMCI through their own fundraising (e.g. developing of jogging facilities etc.)

**Civil works**

- **Minor civil works process**
  - Hospital Directors can make decision on contracting, but decisions are based on budget allocation and authority limits.
  - Minor civil works in PSSP-1 included extensions, renovations, Health Care Waste Management (HCWM), water and sanitation

**Healthcare waste management (HCWM)**

- There is a National Action Plan on HCWM, however the specific procedures and process is district specific.
- HCWM has improved, however there are gaps due to unavailability of equipment (i.e. incinerators) in PMCUs.
- Clinical waste is transported health care facilities with incineration facilities (i.e. Base Hospitals or Divisional hospitals).
- There is a lack of dedicated vehicles for clinical waste collection from PMCUs.
- There is a knowledge gap observed in the labour community operating incineration facilities.
- Due to lack of incineration facilities/ waste transfer facilities some of the health care facilities (HCFs) still practice open burning.
- Effluent treatment and monitoring need to be enhanced.

- GBV/SEA/SH related complaints are not handled at PMCI level. This is handled by PHM supervisor, goes to MOH, Family services also gets involved.
- GRM at PMCI level:
- 1907 “Suwasawana” hotline is used to log grievances. Officers at Provincial, District and Institutional level are trained on responding to grievances.
  - Guidelines were revised for GRM mid-2023 for GRM and FFC.
  - National Level hotline is linked to PMCI.

**Information on Vulnerable Groups in PSSP-1:**

- Disaggregated data on vulnerable groups is unavailable. Data on total numbers served, such as 60% of patients with high risk levels were directed to clinics are available.
- Outreach services for vulnerable groups (disabled, geriatric and palliative care) needs more strengthening in terms of transport facilities, human resources (cadre creation and cadre recruitment).

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<p>facilities, laboratories (new and refurbishments).</p> <ul style="list-style-type: none"> <li>• A team of engineers, (Mechanical, Electrical, civil) carry out the necessary works (design etc.). Within the team there aren't any designated E&amp;S officers.</li> <li>• A Medical Officer (MO) monitors civil works under the supervision of an appointed Consultant Community Physician (CCP)</li> <li>• The standard procedures and operations are discussed at inception with the guidance of the engineering team. There aren't specific E&amp;S guidelines that are followed during civil works implementation.</li> </ul> <p><b><u>Inadequate hospital infrastructure</u></b></p> <ul style="list-style-type: none"> <li>• Some hospitals lack universal access systems (ramps etc.)</li> <li>• Limited waiting areas, segregated sanitation facilities</li> <li>• At present the country is experiencing a growth in the ageing population and there is a need to establish dedicated wards for elderly requiring palliative care/ rehabilitation at DHs.</li> </ul>	<p><b><u>Laboratory facilities</u></b></p> <ul style="list-style-type: none"> <li>• PSSP-1 supported the establishment and refurbishment of laboratories. A Standard Operating Procedure (SOP) is developed by the Hospital Director taking into the procedures and operations of that PMCU/PMCI.</li> <li>• The hospital director supervises the SOP at the Regional level. Public Health Inspector (PHI) monitors it at the PMCI/PMCU level.</li> <li>• A national level standardized SOP is not available.</li> </ul>	<p><b><u>Coordination between Mithuru Piyasa and PMCIs:</u></b></p> <ul style="list-style-type: none"> <li>• Base hospitals, PMCUs, MoH each have a focal point for any complaints regarding SEA/SH and GBV.</li> <li>• It is initially handled at the MoH level and it is then escalated according to the requirement.</li> </ul>
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## **Grievance Redress Mechanism (GRM) Procedures and Guidelines for the PHSEP Project**

The Grievance Redress Mechanism (GRM) for the World Bank-funded **Primary Health System Enhancing Project (PHSEP)** in Sri Lanka is a critical tool for managing project-related grievances.

This single GRM will cover both community- and labor-related grievances, simplifying the process while providing a specialized protocol for sensitive cases like Sexual Exploitation and Abuse (SEA/SH) and Gender-Based Violence (GBV).

### **1. Objective of the GRM**

The primary objective of the PHSEP GRM is to provide a reliable and prompt mechanism for receiving, documenting, and resolving grievances in a fair, transparent, and confidential manner. A well-functioning GRM is crucial for:

- I. Providing an accessible channel for project-affected persons and workers to raise concerns.
- II. Building trust and accountability between the project and its stakeholders.
- III. Preventing and addressing project-related risks, thereby ensuring compliance with the World Bank's Environmental and Social Framework (ESF), particularly ESS2 (Labor and Working Conditions) and ESS10 (Stakeholder Engagement and Information Disclosure).
- IV. Mitigating potential conflicts and social unrest.

### **2. Project GRM vs. Labor GRM**

For the PHSEP, a single, integrated GRM will address both types of complaints, simplifying the process for all stakeholders.

#### **Project Grievance Redress Mechanism (Project GRM):**

- **Purpose:** To address complaints/grievances including to receive suggestions from project stakeholders such as its beneficiaries, affected groups & stakeholders who may have an interest in the project related activities, its quality and performance of services.
- **Types of Grievances:** Complaints related to noise, dust, traffic disruptions, public safety issues, temporary restrictions on access, environmental impacts, or other general concerns from community members.
- **Structure:** Managed by the Project Management Unit (PMU) in coordination with local authorities. / The project has established a Grievance Redressal Unit (GRU) at the Office of the Additional Secretary.

#### **Labor Grievance Redress Mechanism (Labor GRM):**

- **Purpose:** To address grievances **specifically from workers** engaged in the project, including direct employees of the Project Implementing Unit (PIU), contractors, and subcontractors.
- **Types of Grievances:** Concerns related to working conditions, payment of wages, working hours, occupational health and safety (OHS) issues, bullying, harassment, discrimination, or any other matter related to their employment.

## ANNEX 22: Grievances Redress Mechanism (GRM) Procedures and Guidelines for the PHSEP Project

It is crucial that grievances are channelled to the correct mechanism. Labor grievances will not be handled by the public-facing Project GRM, and vice versa, to ensure appropriate and specialized attention.

The Grievance Redress Committee (GRC) for the present project shall be appointed and established before the commencement of construction site works.

### 3. Labor GRM Structure & Grievance Redress Committee (GRC) Composition

The focal person responsible for receiving complaints related to labor and coordinating the resolution of the complaints will be the Senior Environmental officer of the Project. The labor GRM will have three tires/levels:

- **First Level/Tire 01:** Contractors will be required to have a system in place to receive grievances related to their workers. (A designated GRM Focal Point (GFP) from contractor, on-site will be the initial point of contact for receiving all grievances.
- **Second Level/tire 02:** If an issue cannot be resolved at the first level, it will be escalated to a **Grievance Redress Committee (GRC) at level 02.**

**GRC Composition:** The GRC is a balanced, multi-party committee established to ensure fair and impartial review. It must be comprised of at least: (The following committee members at the PMU will be responsible to resolve the complaints/grievance:)

1. Project Director, PHSEP	Chairman
2. Deputy Project Director	Secretary
3. ESF Specialist	Member
4. Nominated E&S Officer from relevant PMCI	Member
5. Representative of supervision consultant	Member
6. Representative of contractor	Member

**Note:** The GRC composition must be gender-balanced where feasible, and all members must be trained in grievance handling and confidentiality.

- **Third Level /Tire 3: Secretary, MoH** – Complaints that cannot be resolved at the PMU will be escalated and referred to the Secretary of the MoH for resolution.

Complaints/grievances can be submitted to any levels. For example, contracted workers can escalate their issues or raise their concerns anonymously and/or to a person other than their immediate supervisor and raise their issues with the PMU. Direct project workers may also raise issues directly with the Secretary, MoH.

Where the grievance cannot be addressed within a reasonable timeframe, the aggrieved staff/worker will be informed in writing, so that the staff can consider proceeding to the national appeal process through:

- I. Office of the Commissioner of Workmen's Compensation (<https://www.compensation.gov.lk/>) –inquiries into the claims made by the workmen who meet with accidents in the course of their employment.

## **ANNEX 22: Grievances Redress Mechanism (GRM) Procedures and Guidelines for the PHSEP Project**

- II. Industrial Courts - Department of Labor (<http://www.labourdept.gov.lk/>)- provides the principal legal forum for employees to take disputes relating to termination of their employment for adjudication.

### **4. Awareness**

Broad awareness is key to a successful GRM. The project will ensure information is widely disseminated:

GRM will be publicly disclosed in the MoH website. Suggestion box will also be available at the PMU office. GRM details will be made aware through leaflets, displayed in awareness boards etc.

- **For the Community:** Information on the GRM will be included in all public disclosure documents, on-site notice boards, and in community meetings.
- **For Project Staff:** All workers will be briefed on the GRM during their induction. Contact details and grievance procedures will be posted on notice boards at all worksites.

PMU/ design and supervision firm (Consultant) shall be briefed on the GRM system for the contractor and stakeholder.

GRM will be publicly disclosed in the MoH website. Suggestion box will also be available at the PMU office. GRM details will be made aware through leaflets, displayed in awareness boards etc.

Project workers will be able to use multiple channels to report grievances, raise queries & provide feedback even suggestions – e.g. via phone, email, in writing etc.

□ **E-mail: [info@phsep.lk](mailto:info@phsep.lk)**

□ **Phone: 0112271150** □

**Postal Address:**

- **PMU Labor GRM committee – Primary Healthcare System Enhancing Project**
- **Address: 191/A, “The Bungalow”, J.R. Jayawardena Centre, Dharmapala Mawatha, Colombo-07**

### **5. Grievance Receiving Modes**

To ensure accessibility, the GRM provides multiple ways for grievances to be submitted, including for illiterate or non-technical workers.

- **Dedicated Grievance Boxes:** Secure, locked boxes will be placed at each worksite. They will be opened weekly by a designated GRM officer in the presence of a worker representative.
- **Verbal Communication:** Workers can verbally express their grievances to their immediate supervisor, the site manager, or the GRM Focal Point. A formal complaint form will then be filled out on their behalf.

## **ANNEX 22: Grievances Redress Mechanism (GRM) Procedures and Guidelines for the PHSEP Project**

- **Written Communication:** A standard grievance form will be available at all sites. Completed forms can be submitted to the GRM Focal Point or placed in a grievance box.
- **Digital Channels:** A dedicated email address and a contact number for the GRM Focal Point will be clearly displayed at the worksite.

### **6. Grievances Redress Modes and Procedures**

All grievances will follow a structured process to ensure consistent and fair resolution.

- **Step 1: Receive and Register:**
  - The grievance is received through one of the designated modes.
  - It is immediately recorded in a **Grievance Log** with a unique ID, date, time, and basic details.
  - Contractors will also be required to update PMU with grievances they have received from project workers and the actions taken by the contractors to resolve them.
  - The complainant receives an acknowledgement of receipt within **3 working days**.
- **Step 2: Assess and Investigate:**
  - The GRM Focal Point assesses the grievance.
  - If it is a simple matter (e.g., missing PPE), it can be resolved by the site supervisor.
  - If it is a complex or sensitive issue (e.g., harassment), it is immediately escalated to the GRC.
  - The GRC conducts a thorough investigation, which may include interviewing the complainant, the subject of the complaint, and any witnesses.
- **Step 3: Develop and Propose a Resolution:**
  - Based on the investigation, the GRC proposes a solution. This may involve mediation, disciplinary action, a change in procedure, or a clear explanation of why the grievance cannot be redressed.
- **Step 4: Communicate and Implement:**
  - The proposed solution is communicated to the complainant.
  - If the complainant accepts the resolution, it is implemented immediately.
  - If the complainant is not satisfied, they are informed of their right to escalate the matter to a higher level (e.g., the Department of Labour).
- **Step 5: Document and Close:**

## **ANNEX 22: Grievances Redress Mechanism (GRM) Procedures and Guidelines for the PHSEP Project**

- Once the resolution is implemented and verified, the grievance is officially closed in the log.
- The complainant signs a closure form, confirming their satisfaction.

**Note:** All time periods are from the date of grievance receipt. If an issue requires more time (e.g., due to complexity or external factors), the complainant must be notified and kept informed of the delay.

### **7. Monitoring & Reporting:**

- All grievances will be monitored until solutions are reached to the satisfaction of the aggrieved parties.
- The GRM database/registry will record a) details and nature of complaint, b) date and c) corrective actions taken in response to the complaint.
- PMU will collect the data on monthly basis from each level/tire:
  - a) Numbers of grievances received and
  - b) Number of grievances resolved in a timely manner (e.g. within 14 days)
- Monthly and quarterly reports will be generated and the information gathered from database will be forwarded for review of the PMU Project Director.
- The reports will analyze the data to understand common issues and actions taken to resolve issues as learning and for the purpose of course correction. The lessons learnt will be used to strengthen worker-management relationships within the project.

### **8. Handling Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) or Gender based violence (GBV) cases in GRM:**

- SEA/SH related complaints will be immediately informed to World Bank while ensuring that confidentiality of individuals is protected at all times.
- All SEA/SH related complaints will be referred to MoH's operated Mithuru Piyasa. Mithuru Piyasa will follow its procedures to report the incident to the Police in accordance with the law.
- Mithuru Piyasa will use its own case management process to gather the necessary details to facilitate resolution of the case referred to by the project.
- The project will ensure that the GBV cases are handled addressing risks of stigmatization, rejection and reprisals against survivors. Hence, information will be shared ensuring the safety of the survivor and prevent any further risk of experiencing more violence. The project will ensure that no information will be shared without the consent of the survivor.
- Based on the findings of the investigation, the project will implement corrective actions to strengthen SEA/SH prevention & response measures of the project.

# **World Bank-funded Primary Healthcare System Enhancing Project (PHSEP)**

## **Emergency Response Guideline**

September 11, 2025

Prepared by Project Management Unit (PMU) of Primary Health  
System Enhancing Project (PHSEP), Ministry of Health and  
Mass Media, Sri Lanka for the World Bank

## **Abbreviations**

ERP	-	Emergency Response Plan
ESS	-	Environmental and Social Standard (World Bank)
GoSL	-	Government of Sri Lanka
MoH	-	Ministry of Health and Mass Media
PHSEP	-	Primary Healthcare System Enhancing Project
PMU	-	Project Management Unit
PPE	-	Personal Protective Equipment
WB	-	World Bank

**Table of Contents**

- 1. Introduction.....4**
  - 1.1 About the PHSEP project and related rehabilitation works.....4
- 2. Legal and Policy Framework Regarding Occupational Health and Safety .....5**
  - 2.1 Sri Lankan National Legislation.....5
  - 2.2 World Bank Environmental and Social Framework (ESF) .....5
  - 2.3 International Conventions .....5
- 3. Types of Possible Emergency Cases with PHSEP Rehabilitation Activities .....6**
  - 3.1 Medical Emergencies.....6
  - 3.2 Structural and Fire Emergencies.....6
  - 3.3 Environmental Emergencies:.....6
  - 3.4 Key Risks Exposure to Healthcare/ Medical Waste:.....6
    - 3.4.1 Infectious Hazards (Biological Risks).....6**
    - 3.4.2 Chemical and Pharmaceutical Hazards.....7**
    - 3.4.3 Physical Hazards .....7**
- 4. Emergency Response Plan (ERP)- Guideline for On-site Personal .....7**
  - 4.1 PHSEP sub-project components and expected e-waste generation sources.....8
    - 4.1.1 In Case of an Accident.....8
- 5. Mitigation and management Focus for PHSEP .....8**
- 6. Capacity Building and Training .....10**
  - 6.1 Training Programs .....10
  - 6.2 Awareness Campaigns.....11
- 7. References .....12**
- 8. Annexes .....13**
  - 8.1 PHSEP Project Health and Safety Matrix.....13
  - 8.2 Emergency Reporting Form/Emergency Response Plan for PHSEP (Template 01).....15
  - 8.3 Emergency Response Plan (Template 02).....16

**List of Tables**

- Table 1: Training plan under the PHSEP project to minimize accidents during rehabilitation work. ....11**

**Table 2:** Table of PHSEP project health and safety matrix.....13  
**Table 3:** Accident Reporting Form - PHSEP  
.....14

## 1. Introduction

This document establishes the comprehensive framework for the Emergency Response Plan (ERP), reporting procedures, and safety guidelines for the Primary Healthcare System Enhancing Project (PHSEP) in Sri Lanka. As a World Bank-funded initiative, this project is held to rigid World Bank ESFand, international and national safeguard standards.

The core objective of this plan is to proactively safeguard the health and safety of all project workers, contractors, stakeholders and the general public. It provides a clear, actionable protocol for managing a full spectrum of potential emergencies, from minor injuries to severe incidents, ensuring a swift and effective response. Additionally, the EAP establishes a transparent and efficient reporting mechanism to facilitate timely communication with all key stakeholders and to support the continuous improvement of safety practices throughout the project's lifecycle.

### 1.1 About the PHSEP project and related rehabilitation works.

The Primary Healthcare System Enhancing Project (PHSEP) in Sri Lanka aims to improve primary healthcare through several key components: providing essential medical supplies and upgrading facilities, enhancing the quality of care by training staff, empowering communities for better health, and ensuring strong project management. A key feature of the project is the integration of rehabilitation activities, which includes developing services and renovating facilities. The civil engineering work for the PHSEP in Sri Lanka consists of minor to medium level renovations and upgrades to existing primary healthcare facilities, with the goal of improving physical spaces rather than building new ones.

## 2. Legal and Policy Framework Regarding Occupational Health and Safety.

### 2.1 Sri Lankan National Legislation

- A. **Factories Ordinance No. 45 of 1942 (as amended):** This is the principal legislation governing occupational safety and health in Sri Lanka. It requires employers to provide a safe working environment and take measures to prevent accidents and occupational diseases.
- B. **Workmen's Compensation Ordinance:** This ordinance mandates compensation for workers who suffer injuries or death due to accidents arising out of and in the course of their employment.

### 2.2 World Bank Environmental and Social Framework (ESF)

- A. **Environmental and Social Policy for Investment Project Financing** - Sets out mandatory requirements for World Bank-financed projects.
- B. **Labor and Working Conditions (ESS) 2:** This standard requires borrowers to provide a safe and healthy work environment for all project workers. It includes the requirement for occupational health and safety (OHS) measures, which are directly related to emergency preparedness. This means having plans for dealing with workplace accidents, providing first aid, and having clear procedures for responding to work-related injuries.
- C. **Community Health and Safety (ESS) 4:** This standard specifically requires borrowers to anticipate and address health and safety risks to affected communities. It mandates the development of effective measures for emergency preparedness and response to handle incidents like spills of hazardous materials, explosions, or other accidents that could impact the public. It ensures that projects have protocols in place to prevent and manage community exposure to risks.

### 2.3 International Conventions

- A. **International Labour Organization (ILO) Conventions:** Sri Lanka has agreed to follow a lot of international labor rules set by the ILO. Although it hasn't officially signed the 1981 Occupational Safety and Health Convention yet, it's shown interest. What's more, many of Sri Lanka's own labor laws, like parts of the Factories Ordinance, already use the same ideas from these international rules. Following these ILO principles shows just how dedicated the country is to keeping its workers safe.

### 3. Types of Possible Emergency Cases with PHSEP Rehabilitation Activities.

During the PHSEP's minor to medium-level civil engineering work, potential emergencies can occur, including construction accidents like falls, as well as environmental risks such as dust affecting patient health or burst pipes causing water damage. Additionally, temporary utility disruptions could affect medical equipment and patient care. These scenarios underscore the need for meticulous planning and strict safety measures to protect everyone within the facility. Possible cases are listed below.

#### 3.1 Medical Emergencies

- **Falls:** Representing a major risk in Sri Lanka's construction industry, falls from scaffolds, roofs, and ladders are a primary cause of both fatal and non-fatal injuries.
- **Electrocution:** A serious hazard resulting from contact with live wires, damaged cables, or faulty electrical equipment, which is often a cause of fatalities.
- **Struck by Incidents:** Workers, project site staff and surrounding hospital community are at risk of being hit by falling objects, unsecured materials, or moving machinery and vehicles within the work zone.
- **Heat Stroke/Exhaustion:** Given Sri Lanka's climate, workers are highly susceptible to heat-related illnesses from overexposure to high temperatures and physical exertion.

#### 3.2 Structural and Fire Emergencies

- **Structural Collapse:** A critical risk during renovation and demolition, which includes the potential collapse of temporary supports, scaffolding, excavations, or sections of the existing building structure.
- **Fire/Explosion:** These incidents can be triggered by a number of factors, including faulty temporary electrical wiring, the improper storage of flammable materials, or hazardous chemical reactions.

#### 3.3 Environmental Emergencies:

- **Chemical Spills:** The accidental release of hazardous substances such as paints, solvents, fuel, or other construction chemicals, which can pose a risk to both workers and the environment.
- **Improper Disposal, Storage, and Transportation of Healthcare Waste Materials:** Disposal of untreated infectious or chemical waste into general waste streams can lead to contamination of **soil, surface water, and groundwater** via landfill leaching. General public exposure if waste is not properly contained, stored, and transported, including scavenging at disposal sites.
- **Air Pollution:** Potential release of **toxic pollutants (like dioxins and furans)** if waste is mixed with construction debris and subjected to uncontrolled burning or improper incineration.
- **Asbestos Release:** The unintentional disturbance of asbestos-containing materials (ACMs) during demolition or renovation, which can release toxic fibres into the air, posing a significant long-term health risk to anyone in the vicinity.

#### 3.4 Key Risks Exposure to Healthcare/ Medical Waste:

##### 3.4.1 Infectious Hazards (Biological Risks)

This is the most critical risk, as construction activities can inadvertently disturb or expose previously contained waste.

- A. **Bloodborne Pathogens:** Exposure to infectious agents like HIV, Hepatitis B (HBV), and Hepatitis C (HCV) from contaminated sharps, blood, or other body fluids.
- B. **Needlestick and Sharps Injuries:** Accidental puncture wounds from improperly discarded needles, scalpels, broken glass, or other sharps which are often contaminated. This is a primary route of infection transmission.
- C. **Pathogenic Microorganisms:** Exposure to various bacteria, viruses, and fungi (e.g., *Mycobacterium tuberculosis* or certain gastroenteric pathogens) through contact with contaminated materials, splashes, spills, or inhalation of bio-aerosols/dust containing these agents.
- D. **Contaminated Surfaces:** Contact with surfaces, materials, or even dust that have been contaminated with infectious waste within the work area.

### 3.4.2 Chemical and Pharmaceutical Hazards

Medical waste includes substances that are chemically dangerous, toxic, or hazardous to health.

- **Cytotoxic/Genotoxic Waste:** Exposure to chemotherapy drugs and other pharmaceuticals with genotoxic (carcinogenic, mutagenic, teratogenic) properties, primarily through skin contact or inhalation.
- **Hazardous Chemicals:** Exposure to spills or residues of chemicals used in healthcare, such as solvents, disinfectants (like formaldehyde or glutaraldehyde), reagents, or heavy metals (e.g., mercury from old thermometers or blood pressure devices).
- **Pharmaceutical Waste:** Contact with expired or unused medications, including **antibiotics**, which can pose toxicity risks or contribute to environmental resistance if improperly disposed of.

### 3.4.3 Physical Hazards

These risks can cause direct injury, often worsening the risk of infection.

- **Sharps/Trauma:** Direct cuts and punctures from improperly managed sharp objects (as mentioned above).
- **Pressure-related Injuries:** Injuries from the manual handling and transportation of waste containers that may be heavy or improperly sealed, leading to spills or breakages.

## 4. Emergency Response Plan (ERP)- Guideline for On-site Personal.

This guideline serves as a quick reference for all personnel on the PHSEP project. It outlines the critical safety risks inherent in our rehabilitation work, ranging from common physical hazards like falls and electrocution to structural dangers such as collapses and fires. The document also highlights the importance of environmental awareness, specifically managing potential chemical spills and the release of asbestos. Adhering to these safety protocols is

crucial for protecting not only the workforce but also the integrity of the healthcare facility we are dedicated to improving.

#### 4.1 PHSEP sub-project components and expected e-waste generation sources.

##### 4.1.1 In Case of an Accident

- I. **Stop Work Immediately:** The first and most critical step is to cease all work in the immediate vicinity of the incident to prevent any further injury or damage.
- II. **Assess and Secure the Area:** The first person on the scene must promptly assess the situation. Isolate the affected area using barriers or tape to prevent unauthorized personnel from entering.
- III. **Provide First Aid:** If you are trained in first aid and it is safe to do so, administer immediate care to the injured person. It is crucial not to move an injured individual unless they are in immediate and life-threatening danger.
- IV. **Notify Emergency Services:**
  - a. For ambulance or medical assistance, dial 1990 (Suwa Seriya Ambulance Service).
  - b. For fire or police services, dial 119.
  - c. In addition to these services, be aware of other nearby medical or rescue points that may be able to provide timely assistance.
- V. **Report to Supervisor/Relevant Parties:** Immediately inform your supervisor or the designated site safety officer of the incident, providing as much detail as possible.
- VI. **Notify to the World Bank:** Key Accidents/ incidents must be reported to the World Bank within 24 hours as outlined in the ESCP. (Key accidents/incidents must be reported to the World Bank within 24 hours, as outlined in the Environmental and Social Commitment Plan (ESCP). Further details on the Bank's specific reporting procedures (ESIRT) will be provided if a key incident occurs.)
- VII. **Emergency Contact List:** An emergency contact list must be prepared with contact details, including names and contact details and displayed in local languages.
- VIII. **Do Not Interfere:** It is imperative that the accident scene is not disturbed or altered until it has been thoroughly investigated and authorized for clearance by the safety officer or the official investigating team.
- IX. **Reporting and recording:**

## 5. Mitigation and management Focus for PHSEP

To mitigate the diverse range of potential emergency cases and risks during the PHSEP Rehabilitation Activities, the project must integrate specific, proactive measures into its Environmental and Social Management Plan (ESMP). This plan must be firmly guided by both national legislation and the project's own standards, including the mandatory National Healthcare Waste Management Plan (HCWMP).

Key areas of focus must include: Infection Control protocols, which involve mandatory worker training, strict segregation of medical/bio-hazardous waste at the source, and immediate cessation of work if regulated medical waste is unexpectedly discovered; Occupational Health and Safety (OHS) measures to prevent structural collapse, falls, and electrocution; clear Emergency Response Procedures for chemical spills, fires, and medical incidents; and rigorous

adherence to Temporary Traffic Management Plans to minimize "struck by" incidents involving machinery and the surrounding hospital community, project staff and others.

**Personal Protective Equipment (PPE):** Providing and mandating the use of appropriate, high-quality PPE for any worker potentially exposed to waste or areas near waste storage/handling points and other construction/Rehabilitation activities related works.

Availability of appropriate Personal Protective Equipment (PPE) and all other necessary resources to effectively handle site emergencies is mandatory.

**Infection/ Emergency Control Risk Assessment:** The project should implement a risk assessment to specifically manage the intersection of construction/dust and infectious control measures within the operational hospital.

## 6. Capacity Building and Training

### 6.1 Training Programs

The PMU's Environmental & Social (E&S) Specialist will collaborate closely with the Communication Specialist/Monitoring and Evaluation specialist to develop all communication materials. The following table outlines the key training programs and activities implemented under the PHSEP project to minimize accidents during rehabilitation work.

S/N	Training Program	Target Audience	Mode	Comments	Responsibility
1.	General Site Safety Induction (Toolbox meeting)	All personnel (workers, contractors, consultants)	In-person session, on-site 5–10-minute session.	Mandatory before starting work. Covers site-specific rules, emergency contacts, and basic safety protocols.	To be conducted by the ESS, Contractor Safety Officer.
2.	First Aid and CPR Training	Designated site personnel	In-person, certified course 2–3-hour session.	Ensures a trained first responder is always available on-site to provide immediate care.	To be conducted by the medical doctor or trained officer.
3.	Working at Heights Safety	Workers involved in roof/scaffolding work	Practical demonstration, in person training 2–3-hour session.	Focuses on proper use of fall protection equipment, ladders, and scaffolding to prevent falls.	To be conducted by the PMU/PCMU/ Consultant ESS
4.	Hazardous Materials Handling/Healthcare Waste	Workers and supervisors handling specific materials	In-person, specialized training 2–3-hour session.	Covers safe procedures for dealing with asbestos, paints, solvents, and other hazardous chemicals.	To be conducted by the PMU/PCMU/ Consultant ESS
5.	Equipment Operation and Safety	Equipment operators (e.g., for machinery)	Certification-based practical training 2–3-hour session.	Only certified and authorized personnel are allowed to operate machinery to prevent operational accidents.	To be conducted by the PMU/PCMU/ Consultant ESS
6.	Accident Investigation and Reporting	Supervisors, Site Engineers, Safety Officers	Workshop, theoretical session 2–3-hour session.	Trains personnel on how to properly document and investigate incidents to identify root causes and prevent recurrence.	To be conducted by the PMU/PCMU/ Consultant ESS

7.	Emergency Action Plan (EAP) Drills	All on-site personnel	On-site practical drill 2–3-hour session.	Regularly conducted to ensure all personnel are familiar with emergency response procedures and their roles.	To be conducted by the PMU/PCMU/ Consultant ESS
8.	Risk Assessment and Mitigation	Supervisors, Engineers, Consultants	Workshop One day session	Focuses on proactive identification of potential risks on the worksite and the development of effective mitigation strategies.	To be conducted by the PMU/PCMU and World Bank E and S Specialists.

**Table 1:** Training plan under the PHSEP project to minimize accidents during rehabilitation work.

## 6.2 Awareness Campaigns

- Raising awareness among project beneficiaries and the wider community about the importance of occupational safety.

## 7. References

Government of Sri Lanka. (1942). *Factories Ordinance, No. 45 of 1942*.

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ResearchGate. (2016). *Study of construction accidents in Sri Lanka*. Retrieved from <https://www.researchgate.net/publication/306020582StudyofconstructionaccidentsinSriLanka>

World Bank. (2017). *Environmental and Social Framework*. Washington, D.C.: World Bank.

## 8. Annexes

### 8.1 PHSEP Project Health and Safety Matrix

This matrix is designed to align with international best practices by focusing on the elimination and substitution of hazards before relying on administrative controls and personal protective equipment (PPE).

S/N	Risk Description	Likelihood{L} (1-5)	Consequence{C} (1-5)	Risk Score (L x C)	Risk Level	Risk Mitigation Measures
1.	Falls from Heights during roofing or structural work	4	5	20	High	Use pre-fabricated structures on the ground. Install guardrails. Train workers; implement a permit-to-work system. Mandatory use PPE.
2.	Electrocution from uninsulated wiring or faulty equipment	3	5	15	High	Use Ground-Fault Circuit Interrupters (GFCIs) and cordless tools. Implement a Lockout/Tagout (LOTO) procedure; conduct daily tool inspections. PPE: Provide electrical-rated gloves and insulated footwear.
3.	Exposure to Asbestos during demolition of old structures	5	5	25	Extreme	Do not disturb asbestos-containing material. Replace asbestos with a safe alternative. Hire a certified asbestos abatement contractor, create a designated exclusion zone. PPE: Provide full hazmat suits and HEPA filter respirators.
4.	Exposure to noise hazards from power tools or machinery	4	3	12	Medium	Use sound-dampening enclosures on generators and compressors. Limit time in noisy areas; post warning signs. PPE: Provide earplugs or earmuffs.
5.	Injury from incorrect manual handling of materials	3	2	6	Low	Use trolleys or hoists to move heavy materials. Conduct manual handling training; reduce load weight. PPE: Provide safety gloves and boots.

**Table 2:** Table of PHSEP project health and safety matrix.

#### How to Use the Matrix

The risk score helps determine the priority of control measures.

**Low Risk (1-6):** These risks are generally acceptable, but monitoring is still required.

**Medium Risk (7-12):** Management should actively implement control measures to reduce the risk.

**High Risk (13-20):** Immediate action is required. Work should not proceed until these risks are addressed and reduced to an acceptable level.

**Extreme (20-25):** Immediate action is required.

8.2 Emergency Reporting Form/Emergency Response Plan for PHSEP (Template 01)  
 For every single incident, no matter how small, the contractor, consultant, or the responsible party must make sure this standardized form is completely filled out.

<b>Accident Reporting Form – PHSEP</b>	
Sub Project Name (e.g., NIHS, etc.)	
Location: [Name of Healthcare Facility]	
Report Date	
<b>General Information</b>	
1. Incident Date	
2. Incident Time	
3. Person(s) Involved: [Gender, Name(s), Role, Employer]	
4. Witness(es): [Name(s), Contact]	
5. First Aid Administered? [Yes/No]	
6. Taken to Hospital? [Yes/No]	
<b>Incident Details</b>	
7. Type of Incident [e.g., Injury, Fatality, Near-Miss, Property Damage, Environmental]	
8. Immediate Cause [e.g., Fall from height, Electrocution, Struck by object]	
9. Root Cause [e.g., Lack of training, Unsafe equipment, Procedural failure]	
10. Body Part Injured (if applicable) [e.g., Left arm, Head, Back]	
11. Initial Actions Taken [e.g., First aid provided, Area secured, Supervisor notified]	
12. Description of Incident [A concise narrative of what happened]	
13. Incident photo Evidence (if possible)	
<b>Reporting and Follow-Up</b>	
<p><b>14. World Bank Notification:</b> The PMU will notify the WB within 48 hours of any serious incident.</p> <p><b>15. Corrective Actions:</b> The PMU will review the incident and implement measures to prevent repetition, such as additional training or equipment upgrades.</p> <p>Report Submitted by: [Designation, Name &amp; Signature, Date]</p> <p>Reviewed by (PMU): [Designation, Name &amp; Signature, Date]</p>	

**Table 3: Accident Reporting Form - PHSEP**

### 8.3 Emergency Response Plan (Template 02)

#### Section 1: General information

<b>Employer:</b>
<b>Address:</b>
<b>Completed by:</b>
<b>Date:</b>

#### Potential emergencies

(For example: medical event, flood, fire, robbery. Refer to your hazard assessment to determine which hazards could require rescue or evacuation. List those here.)


#### Section 2: Work site resources and procedures

##### Emergency and personal protective equipment, including fire protection requirements

(For example: alarms, sprinklers, fire suppression systems, fire extinguishers, hoses, fire doors.)

Equipment	Location	Operating procedures

#### First aid

(For example: type and location of first aid kits and supplies; first aiders per shift; first aid room if applicable; transportation plan.)

Type of first aid kit/supply	Location

Shift	First aider names
Morning	
Afternoon	
Evening	

**Location of first aid room:** (if applicable)

**Transportation plan:**

**List and location of emergency facilities**

(For example: fire station, hospital, police.)

Page 15 of 16

Facility name	Address	Distance from work site

**Alarm and emergency communication requirements**

(For example, type of alarm, paging or PA system.)

Type	Details

**Rescue and evacuation procedures**

- (Procedure) ○  
(Procedure steps)
- (Procedure) ○  
(Procedure steps)

**Emergency response procedures**

(Detailed procedures to be followed for each identified emergency, including who is responsible for what.)

- (Emergency) ○  
(Procedure steps)
- (Emergency) ○  
(Procedure steps)

**Emergency response training and requirements**

(List the positions or names of workers trained to use each type of emergency equipment and those trained in rescue and evaluation procedures.)

Shift	Position/names of trained workers	Training received	Training frequency
Morning			
Afternoon			
Evening			

*(These forms are for example purposes only. Completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your work site. Further, it is essential that this document is not only completed, but is used, communicated and implemented in accordance with the legislation. Neither the Crown, nor its agents, employees or contractors, will be liable to you for any damages, direct or indirect, arising out of your use of this form.)*

**ANNEXURE 25:** Guidance note on rehabilitation of small scale borrow pits., Stockyard & Dumping Yard Management, Mandatory Guideline Statement

**RISKS OF ABANDONING BORROW PITS**

Small-medium scale rehabilitation projects require significant quantities of earth and gravel. Often, this material is borrowed from the local environment with or without a valid clearance from the necessary authorities. Once the project is completed, these borrow pits are usually abandoned without proper closure, leaving open, water-filled, unattended pits that are associated with many risks.

Notable risk factors associated with abandoned borrow pits include: (i) frequent sliding (especially in hilly areas), (ii) loss of life and ecosystem services, (iii) groundwater contamination, (iv) increase in vector populations and associated illnesses and (v) loss of arable land and flora and fauna.



*Figure 1. Risk factors associated with abandoned borrow pits*

It is, therefore, very important to identify potential environmental risk factors posed by abandoned borrow pits to the local environment and people from project activities. As soon as sites for borrowing are identified, the most suitable form of site restoration need to be planned on order to close the pit/s properly.

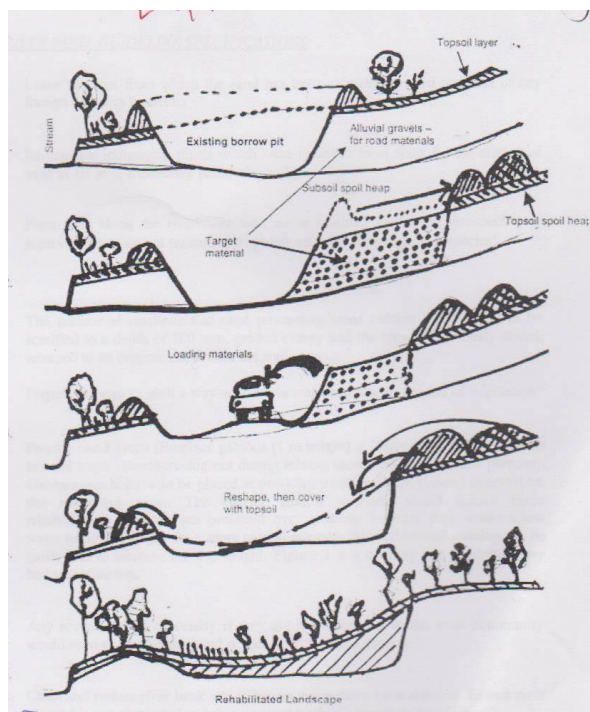
**OPTIONS AND RECOMMENDATIONS FOR REHABILITATION**

Many options have been identified for the rehabilitation of borrow pits around the world ranging from water retention ponds/lakes, borrow pit meadows, marshes to recreational areas. However, these require a more in-depth planning and designing of the borrow pits as well as technical interventions and after care and maintenance resulting in relatively high rehabilitation costs. These interventions are more likely in large scale development projects.



*Figure 2. Images for large burrow pits that have been converted to meadows, lakes, fish ponds and ponds.*

Therefore, for relatively small-medium scale development projects it is recommended to rehabilitate the borrow area to resemble its original state to the extent possible. Where possible, options provided above can be incorporated.



description of the steps to be followed in

Figure 3. Illustration on burrow of rehabilitation. Sourced from EAMF, Ministry of Finance, GOSL, 2018.

### Main steps to follow

1. Identify the borrow site/s for gravel and earth and obtain clearance from site engineer
2. At the start of borrowing, topsoil should be carefully removed and stored on the edges of the borrow area.
3. On completion of borrowing, the pit should be filled with spoil/soil/dredged matter followed by the reinstatement of the top soil that has been stored.
4. Filling of the pit should either achieve (a) original ground level or (b) new level as depicted in the diagram, agreed with the site engineer
5. This will be followed by compaction and insitu and laboratory testing to achieve the original geotechnical ground condition.

Figure 3 provides a simple diagrammatic description of the steps to be followed in rehabilitating a borrow pit after use.

In addition to the topsoil that was removed from the pit surface, dredge material and other topsoil that is removed from the project site (close by) can also be used to fill the borrow pit.

Figure 5 provides a best practice diagram for progressive rehabilitation of a shallow borrow pit, that is done while the borrowing is ongoing. Once borrow material removal is completed from one area, the topsoil and any other fill material is reintroduced so that vegetation can start recolonizing. This will also reduce erosion issues and stabilizing pit embankment. If this method is adopted, it will also reduce the rehabilitation effort required at the end. Figure 4 shows rehabilitated borrow pits – some into recreational gardens and others into gently undulating landscapes.



Figure 4. Borrow pits filled and rehabilitated

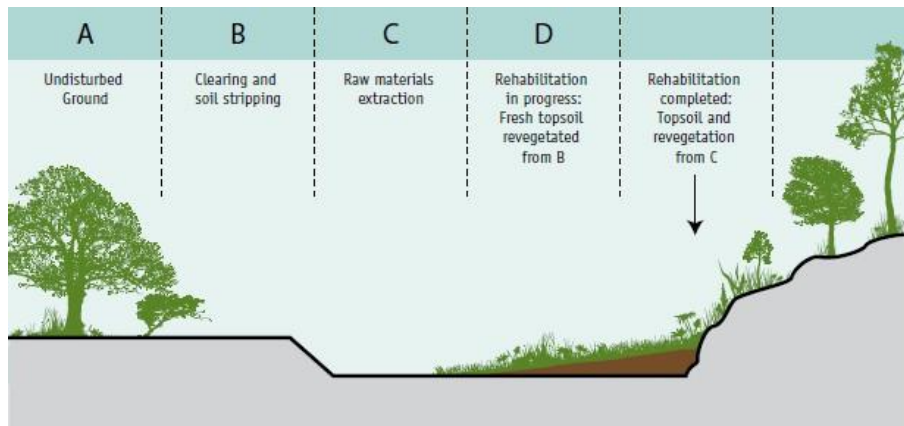


Figure 5. Progressive rehabilitation to maximize visual amenity. Sourced from Code of Practice for Small Quarries, Department of Primary Industries, Australia 2010

Attention should also be directed to the area surrounding the pit including the access paths of the machinery as the vegetation in these areas will also be disturbed. These areas should also be properly rehabilitated (by levelling and revegetating) so that it does not give rise to erosion issues and water stagnation.

### IMPORTANT POINTS

- Borrow pits should be properly sited, planned and designed by professionals, with provision of appropriate safety measures. The location of the borrow pit has to be planned in consultation with the local authorities and the community.
- Operators, host community and the government agency must agree and enforce reclamation of borrow pits soon after use. Reclaiming a borrow pit should be as important as opening a borrow pit, towards sustainable engineering and environment.
- If new ponding/wetland area is created as a result of rehabilitation of the borrow site, this should be done in with technical advice from an engineering and environmental expert to ensure that this water body is in line with existing natural environment and does not lead to drainage issues, steep slopes leading to potential accidents, vector breeding sites and garbage dumping sites.

### SAMPLE GUIDE NOTE: Stockyard & Dumping Yard Management Mandatory Guideline Statement

The Contractor must obtain written clearance from the relevant Local Authority before establishing yards.

No storage or dumping activities are permitted within 50 meters of environmentally or socially sensitive areas (biodiversity zones, water bodies, schools, religious sites, high-density community zones).

The yard perimeter must be fully secured with appropriate barricades and signage.

### 01. Pre-Establishment Approvals and Site Control

Control Aspect	Requirement	Responsibility
Site Selection & Vetting	Submit a site map to the PMU and Local Authority, demonstrating the proposed locations are outside all defined sensitive areas. The site must be non-floodprone and have controlled access to an approved haul route.	Contractor / Environmental Officer
Local Authority Approval	Obtain written permission covering the site location, operating hours, and approved disposal sites (landfills/recyclers).	Contractor / PMU
Demarcation & Security	Install robust, continuous hoarding or fencing (barricades) around the entire perimeter of both the Stockyard and Dumping Yard. The height should be adequate to prevent unauthorized entry and visually shield the operations.	Contractor
Access Control	Establish a single, controlled entry/exit point for vehicles. Post clear, multilingual signage indicating restricted access, safety rules, and yard names.	Contractor / Site Security
Traffic Management	Implement a wheel wash facility or rumble strip at the site exit to prevent tracking mud, soil, and aggregate onto public roads or hospital premises.	Contractor

## 2. Operational Management Plan

### A. Clean Material Stockyard (Aggregates, Sand, Materials)

Material Type	Storage Requirement	Mitigation/Security
Aggregates, Sand, Soil	Stockpiles must be placed on an impervious base (e.g., heavy plastic or hardstand) and separated by low block walls or barriers to prevent mixing. Fine materials (sand) must be covered to prevent dust/wind dispersal.	Install silt fences/berms down-gradient to prevent runoff.
Finished Materials (Cement, Wood)	Store off the ground (on pallets) and under waterproof cover to prevent spoilage and waste.	Maintain segregation zones to ensure easy access and inventory control.
Hazardous Materials	Store fuels, oils, paints, and chemicals in a locked, designated, banded area with secondary containment capacity of 110% of the largest container.	Spill kits must be immediately accessible and staff trained in their use.

### B. Dumping Yard (Debris from Building, Waste Soil, etc.)

Waste Stream	Management and Security Protocol	Infection Control
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Inert Debris & General Waste	Provide separate, clearly labelled containers/skips for: (1) Concrete/Rubble, (2) Metal, (3) Wood/Cardboard, and (4) Non-Recyclable Trash.	Absolutely NO Regulated Medical Waste (RMW) is permitted in this yard. Any accidental discovery requires immediate notification to the PMU and ICU.
Waste Soil / Suspect Soil	Immediately inspect excavated soil. Isolate suspect soil (contaminated, odorous) in a separate, covered, labelled stockpile pending laboratory testing and specific disposal instructions.	All waste bins must be covered at the end of the working day to control Odors, pests, and fire risk.
Dust Control	Actively spray water on debris piles and waste soil stockpiles during loading/unloading and windy conditions to minimize dust generation and spread to patient areas.	Conduct air monitoring at the nearest sensitive receptor (e.g., hospital wing) if dust becomes a persistent issue.
Removal & Documentation on	Arrange for removal by licensed waste haulers at a minimum of twice per week or when skips are 80% full. Retain all Waste Disposal Manifests/Receipts for audit purposes.	All final disposal sites must be legally permitted facilities, confirmed by the Local Authority.

### 3. Restoration and Final Closure Plan

Restoration aims to return the land to its pre-construction state or the approved final design and is subject to final inspection and sign-off by the PMU and Local Authority.

Step	Restoration Activity	Completion Standard
1. Site Decommissioning	Remove all temporary structures, fencing, barricades, plastic sheeting, and site office remains.	100% visual clearance of all construction-related infrastructure.
2. Contamination Assessment	Inspect and sample soil in areas where hazardous materials were stored or spills occurred. Excavate and remove all visibly contaminated soil.	Environmental Consultant to provide a report confirming the site is free of contaminants to acceptable local standards.
3. Ground Regrading	Level the excavated areas using certified clean fill (if needed) and grade the entire area to ensure proper drainage and seamless	Final grade meets approved design specifications; no evidence of water pooling.
	integration with the surrounding topography.	

4. Surface Restoration	Apply the final surface treatment as per the project's land use plan: Landscaping: Lay minimum 15 cm of certified topsoil and plant/seed with local species. Hardstand: Restore sub-base and surface with paving or gravel.	Area is safe for its intended endues (e.g., returned to green space or parking).
5. Final Closure Approval	Submit the complete restoration report, including waste manifests and soil test results, to the Local Authority for formal sign-off.	Certificate of Clean Closure issued and filed.

# Draft Agreement for Voluntary Land Donations

## AGREEMENT

Obtaining the land to support the improvement and rehabilitation, or very minor footprint adjustment, of an existing Primary Medical Care Institution (PMCI)

..... (subproject name) under Primary Health Care System Enhancing Project (PHSEP).

This agreement is made and entered into on this ..... day of ..... Two Thousand ..... at ..... in the Democratic Socialist Republic of Sri Lanka.

### BY AND BETWEEN

Ministry of Health and Mass Media (MoH) acting through the Project Coordination & Management Unit (PCMU) and the relevant Local Authority / Asset-owning Agency (please specify and delete inappropriate words), and the Divisional Secretary, ....., which term of expression shall, where the context so admits, include their successors and permitted assigns of the one part,

### AND

..... (name of owner of the land) of ..... (address), which term of expression shall, where the context so admits, include his/her/their successors and permitted assigns, of the other part.

NOW THIS AGREEMENT WITNESSETH that the Authorized Officer of MOH/PCMU (and, where relevant, the Chairman/Head of the Local Authority/Asset-owning Agency) and the Divisional Secretary(.....)

AND ..... (owner) have mutually agreed as follows:

01(a). Considering the social and economic benefits of the above-mentioned PHSEP subproject, I/We ..... the owner(s) of the land called ..... (more fully described in the Schedule hereto), hereby donate the said land to the [receiving entity: MOH/Local Authority – specify one].

01(b). I/We confirms that the proposed sub-project will deliver direct and identifiable benefits to the Land Provider and/or the local community, including improved access to services and/or infrastructure associated with the <<INDICATE DIRECT BENEFIT>>, and that the land is being donated solely for this specific public purpose.

01(c). The donated land shall be used exclusively for the implementation of the approved subproject <<SUB-PROJECT ACTIVITY>> under PHSEP and shall not be used for any other purpose without the prior written consent of the Land Provider and compliance with applicable laws and safeguards requirements.

01(d). I/We further understand that the receiving entity may grant possession of the site (including this plot) in writing to the PCMU//contractor solely to enable execution of the subproject works.02. The land is being given of my/our own free will as an entirely voluntary donation, without any form of coercion or undue influence. I/We have been informed that I/We have the right to refuse donation without any

penalty or loss of project benefits. No land acquisition, compensation, or resettlement measures apply under this Project

) I/We further confirm that I/We have been informed of the applicable valuation of the land and associated assets in accordance with national procedures and ESS5 principles, and that I/We knowingly waive the right to receive compensation for the donated land. I/We have been informed of the **Grievance Redress Mechanism (GRM)**.

**02(a)**. The Land Donor confirms that this donation was made without coercion, that refusal would not result in any penalty or loss of project benefits, and that the Grievance Redress Mechanism remains accessible at all times.

**03.** I/We ..... hereby assure that I/We relinquish all claim and title to the donated land and that the land is **free of all encumbrances**, liens, claims, and disputes to the best of my/our knowledge.

**03(a)**. I/We confirm that the voluntary donation of the above land will not result in physical displacement, loss of shelter, or significant economic displacement, and will not reduce my/our remaining landholding or livelihood below a viable level.

**03(b)**. I/We confirm that all costs associated with this land transfer, including administrative fees, survey costs, documentation, registration, and title transfer, shall be borne by the Project, and no financial obligation shall fall upon us.

**04.** I/We ..... agree to remove/demolish any minor secondary structures, if applicable, provided that such removal does not result in loss of shelter or livelihood and is fully consistent with the VLDC

) and on the condition that works will proceed in accordance with approved designs and statutory clearances.

**06.** This agreement shall be governed by the Voluntary Land Donation Criteria (VLDC) set out in the Project ESMF, the World Bank Environmental and Social Standard 5 (ESS5) as it relates to voluntary land donation, and the applicable laws of Sri Lanka

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**THE SCHEDULE ABOVE REFERRED TO**

Details of the land: .....

Size/extent of the land: .....

Details of any structures/trees/crops: .....

**Boundaries**

To North: .....

To South: .....

To East: .....

To West: .....

Hereby we grant and acknowledge the acceptance of the land more fully described in the Schedule hereto on ..... (date).

.....

**Signature of Owner/Donor (Affected Party)**

Name: ..... NIC: .....

**Signature of Spouse (if applicable\*)**

Name: ..... NIC: .....

*\*If the owner is unmarried / spouse not applicable, this shall be certified by the Divisional Secretary.*

**Witnesses (02):**

1. Name: \_\_\_\_\_ NIC: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ NIC: \_\_\_\_\_ Signature: \_\_\_\_\_ **Acknowledgement**

**by Receiving Entity**

1. **Authorized Officer**, MOH/PCMU or **[relevant Local Authority/Asset-owning Agency – specify]**

Name: ..... Designation: ..... Signature: .....

2. **Divisional Secretary**, .....

Name: ..... Signature: .....

**Required Attachments to this Agreement**

This Agreement shall be accompanied by the following documents, retained in the project file and subject to audit and World Bank review:

- Copy of land title deed / permit / approved plan / sketch (as applicable)
- Copy of NICs of land owner(s) and spouse
- Site photographs (minimum two angles) confirming land boundaries and current use
- Photographic record of agreement signing with owner(s), spouse, witnesses, and Divisional Secretary representative
- Record of at least **two consultations** held with the Land Donor confirming:
  - voluntariness of donation ○ disclosure of GRM ○ understanding of the right to refuse donation

*Use Sinhala/Tamil/English versions as required.*