Environmental and Social Screening Report & Management Plan (ESSR & ESMP)

Building an Isolation Centre at National Institute of Infectious Diseases, (NIID) Angoda

July 2021

Ministry of Health, Sri Lanka

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Abbreviations

BH	Base Hospital
CEA	Central Environmental Authority
CoV	Corona Virus
CoVID	Corona Virus Disease
DGH	District General Hospital
DGHS	Director General of Health Services
DH	District Hospital
EHS	Environment, Health and Safety
EPL	Environmental Protection License
ESF	Environmental and Social Framework
ESIA	Environment and Social Impact Assessment
ESMF	Environment and Social Management Framework
ESMP	Environment and Social Management Plan
ESS	Environment and Social Standard
GRM	Grievance Redressal Mechanism
HCF	Health Care Facility
HCWM	Health Care Waste Management
HCWMP	Health Care Waste Management Plan
ICU	Intensive Care Unit
LMP	Labour Management Procedure
MOH/MOHIMS	Ministry of Health/Ministry of Health and Indigenous Medical Services
MRI	Medical Research Institute
NCCWM	National Committee on Clinical Waste Management
NDVP	National Deployment and Vaccination Plan
NIID	National Institute of Infectious Diseases
OHS	Occupational Health and Safety
PCR	Physical Cultural Resources
PDHS	Provincial Director of Health Services
PMCU	Primary Medical Care Unit
PPE	Personal Protective Equipment
QTC	Quarantine and Testing Centers
RDHS	Regional Director of Health Services
SEA/SH, GBV	Sexual Exploitation and Abuse/Sexual Harassment
SEP	Stakeholder Engagement Plan
SLCM	Sri Lanka College of Microbiologists
SMoPCLGA	State Ministry of Provincial Councils & Local Government Affairs
SWML	Scheduled Waste Management License
WHO	World Health Organization
WIN	Women In Need

A. Executive Summary

Sri Lanka COVID-19 Emergency Response Health Systems Preparedness Project (P173867) was prepared as an emergency project in April 2020, to respond to and mitigate the threat posed by the present global pandemic situation caused by COVID-19. Its main objective is to strengthen national systems for public health preparedness for present and future outbreaks of infectious disease or any other health emergencies.

Within the proposed objectives and frameworks, the project will facilitate setting up and strengthening the capacity of isolation wards and intensive care units (ICUs) in selected tertiary and secondary hospitals under sub component 1.1 (Strengthening Health System Response) of component 1 (Emergency COVID-19 Response). To facilitate the above objective, the GoSL has chosen the existing Infectious Disease Hospital (Angoda) in the Western Province as its second sub project to construct a new five storied Isolation Centre at National Institute of Infectious Diseases (NIID), Angoda for isolation of patients with infectious diseases and treatment in addition to the existing facility. A new 5 story hospital building will be fully equipped with an 8 bedded ICU, 32 isolation rooms with attached bathrooms to accommodate 64 patients, anti and post rooms with shower facilities and clean and dirty corridors to optimize infection control. Additionally, accommodation facilities for ICU staff in the basement, rest rooms for staff and nursing stations in each floor will be included to ensure staff welfare and safety. .

To identify any anticipated risks, impacts and opportunities, an environmental and social screening assessment was carried out and its findings are presented in the Environmental and Social Screening Report (ESSR). Some of the anticipated impacts identified are design related (ventilation, inclusive design principles), generation of dust and noise, risks & impacts due to social concerns, risks related to labour influx and Gender Based Violence (GBV), construction related occupational health and safety (OHS) issues, community health and safety, generation and safe disposal of health care waste, access to equitable health care services.

All the identified risks and impacts are mitigatory and manageable. Impacts associated with design and construction related activities can be mitigated through adopting good environmental, social and tailored design practices. Impacts related to labour management and stakeholders can be mitigated by implementing the project-specific Labour Management Plan (LMP) and the Stakeholder Engagement Plan (SEP). A site specific Healthcare Waste Management and Infection Control plan (HCWM&IC) will be prepared and adopted during the operational phase to mitigate any threats anticipated to community health and safety and the environment posed by spread of disease/contamination etc through disposal of HCW. Stakeholder consultations have been conducted with the identified key stakeholders with due consideration given to COVID related safety measures.

The ESSR and the stakeholder consultations do not raise significant issues that would warrant an Environment and Social Impact Assessment (ESIA). It recommends that an (i) ESMP to deal with construction phase related social and environment issues and a (ii) HCWM plan to address HCW handling, storage and disposal related issues, are sufficient to address the identified issues. Therefore, an Environmental and Social Management (ESMP) with assigned responsibilities has been annexed to this report which is aimed at minimizing and mitigating negative impacts of sub project activities (mainly during the construction phase) to levels that are environmentally and socially acceptable during implementation and operation of the sub project.

The Hospital Director at the NIID, Angoda and the PMU/MoH will be responsible for ensuring E&S compliance as specified in the ESMP for the proposed Isolation Center at NIID, Angoda throughout the project cycle. The contractor's focal person for social, environmental and safety matters and the Social and Environment specialists of the PMU will directly oversee and facilitate the process. The PMU will present updates/reports on the relevant monitoring indicators to the World Bank on the status of implementation.

B. Introduction & Background

Sub-project Background

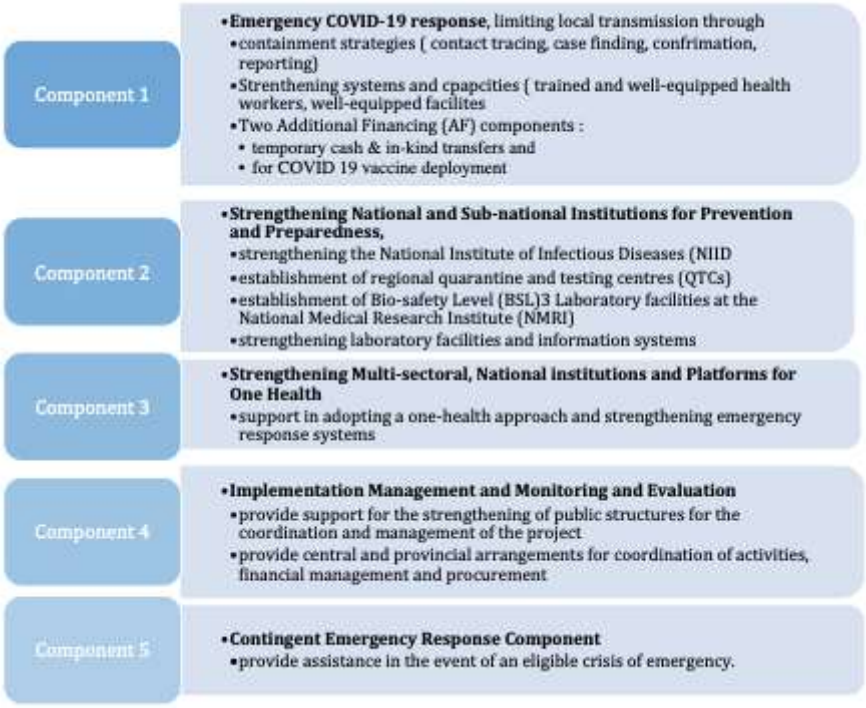
COVID-19 is a category 3 pathogen, one of the highly transmissible infectious diseases emerged in the world, similar to the Spanish flu which appeared back in 1918. With the increasing need of hospital space and beds to treat patients with COVID-19, and other infectious diseases, the capacity of the existing National Institute for Infectious Diseases (IDH/Angoda) needs to expand, in order to meet the rising demand for this only national level hospital for such care. It is the only national level infectious disease hospital in Sri Lanka, hence the facility should function at its maximum capacity to cater for the healthcare services needed by patients coming from all over the country. This is a hospital built about 160 years back during the British Colonial rule, particularly to isolate the patients with Small Pox. Though substantial changes to the then hospital has taken place, the existing facility only has basic isolation and safety related infrastructure for infectious disease management. Geographically it is located at the highest point in Colombo district from the sea level. Due to its geographical location, at a high point and situated in a sub-urban village like area in Kotikawatta-Mulleriyawa Pradeshiya Sabha area, the risk of spreading infections even airborne infections is low, and unheard up to date. Even though there were concerns from public regarding the waste water disposal system of the hospital, there was no social rejection or conflicts towards the functioning of this hospital though it is an infectious disease hospital, showcasing the social acceptance of its existence, and confidence in its safe functioning. With the transparency of waste water testing reports, hospital has been able to gain public confidence and support for its smooth functioning.

Hospital was functioning for more than several decades with minimal facilities when the COVID-19 outbreak appeared in January 2020 in Sri Lanka. Currently, about 150 to 200 patients are treated in the existing hospital. Due to the lack of facilities in this long standing old hospital, patients needed to be sent to the National Hospital of Sri Lanka for every advanced investigation such as CT scanning and MRI. Due to the nature of illnesses treated at the NIID, both patients and staff get subjected to stigma and discrimination when transferred to external healthcare centres for such care. With this backdrop, it is obvious that the existing facility needs to expand with a fully equipped separate section for isolation of patients with infectious diseases, with an ICU and ventilator care facilities. The long waited upgrading will not only benefit the people in this area, but patients from every district of Sri Lanka, as this is the National Institute for Infectious Diseases in the country, hence a long term cost effective investment. Further, the foreigners detected of having infectious diseases at the points of entry are referred and cared at this hospital, hence the benefits cross beyond country's borders. The upgrading and strengthening of the existing NIID (IDH/Angoda) by constructing of an Isolation Center will be financed from the Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project (P173867).

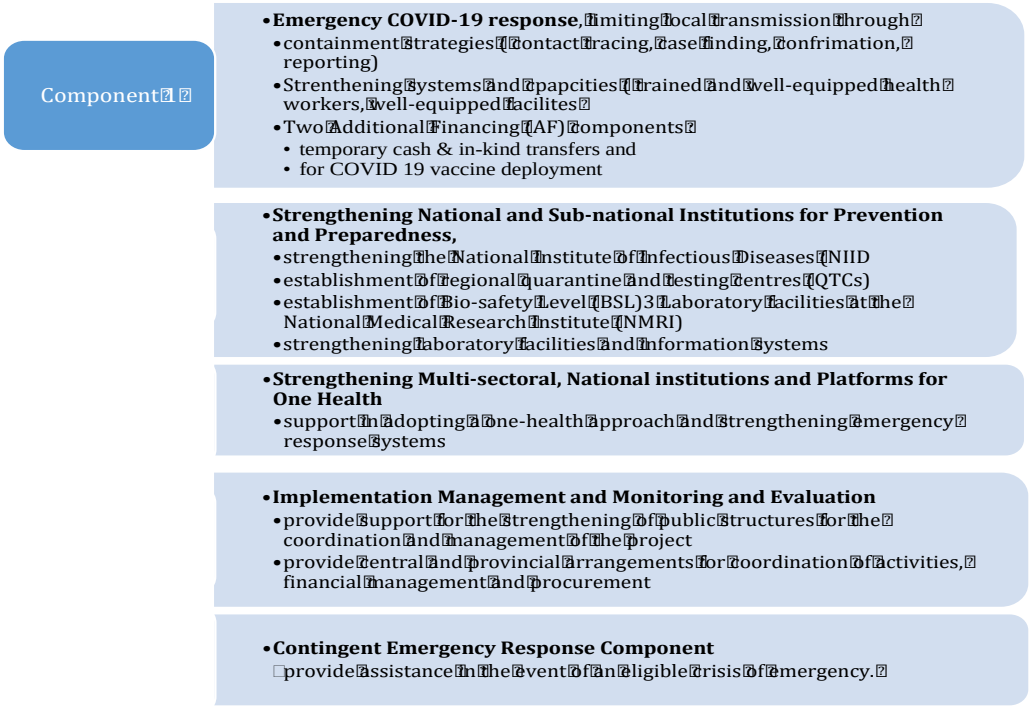
Project Background

The Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness (P173867) was prepared to aid the country in combatting the COVID-19 global pandemic that has been spreading across the world since it was first detected in Wuhan, Hubei Province, China in December 2019. Its main objective is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen the national systems for preparedness in Sri Lanka for future health emergencies. The project also supports two additional financing (AF) components, a) temporary cash & in kind transfers, aids the scale up of cash transfers through existing programs for the elderly, persons with disabilities and CKD patients and cash transfers for those who have lost their livelihoods and in-kind support for families in quarantine, and b) for vaccine deployment (safe, effective and equitable access to COVID -19 vaccines).

The Project comprises of **five components namely,**



The first component addresses the following.



C. Legal Framework and World Bank's ESF

World Bank's ESF

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

In achieving the above, all sub projects are subjected to an environmental and social due diligence process as defined in the Environmental and Social Framework (ESMF), and its supporting documents the Stakeholder Engagement Plan (SEP) and Labor Management Plan (LMP) of the Project.

The Environmental and Social Management Framework (ESMF) outlines a framework for environmental and social management for the Project, in compliance with the ESF and ESSs. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a

mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The LMP identifies main labor requirements, the associated risks, and necessary measures to address the project-related labor issues to promote sound worker-management relationships and to enhance development benefits of the project by treating workers in the project fairly while also providing them with safe and healthy working conditions.

As described in the ESMF, all sub projects are subjected to a screening process to understand and identify any risks, impacts and opportunities and an Environmental and Social Screening Report (ESSR) is prepared. To minimize, mitigate and offset any negative impacts and risks identified in the ESSR and to provide clearly defined mitigating/ compensatory measures an Environmental and Social Management Plan (ESMP) will be prepared. An ESMP will identify and provide mitigation and management mechanisms for each of the identified risks and impacts throughout the project cycle (design stage, construction phase and operational phase) with a monitoring plan.

National Polices and Legal Framework

In addition to WB's ESF, the ESMF takes into account the laws, policies and regulatory framework of the country. Some of the key legislature and laws supporting rights of citizens, vulnerable groups & women, promoting gender equality & safety and information disclosure include:

- 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.
- **National Environment Act (NEA)**
  In Sri Lanka the NEA No 47 of 1980 and its amendments (No 56 1988 and No 53 of 2000) are the basic legal documents that regulate hazardous waste and consequently HCWM in the country.
  Part II of the National Environmental (Protection & Quality) regulation No. 01 of 2008 includes "Health care service centers generating infectious wastes, including medical laboratories and research centers" as a prescribed activity that requires a license.
  Schedule VIII lists Healthcare waste as a scheduled waste from specific sources that no person shall generate, collect, transport, store, recover, recycle or dispose except under the licence issued by the Authority and in accordance with standards and other criteria as may be specified by the Authority. Accordingly, every HCF is legally responsible for the proper management of HCW from the point of generation until its final disposal to ensure minimum environmental and public health impacts.
- **Draft National Policy on Healthcare Waste Management**
  The Government of Sri Lanka drafted a comprehensive national policy on HCWM in 2001.
  The draft National Policy for Healthcare Waste Management states that all healthcare waste generated by the medical institutions of the public and private sector must be safely handled and disposed of. It states that every hospital is legally responsible for the proper management of waste that it generates until its final disposal and considers HCW as an integral part of hospital hygiene and infection control. Though the draft policy was submitted to the Cabinet of Ministers approval could not be obtained t couldn't get was and referred to different agencies for their feedback, official approval was not granted, due to a cabinet reshuffle and remains as it is up to date.

- Policies and regulations promoting gender equality, prevention & response to SGBV in Sri Lanka include:
  - Women's Charter of Sri Lanka:
  - Assistance to and Protection of Victims of Crime and Witness Act No. 04 of 2015,

  - Policy Framework and National Plan of Action to address SGBV in Sri Lanka (2016-2020)
  - National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence in Sri Lanka (2017-2021).
- Key legislature supporting rights of vulnerable groups including elderly and disabled:
  - National Charter for Senior Citizens and National Policy for Senior Citizens Sri Lanka (2006):
  - The Protection of the Rights of Persons with Disabilities Act no 28 (1996)
  - The Visually Handicapped Trust Fund Act.
- The Right to Information Act No. 12 of 2016 (RTI) 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

Key legislative framework relating to industrial, employment, and labor relations include:

- 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.
- 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.
- Well-being of employees is governed by the Employment of Women, Young Persons, and Children 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.
- Occupational safety and health is governed by the Factories Ordinance No. 45 of 1942 and the Workmen's Compensation Ordinance No. 19 of 1934.

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. Some of the key national policies the subproject activities will be governed by include:

- 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 (2008)
- Infection control Manual (2005)

There are also several guidelines that have been issued by relevant units and directorates of the Ministry of Health on health and safety for dealing with the COVID-19 crisis.

D. Location and Sub-project Description

Socio-Economic Characteristics:

The National Institute of Infectious Diseases (NIID), previously known as the Fever Hospital or Infectious Diseases Hospital (IDH) is the only designated quarantine hospital and the only specialized hospital for management of communicable diseases in Sri Lanka. It is a high service level government hospital focused on infection control, HIV and other Infectious Diseases. It is located in the

Colombo District in the Western Province in Sri Lanka and was established more than 160 years ago during the British colonial period.

Colombo District has a land area of 699 $Km^{2.}$ It has a population of **2,310,136 with a population density of 3417 Persons / Km^2.** Colombo district is the most populous district in Sri Lanka with 13 DS Divisions. Around 77.6% of its citizens are living in urban areas (Census and Statistics Department 2012). Colombo District has 904,028 economically active population out of which around 50% work in the private sector.

The NIID is located within Kolonnawa Divisional Secretary (DS) Division in Colombo District of the Western Province. Within the Kolonnnawa DS Division, the hospital is located within Malpura Grama Niladhari (GN) Division. The project area falls within the Kotikawatta-Mulleriyawa Pradeshiya Sabha.

The NIID has 200 beds including one dedicated dengue ward which consists of 40 beds, with male and female units. A specialized unit for dengue management was first established in 2010. Currently it is identified as a center of excellence for management of Dengue in Sri Lanka. ICU and pediatric Units have been established recently under the supervision of relevant consultants.

There are 11 Specialist Medical Officers, 51 medical officers, 186 nursing officers, 38 para medical staff and 153 Junior Health Staff working in the hospital currently. There are around 200 supporting staff (cleaning and security staff) currently working at NIID.

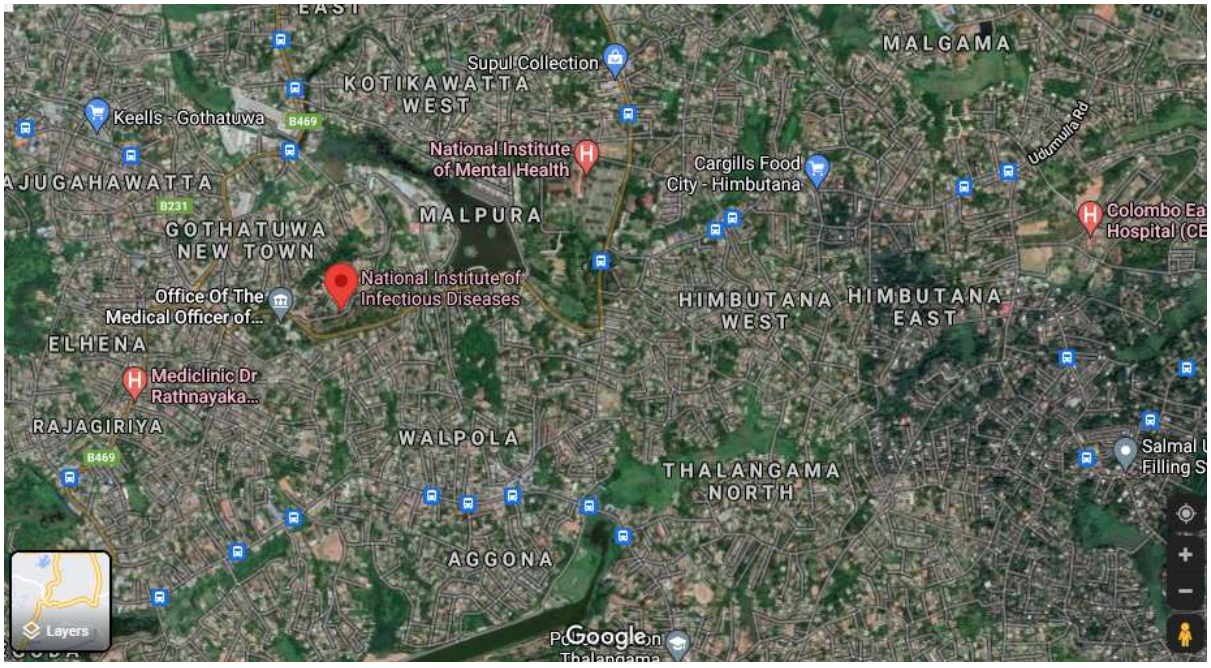
Buildings and wards with trees and bushes

Although located in a fairly urbanized area in the Colombo District, the hospital premises, buildings and the wards are planned and placed apart with trees and bushes in such a way, to optimize natural ventilation to minimize transmission of infections in the hospital. The geographical location of the hospital is at the highest point in Colombo, from the sea level. Additionally, staff is well trained to practice infection prevention and control measures which has ensured patient as well as staff safety to a greater extent. Most residential houses around the hospital are hospital staff quarters, other than the few houses at the rear end of the hospital and about 100m away from the boundary wall.

Environmental Characteristics:

Colombo district belong to low country – wet, and wet zones and relative humidity varies generally from about 70 percent during the day to about 90 to 95 percent at night. The climate is tropical and rainfall is significant. The annual temperature is 27- 32°C and the average annual rainfall is around 2348 mm. The rainfall pattern of the Colombo District is influenced by southwest monsoon from May to September, the peak rainy season. The rest of the year consists of convective rains. The Kelani River basin contains the majority of the area of the Colombo District.

Map with location of the NIID



The proposed Isolation Center building site is located within the existing NIID hospital premises.

On to the northern side of the proposed building site, there are single and multi-story residencies along Malpura Road which are 20 -30 m away from the site. On to the east, there are single and multi-story residencies which are 20 – 40 m away from the site. Hospital buildings and vegetation are located on to the Southern side of the site. The following table gives further details with regard to siting of the proposed ICC.

South	Hospital premises	Building + vegetation
West	Hospital premises	
Northeast	Residencies+ hospital premises+ Malpura road	Single story, multi-story 50m-60m(varies) away from site

Southeast	Residencies	Single story, multi-story 50m-60m(varies) away from site
Southwest	Hospital premises	Buildings
Northwest	Hospital premises	Vegetation

The locality of the NIID is sparsely populated with state, private, community buildings and residential structures. There is a primary school and a Buddhist temple which are located about 1.5 km and 600 m from the NIID. The Medical Officer of Health Office is situated 100 m away from the NIID. Other than these features, there are no other sensitive ecological receptors in the immediate environment as this has been used as an infectious disease hospital for more than 150 years.

Subproject Description

The main objective of the proposed investment is to establish an Isolation Center for the NIID to further strengthen the management of infectious diseases.

Location	Existing National institute of Infectious Diseases, Angoda
Planned works:	Isolation unit for the management of infectious diseases Five story (basement+ 5 floors with roof slab) Following facilities will be provided: • ICU with 8 beds • 32 Isolation rooms with attached toilet and 2 beds in each room (see annex 4 for building plan for each floor) Floor area – 2801km^2
Estimated subproject value:	Rs. 1 304Mn with VAT
Anticipated Construction period	18 months
Anticipated Labour Gang Strength	400 employees approximately (Around 135 skilled and 265 unskilled employees). These employees would be recruited form the local area as well as from other parts of Sri Lanka as per the discretion of the contractor.

The following table provides plan details for each floor plan and other services for the proposed isolation center at NIID that has been included in the current investment estimate.

Description	Area/m^2	Features
Access to the building		• Internal gravel road – width 5m • External gravel road-width 5m (only for an emergency) • Ground floor- through Internal road • Basement through internal /external road
Periphery		• Boundary wall and Fence • 3 Nos Gates • Generator and transformer room • Periphery road • Connecting corridor

		• Ambulance washing area • car park (5 Nos). Being an infectious disease hospital, vehicle parking inside the hospital is not encouraged and recommended. Minimum number of parking slots have been allocated for the most essential staff. • Fire vehicle feeding point • Indigenous pant/flower trough
Basement	961	Rest rooms for ICU Doctors, Nurses, Drivers, Minor Staff and Cleaning Staff, Water Sump, Medical gas room, Fire equipment room , Water pumping main Electrical rooms,
Ground floor	1200	• ICU with 8 beds and special A/C units • triage area • Patient inspection and Registration Area • Ambulance bay, CSSD area • Cleaning area for ICU • Toilet and washing facilities for staff and patients, patients waiting area for 50 Heads
First floor-Fourth floor	960	• Isolation rooms (2 beds in each room) with attached bath room , separate Anti and post room ,and shower area for staff –(Eight isolation rooms in each floor) • Rest room for Doctors ,Nurses And minor staff • Pantry • Nurses duty station • Equipment stores (Clean and dirty) • Drug store • Separate dirty and clean corridors • Roof terrace (First floor only)
Roof terrace	960	• Guard wall • Ventilation ducts/ pumps/ filters • Solar panels
Lift room floor	48	• Lift machine room
Water tank floor	127	• Water tanks
Building Envelope		• Half brick wall in corridors • Full brick wall in sides • Perforated Aluminum Cladding • 16 Nos of indigenous plant/flower trough in each floor • Façade with RC sunshade
Electrical system		A generator has been included in the project. Wiring will be done as per the current standards of electrical safety
Medical gas system		Provide Only for ICU and First floor at initial stage. Keep plant capacity to cater to every floor
MATV/CCTV/Public Address system/ Intercom		Cover all floors
Fire system		Hose reel system with fire sump and fire extinguishers will be placed.

Generator and transformer		• Provide Generator but not a transformer
Waste collection and segregation		• Dumb waiter for vertical transport of waste from each floor • Ground floor –Cloth and Equipment cleaning • Basement – General and Infectious waste collection , segregation and store
Sewerage and waste water		• Directed to existing sewerage treatment plant Conventional Oxidation ditch process-older than 50 years and renovated in 2019- Treaded water meets CEA requirements. No special treatment in terms of infectious control except chlorination. Influent volume has increased throughout the decades (maximum occupancy in hospital reaches 1200 heads with quarters). Can improve the capacity of the plant even further without structural modifications by accelerating the process of aeration and recirculation of activated sludge. Now the plant functions with aeration 2hrs a day and an activated sludge return cycle once a week which we have surge/buffer capacity to increase. Existing plant will be able to cater to the National Isolation center also. As a future development beyond the NIC following modifications can be done to the plant. The existing chlorination process can be enhanced with increased effluent quantity by increasing chlorine contact time by introducing a chlorine storage tank and chlorination contact tank. To decrease BOD/COD load to the plant It can be introduced a primary sludge settling tank and connected it to the existing drying bed. This modification can be done with expert opinion. • Delay tanks- not in the scope
Storm water		• Directed to natural drain with /detention and silt traps

Site for the proposed five story building for Isolation unit, at NIID in Angoda

Bare land at the rear end of the NIID

Separate road access to the proposed site

E. Analysis of Alternatives:

National Institute of Infectious Diseases is the only infectious diseases hospital in Sri Lanka at present. It has been built in the British colonial time to quarantine people with Small Pox. Since then many structural changes have been done, but the infrastructure of existing facility mainly suit management of diseases like chicken pox, measles, mumps and Dengue. With the COVID-19 outbreak in Sri Lanka, before other COVID treatment centres in other hospitals in Sri Lanka were initiated, many temporary isolation facilities were installed in the NIID to improve the infrastructure to isolate patients with COVID-19. Further, with the rising demand for specialized care for patients with infectious diseases particularly patients with complicated illness of COVID-19, the requirement for more facilities and strengthening of the existing facility NIID has become a dire need. Being futuristic the current hospital does not have facilities to manage patients of category 4 pathogens, and even the COVID-19 being a category 3 pathogen the hospital is functioning with barely minimum. Therefore, permanent upgrading with better isolation facilities, in this national level infectious diseases treatment hospital is no doubt a timely need, and a long term investment.

Due to the effective infection control measures followed in the NIID so far none of the infectious diseases treated at the hospital have spread to the nearby communities. Therefore, the hospital and its staff have been able to win confidence and trust of the surrounding community which consists mainly the hospital staff quarters in the near vicinity of the hospital. Community acceptance and support is a great social strength the hospital has at present. However, because the NIID is known to treat patients with infectious diseases, but without much advanced management facilities sometimes patients need to be transferred for other specialized care. At times like that, the patients and staff who accompany have faced stigmatization and discrimination at other healthcare institutions. Therefore, it is imperative that the existing facility should be upgraded with modern facilities needed for quality management of infectious diseases patients with proper safety and infection control infrastructure and build the trust and confidence of in and off-site health workers. The geographical location of the NIID, is at the highest point of Colombo district, hence even an airborne infection can be managed with lesser risk of spreading to the surrounding areas and thus the NIID is located at the best possible geographical location for an infectious disease treatment hospital.

Further, there is adequate bare land available at the rear end of the hospital complex, which can be utilized to build a new building with all necessary facilities for isolation of infectious diseases, and ensure patient and staff safety and protection. Hence, land acquisition and additional costs and time for such will not be a challenge. Having a new construction with better isolation facilities, and infection control infrastructure with all necessary staff wellbeing and patient protection facilities would not only benefit the people in this area, but patients coming from across the country and beyond Sri Lanka because even the foreigners detected of having an infectious disease at the points of entry, are sent to this hospital for isolation and care. Further, the existing facility has obtained community trust, and well protected by the surrounding community and key social stakeholders entrusting a social capital around the existing hospital. Therefore, constructing a well equipped five story isolation centre at NIID, is the best possible intervention at present considering all the strengths and opportunities which exist at the current location rather than putting up a new isolation centre somewhere else.

F. Social and Environmental Risks, Impacts & Mitigation Measures:

Potential impacts are considered under the three key phases of project cycle: design, construction and operation of the proposed Isolation Center at NIID.

1. Design Phase

- **Ventilation**

The facility being an Isolation Center, proper ventilation is very important. If the ventilation system is not satisfactory, air borne infectious diseases can be transmitted to patients, visitors and healthcare staff affecting their health adversely.

Therefore, the ventilation system in the proposed new building has been designed to circulate fresh air as much as possible. The isolation rooms will have natural ventilation. The air conditioning system in the ICU has been designed to circulate fresh air with increasing flow rates.

- **Adopt Inclusive Design Principals:**

The facility will establish minimum accommodation and servicing requirements to meet the needs of people with disabilities, women (especially, pregnant women), elderly, chronically ill, etc. Steps will be taken to make provision for gender-sensitive infrastructure such as segregated toilets and adequate lighting at treatment centers promoting a gender friendly environment and enhance women and girls' safety.

2. Construction Phase

- **Construction related impacts**

The construction activities will primarily include construction of a new Isolation Center with an ICU. Construction activities that involve piling etc will be required as this is a new construction. Construction activities including building the walls, tile cutting, flooring, plastering, installation of service lines and various medical equipment etc will take place. The dust and noise will be a nuisance to the patients, visitors and working staff, hence measures need to be taken to mitigate the adverse impacts to tolerable levels.

Significant environmental impacts anticipated during construction phase are: (i) increase of local air pollution, noise and vibration from earthworks, operation of mix plants and operation of construction vehicles; (ii) deterioration of surface water quality due to silt runoff, emissions and spoil from labour camps; (iii) social and health impacts from labour camps and occupational health and safety issues (iv) disruption to access/traffic; the Principal mitigation measures embedded in the EMP includes: (i) utilizing least noisy equipment and timing of equipment operation to reduce noise impacts; (ii) sprinkling of water on material storage and handling areas and unpaved road travel to control dust; (iii) installation of silt and oil traps, and avoiding storage of materials near water bodies to avoid contamination of receiving waters; (iv) location of labour camps at least 100m away from water resources, provision of septic tanks to treat wastewater, and linking with local health officials and programs on prevention and control of communicable diseases; (v) hiring of local labor to avoid the establishment of big labor camps; (vi) traffic management to avoid congestion and maintain access of local residents; (vii) provision of personal protective equipment and safety-awareness trainings to all workers. The generation of construction debris will need careful disposal.

- **Resettlement Risk and Impacts**

The sub-project will be done in the premises of NIID. As such, no land acquisition is required.

- **Risks & impacts due to opposition from stakeholders, social tensions, and conflicts.**

The NIID, Angoda has existed in this location for several decades, therefore the different social groups surrounding the hospital accept the hospital and cordially support the functioning of it in various ways, particularly during this period of COVID-19. Up to date not a single surrounding community member has acquired the COVID-19 infection from this hospital and none of the staff members from the patients in the hospital. This high standard of infection control measures of the hospital has been able to gain public trust and confidence in this current facility. Therefore, building a separate unit with special isolation care and facilities to upgrade the existing hospital should not create any concerns but bring in well wishes from the surrounding society and the staff of the hospital. The upcoming new facility will be built at the rear end bare land of the existing hospital. Therefore, the new building construction works will not affect the functioning of the current hospital, though dust generation and noise may need attention and prevented. Even the access to the new building site would be around the existing hospital complex, hence not obstructing the functioning of the existing hospital.

During the COVID-19 response the officials of Sri Lanka armed forces namely the Sri Lanka Army, Navy and Air force have been involved in assisting the hospital management to develop temporary facilities and services. In addition the Chinese labour staffs are involved in construction of other upgrading work of the hospital. Up to date no complaints from the staff, patients or surrounding public have arisen, in relation to any gender based issue or conflict due to the presence of armed forces or foreign labour groups.

However, in order to understand the potential social concerns and impacts of public and the staff, the project has conducted consultations with relevant staff of the hospital, nearby community and primary healthcare team of the area. This exercise helped to engage relevant stakeholders to identify potential risks & impacts and engage them in decision-making on planning for mitigation measures. In addition, key stakeholders were provided with timely, relevant, & understandable information about the project, its risks/impacts and mitigations measures.

Going forward, the subproject will ensure stakeholder engagement is carried out effectively without aggravating potential concerns amongst the relevant stakeholders and between different groups. A Grievance Redress Mechanism (GRM) will be instituted both locally and centrally and will be equipped to respond to grievances the community may have on project related issues. Beyond this, project implementation will also include a broad and well-articulated project communication strategy, which will not only help with the implementation of the community mobilization and behavioral change objectives of Component 1, but also help in a broader sense to tamp down rumors and misinformation about infectious diseases to ensure equitable access to services.

- **Labor Influx related risks & impacts**

The Security forces will not be involved in the new construction works of this five storey building activities. A private contractor will be procured to carry out the construction works. It is estimated that 90,000 man hours are required on average to complete the activity for the construction of the isolation facility at NIID. If it is assumed that the activity will be completed within 18 months, a workforce of around 400 would be needed on a daily basis to carry out the works. One third of the workforce (around 135 employees) need to be skilled workers and two thirds (around 265) need to be unskilled workers.

As considerable labor influx is expected, it can affect project areas negatively, in terms of increased risks of social conflicts, illicit behavior, burden on and competition for public service provision, risk of communicable diseases and GBV. To address the above-mentioned impacts from labor influx, the Project will: a) reduce labor influx by tapping into the local workforce, to the extent possible at least for unskilled work; b) assess and manage labor influx risks based by implementing the ESMP for the subproject; and c) incorporate social and environmental mitigation measures, including adopting of a 'Code of Conduct' for the workforce, the contractor is expected to ensure compliance.

The contractors will also be advised to provide proper accommodation facilities for the workforce. Usually the unskilled workers will be recruited from in an around Colombo and some of them might come from their own households. For the rest of the workforce, accommodation will be arranged considering the safety and health aspects of COVID-19 situation in the country. A house/houses will be rented to provide accommodation for the workers. Adequate number of toilet facilities, space, lighting and ventilation and other welfare facilities will be provided. In addition, regular screening for COVID-19 symptoms will be carried out.

- **Construction related OHS issues**

There will be activities that will be hazardous in nature such as working at heights during the construction period, cutting, tiling, electrical work etc. In addition, there is a threat of work force being infected with COVID – 19 considering the nature of work. The ESMP carries measures for minimizing OHS risks which has also taken into consideration the recent guidelines published by the Ministry of Health (MoH) on COVID-19 prevention protocols for the construction sector. In addition, screening for COVID-19 symptoms will be done on a regular basis among the work force. Regular awareness work will also take place. An emergency response plan for both accidents and infections will be in place with designated focal officers and relevant contact details.

- **Community Health and Safety Risk and Impacts**

There could be a risk to community health from increased movement of construction vehicles, construction debris if they are carelessly disposed off and the spread of COVID 19 either directly or via the workforce who will be mingling with the local community.

The ESMP will carry provisions to mitigate risks posed to the communuty from construction hazards including debris management. The contractor will be trained on the ESMP intially and monitored throughout the project period.

- **SEA/SH Risks & Impacts**

As the proposed building is at the rear end of the existing hospital with the labor influx for the construction works, there could be increased risks pertaining to sexual exploitation and abuse and sexual harassment (SEA/SH) of patients, staff, women and children in the community as well as within the hospital premises, though such incidents have not been reported so far. Measures to address SEA/SH risks under the subproject will include:

- **Information and communication**: Publicly post or otherwise disseminate messages clearly in local languages prohibiting SEA/SH during the provision of health care. Key messages to be disseminated will focus on: i) No sexual or other favors can be requested in exchange for any services or support; ii) Staff Code of Conduct strictly prohibits all forms of SEA/SH engaging in sexual exploitation and abuse; iii) Any case or suspicion of sexual exploitation and abuse can be reported to the hotline, GM or citizen engagement/feedback mechanism.

- **Prepare/adopt Codes of Conduct and safety protocols:** Implement Codes of Conduct for all staff, information and notices in local languages stating zero tolerance on SEA/SH. Prepare and implement GBV/SEA/SH and child protection protocols at the health center, as well as include GBV screening so survivors can be referred to support services.
- **Strengthen Service provision:** Strengthen GBV and child protection service provision through the access to help/hotline services eg: Mithuru Piyasas, Women In Need (WIN), and functioning GRM ensuring that it is accessible by female beneficiaries. Ensure that the Project GRM will have a mechanism for confidential reporting with safe and ethical documenting of GBV issues. Train first responders (i.e. Health workers) who are part of the outbreak response with the basic skills to respond to GBV.

- **Risks of accidents due to heavy traffic** - As the existing hospital is located within very close proximity to the subproject site, can expect noise from the construction site and the construction vehicles. With the commencement of construction activities and due to transport of construction goods, material & equipment by heavy vehicles, the risks of traffic congestion and accidents should also be foreseen. However, there is separate road access to the site of the subproject, and the access of that area to the patients and staff can be prohibited to mitigate the problem. Measures to avoid/mitigate road accidents including transport disruptions due to unexpected traffic will be implemented by the support of the security service of the hospital and area Police during the subproject implementation period. The measures will be described in the ESMP specifically to safeguard patients and staff from accidents and to ensure smooth flow of traffic during the implementation period. A road and traffic plan will be in place with the contractor during the project.

3. Operation phase

- **Generation of Health Care Waste (HCW)**

The Isolation Center will generate waste that is hazardous in nature in providing healthcare services. HCW consists of various hazardous compounds such as persistent chemical compounds, complex mixtures of organic matter including pharmaceuticals, detergents, antibiotics, antiseptics, surfactants, solvents, medical drugs, heavy metals, viruses, pathogenic bacteria including multi-resistant bacteria and other microorganisms and molecules from unused and excreted non metabolized pharmaceuticals. Additionally, faeces and urine from patients carry many disease-causing organisms, medicine residues and other chemicals depending on the treatment patients have received. Some of these may be potentially bio accumulative. The presence of potentially toxic heavy metals such as Mercury, Silver, chlorinated molecules in high concentrations and can damage the ecosystem as well as human health significantly.

The disposal of untreated hospital wastewater which contains antibiotic-resistant bacteria is also a matter of concern. Improperly treated wastewater can pollute groundwater aquifers polluting water bodies significantly. If the generated wastewater and sewer systems are not managed properly, it can lead to extensive levels of environmental pollution leading to severe adverse health outcomes to humans. Due to the hazardous nature of the hospital sewer and wastewater, it needs proper treatment before it is discharged. The current system is a conventional oxidation ditch process where no special treatment in terms of infectious control except chlorination is in place. Currently the plant functions with aeration 2 hours a day with an activated sludge return cycle once a week.

Considering emerging and re-emerging infectious diseases (now and in future), it is very much essential to manage this highly infectious waste properly. Additionally, waste discharges from sewers can be a significant issue due to the infectious nature of the discharge leading to disease

transmission. Wastewater discharges from the laundry too is hazardous and need to be managed properly. Mismanaged healthcare waste produced in this facility can give rise to social issues as well. Issues in aesthetic appearance and odor can be very sensitive social issues especially since there are residencies closer to the isolation center.

Currently the hospital management is outsourcing the infectious waste generated from NIID to an authorized private sector waste manager. The plan for the infectious waste generated from the Isolation Center remains the same. A comprehensive waste management plan needs to be developed for NIID considering the new constructions as well. Other alternatives considered are installing a friction heat treatment option for infectious waste. Since this method does not involve incineration it will be more environmentally friendly. In the case of either option, which is yet to be discussed and agreed upon, HCW storage facilities onsite will be needed. The waste generation in the isolation center needs to be properly managed so that it will not negatively impact the overall waste management programme of the NIID. The NIID is expected to obtain Scheduled Waste License (SWL) as well as the Environmental Protection License (EPL) from the Central Environmental Authority (CEA) as per the requirements of the Central Environmental Authority in Sri Lanka.

As for waste collection, healthcare waste will be collected into bags lined in pedal operated bins as per the National Color Code. Waste segregation at the source of generation will be practiced at all sites. Waste storage facilities have been designed to store infectious waste. Waste loading area has been identified with secure washing facilities for the vehicle. Washing facilities for the staff handling waste too have been planned.

As for wastewater generated from the Isolation Center, it will be connected to the existing system. Pretreatment is necessary before discharging into the existing system since the waste water will contain chemicals as a result of disinfection and CSSD activities. Existing plant will be able to cater to the National Isolation center too. Capacity of the plant even further without structural modifications can be improved by accelerating the process of aeration and recirculation of activated sludge. However, this modification has to be done with expert opinion. Costs for waste water pretreatment is not included in the project estimates. This aspect will need to be revisited and should be included in the comprehensive waste water management plan of the NIID.

Healthcare waste management (HCWM) is proposed to be supervised by the Consultant Microbiologist who is the technical focal point and will include the development of a site specific HCWM and Infection Control(IC) plan. The HCWMP and IC plan will typically include (i) a waste management committee appointed under the chairmanship of the Director (ii) waste audits and internal reviews to be conducted regularly (iii) all categories of staff handling waste to be trained on a regular basis and (iv) to have a strict monitoring mechanism to oversee the healthcare waste management of the institution.

Discussion on the safe management of HCW and the health care wastewater including sewage will be taken separately in parallel to the construction project, as already stated above. Once the proposed final solutions are finalized, a site specific HCWM plan will be done which will be sent for Bank review and clearance.

- **Occupational Health and Safety**

Healthcare staffs are potentially at risk of occupational health and safety issues. Working in an Isolation Center within an IDH facility further increases the risk. The healthcare staff can be exposed to the following occupational hazards in their work environments.

1. Biological hazards - Viruses, bacteria, fungi, parasites
2. Chemical hazards - chemicals used in the facility
3. Ergonomical hazards - lifting weights, awkward postures leading to musculoskeletal disorders
4. Psychological hazards - stigma, increased work load, conflicts in work-family life balance, infection risk anxiety
5. Mechanical hazards - Needle stick injuries, slips and falls

All staff categories working are at risk. Pregnant workers and workers with co- morbidities are at a higher risk of developing complications and need careful attention.

As a mitigation measure, an Occupational Health and Safety (OHS) unit will be established in the NIID. Basic occupational health and safety services will be arranged for healthcare workers. Screening and incident reporting systems, Hepatitis B and any other relevant vaccinations, adequate supply of proper personal protective equipment, OHS training will be arranged for all categories of staff. Counselling services and measures to improve the wellbeing of healthcare workers will be implemented.

- **Recruitment of relevant categories of staff to the newly established isolation centre of the NIID**

The staff working in the existing COVID-19 treatment units of the hospital may not be adequate with the upgrading of the hospital with increasing bed strength. New cadre provisions and recruitment of staff for all categories including medical officers, specialist medical officers and other healthcare and support staff through regular recruitment process of the Ministry of Health through transfer lists will have to be activated. Separate staff should be recruited, trained and monitored for healthcare waste management as at present it is done with only few staff members.

A human resource plan will be developed by the administration of the NIID facility and staff recruitment will be done as per the plan when the operations of the facility are initiated.

- **Equitable access to health services for vulnerable and high-risk groups**

Insufficient accommodation for staff and servicing requirements, lack of universal access, inadequate provisions for additional support to vulnerable groups, and absence of dignified treatment of patients and their families in health care facilities, are important considerations under the project during the operational phase. Further, there may be potential risks relating to GBV/SEA/SH while in self-isolation at treatment centers, though such have not been reported in the current facility up to date with its long history of such care. Prevention of sexual exploitation and abuse and sexual harassment, ensuring minimum accommodation and servicing requirements in health care facilities including dignified treatment of patients and their families; attention to specific, culturally determined concerns of vulnerable groups, are issues that will require close attention while managing the social risks during the operations of health centers. Similarly, some vulnerable groups (especially the elderly, people with disabilities or those with pre-existing medical conditions) may be severely affected by COVID-19 and may need additional support to access treatment. Therefore the subproject will take the needs of vulnerable and high risk groups into consideration and ensure measures in place to address these needs during the operation phase.

A. Environment and Social Screening

Questions	Answer		Remarks	ESS relevance	Due diligence / Actions
	Yes	No			
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?	Yes		The sub project involves construction of a new 5 storey building in the bare land at the rear end of the existing NIID .	ESS1, ESS2, ESS 3	Implement subproject ESMP. Include ESMP in bidding documents. Workers to sign Code of Conduct, contractor to ensure compliance
Does the subproject involve land acquisition and/or restrictions on land use?		No	This is an existing hospital land that will be used which is owned by the MoH.	ESS5	*None*
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?	Yes		Beds, ventilators, HDU equipment, waste treatment equipment are some of the needed equipment	ESS5	All primary suppliers to follow labor Management procedures.
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?	Yes		The clinical waste of this facility will be outsourced to an authorized waste manager. Sewerage treatment would be done on site.	ESS3, ESS 4	Waste Management Plan will be prepared and implemented during the operations phase.
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?	Yes		The capacity will need improvement and the project will identify these gaps and address them. Infection control of the new isolation facility will be technically supervised by the Consultant Microbiologist and administratively by the Director of the Facility. A team will be set up to supervise IPC inclusive of Infection Control Nursing Officer, Public Health Inspector and other relevant stakeholders headed technically by the Microbiologist.	ESS1	The NIID will have to obtain EPL and SWML licenses from the Central Environmental Authority for its functioning. Hence there is regulation with regards healthcare waste management at the national level.
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?		No	The existing system is not without gaps, it needs improvement	ESS1 and ESS3	A Waste Management Plan would need to be implemented during the operations

					phase.
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?	Yes		On average, it is estimated that 90,000 man hours would be required to complete the activity within 18 months. Hence on a daily basis a work force of around 400 would be needed. Approximately 135 (one-third) employees required to be skilled workers and 265 (two thirds) required to be unskilled workers.	ESS2, ESS 4	Labour & camp Management Measures detailed in the ESMP should be implemented and guided by the Labor Management procedures of the project.
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?	Yes		Hospital OHS and infection control is at a fairly satisfactory level, but gaps may be there. The staff will be given adequate and necessary PPE. Incident reporting systems, Hepatitis B vaccination to all staff, proper SOPs for safety and training on OSH will be provided. OSH unit will be established to further look after OHS aspects of employees in the operational phase.	ESS1, ESS 2	ESMP describes OHS procedures at the construction and operational phases to be followed and monitored.
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?	Yes		The subproject will utilize the project GRM and workers GRM established for the project. The 1907 GRM will also be notified to people in the area	ESS 2	All stakeholders and project staff will be made aware of the GRM and grievances will be monitored throughout the subproject cycle.
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?	Yes		There may be transport of specimens from the isolation center to the main NIID lab or outside labs for advanced testing.	ESS3, ESS 4	Necessary Health & safety protocols as described in the ESMP including ones prescribed by the MoH will be followed.
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?	No		No military will be involved in construction or operation of the proposed facility. Only regular hospital security personnel will be involved.	ESS4	Project's Labor management Procedures will apply.

Is the subproject located within or in the vicinity of any ecologically sensitive areas?	No		No such ecologically sensitive areas in the vicinity.	ESS6	*None*
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?	NO		No indigenous groups in the project area.	ESS7	*None*
Is the subproject located within or in the vicinity of any known cultural heritage sites?	No		N/A	ESS8	*None*
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?	No		However, given the visibility to the existing hospital complex risk of GBV/SEA cannot be neglected.	ESS1, ESS 2	ESMP describe GBV prevention & response measures. Contractor will adopt a Code of Conduct and GRM will also be in place to report & respond to such incidents.
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?	No		*n/a*	*OP7.60 Projects in Disputed Areas*	n/a
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways[2]?	No		*n/a*	*OP7.50 Projects on International Waterways*	n/a

Rating - **High/substantial**

B. Information Disclosure and Public Consultations

Consultations were carried out with the following list of officials and relevant categories of people in the area on from 14.07.2021 to 18.07.2021) over the phone given the prevailing COVID-19 context of the country. The NIID has been functioning as the only Infectious Diseases Hospital in Sri Lanka since early 1970's, and there has not been any social rejection or conflict towards its functioning up to date. Therefore, all stakeholders were in consensus that upgrading this facility with high

standards of isolation facility will not only benefit the people at national level but the surrounding areas, and also the staff and patients. Communication and dialogue will continue to maintain the positive relationships.

Category	Stakeholders consulted
Health officials & medical experts	Director of NIID (Angoda) Hospital Consultant Physician of NIID Consultant Microbiologist of NIID Deputy Director and MOIC of the HIV isolation unit of the NIID Matron of NIID Chief Pharmacist and a laborer of the NIID Overseer of the NIID Medical Officer of Health at Kolonnawa Public Health Inspector of the NIID
Representation of the public and interest groups	Chief priest of the temple representing the people in the area (Mandavila Sri Abeysumanaaraamaya) Bimbhaaraamaya)

The key points on impact and mitigation are summarized below:

A. Acceptance of the proposed project

- None of the stakeholders refused or resist the proposed project. All of them justified having the NIID upgraded with a separate isolation centre. However, emphasized on carrying out planned activities to a standard, and infection control measures to be ensured optimally. Also the possible dust and noise generation was mentioned to be addressed appropriately, and emphasis to be given optimal waste disposal systems to be in place during the operational phase onwards. Stakeholders identified that there will be a range of benefits such as improvement of multi-purpose health care services, employment opportunities, improvement of area business and thereby the economy of the people.

B. Environmental safety and security to ensure public trust

- Put up construction protection nets, and partitions between the existing hospital buildings and the new construction to prevent accidents from construction site, and reduce the dust reaching the existing wards.
- Introduce indigenous plants surrounding the new building to increase the environmental friendly aesthetic value and the green site.
- Make provisions for adequate vehicle parking space. Road safety measures to be implemented between the new construction and the existing hospital building. Adequate traffic personal or security guards to be utilized when necessary to ensure road safety for the patients and staff of the functioning existing hospital while new building is constructed.
- Prohibit access to the separate road to the construction site, then the patients and staff will not access to the separate road to the site, hence prevention from accidents will be ensured.
- Have a strong security system to ensure roads and surrounding areas are safe from accidents during construction phase
- Regular infection control measures to be established in the proposed hospital unit and its staff to ensure continuity of preventing infections spreading in the area, as up to date infections from the hospital have not spread to the surrounding community.

- Ensure disposal of the soil in identified places when excavations for ground preparation and piling take place.

C. Waste water and sewerage management

- Ensure waste water, and sewerage are treated and disposed appropriately and regular testing of treated water to be done at least once in three months. The reports of regular testing to be filed and kept in the office to be able to check if necessary, and also to produce to the public if concerns arise.
- Improve the capacity of the existing sewerage system to ensure the additionally generated waste water and sewerage when the new facility is operational.

D. Staff accommodation and facilities

- The staff working in this hospital are from various parts of the country, and are faced with an additional infection risk. Therefore to reduce the staff turnover and the staff burden, it's necessary to provide family accommodation for the staff of all categories particularly the nursing and health assistant staff. The hospital is at a higher point of the area, which is quite distant from the shops and city. Therefore the staff and patients would benefit if a shop with cafeteria is established within the premises. This would not only benefit the staff, but bring in economic stability to such vendor and prevent infection risk seeping to the city by reducing staff mobility.

G. Obtaining human resource and equipment

- New cadres should be advertised and all categories of staff to be recruited and trained to work in this hospital.
- Improve the standard and equipment of the hospital laundry. The contractor who does the laundry of the hospital for the past 15-20 years need support to upgrade the equipment for a better service to be acquired.
- Having more staff to handle waste, and proper waste handling equipment such as waste carts to be provided to them to ensure efficient waste handling, and also ensure training them and regular supervision.

H. Develop a communication platform and stakeholder engagement

- Need to develop a communication platform through the Hospital Management, staff, nearby religious leaders, and the divisional management to ensure adequate information are exchanged in case a public concern appear. Develop material in Sinhala and Tamil (Posters, leaflets, banners) about the new facility and about the upgrading of the hospital
  to make surrounding people aware and reduce unnecessary fear due to lack of awareness and misinformation.
- Involve all categories of stakeholders for ongoing communication to improve awareness, willingness and build trust i) Health platform , ii) Divisional level platform & iii) Public platform

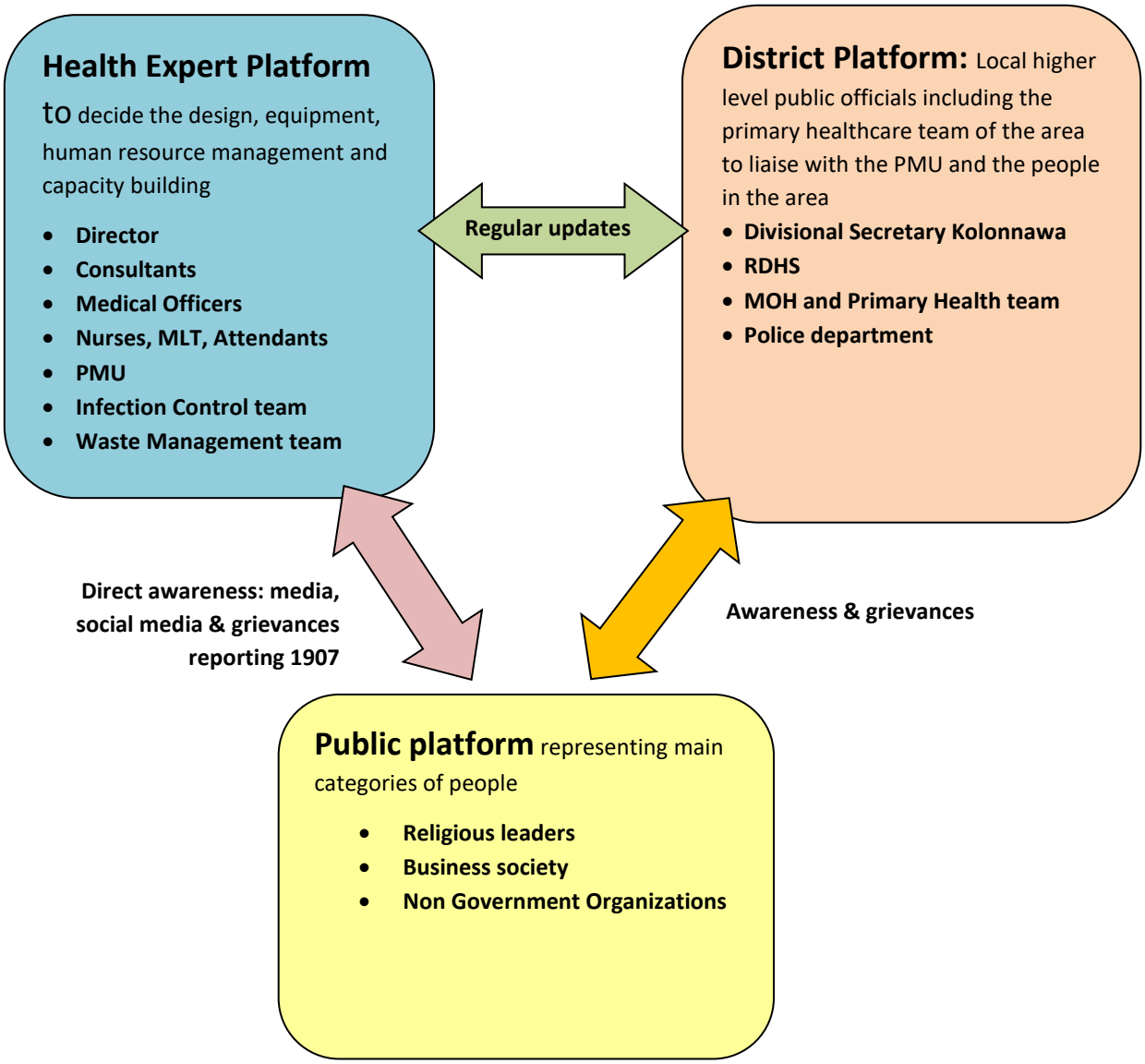
Mechanism for ongoing consultations for continued communication

Following mechanism will be adopted to engage with stakeholders in an ongoing basis to provide project updates and to receive feedback including respond to any grievances.

During ongoing consultations, the nearby residents will be consulted through the public platform including the community leaders and religious leaders to keep the residents informed. A basic leaflet with project information highlighting safety measures and grievances mechanisms including the GRM contacts will be provided for the nearby residents and residential complexes.

The requests of hospital staff on accommodation/quarters and a canteen facility will be taken into consideration during health expert and district platforms to explore possibilities of achieving those. During the subsequent consultations with the staff the decisions will be communicated, as a response to their expectations.

The large labor force expected to work in this construction site will be mostly accommodated within the premises and only a minor proportion will stay in nearby communities (in rented homes). In public communication platforms the community will be made aware of the risks and codes of conduct in place for these workers including complaint reporting hotlines.



Stakeholder Engagement & Communication Plan for the sub-project

Group 1: Health expert platform

Stakeholder group	Information to be disclosed/made aware and/or topics to be discussed	Methods and channels	Timing	Responsibility
Health Platform • Hospital Director • Consultants • Medical Officers of the hospital • Area MOH • Nursing staff • Health Assistants • MLT • Infection control and waste management unit representatives • PMU • Receptionist • Security Officers • HDC members	• Project plan • Hospital Waste management plan • Labour management plan • GRM • Staff training and CPD • Infection control strategy • Staff screening • Regular water testing	Monthly meeting to discuss the progress of ongoing plan and project details with stakeholders	Throughout the project frequently. Operational stage at least meet quarterly to discuss of progress and mitigation	Hospital Director

Group 2: District platform

Stakeholder group	Information to be disclosed/made aware and/or topics to be discussed	Methods and channels	Timing	Responsibility
District Coordinating Committee • Divisional Secretary Kolonnawa • Chairperson, UC Kolonnawa • Secretary UC, Kolonnawa • RDHS • Hospital Director • MOH • Police department •	• Project plan • Hospital Waste management plan • ESMP and mitigation • GRM (national and local)	• Hospital Director to update the progress of the project • Handle grievances • Public awareness in local languages to be planned and delegated to relevant authority	• At the MOH monthly conference • At the Divisional Secretary office meetings (environment & health meeting)	• MOH • Hospital Director •

Group 3 : Public platform

Stakeholder group	Information to be disclosed/made aware and/or topics to be discussed	Methods and channels	Timing	Responsibility
Relevant public • Religious leaders • Business society members • Nearby residents • NGO's and CBO's active in the area	• Awareness of the details of the project • Waste management and infection control measures • GRM available and local GRM by MOH and Urban Council (Chairperson and Secretary)	• Public announcements in local languages • Banners • Information leaflets in local languages • Through the temple	Before constructions During constructions Operational stage	Director/NIID MOH and staff Grama Niladhaari Area Police

D. GRM including handling complaints related to GBV

A Grievance Redress Mechanisms (GRM) will be in place for the NIID, Angoda. The GRM will include channels for grievances reporting, including submission of anonymous complaints, procedures for resolution of grievances, appeal process, and mechanism for informing the complainants etc., to ensure timely, effective and efficient resolution of complaints and grievances.

The GRM for the NIID will operate at 3 levels:

Tier 1: Done by the Hospital Director at the NIID, Angoda at Ministry of Health and Divisional level (lowest)

- Hospital Director Contact details: Dr Hasitha (0776275283)

Tier 2 : Done at District level (intermediate):

- Medical Officer of Health: Dr. Anusha
- Public Health Inspector of the Hospital Mr Hanwella (0776060632) (0719447035)

Tier 3 : Done by the Office of the Additional Secretary Medical Services at MoH/National Call Centre, at National level (national)

- A toll free/24 hour hotline is available for the Health GRM at call number 1907.

Complaint Handling Process

- **Step 1: Submission of grievances** either orally, in writing via suggestion/complaint box, through telephone hotline/mobile, mail, email etc. to any of the 3 tiers. The GRM will also allow anonymous grievances to be raised and addressed. Receipt of complaint to be notified through the existing GRM system of the Ministry of Health will take place within 3 working days.
- **Step 2: Recording & classifying the grievances** based on the typology of complaints and the complainants in order to provide more efficient response, and providing the initial response immediately as possible at the tier 1 level focal point. The typology will be based on the characteristics of the complainant (e.g., impacted person, interest groups & vulnerable person etc.) and also on the nature of the complaint (e.g, disturbances/disruptions in the

vicinity of health facilities, inability to access the information provided on COVID 19 or any other infection transmission; inability to receive adequate medical care/attention, etc).

- **Step 3: Investigating the grievance** and communication of the response within 7 to 14 days. At each level, there will be focal points designated & trained to inform PMU about the grievances received and seek support to resolve them.
- **Step 4: Complainant Response:** Either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the MoH.

Monitoring: PMU will closely monitor grievances received and resolved and also assess the timeliness of the grievances being resolved and the types of grievances received. This information will be used for course correction and will also be shared with the World Bank on a regular basis.

Workers GRM: A separate grievance mechanisms will be in place for the project workers at the NIID, Angoda. The focal person for the project's workers GRM will be the Senior Social Specialist/Safeguards Officer at the PMU. This GRM will allow workers involved to lodge complaints relating to their employment terms/conditions, payments, issues related to health and safety of their work environment, lack of proper procedures or unreasonable overtime, etc.

Handling complaints related to GBV: Along with training and awareness raising, the GRMs will be accessible to female beneficiaries. They will be able to receive project-related complaints concerning gender-based violence (GBV), including sexual harassment and sexual abuse and exploitation (SEA/SH), have mechanisms for confidential reporting with safe and ethical documenting of GBV issues, and be equipped to handle cases of SEA/SH with a survivor-centered approach, such as thorugh 'Mithurpiyasas' (i.e. GBV care centers under MoH). Any GBV related complained will also be reported to Word Bank immediately.

Beyond this, the national project implementation will include a broad and well-articulated project communication strategy, which will help with the implementation of the community mobilization and behavioral change. It will also help in a broader sense to push down rumors and misinformation about COVID-19 and other infectious diseases, and ensure equitable access to services.

E. Labor & Contractor Management

The Labor Management Procedure (LMP) of the project is expected to promote sound worker-management relationships and enhance the development benefits of the project by treating workers in the project fairly while also providing them with safe and healthy working conditions. As per World Banks ESF, project workers are categorized as: direct workers, government workers, contracted workers, primary supply workers, and community laborers. However, for the subproject, community workers will not be involved.

- **Direct workers:** are those who will be hired directly by the MoH for the purpose the project and those who are not considered Government Civil servants.
- **Government Workers are civil servants** that work in the project without their status as a Government civil servant being affected. Contracted workers are those who are hired by third parties to perform work related to core functions of the project, such as construction workers, workers providing janitorial & waste management services etc.
- **Primary Supply Workers** are those workers employed by primary suppliers of the project such as those who supply food, lab equipment, medication, PPEs, construction material, waste management equipment etc.

Application of the LMP for the sub-project: For this sub-project, direct, government civil servants, contracted and primary supply workers will be involved. For all direct, contracted and primary supply workers, all requirements of WB's labor standard will apply. Government civil servants involved in the project are bound by their existing public sector employment agreement or arrangement, and provisions under this LMP will not apply to such parties. Nevertheless, their health and safety will be considered, and the measures adopted by the project for addressing occupational health and safety issues, including those specifically related to COVID-19, will apply to them.

Given below is a summary of the measures to be complied by during subproject implementation. Please refer to the Labor Management Procedures (LMP) of the Project for additional details on the measures.

Compliance with Terms and Conditions: For all direct, contracted and primary supply workers, project will comply by the following:

- Workers will be provided with an employment contract or letter of appointment with a clear ToR.
- Only workers above 18 years will be hired, use of forced labor or conscripted labor will be prohibited, maximum working hours, leave, maternity benefits, pension deductions etc. will be adhere to regulations as stipulated in the national legislature,
- Staff will be made aware of the avenues available to seek redress including issues of sexual harassment, and equal training opportunity will be available to all staff working in the project without discrimination
- A toolbox training will be conducted prior to commencing any physical work.
- To ensure enforcement of these measures, the provisions will be included in the employment contracts of all workers and necessary documentary evidence will be shared with the PMU.

Compliance with Health & Safety measure: The project will ensure the application of OHS measures as outlined in WHO, National and World Bank guidelines. This will encompass procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE etc. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally. Contractors & suppliers will develop specific procedures/plans so that adequate precautions are in place to prevent or minimize an outbreak of COVID-19.

Compliance with Working Conditions and Living Arrangements: Project staff will be provided with safe and secure working environments and with necessary office facilities and equipment. Separate male and female toilet facilities will be provided and potable drinking water & handwashing facilities will be available at all project offices & field/construction sites. Adequate waste management systems will also be in place at all project sites in accordance with General Environment, Health and Safety Guidelines (EHSGs) and industry specific EHSGs and follow evolving international best practice in relation to protection from COVID-19. To ensure the enforcement of the provisions mentioned here for the contracted workers, the conditions highlighted here will be included in the contracts signed with all the contractors.

Grievance Mechanism: A separate grievance mechanisms will be in place for project workers at the PMU. The focal person for the workers GRM will be the Senior Social Safeguards Officer from the PMU. The GRM will allow workers involved to lodge complaints relating to their employment terms/conditions, issues related to health and safety of their work environment, lack of proper procedures or unreasonable overtime, etc. to the workers GRM. Any GBV related complaints will be reported to the PMU (& PMU to World Bank) to receive guidance on the response measures.

Contractor Management: Contractual provisions and measures and procedures that will be put in place by contractors to manage and monitor relevant health and safety issues. Accordingly in bidding/tendering documents, specific requirements for contractors will be clearly stipulated such as having medical waste management experience/certifications etc., Codes of Conduct for workers, infection prevention & control (IPC) strategies, emergency response plan, as per WHO Guidelines Including contractual provisions and procedures for managing and monitoring the performance of contractors.

LMP implementation: Project PMU will have the overall responsibility of ensuring the implementation of the LMP. Senior Environment Officer and the Senior Social Safeguards Officer of the PMU will coordinate capacity building activities and will monitor and supervise the implementation of the LMP. Senior Engineer, Senior Technical Officer and Procurement Specialist will ensure contractors/sub-contractors and suppliers comply with the project LMP.

F. Recommendations

The ESSR process and stakeholder consultations have been carried out and completed to identify any adverse risks, impacts, and opportunities of the proposed project as required by the World Bank ESF and due diligence process. It can be deduced that the anticipated impacts are mitigatory & manageable; and the proposed project will positively impact communities and strengthen the National Health Service delivery system in combatting any future infectious diseases/pandemics. Most impacts highlighted during the screening process can be mitigated and addressed through proper planning, designing and monitoring procedures throughout the project cycle (pre-construction, construction and operations). Therefore it is recommended that an Environmental and Social Impact Assessment (ESIA) is unwarranted for this sub project. Hence an ESMP, HCWMP, will be prepared and implemented along with stakeholder engagement procedures and the LMP to address any issues, risks and concerns highlighted during the screening process. The Hospital administration will provide a Human Resource plan on the plan of recruitment of healthcare staff to this newly established Isolation Centre of the existing NIID, Angoda.

G. ESF Implementation, Budget and Monitoring Plan

Clearances: The ESF and ESMF serves as the basis for the preparation of specific instruments such as the Environment and Social Screening Report (ESSR), Environmental and Social Impact Assessments (ESIA) and/or Environmental and Social Management Plans (ESMP) for the new 5 story National Isolation Centre for the existing NIID at Angoda. All the instruments are subject to World Bank prior review and only cleared instruments can be included in bidding documents and other procurement instruments. No work can commence on this proposed Isolation Centre for NIID, Angoda without the due clearance.

Trainings: The relevant personnel in the NIID in Angoda will be trained by the environmental and social specialists of the PMU and the World Bank on the ESF/ESMF implementation and procedural requirements. Training will be provided for the health and supporting officials on how to monitor and report on progress, issues and other developments. The training will also cover the consultations, grievance redressal mechanism, GBV, gender equality etc. All contractors are expected to disseminate and create awareness within their workforce on compliance, and conduct staff training for their effective implementation, such as trainings on occupational health and safety, use of PPE and worker codes of conduct etc.

ESF Implementation Work Plan

No	Activities	2021							2022	
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
01	Include ESMP in bidding documents									
02	Information Disclosure, Consolations & operationalize GRM									
04	Tendering									
05	Finalize waste management plans									
06	Contractor training on ESMP implementation, setup labour camp & implement traffic management measures.									
07	Putting up polythene partitioning between the proposed construction and the exsting hospital wards									
08	Construction of the new 5 story building									
09	Implement waste management measures									
10	ESMP Implementation monitoring									
11	Finalization of Hospital Operational plan including human resource plan.									
11	Completion of construction work & handover									

Monitoring:

The supervision of the proposed Isolation centre of NIID in Angoda will cover monitoring, review and reporting on a number of indicators across its design, pre-construction/site preparation, construction, and hand over for operations phases. The monitoring will help in determining whether the sub project is being carried out in conformity with the ESF/ESMF and legal and financial agreements. It will also support in identifying issues as they arise and recommend means to resolve them, recommend changes to the project concept and design, identify risks to the sustainability of the Isolation Centre of NIID, Angoda and recommend suitable risk management strategies.

The Project/Hospital Director at the NIID, area MOH, the Min. of Health and the PMU will be responsible for monitoring the E&S compliance for the Isolation Centre of NIID in Angoda during the above four phases. They will present updates through the PMU of the status of the implementation. These reports will be supported by regular World Bank missions with specialists to monitor and advise on the progress and situation.

Listed below are key indicators to guide ESMP implementation monitoring:

Phase	Objective	Monitoring Indicators
Planning & Design	Institutional, legal, financial and community arrangements for the proposed Isolation Centre of NIID, Angoda to be constructed and established	✓ Site selection approved ✓ ESSR & ESMP approved ✓ World Bank/Min. of Health/ Isolation Centre of NIID, Angoda agreement/budget finalized ✓ Technical and engineering designs approved ✓ Appropriate personnel identified and modalities and responsibilities confirmed ✓ Community consultations and awareness raising conducted ✓ Contractor bidding initiated
Pre-construction/ site preparation	Secure project site for Isolation Centre of NIID, Angoda with necessary arrangements established	✓ Monitoring and reporting systems established ✓ Awareness and capacity building training for health and support workers conducted ✓ Health and worker GRM and focal points activated ✓ Ground preparation for construction completed ✓ Partitioning and barriers between existing hospital wards and construction site established ✓ Contractors selected and agreements on E&S confirmed ✓ Labor camps/rentals arranged as per COVID-19 guidelines established ✓ Contractor worker training on E&S, labor standards, COVID-19, community relations, codes of conduct conducted ✓ Workers signed the Code of Conduct
Construction	Construction of Isolation Centre of NIID, Angoda within E&S and COVID-19 safety standards	✓ Constructions conducted ✓ Debris, spoils, emissions, noise, dust etc. mitigation measures implemented ✓ Traffic management and public safety plan initiated ✓ Prevention of COVID-19 spread ensured. ✓ Ongoing consultations conducted and feedback obtained from stakeholders. ✓ ESMP monitoring reports prepared. ✓ Numbers of grievances received, resolved and types of grievances analyzed and reports prepared for course correction.
Hand over for operations	E&S sustainable Isolation Centre of NIID, Angoda handed over to	✓ Operations, HR and maintenance plans prepared. ✓ Training conducted for hospital staff on operations and maintenance of the facilities. ✓ Final public consultations, awareness & feedback sessions conducted to communicate completion of the Isolation Centre of NIID, Angoda.

	the NIID and operational	✓ Handover arrangements finalized. ✓ ESMP implementation evaluation completed and report prepared. ✓ HCWMP plans and contingency plans prepared and approved. ✓ Treated waste water testing plans prepared, approved and initiated.

Budget: Given below are specific budget requirements for implementation of ESF for the subproject:

Item	Cost (Mn)	Allocation
Salary of **Contractor**'s **E&S/Safeguards Officer**	0.9 Mn	Contractor's cost
Dust/noise screening and safety netting	2.5 Mn	Contractor's cost
Community awareness raising/mobilizing campaign and **ongoing** consultations	0.3 Mn	Contractor's cost
Training and capacity building – health & contractors workers	0.3 Mn	Contractor's cost
PPEs, Disinfectant material etc. **–** for project workers (**heal**th & **contractor**s **workers** etc.)	2.0 Mn	Contractor's cost
Regular monitoring by PMU E & S specialists (transport)	0.3 Mn	PMU cost
Contingencies	0.5 Mn	Contractor's cost
Total	6.8 Mn	

H. Annexes

Annex 1: Environmental and Social Management Plan for Implementation

The following Environmental and Social Management Plan (ESMP) has been developed in line with 'generic ESMP' provided in the ESMF 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 related to the proposed Isolation Centre for the NIID, Angoda:

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
    - (*Further guidance is available in the form of the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities- 2018 and Guidelines for Design and Construction of Outpatient Facilitie-2018)*
- 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
- Coronavirus disease (COVID-19) advice for the public, World Health Organization, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public, Accessed on 20 April 2020
- World Bank Group, 'ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Project,' April 7, 2020
- UNICEF — COVID-19 response: Considerations for Children and Adults with Disabilities, http://www.internationaldisabilityalliance.org/sites/default/files/covid-19_response_considerations_for_people_with_disabilities_190320.pdf, Accessed on 19 April 202

ESMP for the proposed Isolation Center at NIID, Angoda

ESMP for the Design Phase of the Isolation Center at NIID, Angoda

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
Design Stage					
Location of the Isolation Center at NIID, Angoda	• All upgradation work associated with the establishment of the proposed Isolation Centre for the NIID, Angoda will be limited to the footprint of existing NIID, Angoda which is government owned. • Consultations with relevant stakeholders, including local communities in the vicinity of the proposed facility, will be organized to seek their feedback on the location of the Isolation Centre for the NIID, Angoda, its quarantine facilities and isolation units. • Civil works requiring expansion beyond the existing facility, involving new construction on a virgin site, or any form of land acquisition, will not be supported under the project.	At the site selection phase	No Associated Cost	MoH and hospital management	PMU/MoH, Hospital Management
Incorporation of Environmental Design Recommendations	• The engineering design of the project should take the following into consideration: o 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.); o the connection to the sewerage network and the need for capacity expansion for receiving collectors or the need for a wastewater treatment	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	system for the building (septic tank, infiltration ditch); o the treatment of wastewater from cafeterias and restaurants, if any, before being discharged to the sewerage networks or the wastewater treatment system. o the adequate management of runoff and the facilities for its recollection and evacuation, having in mind the existing downstream systems. o the systems of recollection, storage and transportation of solid wastes generated in the building, incorporating the structures for separation and recycling. o appropriate access systems for pedestrians, cars and bicycles. o appropriate access system for children and handicapped people, including ramps for wheelchairs and other requirements as per universal access norms; o the need to integrate building design with architectonic characteristics of the surrounding neighborhood; o avoiding the use of materials such as wood from unlicensed sources, lead-based paints, asbestos in any form. o ensuring structural safety o clearly demarcating exit and entry ways and ensuring adequate light and ventilation via natural sources where possible, in the design.				

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
Functional layout and engineering control for nosocomial infection	• The following minimum design requirements should be taken into consideration during facility layout and design to ensure infection control. o Installation guidelines for sheetrock Management of water-related infections in HCFs can be reduced by taking special care of the water supply such as supplemental treatment of water with heat and/or chemicals. ▪ Ensure appropriate wastewater treatment infrastructure is built into the design or existing facilities are augmented to handle and additional load of waste water. o Location of sinks and dispensers for handwashing products and hand hygiene products o Air-handling systems engineered for optimal performance, easy maintenance, and repair ▪ Heating, Ventilation and air conditioning (HVAC) systems in health-care facilities should be designed to maintain the indoor air temperature and humidity control odors, remove contaminated air, facilitate air-handling requirements to protect susceptible patients and minimize the risk for transmission of airborne pathogens from infected patients. ▪ Decreased performance of health-care facility HVAC systems, filter inefficiencies, improper installation, and poor maintenance can contribute to the spread of health care–associated airborne infections so the systems should be evaluated in existing	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	HCWFs and augmented as required via design. ▪ Construction design and function considerations for environmental infection control are detailed in the guidance documents (as referred above). o Medical Gas system for the selected wards/isolation units, and HDU's should be designed and engineered for optimal performance. o Air Change per Hour (ACH) and pressure differentials to accommodate special patient-care areas o The design should incorporate adequate designated areas for the storage of health care waste management. ▪ Where required appropriate specific areas for establishment of autoclaves and other on-site disposal facilities well away from patient care areas. ▪ Location of fixed sharps containers ▪ Types of surface finishes (e.g., porous vs. non-porous) o A safe location of the water tank and storage. o Well-caulked walls with minimal seams o Location of adequate storage and supply areas o Appropriate location of medicine preparations areas (e.g., >3 ft. from a sink)				

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	○ Appropriate location and type of ice machines and water dispensers (e.g., preferably ice dispensers rather than ice bins) ○ Appropriate materials for sinks and wall coverings ○ Appropriate traffic flow (e.g., no "dirty" movement through "clean" areas) ○ Isolation rooms with anterooms as appropriate ○ Appropriate flooring (e.g., seamless floors in dialysis units) ○ Sensible use carpeting (e.g., avoiding use of carpeting in special care areas or areas likely to become wet)* ○ Convenient location of soiled utility areas ○ Properly engineered areas for linen services and solid waste management ○ Location of main generator to minimize the risk of system failure from flooding or another emergency				
Incorporation of Green Design	• The architectural and engineering designs of projects should incorporate and reinforce the criteria of environmentally friendly buildings. ○ This should take place during the conceptualization stage and should include: ○ separation of the potable water systems from irrigation systems;	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	○ maximizing natural light in order to minimize artificial light needs; ○ planting of native species in gardens and green areas; ○ natural ventilation systems, minimizing the necessities of air-conditioning where appropriate				
Application of principles of universal access in HCF design	• Seek input from local community and other relevant stakeholders, including people with disabilities, women, and elders, Disabled People's Organizations (DPOs), etc., on the HCF design • Incorporate principles of universal access for groups of higher sensitivity or vulnerable (potentially elderly, those with preexisting conditions, or the very young) ○ HCF to be built at ground level, where appropriate, or at least have one entrance ramp and level internal design ○ Chairs placed for use by people who cannot stand while transacting business. ○ Enough open space in the waiting areas for wheelchair users, luggage, etc. ○ Doors sufficiently wide for wheelchair users and people who assist patients. ○ Directional signage that is visible, easily understood and clearly marked, including with pictographs, for reception desk, bathrooms, doctor's offices, etc	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	○ Accessible, spacious toilets and dressing rooms • Make provision for gender-sensitive infrastructure such as segregated toilets, menstrual pad disposal facilities and adequate lighting at treatment centers promoting a gender friendly environment and enhance women and girls' safety. *Universal design will be integrated into the procurement process by establishing procedures which mandate universal design concepts*				
Design of facility should reflect specific treatment requirements, including triage, isolation or quarantine	• The design, set up and management of will take into account the advice provided by WHO guidance for Severe Acute Respiratory Infections Treatment Center. • Hand washing facilities should be provided at the entrances to health care facilities in line with WHO Recommendations to Member States to Improve Hygiene Practices. • Isolation rooms should be provided and used at medical facilities for patients with possible or confirmed COVID-19 or any infectious/communicable disease. • Isolation rooms should: ○ be single rooms with attached bathrooms (or with a dedicated commode); ○ ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided) ○ be sited away from busy areas or close to vulnerable or high-risk patients, to minimize chances of infection spread; ○ have dedicated equipment (for example blood pressure machine, peak	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	flow meter, pulse oxymeter, thermometer and stethoscope) ○ have signs on doors to control entry to the room, with the door kept closed; ○ have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment.				
Design to consider mortuary arrangements to ensure no impacts arise in relation to insufficient capacity or existing facilities and potential spread of infection.	• Include adequate mortuary arrangements in the design • See WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19)	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC
Environmental & Social Management Plan (ESMP)	• A site specific. ESMP and relevant guidelines (including Code of Conduct) 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. • 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. • 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	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	To be provided as a provisional sum and/or as part of the engineering cost	To be provided as a provisional sum and/or as part of the engineering cost

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	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. • The ESMP will be consulted with the relevant stakeholders, and disclosed to the general public including the grievance redress mechanism for stakeholders and for the project workers. • 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 writing to the Contractor, the Engineer will take whatever actions it is deemed necessary to ensure that the ESMP is properly implemented. • The Contractor through an Appointed Environmental & Social Officer (E&SO) shall assist the "Engineer" to conduct his duties as required in the ESMP implementation by; (a) maintaining up to date records on actions taken by the Contractor with regard to the implementation of ESMP recommendations (b) through timely submission of reports, information and data to the Employer through the Engineer, (c) via participating in the meetings conveyed by the Engineer or any relevant line agency and (d) any other assistance requested by the "Engineer".				

Pre-Construction/Site preparation phase						
1.	**Site clearance /vacating of an existing COVID-19 treatment Centre/ward**	• All patients in a building which will be undergoing refurbishment /civil works will be transferred in to an identified safe COVID treatment unit. • The unit/building will be disinfected as per MoH guidelines for COVID-19, by MoH staff under the instruction of a microbiologists. • All waste will be disposed as per the MoH guidelines and best practices foe handlings COVID-19/infectious waste. • The disinfection will take place 14 days prior to hand over of the site to the contractor. All laborer's/workers/contractors will be made aware of any health risks that might arise due to the facility being a COVID-19 ward.	N/A			
2.	**Site Access Closure to avoid risk to public and HCWs from construction site.**	• All public access to the site via adequate fencing and signage which prohibit public access completely, in order to avoid risk to the public. • 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. • A fence shall be erected to cover the entire perimeter (especially the boundary wall leading to the school)of the facility using cost effective fence materials	Prior to commencing works on site	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		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. (until such time the concrete wall is raised as part of the contract package) o To avoid land disturbance and movement, the fence shall generally follow the contour of the ground. o Grading shall be performed where necessary to provide a neat appearance				
3.	**Material Sourcing leading to an impact on Natural Resource supplies cumulatively.**	• 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. • Sourcing of any material from protected areas and/or designated natural areas, such as earth is strictly prohibited. .	Prior to commencing works on site	Engineering Cost	Contractor	PMU/MoH, EPA,IC
4.	**Work Site Management to ensure minimal accidents on site.**	• 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. • 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. • 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.	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC
5.	**Potential capacity of spread of infection due to**	• Where possible all attempts must be taken to use labor already present in the	Prior to commencing works on site	Engineering Cost	Contractor	PMU/MoH, EPA,IC

	introduction of workers to local communities. Specifically, workers coming from infected areas, infected workers may lead to co-workers becoming infected and there is the high risk of introducing infection into community/general public	local area. • In addition, the following measures in reference to the LMP must be undertaken to mitigate and manage these potential impacts. o Consider ways to minimize/control movement in and out of construction areas/site. o 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 o 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 o Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering o Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures. o Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell o 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				
6.	**Labor Camps Management Procedures and managing impacts associated with labor and communities**	• Due to safety and public health issues prevalent at the site, it should be assessed if labor camps may be established on site. • Resting facilities and the site office will be located closer to the site entrance and away from the waste mound. • Separate resting and sanitary facilities for both men and women laborers. • An internal transparent and accountable system will be established within the contractor's company to tackle issues of sexual exploitation, abuse & harassment, physical and psychological harassment and bullying. Details of this system will be shared with PMU prior to signing any contracts or agreements. • In terms of labor camps, the following measures will be adhered to, where relevant: o The location, layout and basic facility provision of labor camps to be set up will be submitted to the Engineer prior to establishment. o The establishment of labor camps will commence only upon the written approval of the Engineer. • The contractor shall maintain necessary living accommodation and ancillary facilities in functional and hygienic manner and as approved by the Engineer. • All temporary accommodation will be established and maintained in such a fashion that uncontaminated water is available for drinking, cooking and washing. • The sewage system for the camp, if not available, will be planned and implemented with concurrence from the Local Public Health Officer (PHI)	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		• All provisions that are required under 'The Factories Ordinance' will be strictly adhered to. • All project offices will be free of pests. Where pests are detected pest control measures will be taken immediately. • Fire detection and firefighting equipment will be available at all project offices. • Emergency evacuation plan will be established for all project offices and staff will be made aware of the plan and periodic simulation exercises that needs to be implemented. • Adequate safety signs will be installed at the work site giving clear direction. These will be provided in addition to English in the language of the workforce.				
7.	**Term & Conditions of employment, Code of Conduct & training.**	• No labor under the age of 18 can be hired for work under this contract & use of forced labor or conscripted labor will be prohibited. • 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 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. All workers will be required to sign the Code of Conduct. • 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 other such measures for to address COVID-19 prevention and/or outbreak at the site, etc., will be conducted throughout the contract period as	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		agreed in the contractual documents in line with the sub-project specific ESMP. (Additional requirements relating to infection control relating to COVID-19) is presented below). • 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 • All vehicles used by any contractor for the purpose of the project will have valid registration, insurance and road worthiness. • 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.				
8.	**Special Infection Control During Covid-19**	• Contingency plans (or if relevant, extension of project emergency and preparedness plan or a standalone procedure for addressing COVID-19), will be prepared with arrangements for accommodation, care and treatment for: Workers self-isolating; Workers displaying symptoms; Getting adequate supplies of water, food and supplies. Inputs will be sought from local public health authority on the contingency plan (or other such measures for to address COVID-19 prevention and/or outbreak at the site). The contingency plan, detailed in writing with measures to be taken to address the risks, will be shared with the Project, either directly or through the Supervising Engineer. • The project, either directly or through the Supervising Engineer, may provide support in identifying appropriate mitigation measures to address any risks associated with COVID -19, particularly where these will involve interface with local services, in particular health and emergency services. • For Workers working inside HCFs o Medical mask and gloves will be provided o All workers must maintain spatial distance of at least 1 m from HCWs. • At all work sites the following has to be undertaken • Training should be conducted for all workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing) and what to do if they or other people have symptoms (for further information see WHO COVID-19 advice for the public). • Placing posters and signs around the site, with images and text in local languages (Sinhala and Tamil).	Prior to commencing works on site and During construction	Engineering Cost	Contractor/HCF	PMU/HCF Management/MoH, EPA, HPA

		• Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. • Where handwashing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used. • Review worker accommodations and assess them in light of the requirements set out in above. • Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected (see paragraph (f)). o Continuing with the usual safety trainings, adding COVID-19 specific considerations. Training should include proper use of normal PPE. While as of the date of this note, general advice is that construction workers do not require COVID-19 specific PPE, this should be kept under review (for further information see *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19) Interim guidance issued on 19 March 2020 by WHO*). o Arranging (where possible) for work breaks to be taken in outdoor areas within the site. o Distance eating-area layout with 1m distance in seating and mealtime phasing should be conducted to allow for social distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on site. • The above mentioned preparation measures will be communicated not only to the workforce but also the local community, to reassure them that the movement of staff is controlled, and to ensure that stigma or discrimination is reduced in the event of an outbreak				
~~9.~~	**Removal of trees for proposed** Isolation Centre for the NIID, Angoda	• This will be done on the bare land behind the existing hospital. Other than few bushes the land is clear, hence tree removal is unlikely to be needed. However, the following guidelines should be generally adhered to	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		• Avoid cutting of trees unless absolutely necessary. • During removing, attention maintain minimum disturbances to soil cover and care should be taken not to damage adjoining trees. • Compensation for the trees removed should be conducted at a 1:2 ratio at least.				
10.	**Demolition of existing infrastructure within existing HCF**	• Management of Asbestos Cement (ACM) Based Material-Avoiding Exposure Risk o An inspection of building materials for the presence of asbestos and lead hazards must be conducted prior to initiating demolition projects. o 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. o 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. o 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. o No ACM material can be stockpiled off site. This should be fully prohibited.	During construction-demolition of existing facilities.	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		• Management of Environmental Impacts During Demolition Process. o 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). o Particular attention should be paid to ensure the following ▪ The site of works shall be fenced and screened to protect site from strong winds and to contain dust. ▪ The noise level during demolition works shall be within the permissible limits as per the CEA guidelines on noise. ▪ All hazardous wastes, including asbestos shall be disposed of as per the provisions laid out by the CEA ▪ The following measures shall be taken so as to abate the visual impacts during demolition works: • Visual screening / fencing of works • Proper location of equipment and machinery on site • No encroachment of demolition wastes on pavements and roads ▪ Demolition works within residential areas shall be carried out during normal working hours (8:00 – 17:00) only. ▪ 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 Engineer. ▪ No debris shall be burned on the site.				
11.	**Information Disclosure among Stakeholders.**	• Discussions should be conducted with the local community who reside along the vicinity of the project site o 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. o 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 o 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. • The contractor will maintain a log of any grievances/complains and actions taken to resolve them. • A copy of the ESMP should be available always at the project supervision office on site.	During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC
Construction Phase						
12.	**Site Clearance and Land Development**	• Prevention of removal of large trees should be maintained as far as possible. • During removing, attention should be paid to maintain minimum disturbances to soil cover and also care should be taken not to damage adjoining trees.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		Degraded state land identified for forestry activities will be improved to compensate for the trees removed as 1:2 at least • Water spraying should be done at a regular interval to avoid dust generation due to site clearance				
13.	**Disposal of Debris and Spoil**	• 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: • 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 • Private land cannot be selected for disposal & if being used should also require written consent from the landowner • The debris and spoil shall be disposed in such a manner that; o Waterways and drainage paths are not blocked o Not disposed in any wetland areas or coastal areas such as lagoons or on beaches. o the disposed material should not be washed away by runoff and should not be a nuisance to the public • All material that is reusable or recyclable shall be used for such purposes either by the contractor or through dealers. • Excavated earth materials and construction debris shall be disposed within 24-48 hours without allowing to stockpile within the hospital premises, or as recommended by the engineer.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• During transportation, materials destined for disposal should be covered with tarpaulin. • 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.				
14.	**Transport and Storage of construction materials**	• During transport of material: o The contractor should avoid over loading trucks that transport material to construction sites. o During transportation, materials should be covered with tarpaulin. o Peak hours in roads with moderate to high traffic should be avoided. o The contractor shall minimize possible public nuisance due to dust, traffic congestion, air pollution, etc., due to such haulage; o 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. o Speed limits as nationally stipulated for haulage must be maintained o All vehicles used for haulage should be in good condition. o If there are damages to local roads and other utilities due to hauling in roads caused by the contractor. The contractor shall attend to repair all damaged infrastructure/ roads, if needed through relevant authorities	During construction	Engineering Cost	Contractor	IA/PMU
15.	**Emission of Dust during cover application and**	• All construction materials such as sand, soil, metal, sheet rock, partitioning material , etc. should be transported under cover to the site and stored under	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

	construction.	cover at the site. • Locally sourced material such as thatched coconut leaves can be used and held in place with weights, such as old tires or cinder blocks, in order to minimize the levels of airborne dust. • Mud patches caused by material transporting vehicles in the access road should be immediately cleaned • 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 four time's day) as the levels of dust can be elevated during dry periods. • Dust masks should be provided to all laborers for the use at required times • Dust cum noise barriers should be erected on the side of the primary school and the side that is opened to the rest of the hospital, as deemed appropriate, to avoid disturbance to surrounding medical and civic activities from excessive construction dust and noise.				
16.	**Prevention of soil erosion during site preparation and run off into coastal environments.**	• Debris material shall be disposed in such a manner that waterways, drainage paths and the coastal wetlands in the rear of the hospital would not get blocked. • Existing drainage paths associated with the infrastructure should be improved / erected to drain rainwater properly. • Silt traps will be constructed to avoid siltation into coastal water ways where necessary.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• 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.				
17.	**Machinery Operation**	• Only experienced and well-trained workers should be used for the handling of machinery, equipment and material processing plants.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
18.	**Noise from vehicles, machinery, equipment and construction activities.**	• Noise generating work should be limited to day time within HCFs (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). • All equipment and machinery should be operated at noise levels that do not exceed the permissible level of 75 dB[1] (during construction) for the day time. • 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 and prior permission from the hospital director should be sought. • 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. • Dust cum noise barriers should be used especially on the boundary with the primary school and also on sides that will have a direct impact to ongoing hospital operations. • Ideally noise generating work should not be carried out during public holidays	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

[1] dB-Decibels

		and religious days. • Labor gangs should be warned to work with minimum noise. Strict labor supervision should be undertaken in this respect. • No nighttime residency of laborers on site should be encouraged, post work hours. • Idling of temporary trucks or other equipment should not be permitted during periods of loading / unloading or when they are not in active use. • 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. • Contractor shall submit the list of high noise/vibration generating machinery & equipment to the engineer for approval. • 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. • Maintenance of vehicles, equipment and machinery shall be regular and up to the satisfaction of the Engineer to keep noise levels at the minimum.				
19.	**Pollution of Soil and Water via Fuel and Lubricants**	• 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. • 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.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• 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. • Engineer will certify that all arrangements comply with the guidelines of CEA any other relevant laws.				
~~20.~~	**Preventing siltation into coastal water bodies**	• Contractor shall take measures to prevent siltation of the coastal wetlands/lagoons north of the hospital because of construction work including, construction of temporary / permanent works. These shall include the measures against erosion highlighted in this ESMP • 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 to these coastal waterbodies. • Temporary soil dumps should be placed at least 200m away from all water bodies • If temporary soil piles are left at the site for a long time those piles should be covered with thick polythene sheets or locally sourced degradable material such as thatched coconut leaves.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
21.	**Preventing contamination of water from construction wastes**	• The work shall be carried out in such a manner that pollution of coastal water bodies located in close proximity to the construction area (the coastal wetlands in the North). • Measures as stipulated in this ESMP shall be taken to prevent the wastewater produced in construction from entering directly into these coastal wetlands.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• Avoid / minimize construction works near / at such drainage locations during heavy rainy seasons • The discharge standards promulgated under the National Environmental Act shall be strictly adhered to. • 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.				
22.	**Public Safety**	• At all times the site will restrict the entry of public and HCFs workers on to the site. • Safety signboards and signboards prohibiting entrance and risks, should be displayed at all necessary locations. • The contractor should obtain a third-party insurance to compensate any damages, injuries caused to the public or laborers during the construction period. • Material loading and unloading should be done only within the project site.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
23.	**Safety of Workers during general construction practices**	• 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. • The contractor shall supply all necessary safety measures at site- including provision of First Aid Kids, Fire extinguishers. • Signage providing instructions on first aid management, emergency contact and emergency operational procedures in local languages. • Basic onsite safety training should be conducted for all laborers during the	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		ESMP training prior to the start of the construction activities. • The contractor should obtain a Third-party insurance to compensate any damages, injuries caused to laborers during the construction period. • 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 equipment such as safety goggles, helmets, safety belts, ear plugs, mask etc. to workers and staff. • 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. • A safety inspection checklist should be prepared taking into consideration what the workers are supposed to be wearing and monitored monthly and recorded.				
24.	**Prevention of COVID-19 spread during construction**	• During Routine Work Practices the following will be adopted. o The size of work teams should be decreased as much as possible Limiting the number of workers on site at any one time. o Changing rotation of workers to a 24-hour work rotation. • Adapt or redesign work processes for specific work activities and tasks to enable social distancing, and training workers on these processes. • Promote regular and thorough hand-washing o Provide access to places for washing hands with soap and water o Place soap, hand-wash, sanitizing hand rub dispensers throughout the	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		side, and refill them regularly ○ Display posters promoting handwashing combined with other communication measures such as guidance from occupational health and safety officers • Promote good respiratory hygiene in the workplace ○ Display posters promoting respiratory hygiene (e.g., cough/sneeze in crook of elbow and/or in tissue and immediately throw the tissue way, avoid spitting, etc) combined with other communication measures such as guidance from occupational health and safety officers ○ Make available face masks and/or paper tissues available at site for those who develop cough and other ailments at work, along with closed bins for hygienically disposing them • Brief workers, contractors and sub-contractors on contingency plan (or other such measures) for COVID-19 spread and procedures to be followed if in case of any systems of infection • Inform workers on how to identify persons who may be at risk, and support them without inviting stigma and discrimination at the workplace • Require workers to keep at least 1m distance while working at the site where feasible • Ensure that contracted workers have medical insurance, covering treatment of COVID-19				
25.	**Prevention of accidents**	• Prevention of accidents involving human beings or vehicles or accidents during construction period should be done via adequate training and guidance to all workers. • 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	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		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.				
26.	**Operation of labor camps**	• The Contractor shall establish and maintain all offsite labor accommodation in such a fashion that uncontaminated water is available for drinking, cooking and washing. • 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. • The sewage system for the offsite labor camp, if newly established, are designed, built and operated in such a fashion that no health hazards occurs and no pollution to the air, ground water or adjacent water courses take place. • Ensure adequate water supply is to be provided in all toilets and urinals. • The contractor shall provide garbage bins in the camps and ensure that these are regularly emptied and disposed of in a hygienic manner	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
27.	**Handling Environmental & Social Issues during Construction**	• The Contractor will appoint a suitably qualified Environment, Safety & Social Officer (ESSO) following the award of the contract. This Officer will be the primary point of contact for assistance with all environmental and social issues during the pre-construction and construction phases. He/ She shall be responsible for ensuring the implementation of ESMP. • The ESSO will be responsible for community liaison and to handle public complaints regarding environmental/ social related matters. All public	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		complaints will be entered into the Complaints Register. The ESSO will promptly investigate and review environmental 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. • All workers will sign the Codes of Conduct, information and notices stating zero tolerance on SEA/SH will be displayed at the construction site. • Contractor shall prepare detailed Environmental & Social Management Action Plan (ESMAP) clearly stating the approach, actions and manner in which this ESMP is implemented. • If the contractor does not submit a ESMAP prepared based on this plan, the ESMP as presented in the tender document will apply.				
28.	**Grievance Redress Mechanism during construction**	• 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 • Contact information of Engineer/ PMU/HCF/MOH in print form shall be available at the site • Grievances submitted shall be referred to the PMU/HCF/MOH by the ESSO of the Contractor through the Engineer. • 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/HCF/MOH • 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	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		for reporting or removing themselves) • Workers will be encouraged to use the existing project grievance mechanism to report concerns relating to COVID-19, preparations being made by the project to address COVID-19 related issues, how procedures are being implemented, and concerns about the health of their co-workers and other staff. • 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 in a safe and ethical manner.				
29.	**Traffic Management**	• Travel routes for construction vehicles should be designated to avoid areas of congestion and communicated to drivers. • 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. • 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.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
30.	**Surface Drainage and Possible Water Stagnation**	• The project interventions itself include and adequate storm water drainage system in the premises, which will discharge water to existing storm water drainage networks. • During construction, the contractor will conduct overall storm water management in the premises during construction using temporary ditches, sand bag barriers etc. • Proper drainage arrangements to be made, to avoid the overflowing of existing	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		drainage paths to cutting, excavation and other activities				
31.	**Prevention of risks of Electrocution**	• All electrical wiring should confirm to British Construction Standards (BS) or relevant Sri Lankan Standards. • Adequate precautions will be taken to prevent danger of electrocuting from electrical equipment, storage and power supply lines including distribution boards, transformers, etc. & worker camps. • Measures such as danger signboards, danger/red lights, fencing and lights will be provided to protect the public and workers. • All electric power-driven machines to be used in the construction shall be free from defect, be properly maintained and kept in good working order, be regularly inspected as per BS provisions and to the satisfaction of the Engineer	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
32.	**Fire Safety**	• Easily flammable materials should not be stored in construction site; they must be transported out of project site. • At all times the site should be equipped with appropriate firefighting and fire retardant equipment to suppress any fires on the site. • Fire extinguishers should be available at the site office for use in the case of emergencies. • A supply of water should be available on site during the excavation period and construction period for firefighting purposes.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

33.	**Management of Chance found Archeological Property and Cultural Resources.**	• 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. • 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. • 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.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
34.	**Site Closure and Demobilization**	• The contractor will remove all excess material, equipment, vehicles from the project site prior to complete demobilization. • All temporary site offices will be dismantled and removed from the site. • If the 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. • The Engineer will take a joint inspection of the site with the contractor before hand over is complete.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

Heath Care Facility Operation Phase						
35.	**Steps to be taken during patient care in HCFs and Quarantine centers**	• All patient care will be conducted as per the standard operating procedures issues by the Ministry of Health and Best Practice Guidance issued by the WHO as below. • *Infection prevention and control during health care when COVID-19 is suspected-Interim guidance issues on 19 March 2020 by WHO* • *Considerations for quarantine of individuals in the context of containment for coronavirus* • *disease (COVID-19) Interim guidance by WHO* *19 March 2020* *The Novel Coronavirus Response Guideline 2020- Health Promotion Bureau of the MOH*	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,
36.	**HCF operation - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (potentially the elderly, those with preexisting conditions, or the very young)**	• HCFs will continue to provide services to the health needs of people with disabilities, existing conditions, elderly, etc • 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), including print materials in Braille or large print, sign language interpretation, captions, audio provision, and graphics • Universal design principles will be adopted while expanding clinical care capacities, including refurbishing ICUs or inpatient HCFs • Training to health workers, including community health workers, government	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

		officials, emergency planners and other stakeholders on interacting with vulnerable groups, including people with disabilities and how to support their needs • Sensitization and training of healthcare workers and other staff at the HCFs on GBV and SEA so that such cases can be identified and referred to relevant authorities and service providers.				
37.	**Ensuring the rights of Health workers during COVID-19 Response in HFCs**	• Health worker rights include the expectation that employers and managers of HCFs and are required to assume overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks. o provide information, instruction, and training on occupational safety and health, including; o refresher training on infection prevention and control (IPC); o use, putting on, taking off and disposal of personal protective equipment (PPE); o provide adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to those caring for suspected or confirmed COVID-19 patients, such that workers do not incur expenses for occupational safety and health requirements; o All PPE stipulated in the *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19) Interim guidance issued on 19 March 2020 by WHO*) should be procured accordingly where possible and provided. o familiarize personnel with technical updates on COVID-19 and provide appropriate tools to assess, triage, test, and treat patients, and to share IPC information with patients and the public; o provide appropriate security measures as needed for personal safety; o provide a blame-free environment in which health workers can report on incidents, such as exposures to blood or bodily fluids from the respiratory system, or cases of violence, and adopt measures for immediate follow up, including support to victims;	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

		○ advise health workers on self-assessment, symptom reporting, and staying home when ill; ○ HCFs will be responsible for the implementation of occupational safety and health management systems to identify hazards and assess as per the following. assess risks to health and safety as per evolving information on the COVID-19 Pandemic, ○ implement Infection Prevention and Control measures, ○ exercise zero-tolerance policies towards workplace violence and harassment. ○ maintain appropriate working hours with breaks; ○ consult with HCWs on occupational safety and health aspects of their work, and notify the labor inspectorate of cases of occupational diseases; ○ allow HCWs to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health, and protect HCWs exercising this right from any undue consequences; ○ not require HCWs to return to a work situation where there has been a serious danger to life or health until any necessary remedial action has been taken; ○ honor the right to compensation, rehabilitation, and curative services for health workers infected with COVID-19 following exposure in the workplace – considered as an occupational disease arising from occupational exposure; ○ provide access to mental health and counselling resources; and ○ enable cooperation between management and health workers and their representatives.				
38.	**Basic roles and responsibilities of Health Care Workers when working in HCFs**	• During the COVID-19 pandemic HCWs should: ○ follow established occupational safety and health procedures (refer handwashing and infection control guidelines issues by the WHO and	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

		Health Promotion Bureau, avoid exposing others to health and safety risks, and participate in employer-provided occupational safety and health training; o use provided protocols to assess, triage, and treat patients; o treat patients with respect, compassion, and dignity; o maintain patient confidentiality; o swiftly follow established public health reporting procedures of suspected and confirmed cases; o provide or reinforce accurate IPC and public health information, including to concerned people who have neither symptoms nor risk; o put on, use, take off, and dispose of PPE properly as per Annex 7 of the Project's ESMF; o self-monitor for signs of illness and self-isolate and report illness to managers, if it occurs; o advise management if they are experiencing signs of undue stress or mental health challenges that require supportive interventions; and o report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health.				
39.	**Additional measure when Managing Exposed HCWs to COVID 19**	• The HCF will implement all provisions set forth in the R*isk assessment and management of exposure of health care workers in the context of COVID-19 Interim guidance Note issued on 19 March 2020 by the WHO.* o The standard form in the guideline should be completed for all HCWs who have been exposed to a patient with confirmed COVID-19, by the HCF	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

		immediately. o This tool aids in the risk assessment for HCWs after exposure and provides recommendations for their management.				
40.	**Laboratory Operations**	• All provisions stipulated in the Laboratory testing for coronavirus disease (COVID-19) in suspected human cases-Interim guidance issues on 19 March 2020 by the WHO must be followed when conducting testing. • Laboratories operations should be conducted as per the Standard Operation Principles for Laboratories- presented in Annex 13 of the Project's ESMF which summaries the required good practices with regard to safe handling of chemicals, which are to be followed by laboratory technicians.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs (Specifically laboratory workers)	HPA, MOH,
41.	**Collection, handling and movement of specimens, samples, reagents, medical equipment, and infection materials.**	• All provisions stipulated in the *Laboratory testing for coronavirus disease (COVID-19) in suspected human cases-Interim guidance issues on 19 March 2020 by the WHO* must be followed when conducting testing. o All procedures Specimen collection and shipment should be governed by the processes outlined in this guideline. • The *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19) Interim guidance issued on 19 March 2020 by WHO* should be used to guide the transfer and use of PPE equipment.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,
42.	**Management of Health Care Waste**	• HCWM operations for the various waste streams will be conducted as per standard operating procedures outlined below at minimum: o *Water, sanitation, hygiene, and waste management for the COVID-19 virus* o *Interim guidance issues on 19 March 2020 by WHO.* • A specific Infection Control and Health Carew Waste Management Plan for	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs (Specifically cleaning staff)	HPA, MOH, EPA

		the Habanthota IDH will be adopted (IC-HCWMP) prior to the opening of the new IDH- The generic plan in line with international best practice presented in Annex 10 of the Project's ESMF provides detailed guidance on due procedures to be implemented. • A Scheduled Waste License (SWL) for the IDH Hambanthota should be obtained from the CEA based on the operationalization of the HCWM plan. • HFCs will be responsible to ensure. o 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. o All health care waste produced during operation of the IDH, specifically COVID patients, should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably onsite in a 24-hour period as per the IC_HCWM plan for the NIID, Angoda . o If waste is handed to an external party for management- all relevant disposal measures should be in line with guidance provided above. o All workers handling, 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. o Final disposal of all HCW should be in line with national regulatory guidance and international best practice where applicable, and outlined clearly in the IC-HCWMP for the NIID, Angoda o All general waste should be disposed as per typical practices via the service provider. The HCF has to ensure full vigilance that no cross				

		contamination of general waste occurs and ensure waste segregation rules are fully adhered to. o				
43.	**Management of Contaminated Laundry in the proposed new Isolation Centre at NIID, Angoda**	• Basic Facility Provisions and Equipment Management o HFC management must ensure the launder all Health Care Worker's personal protective garments or uniforms that are contaminated with blood or other potentially infectious materials. o The facility should maintain a receiving area for contaminated textiles at negative pressure compared with the clean areas of the laundry. o Ensure that laundry areas have handwashing facilities and products and appropriate PPE available for workers. o Use and maintain (and dispose at end of lifecycle) laundry equipment according to manufacturers' instructions. o Damp textiles or fabrics should not be left in machines overnight to prevent microbial growth. o Disinfection of washing and drying machines in residential care is not needed as long as gross soil is removed before washing and proper washing and drying procedures are used. • Routine Handling of Contaminated Laundry o Use sterilized textiles, surgical drapes, and gowns for situations requiring sterility in patient care. o Use hygienically clean textiles (i.e., laundered, but not sterilized) in neonatal intensive care units. o Follow manufacturers' recommendations for cleaning fabric products including those with coated or laminated surfaces. o Do not use dry cleaning for routine laundering in health-care facilities. o Handle contaminated textiles and fabrics with minimum agitation to avoid contamination of air, surfaces, and persons. o Bag or otherwise contain contaminated textiles and fabrics at the point of use.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs (Workers working in laundry department)	HPA, MOH,

		○ Do not sort or precise contaminated textiles or fabrics in patient-care areas ○ Use leak-resistant containment for textiles and fabrics contaminated with blood or body substances. ○ Identify bags or containers for contaminated textiles with labels, color coding, or other alternative means of communication as appropriate. ○ If laundry chutes are used, ensure that they are properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry. ○ Ensure that laundry bags are closed before tossing the filled bag into the chute. Do not place loose items in the chute. ○ Establish a facility policy to determine when textiles or fabrics should be sorted in the laundry facility (i.e., before or after washing) • Laundering Process ○ If hot-water laundry cycles are used, wash with detergent in water ≥160°F (≥71°C) for ≥25 minutes. ○ Follow fabric-care instructions and special laundering requirements for items used in the facility. ○ Choose chemicals suitable for low-temperature washing at proper use concentration if low-temperature (<160°F [<71°C]) laundry cycles are used. ○ Package, transport, and store clean textiles and fabrics by methods that will ensure their cleanliness and protect them from dust and soil during interfacility loading, transport, and unloading. • Microbiologic Sampling of Textiles ○ Use microbiological sampling during outbreak investigations if epidemiologic evidence suggests a role for health-care textiles and clothing in disease transmission, this has not been established for COVID-19 virus transfer so should be maintained as a contingency measure if new information virus transfer evolves.				

44.	**Management and Cleaning of contaminated Mattresses and Pillows**	• Keep mattresses dry; discard them if they become and remain wet or stained, particularly in burn units.
		• Clean and disinfect mattress covers using disinfectants that are compatible with the cover materials to prevent the development of tears, cracks, or holes in the cover.
		• Maintain the integrity of mattress and pillow covers.
		  o Replace mattress and pillow covers if they become torn or otherwise in need of repair.
		  o Do not stick needles into the mattress through the cover.
		• Clean and disinfect moisture-resistant mattress covers between patients using typical cleaning products.
		• If using a mattress cover completely made of fabric, change these covers and launder between patients.
		• Launder pillow covers and washable pillows in the hot-water cycle between patients or when they become contaminated with body substances.
			During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs. Cleaning staff	HPA, MOH,

45.	**Management of Special Beds such as Airflow, High Dependency Units (HDU) and special ICU beds used by patients**	• Always follow manufacturers' instructions for bed maintenance and decontamination. • On beds that contain polyester filter sheet, change them at least weekly or as indicated by the manufacturer. • Clean and disinfect the polyester filter sheet thoroughly, especially between patients using disinfectant. • Consult the HCF specialist and responsible persons in CHARGE to determine the proper location of air-fluidized beds in negative-pressure rooms.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

46.	**Cleaning and Infection control of equipment and utensils used in the care of infectious disease patients.**	• The following equipment types typically used in HCFs for patient care should be cleaned using the procedures recommended to ensure disinfection and use.
		• Bedpans
		  o Should be cleaned with hypochlorite at 0.5% after disposing of excreta and cleaning with a neutral detergent and water with a contact time maintained for at least 10 minutes.
		• Toilets and Washbasins
		  o Should be cleaned with hypochlorite at 0.5%.
			During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH

		• All Reusable PPE should be cleaned at minimum using the following solutions.
		  ○ Boots and gloves- Should be cleaned with hypochlorite at 0.5%.
		  ▪ Goggles- Soap and water/antibacterial soap solution and Ethyl alcohol- 70%
		  ○ Reusable dedicated equipment (e.g., thermometers, stethoscope, BP cuffs) between uses
		  ▪ Should be cleaned using 70% Ethyl alcohol solution
		  ○ Reusable Metal equipment (Kidney trays, forceps, tweezers, utensils)
		  ▪ All such material must be autoclaves prior to reuse.
		  ○ Cleaning equipment used in care areas (mops/dustpan used near)
		  ▪ Should be cleaned with hypochlorite at 0.5%.
		  ○ Equipment carts, medical equipment and surfaces of metal furniture
		  ▪ Should be cleaned with hypochlorite at 0.5%.
		  ○ Vehicles used for patient transfer and ambulances
		• All surfaces should be cleaned with hypochlorite at 0.5%.				

47.	**Cleaning of Carpeting and Cloth Furnishings in HCFs that can be contaminated**	• Vacuum carpeting in public areas of health-care facilities and in general patient-care areas regularly with well-maintained equipment designed to minimize dust dispersion.
		• Periodically perform a thorough, deep cleaning of carpeting by using a method that minimizes the production of aerosols and leaves little or no residue.
		• Avoid use of carpeting in high-traffic zones in patient-care areas or where spills are likely (e.g., burn therapy units, operating rooms, laboratories, and intensive care units).
		• Follow proper procedures for managing spills on carpeting.
		  ○ Spot-clean blood or body substance spills promptly.
		  ○ If a spill occurs on carpet tiles, replace any tiles contaminated by blood and body fluids or body substances.
		• Thoroughly dry wet carpeting to prevent the growth of fungi; replace carpeting that remains wet after 72 hours.
		• Avoid the use of upholstered furniture and furnishings in high-risk patient-care
			During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

		areas and in areas with increased potential for body substance contamination.
		• Maintain any upholstered furniture in good repair.
		  o Maintain the surface integrity of the upholstery by repairing tears and holes.
		  o If upholstered furniture in a patient's room requires cleaning to remove visible soil or body substance contamination, move that item to a maintenance area where it can be adequately cleaned with a process appropriate for the type of upholstery and the nature of the soil.				

48.	**Avoiding exposure and contamination from blood spills and bodily fluids during HCF operations and patient care.**	• Promptly clean and decontaminate spills of blood or other potentially infectious materials. • Follow proper procedures for site decontamination of spills of blood or blood-containing body fluids as per WHO guidelines. • Workers must use protective gloves and additional PPE appropriate for this task. • 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. • Swab the area with a cloth or paper towels moderately wetted with disinfectant and allow the surface to dry. • Use high grade hospital disinfectants in accordance with label instructions to decontaminate spills of blood and other body fluids. • 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. • 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. • 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.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

49.	**Cleaning and Disinfecting Measures for Environmental Surfaces in Patient-Care Areas**	• All disinfectants used should be used in accordance with the manufacturer's instructions.
		• 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.
		• Follow manufacturers' instructions for cleaning and maintaining noncritical medical equipment.
		• In the absence of a manufacturer's cleaning instructions, follow certain procedures.
		  ○ Clean noncritical medical equipment surfaces with a detergent/disinfectant.
		  ○ Do not use alcohol to disinfect large environmental surfaces.
		  ○ Use barrier protective coverings as appropriate for noncritical equipment surfaces that are
		  ▪ touched frequently with gloved hands during the delivery of patient care;
		  ▪ likely to become contaminated with blood or body substances; or
		  ▪ difficult to clean (e.g., computer keyboards).
		• Keep housekeeping surfaces (e.g., floors, walls, and tabletops) visibly clean on a regular basis and clean up spills promptly.
		• Use registered hospital disinfectant/detergent designed for general housekeeping purposes in patient-care areas when
		• Detergent and water are adequate for cleaning surfaces in nonpatient-care areas (e.g., administrative offices).
		• 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.
		• Clean walls, blinds, and window curtains in patient-care areas when they are visibly dusty or soiled.
		• Do not perform disinfectant fogging in patient-care areas as this can lead to high associated risks with COVID-19 patients and other patients with respiratory issues and allergies.
			During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

50.	**General cleaning of other areas in HCF as a whole.**	• 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: • Providing cleaning staff with adequate cleaning equipment, materials and disinfectant. • Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas. • Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19/or any other infection, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with best available alternatives. • 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).	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,
51.	**WASH Management**	• All water and sanitation measures should be undertaken as per the guidance provided in *Water, sanitation, hygiene, and waste management for the COVID-19 virus Interim guidance issues on 19 March 2020 by WHO.* • The HCFs typical WASH activities should continue as per normal. o As there are no specific records of transfer of COVID-19 via wastewater and human excreta, in addition to using supplemental treatment methods as remediation measures after inadvertent contamination of water systems, HCFs sometimes could use special	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs,	HPA, MOH,

		measures to control water-borne micro-organisms on a sustained basis. o An environmental surveillance approach should be adopted involving periodic culturing of water samples from the hospital's potable water system to monitor the growth of organisms. ▪ If any sample is culture-positive, diagnostic testing is recommended for all patients. ▪ If >30% of the samples are culture-positive, decontamination of the facility's potable water system is warranted.				

Annex 2 – Consultation Notes and Photos

Summary of stakeholder consultations conducted by Dr Enoka Wickramasinghe to assess the social impact of the project on transformation of National Isolation Centre of NIID, Angoda **(14/07/2021 to 18/07/2021)**

No	Participant Profile	Gender	Mode of consultation & stakeholder category	Key Issues raised	Response to key issues given by project
1.	Ven.Sumedhaananda (Chief Priest, Mandalawila Abhesumanaaraamaya, Angoda) (Near the hospital)	Male	Telephone interview (Interested party)	No objection 1. During the early phase of COVID-19 pandemic response, the neighborhood people gathered to the temple to discuss on the concern they had about the fear of spreading the infection through the waste water and sewage disposal. The chief priest met the hospital administration, and all the waste water testing reports were produced, hence peoples fear was mitigated. Likewise, the waste disposal system of this new construction also will have to be done in a standard and safe manner, along with regular testing of waste water drainage, and documentation. 2. Project will be beneficial to the people in the area specially there will be an influx of people from many provinces hence the business community will get some benefit too. 3. Need to continue other units of the hospital as usual for a wider benefit mainly for the people in this area. 4. There is confidence and trust within the nearby community members around the hospital, as not a single infection has spread to the nearby community from the hospital upto date. Therefore, the chief priest has agreed to ensure people are aware the new construction and liaise with the hospital administration as of now. 5. Also he recommended to keep records of safety and security measures and environmental safety approvals in case people need to check those and it is not necessary to hold mass awareness because people accept this hospital.	1.HCWM plan will be prepared. It will be implemented and monitored by the hospital administration. 2. Continued awareness of the chief priest and community using available communication channels of the area will be done by the project. . 4. Most relevant government and non government stakeholders were consulted and made aware of the upcoming project and reached consensus.

2.	Dr. Hasitha (The Director, NIID)	Male	Telephone interview (Directly involved)	No objection and indeed a necessity 1. This is the only national level infectious diseases hospital in Sri Lanka at present, though its infra structure provides only basic facilities to serve for infectious diseases like Chicken Pox, Small Pox, Measles as it has been built about 50 years ago. With COVID-19 pandemic certain basic changes were done to the isolation ward in the hospital to ensure isolation can be done safely, but with current trends of infectious diseases, a proper isolation facility with the modern equipment and infection safety measures need to be established. Therefore, the proposed Isolation Centre for the NIID is a long waited need which needs to be done, to be proactively prepared for the potential category 4 pathogenic outbreaks in the future. However with effective infection control measures of the hospital, infections seeping out of the hospital has been prevented. 2. Patients from all over the country. Also NIID is the referral centre for the points of entry to send foreigners requiring quarantine care and treatment for infectious diseases. In addition to the isolation ward this hospital has OPD, Medical ward, Pediatric ward and other primary care services though Surgical and Gynaecology units are not present. Therefore, people in this town and the surrounding areas benefit most by these other healthcare services close to their residence. Therefore, a safe isolation unit with modern facilities and technology is beneficial not only to boundaries of Sri Lanka but even beyond. 3. When patients of this hospital need special care usual practice is to refer to National Hospital of Sri Lanka, but at those points of care, the patients and staff of this hospital face stigmatization and discrimination due to the fear of contracting infection. This also justifies the necessity of strengthening the facilities of this hospital to provide comprehensive care for patients with infectious diseases under the same roof. 4. Since last two to three years armed forces, police and Chinese labourers have been involved in various constructions, cleaning up and development projects in this hospital premises. So far none of the patients, staff members or neighbours have complained of any sexual assault, violence or harassment or any gender based issues. Hence it is not expected in the future when this project starts its activities. However, regular monitoring will be done.	1. Waste disposal will be carried out according to the planned description of the project-this should be monitored to ensured objectives are achieved 2. All staff and necessary stakeholders will be communicated continuously to ensure plans are implemented properly 3. Plan for parking to be finalized 4. Traffic control and road safety to ensure patient and staff safety while constructions are going on will have to be organized and to be planned with area Police

5.	Dr Chintha Sooriyarachchi (Deputy Director/NIID and the MOIC of the HIV Isolation unit) Dr.	Female	Telephone interview (Directly involved)	No objection and feels it's a timely need 1. 1. Only basic isolation facilities are there at present, but because of the strong infection control measures, not a single infection including COVID-19 has spread to the staff or to the nearby community from the hospital patients. However, it is important to upgrade the isolation facilities in this hospital thinking into the possible future dangerous infectious outbreaks. 2. Establishment of a standard isolation unit will ensure optimal care as well as staff safety and wellbeing. In the current isolation ward even anti and post isolation units are not present. 3. At present no proper nurses stations, patient triage place or staff rest rooms, hence its important to include these facilities in the new construction 4. Having this new construction with modern isolation facilities, ICU facilities, patients, staff and the neighboring communities will benefit 5. Constructions of this hospital took place since 2010, when Dr S.M.Arnold was the Director. Ever since then construction workers, were accommodating in the contractor huts, and no sexual harassment or gender based issues were reported, hence nothing like that will be expected in this either. 6. The construction of the new building will be in the bare land area of the rear end of the existing hospital, hence no disturbance to the patients or their care will happen. Even the road access is separate and patients do not access that area. 7. Having a cafeteria within the hospital premises also would benefit the staff and patients particularly at night 8. Need a proper infectious waste management mechanism installed within the hospital as presently solid infectious waste management has been out sourced.	1. All necessary categories of staff to be included in the social engagement plan in the future for adequate communication and obtaining their support 2. New construction design includes isolation rooms with anti and post rooms with shower facilities; staff rest rooms, nursing stations, patient triage area and staff wellbeing facilities. 3. HCWMP will be planned comprehensively, implemented and monitored

6.	Mrs Geethani Udugamkorala	Female	Telephone interview (Directly involved)	No objection actually this project will be beneficial for people and staff 1. It's good that a comprehensive isolation centre is constructed in the same premises due to the following reasons ➢ At present the isolation facilities in the isolation ward are very basic and minimal, but due to high standard infection control measures have ensured prevention of spread of infection from patients to staff or to the neighbouring community ➢ When patients of this hospital need special care, they need to be referred to the NHSL, where both patients and staff are subjected to stigma and discrimination, hence upgrading this hospital will all necessary special care facilities is needed and beneficial ➢ Currently the staff safety infra structure not available, hence much PPE get wasted and staff safety is at risk, therefore a new facility with proper infection control infra structure will ensure staff safety, their psychological since of security and thereby patients safety too ➢ At the moment no staff rest stations or rest rooms, hence those are needed, and also married quarters for all categories of staff particularly the nursing and health assistant staff would ensure minimizing turnover of trained staff ➢ At the moment there is no cafeteria or a shop within the hospital for patients and staff to buy food or grocery. This would be beneficial particularly for the night staff and patients from far places because there are no boutiques and shops near the hospital but present only in the New Gothatuwa town which is about 700m away. 2. There won't be any protest from the nearby community but rather they will be happy and support the project as they have accepted that this is an infectious control hospital for the whole country and hospital has acheived confidence and trust in them. During the COVID period the surrounding community and all business people have donated many necessities and supported the staff and needs of the hospital 3. The chief priest of the nearby temple regularly visit the hospital to chant prayers to the staff and patients, and to perform religious rituals after a death under all protective conditions.	1. Staff rooms and accommodation provided in the new facility plan 2. A CSSD is also planned in the new facility plan 3. Anti and post isolation rooms with washing facility included in the plan Social Engagement Plan will include all relevant stakeholders for communication network and also addressing their concerns 4. Green concepts and equipment will be utilized

				4. Better to upgrade the facilities of the hospital laundry Increasing staff cadres and recruiting new staff will be needed with the proposed upgrading and new facility to ensure quality of patient care	
7.	Mr Peramuna (Chief Pharmacyst)	Male	Telephone interview (directly involved)	No objection as this will improve the quality of patient care and safety of staff 1. At the moment only basic isolation facilities are present, but in the future more dangerous infections like Ebola or unknown infections may arise. So for that well equipped isolation units to cater for at least 100 patients should be present in this national institute of infectious diseases. 2. Need to have a spacious drug stores which has space and Air Conditioning facility to store PPE as staff safety is dependent on the quality of the PPE, the pharmacy department has a responsibility to ensure the quality of those and drugs. 3. Surrounding people well accept the hospital and are happy when this hospital is upgraded, there have never been protests or conflicts, rather the community protect the hospital and support in various ways. 4. Proper infectious waste management system should be installed, an incinerator in this premises will be very useful. 5. The waste management staff are trained, but they should be supervised closely and monitored regularly, to ensure the health assistants follow those instructions.	1. Environment management and social engagement and communication plan to include the mentioned issues of waste management, ensuring safety and public awareness
8.	Mrs Chandrani (Overseer, NIID)	Female	Telephone interview (directly involved)	No objection it will be beneficial for people and staff Will be able to provide optimal patient care At present the isolation ward does not have rest rooms or changing rooms for the health staff including attendants. So its important to have such facilities for the staff to be more protected and also for wellbeing No objection from the neighbours There wont be any disturbance to the wards or patients by the new proposed building a it has separate access and is situated at the far end of the hospital land, Patients do not use the road which gives access to the proposed building, hence there won't be any road safety issue for the patients or staff Lack of sanitary labourer staff for waste handling is a huge problems, only two are there to handle about 500kg per day. So its important to recruit more staff to ensure better services.	1. Staff rest rooms are included in the plan 2. Environment and Social engagement and communication plan to include the mentioned issues of waste management, ensuring safety, public awareness, GRM

				There is a separate worker to disinfect the sewage delayed system. He treats the sewage with TCL several times a day regularly. About 100kg of TCL per month is used for that purpose. Need a proper healthcare waste management system to be established within the hospital and staff to be trained to do it properly	
09..	Dr Damayanthi (VP)	Female	Telephone interview (Directly involved)	No objection, a timely need 1. Only basic isolation facilities are there at present. If an infection like Ebola or Yellow Fever set in the hospital does not have facilities to isolate and manage such patients. Thinking futuristic, its good to strengthen this only infectious disease hospital in Sri Lanka for the benefit of all Sri Lankans. 2. Not a single infection including COVID-19 has spread to the staff or to the nearby community from the hospital patients. People around come to support when ever hospital has a need, there has not been any conflict or protest. 3. One area political leader, provided his bus for staff transport during the lockdown periods, and another one gave his house for staff accommodation. Likewise area people continuously help the hospital, so they will also be very happy to see the hospital being developed. 4. The healthcare waste management needs to be streamlined. In site incinerator would be a good idea, and proper staff training to handle it. 5. Establishment of a standard isolation unit will ensure optimal care as well as staff safety and wellbeing. In the current isolation ward even anti and post isolation units are not present. 6. Increasing staff recruitment is also needed, to provide quality healthcare service	1. Environment and Social engagement and communication plan to include the mentioned issues of waste management, ensuring safety, public awareness, GRM 2. New construction design includes isolation rooms with anti and post rooms with shower facilities; staff rest rooms, nursing stations, patient triage area and staff wellbeing facilities. 3. HCWMP will be planned comprehensively, mplemented and monitored

10.	Mr Hanwella (Public Health Inspector of the NIID)	Male	Telephone interview (Directly involved)	No objection 1. This will be better because the quality standards of an IDH will ensure more safety 2. If any infection outbreak around the hospital takes place, it can be observed and controlled through the routine infection surveillance and control mechanisms 3. Proper waste management system installation is extremely important as nearby water sources have the potential to get polluted by the current liquid waste management system. However, regular testing is done sending samples to MRI. 4. The capacity of the current sewerage system may not be adequate to receive the additional volume of waste produced from the new building. Therefore it is important to improve the capacity of the existing capacity. 5. At present sometimes the clinical waste is burnt behind the hospital which is not environmentally safe. Therefore its best if an incinerator can be installed in site. However proper training and monitoring of the waste handling staff is needed to avoid black smoke generation and air pollution. 6. When the area people inquired the reports of MRI of the treated waste water were shown, hence a regular testing and monitoring of the waste management is extremely important.	1. Regular surveillance of infectious diseases to be strengthened 2. Environment and Social engagement and communication plan to include the mentioned issues of waste management, ensuring safety, public awareness, GRM 3. Regular hazard waste incineration is needed
11.	Dr Anusha (MOH, Kolonnawa)	Female	Telephone Interview (Interested party)	No objection 1. This will be better because the quality standards of an IDH will ensure more safety, and this is the only infectious disease hospital in the country, the it has to function at its best 2. If any infection outbreak around the hospital takes place, it can be observed and controlled through the routine infection surveillance and control mechanisms 3. There haven't been any complaints from the surrounding people about the waste management system or the functioning of the hospital, and not a single cluster of COVID was seen in the surrounding community showcasing the good infection control mechanisms within the hospital. However, proper waste management system installation is extremely important as nearby water sources can get polluted by the current liquid waste management system. Regular testing needs to be done and documentation of the reports is important in case someone questions.	1. Regular surveillance of infectious diseases to be strengthened and continued 2. Environment and Social engagement and communication plan to include the mentioned issues of waste management, ensuring safety, public awareness, GRM 3. Regular hazard waste incineration is needed

Existing sewerage plant

The building next to the site for proposed five story building

Separate road access to the new building site

Annex 3 – Sample Code of Conduct

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[2] 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:

[2] **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.

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.
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 behaviors 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: _____

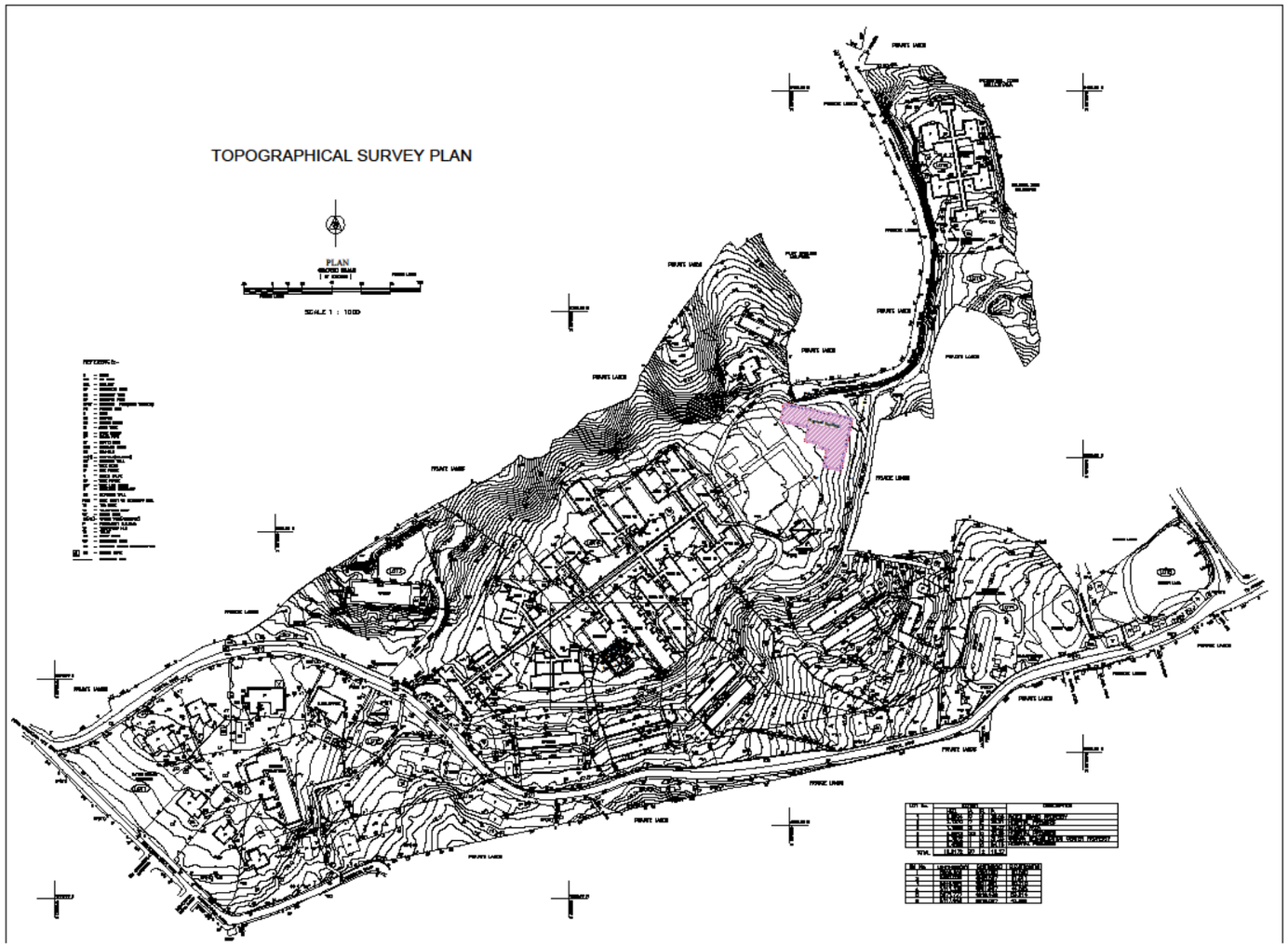
Printed Name: _____

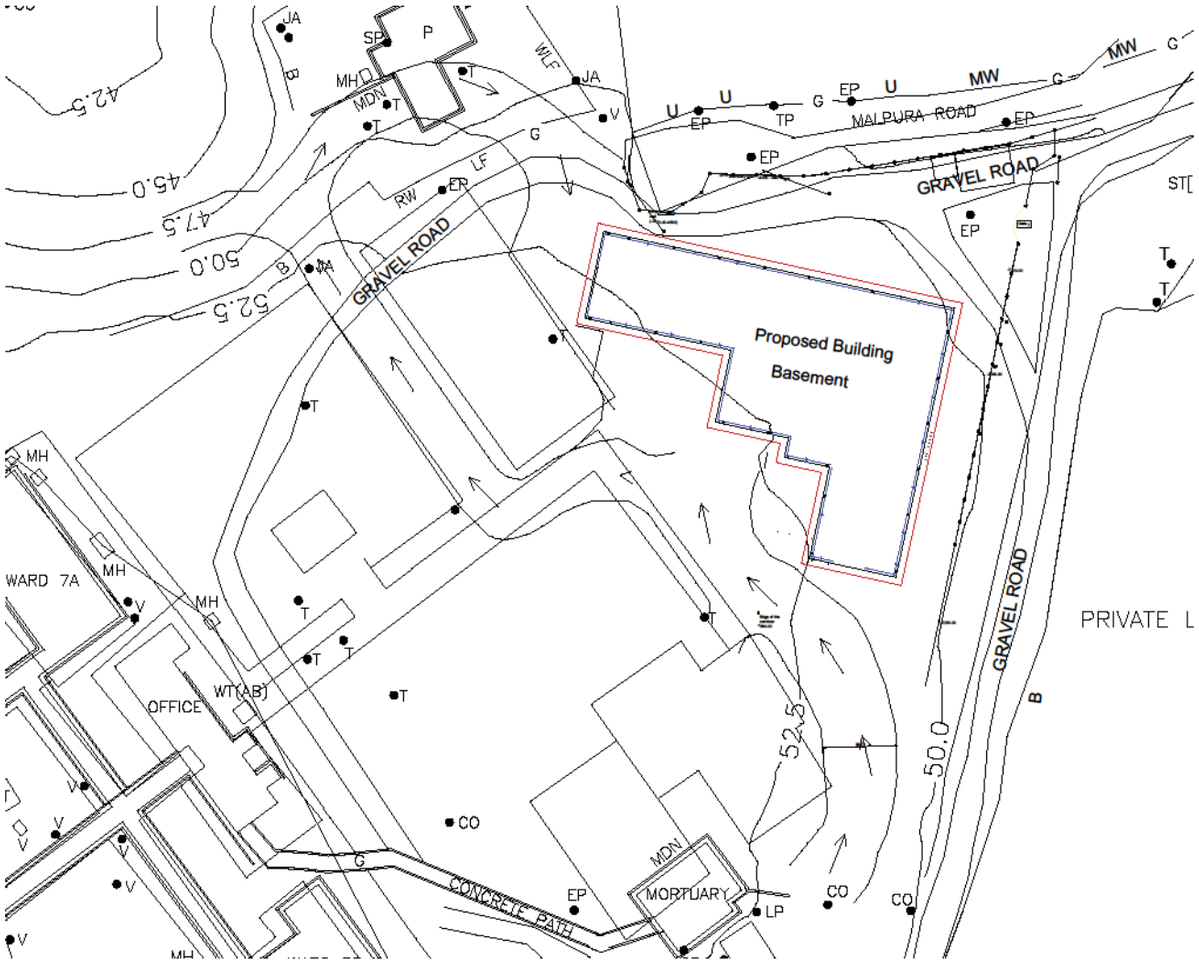
Title: _____

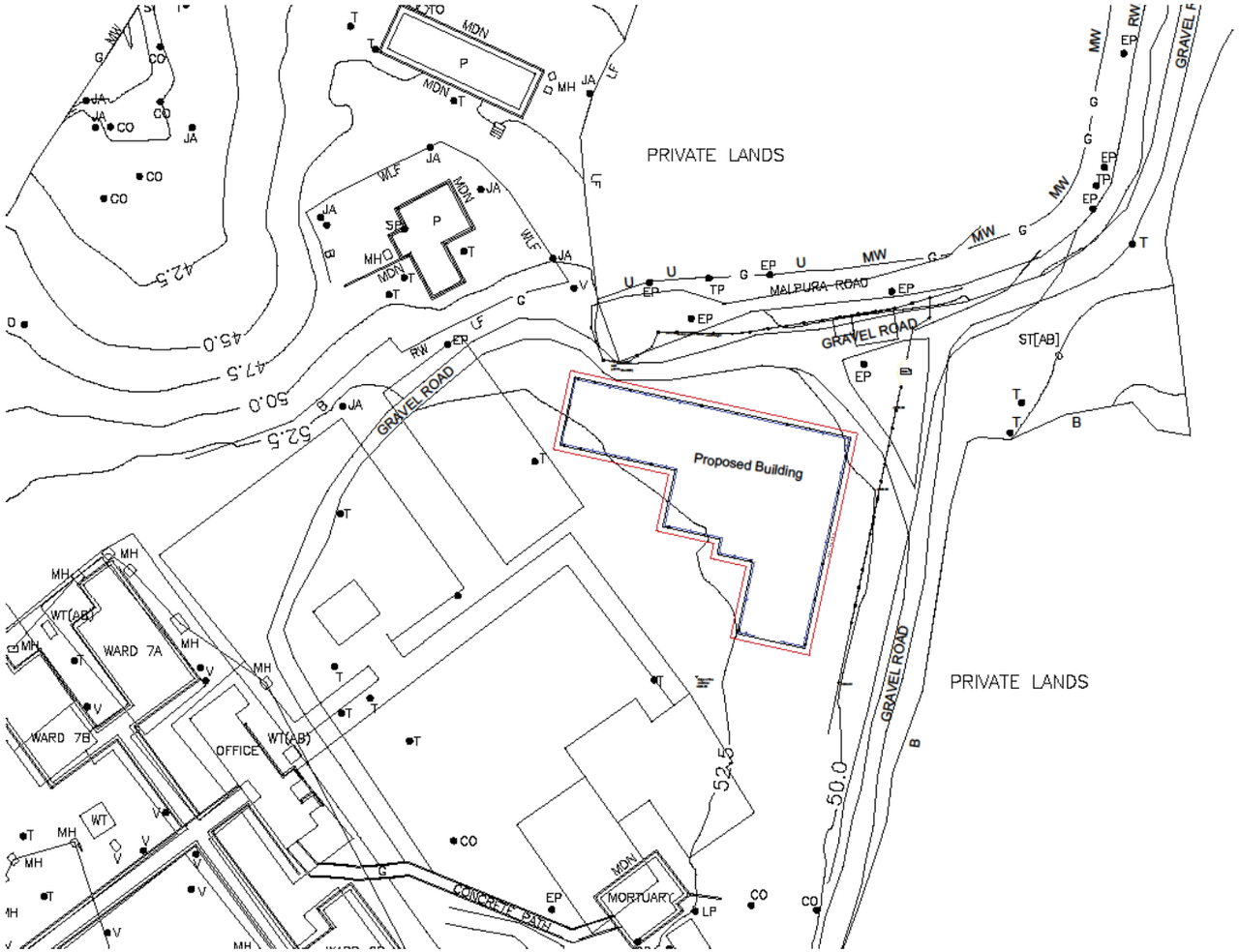
Date: _____

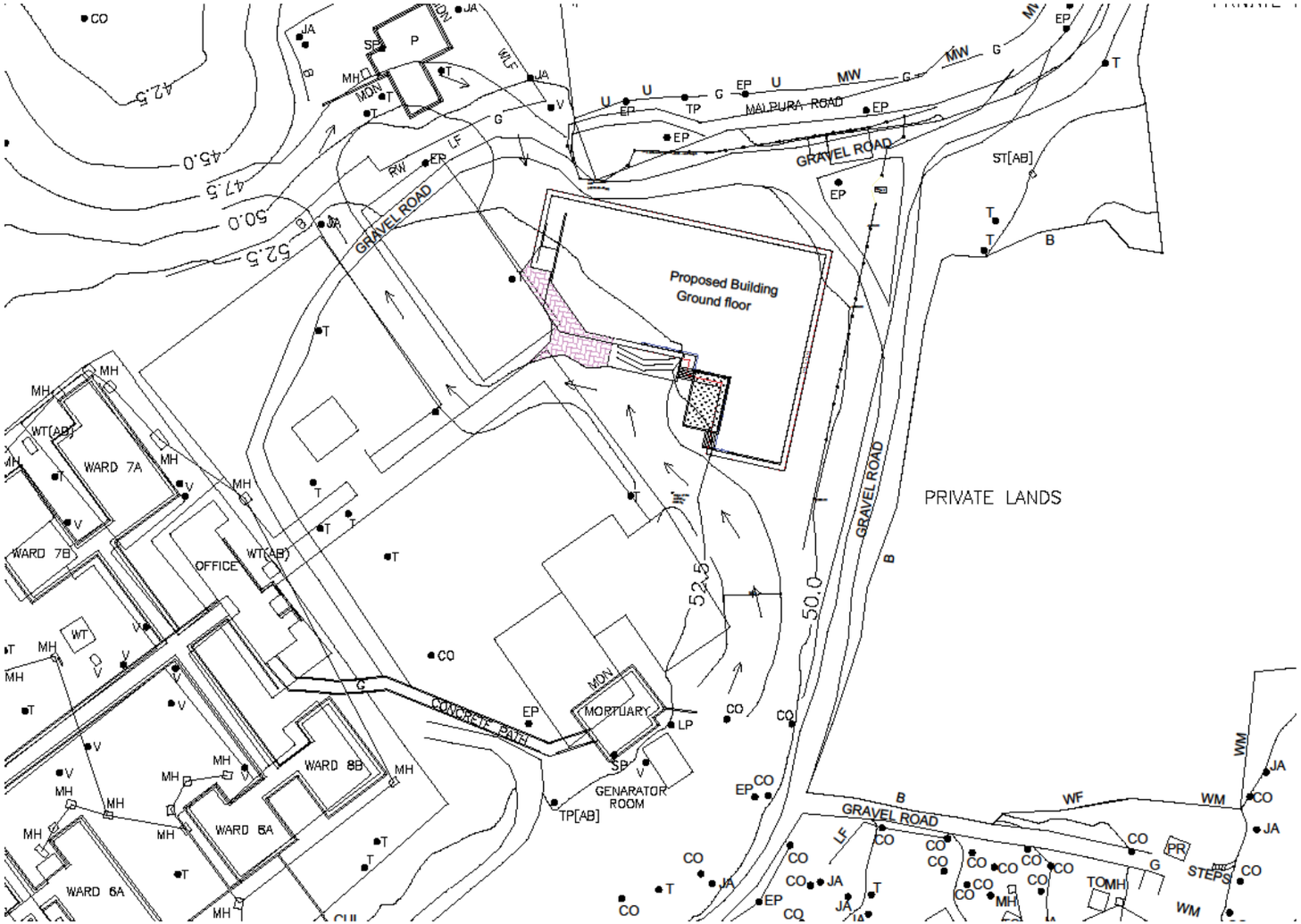
Annex 4 – Subproject Design Diagrams

Site Layout and building layout plans


TOPOGRAPHICAL SURVEY PLAN
PLAN
SCALE 1 : 1000
PRIVATE LANDS
PUBLIC LANDS


Proposed Building
Basement
GRAVEL ROAD
MALPURA ROAD
GRAVEL ROAD
GRAVEL ROAD
PRIVATE L
WARD 7A
OFFICE
WT(AB)
MORTUARY
CONCRETE PATH
MH
MDN
JA
SP
P
WLF
RW
LF
ER
EP
TP
MW
G
U
V
T
CO
LP
42.5
45.0
47.5
50.0
52.5
52.5
50.0
B


PRIVATE LANDS
Proposed Building
GRAVEL ROAD
MALPURA ROAD
PRIVATE LANDS
WARD 7A
WARD 7B
OFFICE
MORTUARY
CONCRETE BATA
42.5
45.0
47.5
50.0
52.5


Proposed Building
Ground floor
PRIVATE LANDS
GRAVEL ROAD
MALPURA ROAD
WARD 7A
WARD 7B
WARD 8B
WARD 5A
WARD 6A
OFFICE
MORTUARY
GENARATOR ROOM
CONCRETE PATH
STEPS
TP[AB]
ST[AB]
WT(AB)
42.5
45.0
47.5
50.0
52.5

PROPOSED ISOLATION CENTRE BUILDING– IDH

MINISTRY OF HEALTH

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PROPOSED ISOLATION CENTRE BUILDING- IDH

MINISTRY OF HEALTH

DRAWING TITLE:

DRAWING NO : DH/ IDH/ MOH/ ER/SHT/ IDH- 10

DATE : 2021 - 03 - 24

FLOOR AREA :

SCALE : FIT TO PAPER

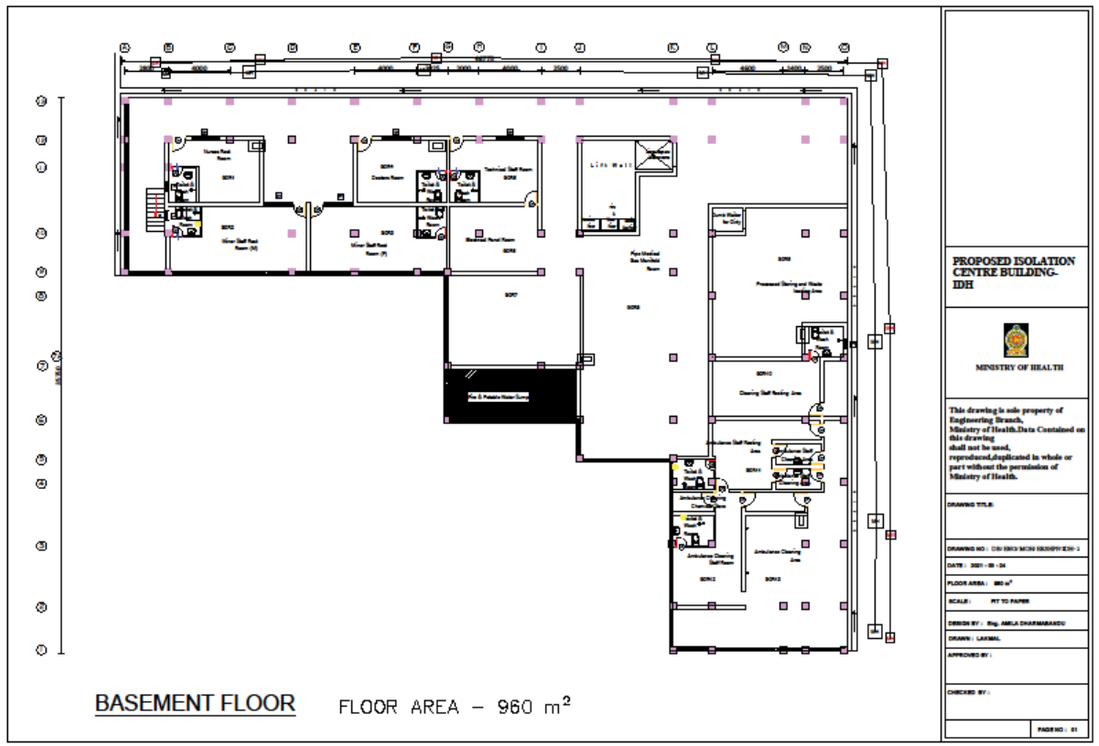
DESIGN BY : Eng. AMILA DHARMABANDU

DRAWN : LAKMAL

APPROVED BY :

CHECKED BY :

PAGE NO : 10


BASEMENT FLOOR
FLOOR AREA – 960 m²
PROPOSED ISOLATION CENTRE BUILDING- IDH
MINISTRY OF HEALTH
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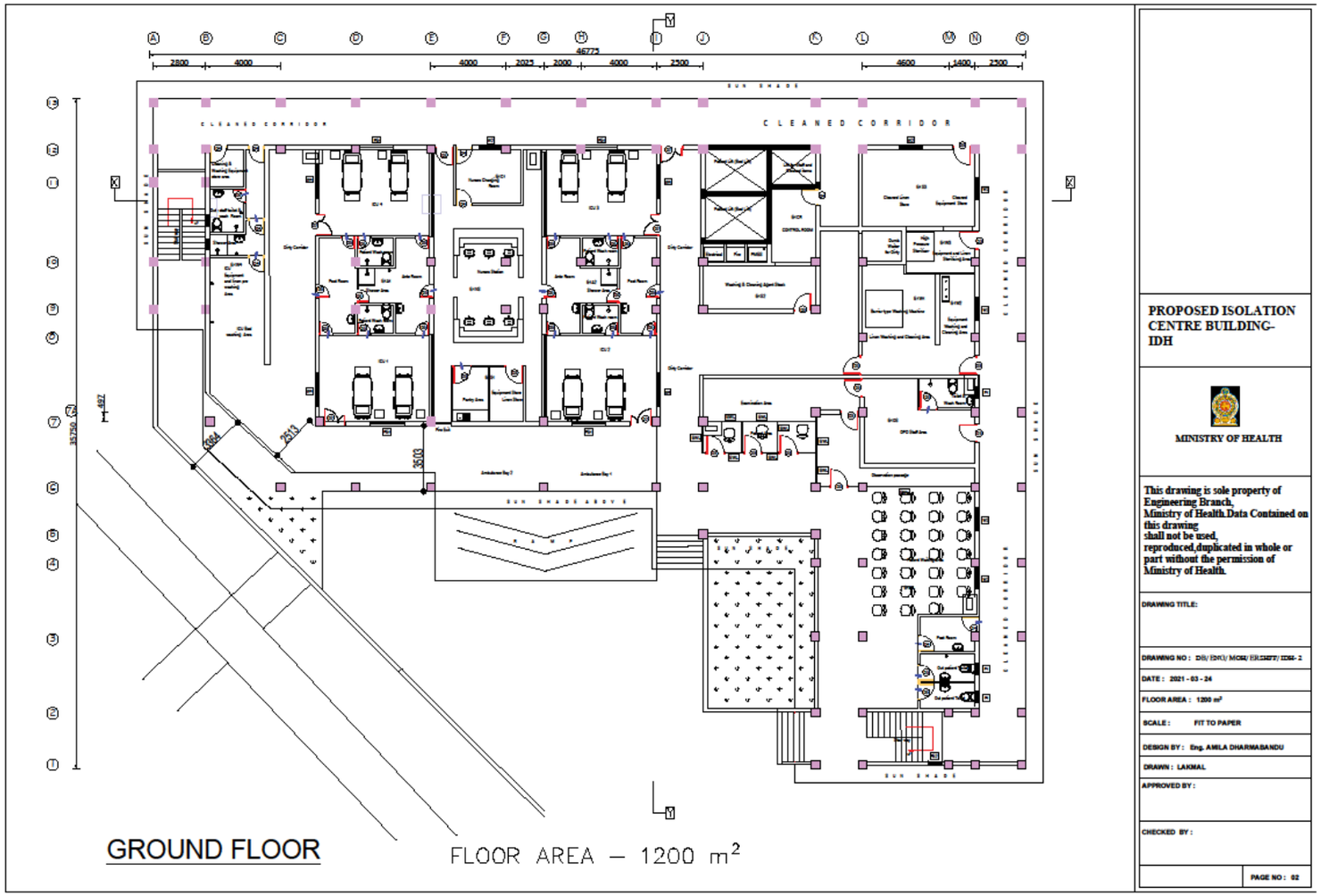
DRAWING TITLE
DRAWING NO :
DATE :
FLOOR AREA :
SCALE : FIT TO PAPER
DESIGN BY : Eng. AMILA DHARMABANDU
DRAWN : LAKMAL
APPROVED BY :
CHECKED BY :
PAGE NO : 01



PROPOSED ISOLATION CENTRE BUILDING- IDH

MINISTRY OF HEALTH

DRAWING TITLE:

DRAWING NO : DB/ IDH)/ MOH/ ER/2077/ IDH- 2

DATE : 2021 - 03 - 24

FLOOR AREA : 1200 m²

SCALE : FIT TO PAPER

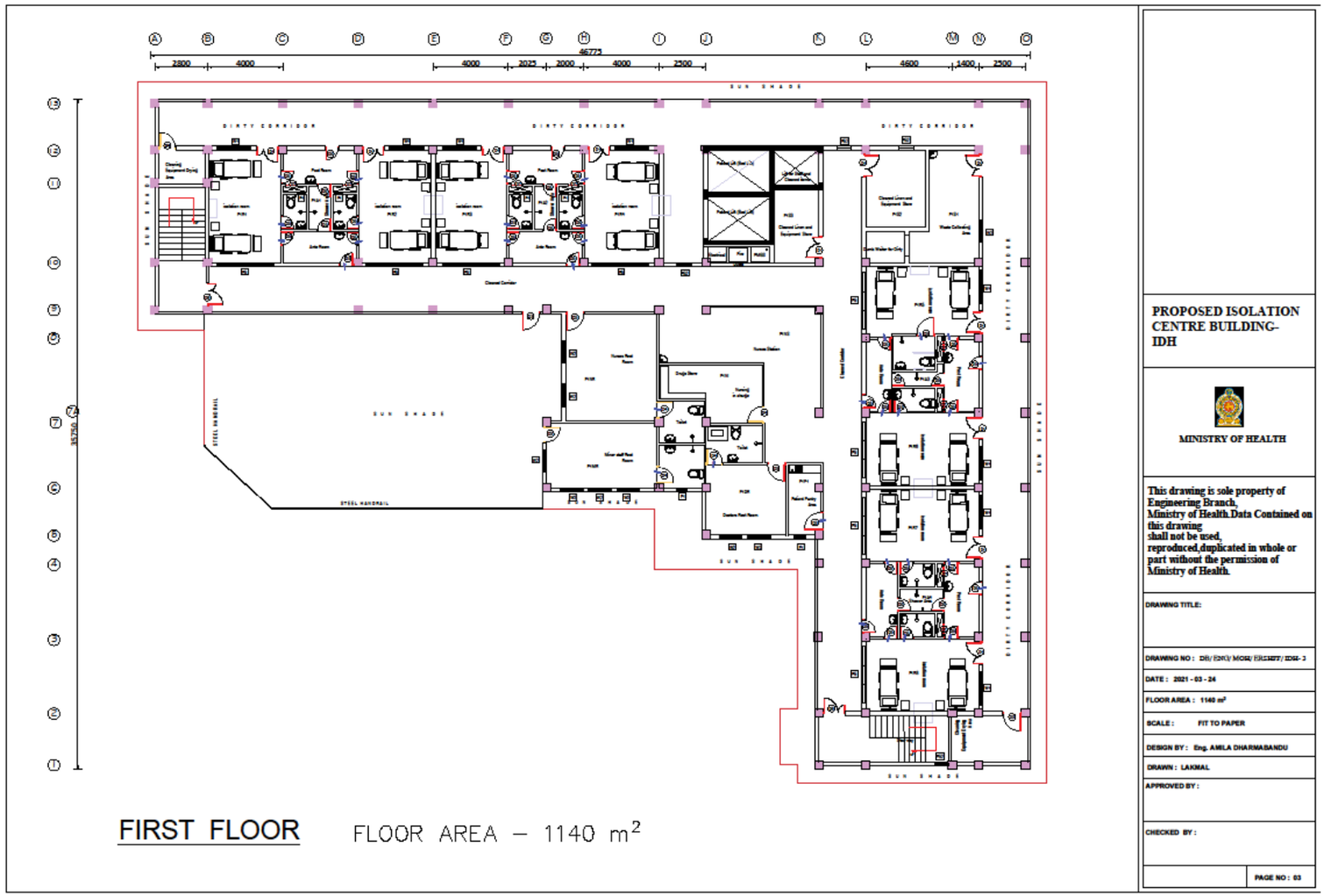
DESIGN BY : Eng. AMILA DHARMABANDU

DRAWN : LAKMAL

APPROVED BY :

CHECKED BY :

PAGE NO : 02



FIRST FLOOR FLOOR AREA – 1140 m^2

PROPOSED ISOLATION CENTRE BUILDING- IDH

MINISTRY OF HEALTH

DRAWING TITLE:

DRAWING NO : DB/ ENG/ MOH/ ERS3677/ IDH- 3

DATE : 2021 - 03 - 24

FLOOR AREA : 1140 m^2

SCALE : FIT TO PAPER

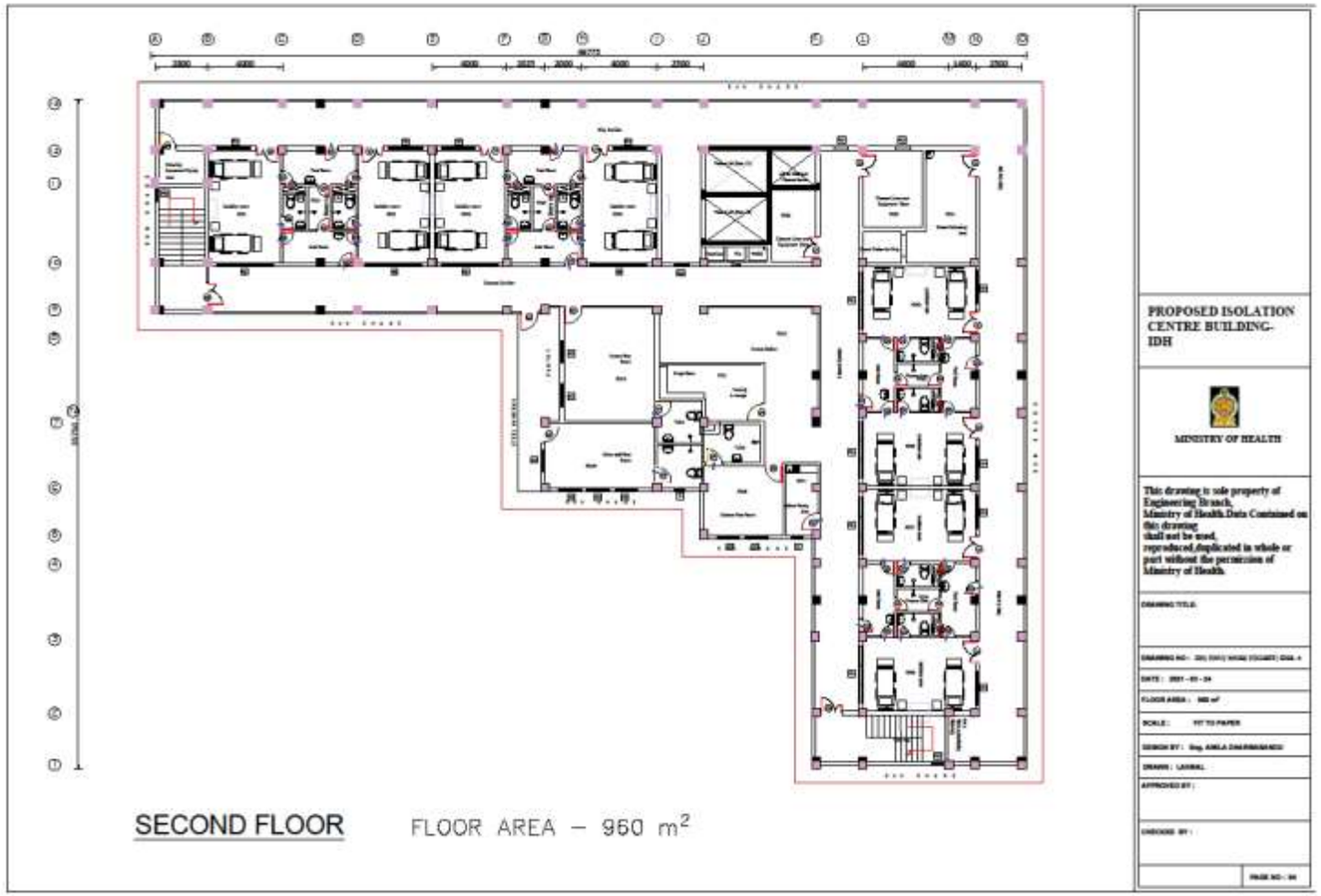
DESIGN BY : Eng. AMILA DHARMABANDU

DRAWN : LAKMAL

APPROVED BY :

CHECKED BY :

PAGE NO : 03


PROPOSED ISOLATION CENTRE BUILDING- IDH
MINISTRY OF HEALTH
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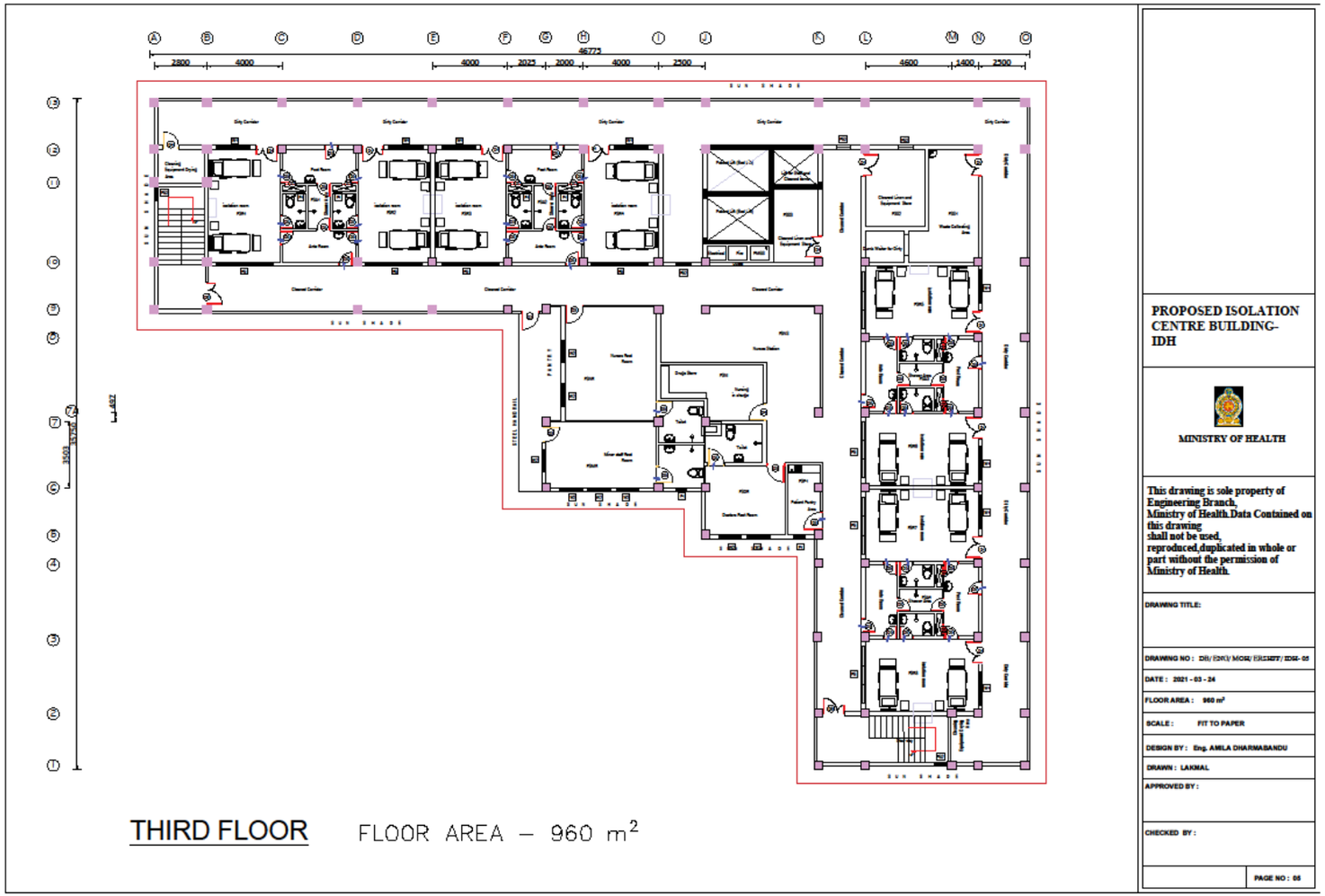
SECOND FLOOR
FLOOR AREA – 960 m²



PROPOSED ISOLATION CENTRE BUILDING- IDH

MINISTRY OF HEALTH

DRAWING TITLE:

DRAWING NO : DH/ENG/ MOH/ ERSEIT/ IDH- 05

DATE : 2021 - 03 - 24

FLOOR AREA : 960 m²

SCALE : FIT TO PAPER

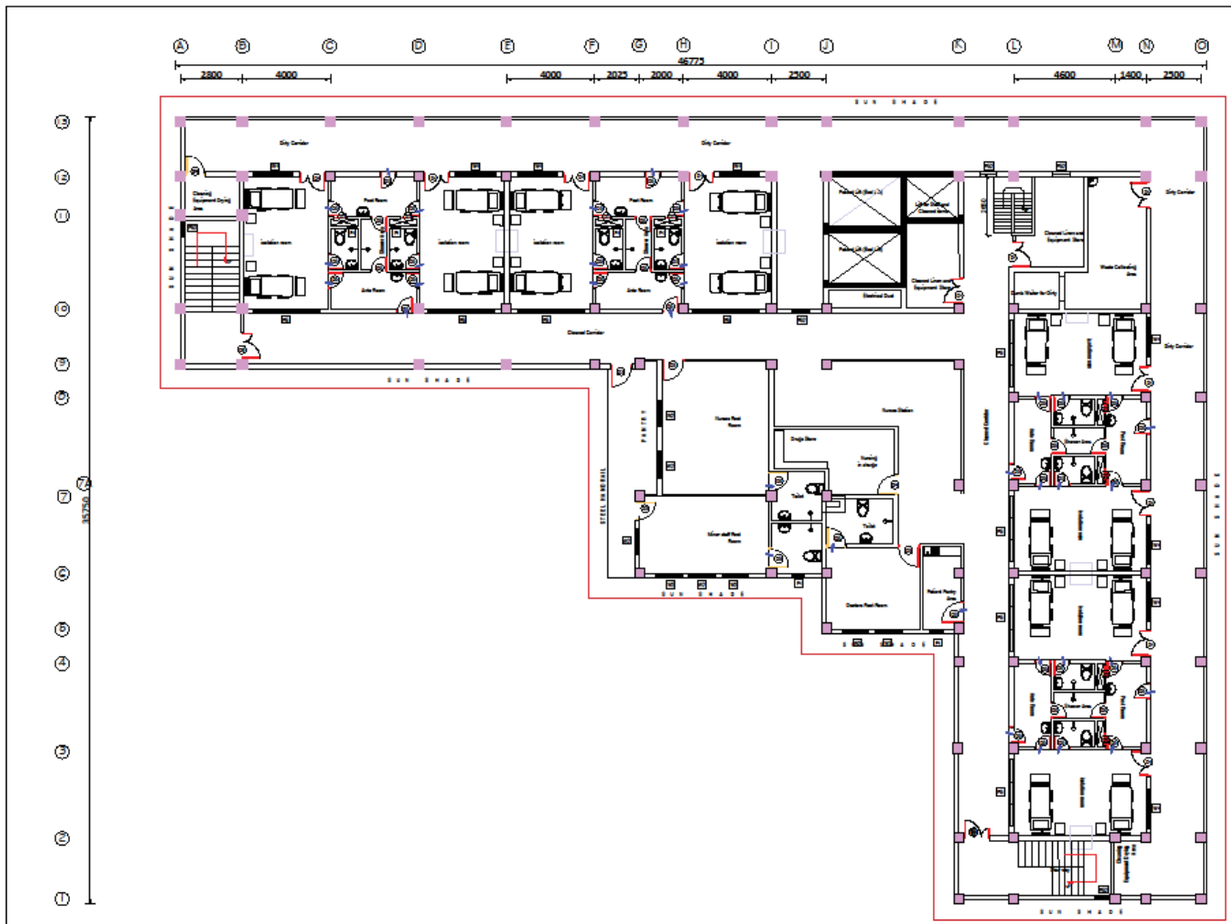
DESIGN BY : Eng. AMILA DHARMABANDU

DRAWN : LAKMAL

APPROVED BY :

CHECKED BY :

PAGE NO : 05



FOURTH FLOOR FLOOR AREA – 960 m²

PROPOSED ISOLATION CENTRE BUILDING- IDH

MINISTRY OF HEALTH

DRAWING TITLE:

DRAWING NO : IDH/ ENG/ MOH/ ER/24872/ IDH- 6

DATE : 2021 - 03 - 24

FLOOR AREA : 960 m²

SCALE : FIT TO PAPER

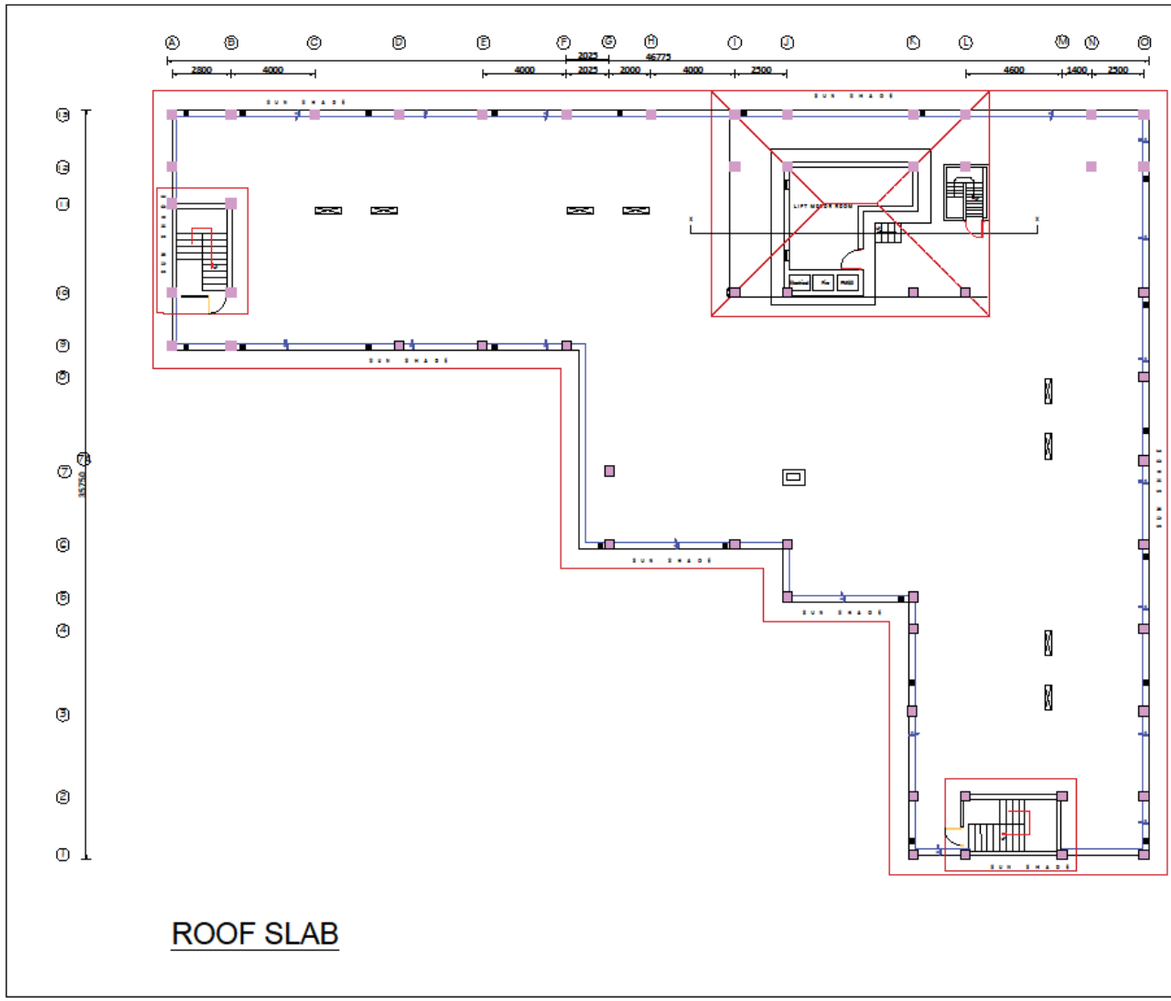
DESIGN BY : Eng. AMILA DHARMABANDU

DRAWN : LAKMAL

APPROVED BY :

CHECKED BY :

PAGE NO : 06



PROPOSED ISOLATION CENTRE BUILDING- IDH

MINISTRY OF HEALTH

DRAWING TITLE:

DRAWING NO : DH/ENG/MOH/ [illegible]/IDH- 7

DATE : 2021 - 03 - 24

FLOOR AREA : 960 m²

SCALE : FIT TO PAPER

DESIGN BY : Eng. AMILA DHARMABANDU

DRAWN : LAKMAL

APPROVED BY :

CHECKED BY :

PAGE NO : 07

Annex 5

Information sheet attached to the letters providing details about the project:

ශ්‍රී ලංකාවේ වසංගත රෝග විද්‍යායතනය වෙත මහල් පහකින් සමන්විත අංග සම්පූර්ණ වෙන්කිරීමේ මධ්‍යස්ථානයක් ඉදි කිරීමේ ලෝක බැංකු ආධාර මඟින් සිදු කෙරෙන ව්‍යාපෘතිය පිලිබඳ සමාජ විද්‍යාත්මක කරුණු සහ විවිධ පාර්ශවකරුවන් විසින් සැලකිලිමත් විය යුධක පිලිබඳ සාකච්ඡාව

ශ්‍රී ලංකාවේ දැනට පවතින එකම වසංගත රෝග සඳහා විශේෂිත රෝහල, අංගොඩ වසංගත රෝග විද්‍යායතනය වේ. එය මීට වසර පනහකට පමණ පෙර ඉදිවූ පැරණි රෝහලක් වන අතර, මූලික වශයෙන් මෙහි පැපොල, වසුරිය, සරම්ප වැනි වසංගත රෝග ඇති රෝගීන් හට ප්‍රතිකාර කිරීම සඳහා අවශ්‍ය මූලික සම්පත් පමණකින් සැකසී ඇත. නමුත් කෝවිඩ්-19, ඉබෝලා, කහ උණ වැනි දරුණු වසංගත තත්වයකදී, රෝගීන් ආරක්ෂිතව වෙන් කිරීමට අවශ්‍ය පහසුකම් මෙම රෝහලේ නැති අතර එමගින් රෝගීන්ට, සේවකයින්ට මෙන්ම අවට සමාජයේ ජන කොටස් වලටද යම් අවදානමක් නිබිය හැකිය. නමුත් රෝහලේ බෝවෙන රෝග පාලන ක්‍රමවේදයේ ඇති කාර්යක්ෂමතාවය සහ ගුණාත්මකභාවය නිසා මෙතෙක් කෝවිඩ්-19 රෝගය පවා රෝහලෙන් පිටතට පැනිරීමක් රෝහල නිසා සිදු වී නොමැත.

රෝගීන් වෙන් කර තැබීම සඳහා වර්තමාන කෝවිඩ්-19 ගෝලීය වසංගත තත්ත්වයට මුහුණ දීමෙදී ශ්‍රී ලංකාවේ එකම වසංගත රෝග විද්‍යායතනයය වන අංගොඩ IDH රෝහලවේ. එහි ස්ථාවර සම්පත් මෙන්ම මානව සම්පත් සඳහා අධික ඉල්ලුමක්ද හට ගෙන තිබේ. එමෙන්ම සමහර පරීක්ෂණ පහසුකම් මෙහි නොමැති වීමෙන් මෙම රෝගීන් අනෙකුත් රෝහල් කරා යැවීමට සිදු වූවද, එවිට එම රෝගීන් සහ සේවකයින් යම් කොන් වීමකට සහ වෙන් කොට සැලකීමකටද ලක් වේ. එම නිසා මෙම රෝහලට අංග සම්පූර්ණ වසංගත රෝගීන් වෙන්කොට තබන කාමර ඇතුලත් මධ්‍යස්ථානයක් ඉතා අවශ්‍ය බව නිර්ණය කොට තිබේ. මේ හේතු සියල්ල සලකා බලා වසංගත රෝග විද්‍යායතනයට සියලු අංග සම්පූර්ණ මහල් පහක වසංගත රෝගීන් වෙන්කිරීමේ මධ්‍යස්ථානයක් ඉදි කිරීමට සැලසුම් කර තිබේ.

මෙම සාකච්ඡාවේ අරමුණ වන්නේ මෙම යෝජිත ව්‍යාපෘතිය පිලිබඳ මෙයට අදාළ විවිධ පාර්ශවකරුවන් දැනුවත් කර ඔවුන්ගේ අදහස්, මෙන්ම කැමැත්ත අකමැත්ත හා අවශ්‍ය නම් ව්‍යාපෘතියේ යම් ක්‍රියා මාර්ගයන් තවදුරටත් වැඩිදියුණු කිරීම සඳහා නිබෙන අදහස් පිළිබඳව සාකච්ඡා කිරීම වේ.

මෙම වසංගත රෝග විද්‍යායතනය දැනටමත් කොරෝනා ආසාදිත රෝගීන් ඇතුළු අනෙකුත් වසංගත ඇති රෝගීන් හට ප්‍රතිකාර කරන මධ්‍යස්ථානයකි. මෙම රෝහල තවදුරටත් ඒ සඳහා ශක්තිමත් කර මුළු දිවයිනටම විශේෂිත සේවා සැපයීමේ හැකියාව ඇති ස්ථානයක් බවට වැඩි දියුණු කිරීම මෙමගින් සිදු වෙනු ඇත. මෙහිදී මහල් පහකින් යුත් නව ගොඩනැගිල්ලක් රෝහලේ පිටු පස කොතේ පවතින කිම කඩෙහි ගොඩ නැගීමට අරමුණු කර ගෙන තිබේ. නව වෙන් කොට තැබීමේ මධ්‍යස්ථානය පහත අංග වලින් සමන් විත වනු ඇත.

1. පහලම මාළය (Basement) :
දැඩි සත්කාර ඒකකයේ කාර්ය මණ්ඩලය සඳහා විවේක කාමර, ගෑස් ගබඩාව, විදුයුත් හැසිරවීමේ මධ්‍යස්ථානය, ජල පොම්පය, ඒ අවට බාහිරින්, ගිලන් රථ සේදීමේ අංගනය, ගිලන් රථ ගාල, වාහන 5කට රථ ගාල

2. පහල මාළය (Ground floor) :
ඇඳන් 8 කින් යුත් දැඩි සත්කාර ඒකකය, රෝගීන් 50 දෙනෙකුට සිටිය හැකි පොරොන්දු ප්‍රදේශය, නවීන හෙද මධ්‍යස්ථානය, රෝගීන් පරීක්ෂා කරන සහ වෙන් කරන ස්ථානය, වැසිකිලි පහසුකම්, CSSD

3. පළමු මහලේ සිට සිව් වන මහල (1st floor to 4th floor) :

- සෑම කාමරයකටම වැසිකිලි පහසුකම් සහ ඇඳන් දෙක බැගින් යුතු රෝගීන් වෙන් කර තබන කාමර 8ක්
- කාර්ය මණ්ඩලයට ස්නානාන පහසුකම් සහිත වෙනම ප්‍රති හා පසු කාමර
- වෛද්‍ය, හෙද සහ සුළු සේවකයින් හට විවේක කාමර හා මුළුතැන්ගෙයක්

Stakeholder consultation sheets