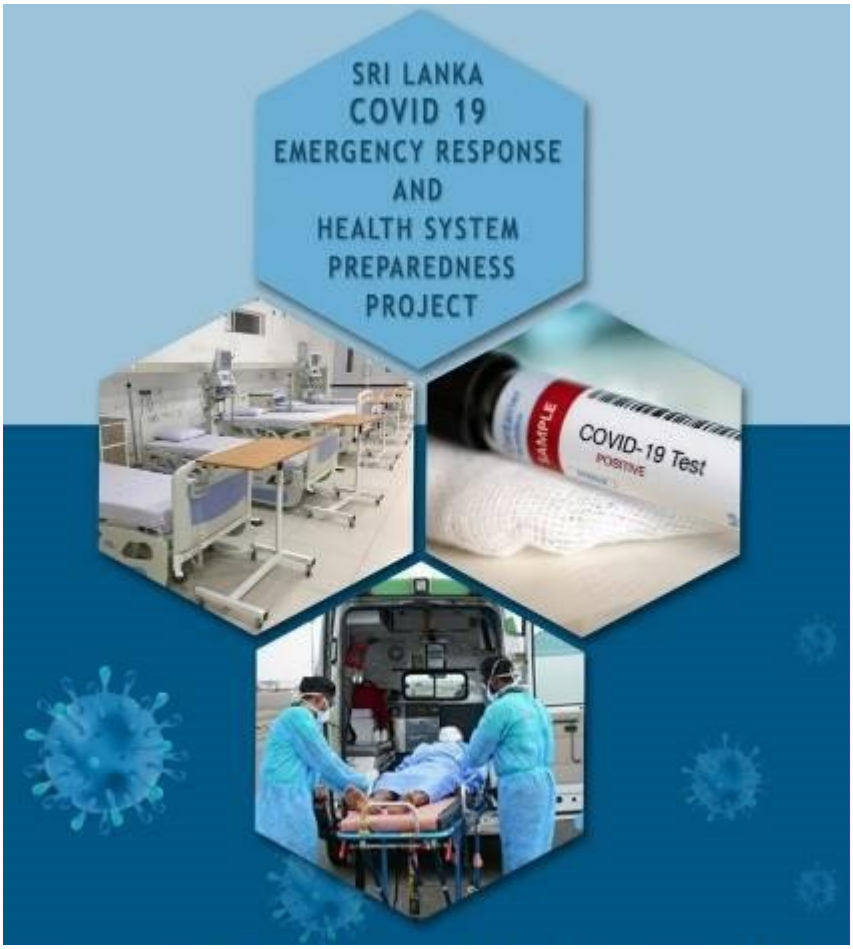
Environmental and Social Screening Report & Environmental and Social Management Plan (ESSR & ESMP)

Construction of High Dependency Unit (HDU) on the Upper floor of the "Bhikku" Ward at Anuradhapura Teaching Hospital

March 2022



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Abbreviations

TH	Teaching 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	Environmental 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
HDU	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
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/ Gender Based Violence
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

1. 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 diseases 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, Government of Sri Lanka (GoSL) has chosen the Anuradhapura Teaching Hospital in the district of Anuradhapura in North Central Province, to establish a 29 bedded High Dependency Unit (HDU) facility. The proposed construction is on the second floor of the existing building complex. The ground floor of the existing building complex is Cardiology Catheterization Laboratory and the first floor is a "Bhikku" ward (ward for male priests). The construction on the second floor includes 29 HDU beds, separate rest rooms for doctors, nurses, and health assistants, general store, drug store, tea room and a pantry. The proposed construction is surrounded by an army ward (15m) from the North, vehicle park (10m) from South, blood bank and rest rooms of doctors(15m) from East, Physiotherapy unit (10m) and Nursing quarters (25m) from the West. Most of the surgeries get delayed due to the insufficiency of ICU/HDU facilities within the hospital. A considerable number of patients with vital need of HDU/ICU care are managed within the Casualty and Medical wards at present due to the same reason, increasing the workload of the regular ward staff, in addition to the risk for patients. A considerable number of patients are transferred for ICU/HDU care in other hospitals outside, increasing the transfer cost, risk of transportation, additional workload for the limited staff and discomfort for the patients and their family members. Therefore, there is a dire need of expanding the HDU capacity and facilities in this hospital to provide quality patient management services to the draining area of the hospital.

To identify any anticipated risks, impacts and opportunities for this activity, 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 tensions, and conflicts, 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 and access to equitable health care services.

All the identified risks and impacts can be mitigated and are 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 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 during meetings.

The ESSR and the stakeholder consultations do not raise significant issues that would warrant an ESIA. It recommends that an (i) ESMP to deal with construction phase related social and

environmental 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 project.

The Hospital Director of the Anuradhapura Teaching Hospital and the PMU/MoH will be responsible for ensuring E&S compliance as specified in the ESMP for the 29 bedded HDU at Anuradhapura Teaching Hospital 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.

2. Introduction & Background

Sub-project Background

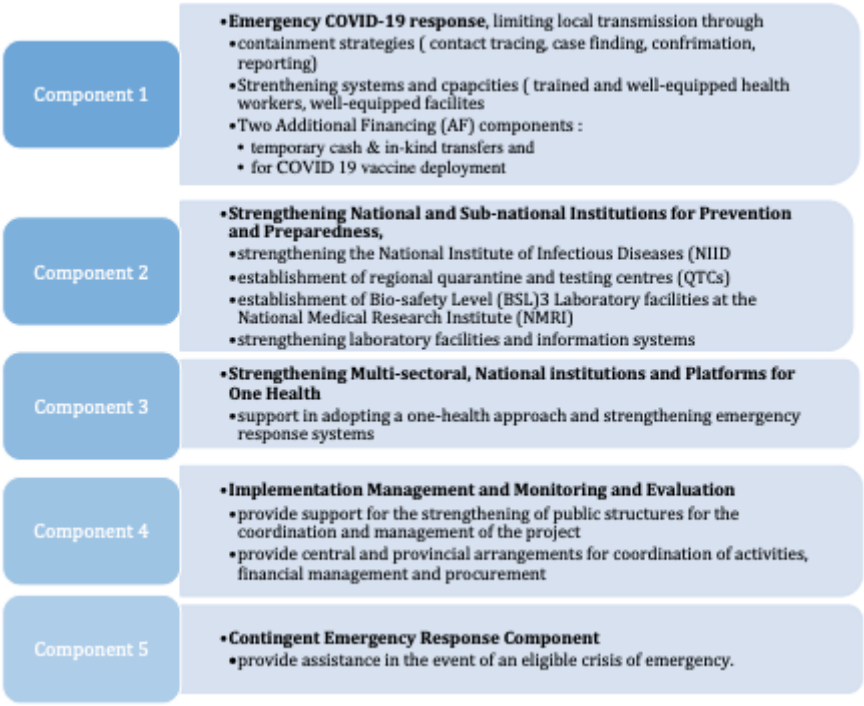
The proposed project will be an essential requirement for the Anuradhapura district with the increase of population and lack of sufficient HDU facilities in nearby government hospitals. As the proposed construction will be within the existing hospital premises there is no need for new land acquisition or resettlements. Establishment of this 29 bedded HDU will increase the survival rate of acutely ill patients otherwise managed in either general wards or a similar facility elsewhere in the country. The expansion of hospital capacity would increase the inflow of more consultants, doctors and other staff categories in addition to the number of patients contributing to service enhancement and business opportunities within the adjacent communities which ultimately contribute to livelihood enhancement and poverty reduction. During construction of the proposed facility, the existing Cardiology catheterization laboratory in the ground floor and the "Bhikku Ward" allocated for the male priest in the first flow will be continuing as usual. These wards have general facilities such as beds for patients, washrooms, restrooms for doctors, nurses, and medical assistant staff, drug stores and general stores. Therefore, significant attention should be given for measures to prevent dust and noise during the construction period, particularly to avoid disturbance to the functions of the Cardiac Catheterization Laboratory. Further, this construction will take place on the second floor of the existing ward complex, surrounded by many other ward complexes, vehicle park and nurses' quarters. Many recent constructions have taken place within the hospital, but no GBV related issues or any other difficulties were encountered by staff or patients. However, in the current project also there should be concern to prevent gender-sensitive issues and GBV among construction labourers, patients, and health staff.

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,**



Component 1
•Emergency COVID-19 response, limiting local transmission through
•containment strategies (contact tracing, case finding, confrimation, reporting)
•Strenthening systems and cpapcities (trained and well-equipped health workers, well-equipped facilites
•Two Additional Financing (AF) components :
• temporary cash & in-kind transfers and
• for COVID 19 vaccine deployment
•Strengthening National and Sub-national Institutions for Prevention and Preparedness,
•strengthening the National Institute of Infectious Diseases (NIID
•establishment of regional quarantine and testing centres (QTCs)
•establishment of Bio-safety Level (BSL)3 Laboratory facilities at the National Medical Research Institute (NMRI)
•strengthening laboratory facilities and information systems
•Strengthening Multi-sectoral, National institutions and Platforms for One Health
•support in adopting a one-health approach and strengthening emergency response systems
•Implementation Management and Monitoring and Evaluation
•provide support for the strengthening of public structures for the coordination and management of the project
•provide central and provincial arrangements for coordination of activities, financial management and procurement
•Contingent Emergency Response Component
provide assistance in the event of an eligible crisis of emergency.

3. 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 Management 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.

4. Location and Sub-project Description

Location: 8.325, 80.412

Proposed floor for the construction

Existing building allocated for the proposed construction

Socio-Economic Characteristics:

Teaching Hospital Anuradhapura is the main tertiary care hospital in North Central province administered under the purview of the Ministry of Health. Anuradhapura Teaching Hospital is the third biggest hospital in Sri Lanka and situated at a central location of the new city occupying a total land area of 42 acres. It provides specialized health care services mainly to the North Central province as well as for some parts of the Northwest, Northern and Eastern Provinces. The bed capacity of the hospital is 2164 and 38 ICU beds are also available. The capacity of medical staff is about 2987 which includes 83 Consultants, 340 medical officers, 1085 nursing officers and 727

Health assistants. The hospital also provides advanced tertiary and secondary medical, surgical and rehabilitative services to its population. Emergency Treatment Unit, Outpatient service and specialized clinic service are also in the hospital. The annual indoor admissions are over 100,000 and the number of live births that take place in the hospital exceeds 10,000 annually. Also the average daily attendance of patients to clinics and OPD exceeds 1200.

Moreover, Anuradhapura Hospital is a teaching and training center for medical students from the University of Rajarata and postgraduate trainees from Postgraduate Institute of Medicine, Colombo. Further approximately 500-600 student nurses are trained in this facility each year. The entry of patients with different illnesses and accidents produce more demand for HDU beds, not only from the same province but from across the country. Therefore, the requirement of proposed 29 bedded HDU for the Teaching Hospital Anuradhapura is vital.

Environmental Characteristics:

The Anuradhapura Teaching Hospital is located within an urban setting but the proposed construction is surrounded by the other buildings of the hospital which does not expose to any public place such as schools, post office, markets or and residential areas. The hospital is having enough land area for the temporary storage of construction material required for the construction activities. Furthermore, there is adequate space for increasing the capacity of the waste management-related aspects such as extension of sewerage plants and establishment of incinerator facilities. The existing waste management method consists of Metamizer and Incinerator for infectious solid waste management and sewerage treatment system to treat the liquid waste. As further expansion of waste management process, the funding is secured to locate a new incinerator with more capacity. The sewerage treatment system is planned to expand its capacity using funding from ADB. The food waste produced from the hospital are handed over to the municipal solid waste management system and registered waste collectors collect clean plastic and clean paper waste from the hospital.

There is no sensitive aquatic or terrestrial habitat in closer vicinity to the proposed construction. As this construction work is on the existing building there is no need for the removal of trees or clearing land for the purpose of construction. The proposed construction is having direct access, which does not need any land clearing for the preparation of access roads.

Socially sensitive areas:

The proposed construction is within the existing building, which is surrounded by the other buildings of hospital. Therefore, there are no public sensitive sites such as schools, temples, homes etc closer to the proposed HDU facility.

Subproject Description

The main objective of the proposed investment is to establish a 29 bedded HDU for treatment of patients at Anuradhapura Teaching Hospital. These patients are those who do not need ICU care but need to be closely monitored than in a ward setup. The following table provides a snapshot of the proposed intervention.

Location	On the Second floor of exiting ward complex of Anuradhapura Hospital
Planned works:	The second floor of the existing ward complex will be constructed. Following facilities will be provided: • 29 bedded HDU with toilets and wash rooms for patients • Rest room for doctors • Rest room for nurses • Rest room for health assistant staff • Tea room • General store • Drug Store (see annex 4 for the building plan)
Estimated subproject value:	Rs. 33 Million without VAT
Anticipated Construction period	4 months
Anticipated Labour Strength per day	15 to 20 approximately

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

Description	Features
Access to the building	Direct road access to the building. A lift and staircase parallel to that provide access to the first floor allocated as medical wards for male priests. The staircase from the ground floor will be continue up to the second floor of the building which is proposed for the construction of HDU. The medical ward for male priest will be functioned as usual in the construction period, the acess will be through the existing lift, and it will be ban for the use of the construction staff. The staircase begin from the ground floor will be used for the construction staff to access the proposed construction at the second floor of the building.
Basement and ground floor	The catheterization laboratory to treat cardiac patients is completely under enclosed conditions and ventilate by an air conditioning system. Separate access will be provided separately for patients and staff within the construction period from the opposite side of the current access.
First floor	Medical ward for male Priest.
Second floor	proposed construction site for HDU
Access to the Proposed HDU	A separate hoist will be used for the transportation of construction material to the site and a separate staircase will be for the construction staff to reach the site during the construction phase. During the operational stage after the construction, the existing lift and staircase will be shared by the HDU on the second floor and Bhikku ward on the first

	floor.
Ventilation	A Medical Gas system and Air conditioning are provided
Generator	Stand by diesel Generator is available
Waste collection and segregation	Healthcare waste will be separated using onsite waste bins as per the national colour code system for healthcare waste segregation and temporally stored until disposal. The food waste will be handed over to the municipal waste management system. The registered waste collectors will collect the clean plastic and paper waste. The Infectious waste will be metamized or incinerated under the existing conditions. A plan has been developed to install another Incinerator in TH Anuradhapura since the infectious waste generation has increased during the COVID-19 pandemic.
Sewerage and waste water	Wastewater disposal system and Manholes/catch pits are available. The wastewater treatment plant of the Anuradhapura Hospital requires a capacity improvement and the funds are secured from ADB for the expansion. The expansion of the sewerage treatment system will be completed before the functional stage of the proposed HDU.
Storm water	Directed to the natural draining system
Boundary	The building with proposed construction is surrounded by an army ward (15m) from the North, a vehicle park (10m) from the South, a Blood bank and restrooms for doctors(15m) from the East, a Physiotherapy unit (10m) and Nursing quarters (20m) from the west.
Access to the building	Direct access road with 15m width

5. Analysis of Alternatives:

With the increase in population size, there is a vital need for increasing HDU beds in the Anuradhapura teaching hospital as it has a wide draining area. The proposed construction is within the premises of an already constructed building and there is no requirement of acquisition of new land or resettlement of any public or private parties related to the proposed construction. Locating the proposed HDU in any other premises will incur an additional cost for production of separate sewer system, waste management system and many other facilities. Therefore, the location of the HDU at the present location will be the best option compared with shifting the proposed construction to another location. As the hospital has a long history of harmonious functioning with the existing urban setting, there is less possibility of social unrest due to the proposed construction which is proposed to be developed within an existing building which is located inside the hospital complex. Furthermore, several constructions were done within the hospital premises, while routine functions were carried out without any disturbance to the functions or the wellbeing of patients, their by-standers, or staff during the last 5 years period.

The proposed construction needs the recruitment of consultants, doctors, sisters, nurses, and health assistants which improves the overall human resource capacity of the hospital. The proposed HDU is planned to develop as a mixed HDU by the hospital management that allows treatment for patients from medical, surgical, and pediatric wards.

The existing staircase will be allocated as direct access to the proposed construction on the second floor of the building. There will be no transportation of construction material through the existing lift or staircase within the building complex. A covered hoister located at the outside of the building will be used to transport the construction material. There will be two separate entrances for the construction staff to access the construction site and the medical staff/patients to access the catheterization laboratory on the ground floor of the building. As the construction site is surrounded by many other building complexes of the hospital; all the surrounding buildings should be aware of the ongoing construction. The restroom for doctors and nurses' quarters in the surrounding should be aware of possible gender-sensitive issues and the proper window covering (translucent glasses or curtains) should be provided to the washrooms, changing rooms, bedrooms to ensure gender security to female doctors, nurses and minor staff.

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

Potential impacts are considered under the three key phases of project cycle: design, construction and operational phases of the proposed construction of 29-bedded HDU at Anuradhapura Teaching Hospital

1. Design Phase

- **Ventilation**

The facility being an HDU, proper ventilation is 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 HDU has been designed to circulate fresh air as much as possible. The air conditioning system has been designed to circulate fresh air with increasing flow rates.

- **Adopt Inclusive Design Principals:**

Establish minimum accommodation and servicing requirements to meet the needs of people with disabilities, women (especially, pregnant women), elderly, chronically ill, etc. 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

- **Site preparation for construction**

A separate hoist will be used for the transportation of construction material to the proposed site. The catheterization laboratory at the ground floor and "Bhikku" ward at the first floor will be enclosed physically by the existing windows and doors to prevent the entry of dust and noise while ventilation will be provided from the existing air condition systems. The spread of dust will be prevented by providing sufficient net covering encircling the construction site. The entrance for the catheterization laboratory will be separated from the entrance to the staircase for the construction staff to reach the proposed construction site. There will be no transportation of any construction material from staircases or lift inside the building.

- **Construction related impacts**

The construction activities will primarily include the construction of the second floor of the existing building according to the requirements of an HDU. Major demolition and construction activities that involve piling etc are not envisaged as the basic building and beams are existing. Nevertheless, some demolition within the building for retrofitting, reconstruction including tile cutting, flooring, plastering, installation of the service line and various medical equipment, etc will take place, all of which will cause air and noise pollution and the generation of construction debris which needs careful disposal. The contractor should not perform the noisy works at the time of ward rounds, casualty weekends, and nighttime, for which close communication with the ward sisters is needed throughout the construction phase. Also about 150-200 patients visit during the day time to the physiotherapy unit which is in the close vicinity, hence transportation of material for construction should preferably be done in the evening after 3pm, and close communication with the chief physiotherapist will prevent service disruptions.

- **Resettlement Risk and Impacts**

The sub-project will not generate any resettlement risks or impacts. The subproject will be a renovation of an existing hospital premises in land belonging to MoH. As such, no land acquisition is required.

- **Risks and impacts during construction activity at the existing building**

There is risk of entry of dust into the catheterization laboratory in the ground floor during the construction period. A dust cover should be placed around the second floor of the ward complex where the construction is going on. Frequent wet mopping of floors will also give a temporary solution. The debris from the construction activities should be removed immediately without

allowing to remain for extended period. As the construction is on the second floor, there should be sufficient cover to avoid dispersion of dust due to wind activity, which can even impact the surrounding buildings. Furthermore, sufficient net covering should be used to avoid falling of objects on to the ground, which makes damage to the patients, staff, visitors or vehicles. Signboards should be displayed to ensure unnecessary entry or loitering around the building to avoid any physical hazards. A separate access to the second floor where construction is taking place is necessary to ensure non disturbance to the routine functions of the catheterization laboratory in the ground floor . The opposite side of the current entrance can be used as a separate access during the construction phase.

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

As the proposed construction is within existing building, there is no any direct adverse impact on any social group living in the surrounding area of the hospital. However, there is possibility of gender sensitive issues to arise between construction labourers and doctors while in the rest room or nurses' as the quarters are situated closer to the proposed construction. The labourers involved in construction works should not have access to the catheterization laboratory on the ground floor, and should avoid setting up of labour camps on any floor of the existing building where the construction is ongoing. Coverings such as curtains or louvers should be provided to the rooms of nurses' quarters and restroom of doctors, which directly face the proposed construction site. The windows of the toilets and bathrooms of the lower floors of the proposed building with transparent glasses should be replaced with translucent glass and the ventilation holes of the toilets. Washrooms should be properly located to ensure gender security and privacy of the patients and staff. Hospital management is confident that such issues will not arise as there was no such experience during the previous constructions that took place in the recent past at the hospital.

The labourers should be recruited for the purpose of construction from the nearby areas to avoid the requirement of making labour camps. If there is any type of a labour camp located within the hospital premises, the permission of the Director of the hospital and the site Engineer of the construction activity should be obtained prior to setting it up. There should be separate washroom facilities and changing room facilities for the female and male labourers of the construction site. Wash rooms should be clearly labelled as male and female. Sufficient covering and the lockable doors should be provided for gender sensitive facilities such as toilets, changing rooms and washrooms provided for labourers. There should be supply of sufficient amount of drinking water and dining facility to the labourers engaged in construction activity. The third floor of the building which is not used at the moment can be used for these purposes if necessary with the consensus of the Director and Site Engineer.

- **Labor Influx related risks & impacts**

Armed forces will not be involved for the proposed construction activity in construction phase as well as in the operational phase. A private contractor will be procured to carry out the renovation works. It is estimated that 8,000 man hours are required on average to complete the activity in the proposed HDU facility in Anuradhapura Hospital. If it is assumed that the activity will be completed within 4 months, a workforce of around 15 - 25 would be needed on a daily basis to carry out the works. One third of the workforce (around 8 employees) need to be skilled workers and two thirds (around 16) need to be unskilled workers.

As considerable labor influx is expected, while it can provide potential benefits to the community, such as supporting the local economy by selling goods and services etc., influx of labour can affect project areas negatively, in terms of increased risks of social conflicts, illicit behavior, burden on and

competition for public service utilization , risk of communicable diseases and GBV. To address the above-mentioned impacts of 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'.

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 Anuradhapura 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 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**

The proposed project doesn't envisage any excessively hazardous activities as the building is already there. However, there will be activities that will be hazardous in nature such as working at heights, cutting and demolition, electrical work etc. In addition, there is a threat of work force being infected with COVID-19. 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.

- **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 proposed construction is within an existing building of the hospital. The area of the hospital is about 42 acres and the construction site is surrounded by the other buildings of the hospital . There is no public place in the closer vicinity of the proposed construction except the surrounding buildings of the hospital.

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

- **SEA/SH Risks & Impacts**

As the proposed construction is within the hospital promises at close proximity to the nurses quarters and rest rooms for doctors; the labor influx due to the proposed construction work, could increase the risks pertaining to sexual exploitation, abuse and sexual harassment (SEA/SH) of women and children within the hospital premises. Measures to address SEA/SH risks under the subproject will include:

- **Information and communication**: Publicly post or otherwise disseminate messages clearly prohibiting SEA/SH during the provision of health care. Key messages to be disseminated will focus on: i) No sexual or other favor 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 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 construction is within already existing building in the hospital premises and availability of considerably large land area to store the construction material, there is no rush to transport the construction material and equipment during busy hours. However, there will be some traffic congestion at the entrance road of the hospital with the commencement of construction activities due to transport of construction material & equipment by heavy vehicles. Measures to avoid/mitigate road accidents including transport disruptions due to unexpected traffic will be implemented by getting support of the area Traffic Police during the subproject implementation period (construction period). The measures will be described in the ESMP specifically to safeguard children and patients from accidents and to ensure the smooth flow of traffic during the implementation period.

3. Operation phase

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

The HDU 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 end up in the inland waters and groundwater aquifers polluting water bodies significantly. If hospital 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. Currently, the wastewater treatment plant in the hospital requires capacity improvement and the funds are secured from ADB by the Ministry of Health for expansions which will be completed before the functional stage of the proposed HDU. This treated wastewater effluents will meet the discharge standards specified by the Central Environmental Authority of Sri Lanka. Capacity improvements will be done in the existing wastewater treatment plant and the wastewater from the proposed HDU construction will be connected to the existing wastewater treatment plant.

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 it is in the central area of the hospital.

There is a well-functioning metamizer and Incinerator at the Anuradhapura TH. The metamizer operations are carried out by a private company as per the agreement with the Ministry of Health. The total infectious waste generation in TH Anuradhapura is around 1300 kg per day on average. The metaMizer treats around 600 kg of infectious waste on average. The rest of the infectious waste including sharps waste is being incinerated currently. However, the incinerator in TH Anuradhapura has been installed some years back and needs upgrading. It has been decided to install a new incinerator with a capacity of 1.5MT per day with better air pollution control methods. It will be be housed at the same premises of the existing waste yard of the hospital. All installations will be done after obtaining the necessary clearances and environmental recommendations from the Central Environmental Authority/Provincial or District CEA. Bottom ash from the incinerator will be disposed of in a pit designed according to the standards of CEA. HCW storage facilities on site will have to be constructed as per the national colour code for segregation of healthcare waste 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 for healthcare waste management. Waste segregation at the source of generation will be practiced at all sites. Waste storage facilities have been designed even 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.

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.

Metamizer and incinerator for infectious waste management

- **Occupational Health and Safety**

Healthcare staff are potentially at risk of occupational health and safety issues. Working in an HDU 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 TH Anuradhapura . 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 HDU**

The staff plans to recruit for Intensive care unit should be trained before the functional stage of the proposed HDU, A human resource plan will be developed by the administration of the Anuradhapura

Teaching Hospital 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 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 is also increased risks relating to GBV/SEA/SH, child abuse, etc., while in quarantine/self-isolation at treatment centers. 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 measures in place to address these needs during the operation phase.

7. 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 second floor of the existing four-story building	ESS1	Implement subproject ESMP. Include ESMP in bidding documents. Workers to sign Code of Conduct.
Does the subproject involve land acquisition and/or restrictions on land use?		No	This is an existing hospital building 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?	no		Funding is only for the construction purpose	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?	No		The infectious waste of this facility will be managed using metamizer and incinerator on site. Sewerage treatment too would be done on site.	ESS3	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	Yes		The capacity will need improvement and the project will identify these gaps and address them.	ESS1	The Anuradhapura TH will have to obtain EPL and SWML licenses from

healthcare waste management?			Infection control of the HDU 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 the Infection Control Nursing Officer, Public Health Inspector and other relevant stakeholders headed technically by the Microbiologist.		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?	Yes		The existing infectious waste management is properly functioning but the sewerage treatment system 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 8,000 man-hours would be required to complete the activity within 4 months. Hence on a daily basis, a workforce of around 15 - 20 would be needed. Approx. 6 (one-third) employees are required to be skilled workers and 12 (two-thirds) require to be unskilled workers.	ESS2	Labor & 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 OHS will be provided. OHS unit will be established to further look after OHS aspects of employees in the operational phase.	ESS1	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		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 the transport of tissue and body fluid samples from patients for testing purposes to the certified laboratories, which practice standard final disposal option.	ESS3	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 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		The present construction is on the second floor of existing building.	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		As the construction is within functioning medical ward complex there is a possibility of GBV/SEA.	ESS1	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**

8. Information Disclosure and Public Consultations

The Consultant Community Physician functioning as the Senior Social Protection Officer on 24.02.2022 carried out consultations with the following list of officials and different categories of public in the area in-person.

Category	Stakeholders consulted
Health officials & medical experts	Director of Anuradhapura Teaching Hospital, Consultant Surgeon, Consultant Cardiologist (Cardiac Catheterization Lab), Medical officer (Planning Division), Senior Nursing officer (Cardiac Catheterization Lab), Two Senior physiotherapist (Physiotherapy unit), Nursing officer (Special Grade), Nursing officer (Ward No.1), Nursing officer (Accident Ward), Nursing officer (Emergency care unit) and Development officers of the Planning division.
Public other affected parties and interest groups	The proposed construction is within the existing building of the hospital, and there is no public place closer by construction site. Therefore, the stakeholder meeting was conducted with the parties who have direct or indirect interactions with the proposed construction mostly include the internal staff members of the hospital. The Chief Priest of the Sri Maha Bodhi Vihara is one of the co-chairs of Hospital Development Committee and conveyed agreement on the project through the Director and Senior Nursing Officers. The director, deputy director of the hospital and site engineer will be coordinate with the PMU to manage the GRM related to the proposed construction.

While detail description of the consultations is annexed, the key points on impact and mitigation are summarized below:

A. Acceptance of the proposed project

- None of the stakeholders refuse or resist the proposed project. However, emphasized on carrying out planned activities to a standard, ensuring infection control measures optimally. They all stated that the need for this is high due to a range of benefits such as improvement of health care services, increase of survival rate of patients, employment opportunities, improvement of area business and thereby the economy.

B. Environmental safety and security to ensure public trust

- Prevention of dust: Installing dust barriers using netting material with smaller mesh size and prevention of dropping of objects on to lower floors or ground using hardboard sheet covering
- Minimizing Noise: Keep the noise level within the construction site within the range of standards declared by the CEA and avoid noisy construction works at night as well as when the cardiac catheterizations are taking place during morning hours. Proper communication channel to be established between construction engineer or supervisor with the ward sisters.
- The construction material should be properly stored and covered according to the standards to avoid the risk of producing dust.

- The Cardiac Catheterization Laboratory of the lower floors of the existing building should be covered and floors to be mopped frequently to avoid the entry of dust from construction work.
- Transportation of construction material to be carried out after 3pm to avoid disturbance to the patients visiting the Physiotherapy Department.

C. Wastewater and sewerage management

- The wastewater from the proposed construction should be diverted to the existing waste water treatment plant of the hospital which is proposed to undergo for a capacity improvement.
- Regular testing of the treated water for bacteriological and chemical clearance to ensure the discharge standards stipulated by the Central Environmental Authority

D. Solid waste management

- Pedal operated bins as per the national color code system for segregation of healthcare waste will be located within the proposed construction to motivate onsite segregation of the solid waste during the operational phase of the facility.
- The infectious waste generated from the proposed facility will be managed using the incinerator and metamizer located at the hospital. An additional incinerator is planned to be installed to cater to the additional demand mainly due to the COVID-19 pandemic and expansion of services. The ash from the incinerator will be put into a ash pit which is prepared according to the standards.
- The clear plastic and paper waste from the proposed construction is required to be handed over to registered waste collectors under the Central Environmental Authority and the food waste from the proposed facility needs to be handover to the municipal solid waste management system.

E. Obtaining human resource and equipment

- New cadres should be advertised and all categories of staff to be recruited and trained to work in this HDU.
- The hospital management will be in search for funding source to purchase the equipment for the proposed HDU. In the meantime the excess equipment in the newly built ICU for COVID patients will be used. Also there is a plan of diverting equipment received as donations during COVID period to the wards (eg: Pulse Oxymeters)

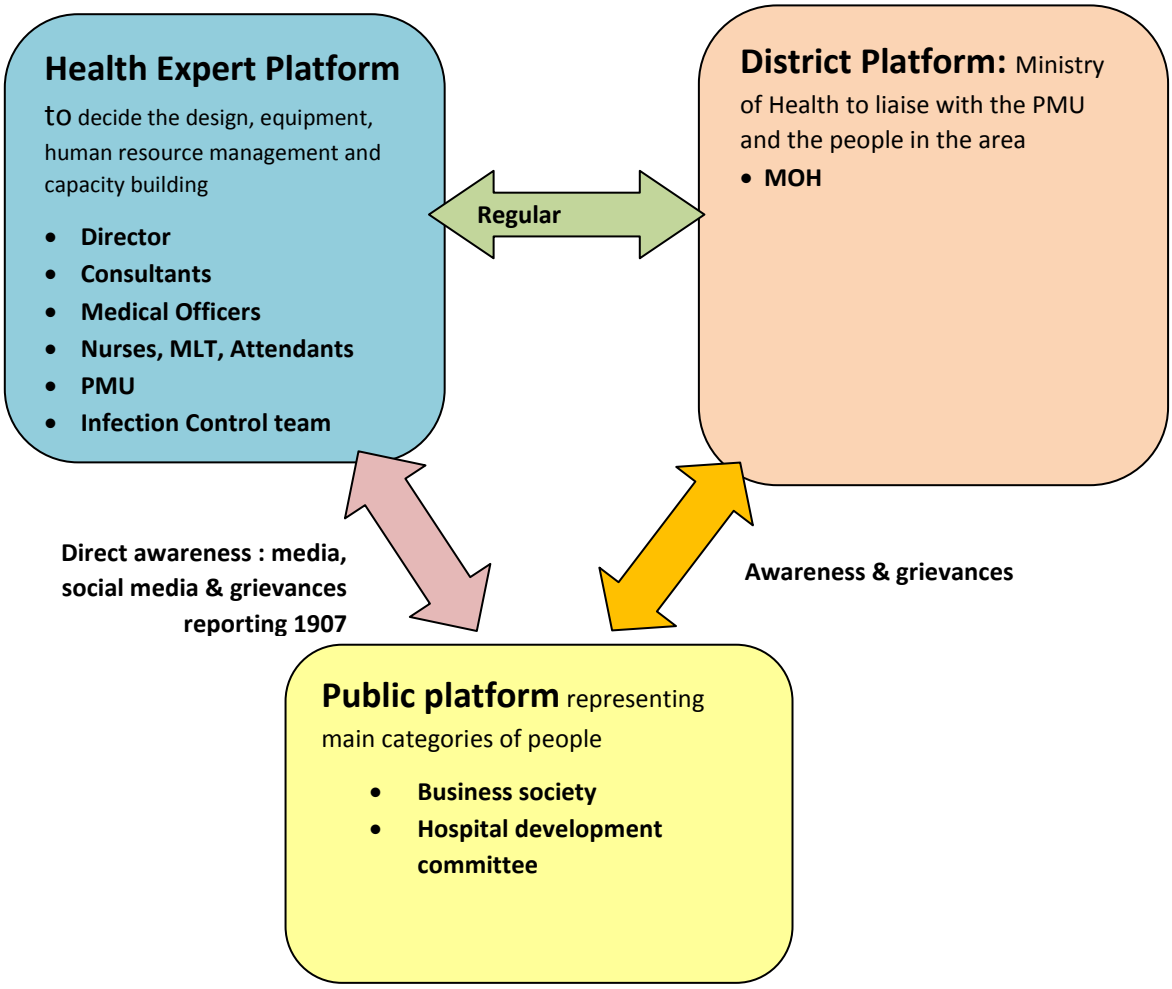
H. Develop a communication platform and stakeholder engagement

- Need to develop a communication platform through hospital management, to obtain both public and institutional clearance and awareness through reliable sources (see annexure on stakeholder platforms and communication plan). Also a communication channel between identified focal point from the hospital staff and site engineer should be continued throughout the construction phase.
- Develop material in Sinhala, Tamil and English (Posters, leaflets, banners) about the ongoing construction to make patients, staff and visitors aware on the major benefits from the construction work and minor difficulties to be faced during the construction phase.

- Involve all categories of stakeholders for ongoing communication to improve awareness, willingness and build trust i) Health platform, ii) District level platform & iii) Public platform
- The doctors using rest room, nurses accommodated in the quarters and doctors using the car park should be informed of the construction work prior to its inception through the relevant communication channels as discussed during the consultations.
- The Car Park can be temporarily blocked only during the times of transportation of construction material with prior notice.

Mechanism for Ongoing Consultations

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.



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 • Deputy Hospital Director • Consultants • Medical Officers of the hospital • Nursing staff • Health Assistants • Development / planning officers	• 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 Notice board and sign boards within the hospital and around the construction site on the ground floor	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 • Hospital Director • MOH	• Project plan • Hospital Waste management plan • ESMP and mitigation • GRM (national and local) • Local GRM to be established through MC, Zonal Education office and MOH office	• Hospital Director to update the progress of the project • Handle grievances • Public awareness to be planned and delegated to relevant authority	• At the MOH monthly conference •	• MOH in liaising with 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 parties • Hospital Development Committee • Business society members	• Awareness of the details of the project • Waste management and infection control measures • GRM available and local GRM by MOH	• Banners • Information leaflets • Notice board and sign posts	Before constructions During constructions Operational stage	MOH

9. GRM including handling complaints related to GBV

A Grievance Redress Mechanisms (GRM) will be in place for the HDU in Anuradhapura Teaching Hospital. 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 HDU will operate at 2 levels:

- Tier1: Done by the Hospital Director at the Teaching Hospital in Anuradhapura, at MOH/Divisional level (lowest)
  Hospital Director Contact details: Dr. Dulan Samaranayake (+94 252 222 261)
- Tier 2: 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 tires. The GRM will also allow anonymous grievances to be raised and addressed. Receipt of complaint to be notified 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 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 HDU. 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, 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.

10. 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,
- 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.

11. 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 HDU at Anuradhapura TH .

12. 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 29 bedded HDU at Anuradhapura. 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 the HDU without the due clearance.

Trainings: The relevant personnel in the 29 bedded HDU at Anuradhapura TH will be trained by the environmental and social specialist 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 redresses 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	2022								
		MAR	APR	MAY	JUN	JUL	AUG	SEP	NOV	DEC
01	Include ESMP in bidding documents									
02	Information Disclosure, Consultations & operationalize GRM									
03	Tendering									
04	Finalize waste management plans									
05	Contractor training on ESMP implementation, setup labour camp & implement traffic management measures.									
06	Implement waste management measures									
07	ESMP Implementation monitoring									
08	Finalization of HDU Operational plan including human resource plan.									
09	Completion of construction work & handover									

Monitoring:

The supervision of the HDU in Anuradhapura TH 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 HDU and recommend suitable risk management strategies.

The Project/Hospital Director at the Anuradhapura TH, Provincial MOH and the Min. of Health will be responsible for monitoring the E&S compliance for the HDU in Anuradhapura TH 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 HDU at Anuradhapura	✓ Site selection approved ✓ ESSR & ESMP approved ✓ World Bank/Min. of Health HDU agreement/budget finalized ✓ Technical and engineering designs approved ✓ Appropriate personnel identified and modalities and responsibilities confirmed

	TH established	✓ Community consultations and awareness raising conducted ✓ Contractor bidding initiated
Pre-construction/ site preparation	Secure project site for HDU 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 ✓ 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 IDG within E&S and COVID-19 safety standards	✓ Building renovation/upgrading 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 HDU handed over and operational	✓ 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 HDU. ✓ Handover arrangements finalized. ✓ ESMP implementation evaluation completed and report prepared. ✓ HCWMP plans and contingency plans prepared and approved.

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

Item	Cost	Allocation
Maintaining the site cleanness	15,000.00	Contractor's cost
Maintain of Health and safety measures according to the guidelines for covid 19 prevention	50,000.00	Contractor's cost
Prevention of Dengue and Vector borne diseases	5,000.00	Contractor's cost
Maintain of first aid box and regular supply of medicine	5,000.00	Contractor's cost
Regular monitoring by PMU E & S specialists (transport & accommodation)	50,000.00	PMU cost
Dust and Noise barriers	50,000.00	Contractor's cost
Providing security to the site and Removal of rubbish, debris and clearing up of site on completion	100,000.00	Contractor's cost

13. 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 HDU in Anuradhapura TH:

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 29 Bedded HDU in Anuradhapura TH

ESMP for the Design Phase of the 29 Bedded HDU in Anuradhapura TH

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
Design Stage					
Location of the HDU	• All constructions work associated with the establishment of the proposed 29 bedded HDU in Anuradhapura TH will be limited to the footprint of second floor of the existing medical ward complex of Teaching Hospital 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 HDU. • 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 system for the building (septic tank, infiltration ditch); o the treatment of wastewater from rest rooms and tea room/ pantry, if any, before being discharged to the sewerage networks or the wastewater treatment system.	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
	○ the adequate management of runoff and the facilities for its recollection and evacuation, having in mind the existing downstream systems. ○ the systems of recollection, storage and transportation of solid wastes generated in the building, incorporating the structures for separation and recycling. ○ appropriate access systems for pedestrians, cars and bicycles. ○ appropriate access system for children and handicapped people, including ramps for wheelchairs and other requirements as per universal access norms; ○ the need to integrate building design with architectonic characteristics of the surrounding neighborhood; ○ avoiding the use of materials such as wood from unlicensed sources, lead-based paints, asbestos in any form. ○ ensuring structural safety ○ clearly demarcating exit and entry ways and ensuring adequate light and ventilation via natural sources where possible, in the design.				
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. ○ 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. ○ Location of sinks and dispensers for handwashing products and hand hygiene products ○ Air-handling systems engineered for optimal performance, easy	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
	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 HCFs 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				

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	○ Location of adequate storage and supply areas ○ Appropriate location of medicine preparations areas (e.g., >3 ft. from a sink) ○ 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 ○ 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; ○ 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	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
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) o HCF to be built at ground level, where appropriate, or at least have one entrance ramp and level internal design o Chairs placed for use by people who cannot stand while transacting business. o Enough open space in the waiting areas for wheelchair users, luggage, etc. o Doors sufficiently wide for wheelchair users and people who assist patients. o Directional signage that is visible, easily understood and clearly marked, including with pictographs, for reception desk, bathrooms, doctor's offices, etc o 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*	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA,IC
Design of facility should reflect specific treatment requirements,	• 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	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
including triage, isolation or quarantine	with possible or confirmed COVID-19 or any infectious/communicable disease. • Isolation rooms should: o be single rooms with attached bathrooms (or with a dedicated commode); o ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided) o be sited away from busy areas or close to vulnerable or high-risk patients, to minimize chances of infection spread; o have dedicated equipment (for example blood pressure machine, peak flow meter, pulse oxymeter, thermometer and stethoscope) o have signs on doors to control entry to the room, with the door kept closed; o have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment.				
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 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.	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
	• 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 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 separate temporary hoister will be used for the transport of construction material to the proposed construction site. The functioning wards at lower floors will enclose physically using existing windows and doors to prevent the entry of dust while providing ventilation from the existing air condition systems. The spread of dust will be prevented by providing sufficient net covering. The"Bhikku" ward for the male priest at the first floor will be function as usual within the construction period while keeping the windows and doors under closed conditions to prevent the entry of dust and noise from the construction work. The existing lift will be allocated for the use of patients, medical staff and visitors of the Bhikku ward at the first flow. Furthermore, the lift will be prohibited for the use of construction staff. The staircase will be provided for the sole use of construction workers to reach the floor of the construction site and there will be no any transportation of construction material from staircases or lift inside the building. • Safety netting should be established to cover the entire perimeter of the facility using cost effective netting materials as specified in the Technical Specifications in order to avoid the spread of dust and falling of construction materials on to the ground or lower floors from the construction site in second floor. o Safety netting shall be performed where necessary to provide a neat appearance	Prior to commencing works on site	Engineering Cost	Contractor	PMU/MoH, EPA,IC
2.	**Material Sourcing leading to an**	• The contractor is required to ensure that all construction materials, including	Prior to commencing	Engineering Cost	Contractor	PMU/MoH, EPA,IC

	impact on Natural Resource supplies cumulatively.	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. .	works on site			
3.	**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
4.	**Potential capacity of spread of infection due to 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**	• Where possible all attempts must be taken to use labor already present in the 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	Prior to commencing works on site	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		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				
5.	**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	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		washing. • The sewage system for the camp, if not available, will be planned and implemented with concurrence from the Local Public Health Officer (PHI). • All provisions that are required under 'The Factories Ordinance' and 'National Institute of Occupational Safety and Health Act, No. 38 of 2009' 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.				
6.	**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 agreed in the contractual documents in line with the sub-project specific	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		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.				
7.	**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). • Ensuring handwashing facilities supplied with soap, disposable paper towels	Prior to commencing works on site and During construction	Engineering Cost	Contractor/HCF	PMU/HCF Management/MoH, EPA, HPA

		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				
~~8.~~	**Removal of trees for the proposed HDU**	• This is an existing building, hence tree removal is unlikely to be required. However, the following guidelines should be generally adhered to • 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.	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC

9.	**Demolition of existing infrastructure within existing HCF**	• There is no any major demolition work under the proposed construction but following guidelines are required to be followed.
		• 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 partlate 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.
		• 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.
			During construction-demolition of existing facilities.	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		▪ 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.				
10.	**Information Disclosure among Stakeholders.**	• Discussions should be conducted with the local community who reside along the vicinity of the project site. The proposed construction is within the inner part of the hospital premises with 42 acres of land area, which does not directly contact with residents living surrounding the hospital. The given guidelines are required to be followed for smooth functioning of project with less or no objections from surrounding communities. 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	During construction	Engineering Cost	Contractor	PMU/MoH, EPA,IC

		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.				
Construction Phase						
11.	**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 transportation, materials destined for disposal should be covered with tarpaulin.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• 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.				
12.	**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
13.	**Emission of Dust during cover application and construction.**	• All construction materials such as sand, soil, metal, sheet rock, partitioning material , etc. should be transported under cover to the site and stored under 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	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		periods. • Dust masks should be provided to all laborers for the use at required times • Dust cum noise barriers should be erected on the sides facing to the nurses' quarters, medical wards and doctors rest room closely locating to the proposed construction. Furthermore, the other sides that are 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.				
14.	**Prevention of soil erosion and blockage of drainage system**	• Debris material shall be disposed in such a manner that waterways, drainage paths 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 drainage system where necessary. • 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.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
15.	**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,
16.	**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.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

[1] dB-Decibels

		• 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. • Ideally noise generating work should not be carried out during public holidays 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.				
17.	**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 aquatic habitat 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.				
18.	**Preventing siltation into water bodies**	• Contractor shall take measures to prevent siltation of the wetlands/lagoons surrounding 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,
19.	**Preventing contamination of water bodies from construction waste**	• The work shall be carried out in such a manner that pollution of water bodies located in close proximity to the construction area is avoided. • Measures as stipulated in this ESMP shall be taken to prevent the wastewater produced in construction from entering directly into these water bodies/ wetlands/ lagoons. • 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	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

20.	**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,
21.	**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 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	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		the workers are supposed to be wearing and monitored monthly and recorded.				

22.	**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 side, and refill them regularly
		  o 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
		  o 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
		  o 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
			During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

23.	**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 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.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
24.	**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,
25.	**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 responsible for community liaison and to handle public complaints regarding environmental/ social related matters. All public complaints will be entered into the Complaints Register. The ESSO will	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		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 Management Action Plan (EMAP) clearly stating the approach, actions and manner in which this ESMP is implemented. • If the contractor does not submit a EMAP prepared based on this plan, the ESMP as presented in the tender document will apply.				
26.	**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 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.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• 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.				
27.	**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,
28.	**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 drainage paths to cutting, excavation and other activities	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
29.	**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,

30.	**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,
31.	**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,
32.	**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						

33.	**Steps to be taken during patient care in HDU**	• 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 WHO19 March 2020*
		The Novel Coronavirus Response Guideline 2020- Health Promotion Bureau of the MOH
			During HDU operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

34.	**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 HDUs or inpatient HCFs • Training to health workers, including community health workers, government officials, emergency planners and other stakeholders on interacting with vulnerable groups, including people with disabilities and how to support their needs • 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.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs	HPA, MOH,
35.	**Ensuring the rights of Health workers**	• Health worker rights include the expectation that employers and managers of HCFs and are required to assume overall responsibility to ensure that all	During HCF operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

	during COVID-19 Response in HFCs	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; o advise health workers on self-assessment, symptom reporting, and staying home when ill; o 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, o implement Infection Prevention and Control measures, o exercise zero-tolerance policies towards workplace violence and harassment. o 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.				
36.	**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 Health Promotion Bureau, avoid exposing others to health and safety risks, and participate in employer-provided occupational safety and health training; ○ use provided protocols to assess, triage, and treat patients; ○ treat patients with respect, compassion, and dignity; ○ maintain patient confidentiality; ○ swiftly follow established public health reporting procedures of suspected and confirmed cases; ○ provide or reinforce accurate IPC and public health information, including to concerned people who have neither symptoms nor risk; ○ put on, use, take off, and dispose of PPE properly as per Annex 7 of	During HCF operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

		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.				
37.	**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 immediately. o This tool aids in the risk assessment for HCWs after exposure and provides recommendations for their management.	During HCF operations	Operational Cost	HCF Management, HCWs	HPA, MOH,
38.	**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 operations	Operational Cost	HCF Management, HCWs (Specifically laboratory workers)	HPA, MOH,
39.	**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 operations	Operational Cost	HCF Management, HCWs	HPA, MOH,

40.	**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 the 29 bedded HDU at Anuradhapura Teaching Hospital will be adopted (IC-HCWMP) prior to the opening of the new HDU- 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 29 Bedded HDU 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 HDU, 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 29 bedded HDU at Anuradhapura Teaching Hospital. 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 29 bedded HDU at Anuradhapura Teaching Hospital	During HCF operations	Operational Cost	HCF Management, HCWs (Specifically cleaning staff)	HPA, MOH, EPA

		○ 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.				
41.	**Management of Contaminated Laundry in the HDU**	• Basic Facility Provisions and Equipment Management ○ 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. ○ The facility should maintain a receiving area for contaminated textiles at negative pressure compared with the clean areas of the laundry. ○ Ensure that laundry areas have handwashing facilities and products and appropriate PPE available for workers. ○ Use and maintain (and dispose at end of lifecycle) laundry equipment according to manufacturers' instructions. ○ Damp textiles or fabrics should not be left in machines overnight to prevent microbial growth. ○ 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 ○ Use sterilized textiles, surgical drapes, and gowns for situations requiring sterility in patient care. ○ Use hygienically clean textiles (i.e., laundered, but not sterilized) in neonatal intensive care units. ○ Follow manufacturers' recommendations for cleaning fabric products including those with coated or laminated surfaces. ○ Do not use dry cleaning for routine laundering in health-care facilities. ○ Handle contaminated textiles and fabrics with minimum agitation to avoid contamination of air, surfaces, and persons. ○ Bag or otherwise contain contaminated textiles and fabrics at the point of use.	During HCF 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.				

42.	**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 operations	Operational Cost	HCF Management, HCWs. Cleaning staff	HPA, MOH,

43.	**Management of HDU 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 operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

44.	**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 operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH

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

45.	**Cleaning of Carpeting and Cloth Furnishings in HCFs that can be contaminate**	• 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.
		  o Spot-clean blood or body substance spills promptly.
		  o 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.				

46.	**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 operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

47.	**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 operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

48.	**General cleaning of other areas in HCF as a whole.**	• Conduct regular and thorough cleaning of all site facilities, including HDU area, isolation units, washrooms, restrooms, pantry and 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 operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,
49.	**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 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.	During HCF operations	Operational Cost	HCF Management, HCWs,	HPA, MOH,

		▪ 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 and Mr Hasitha Karawita to assess the social impact of the project on constructing 29 bedded HDU at the Teaching Hospital Anuradhapura

This current project is on the second floor of an existing building within the hospital, where the ground and first floors are occupied by the Cath Lab, and Bhikku wards respectively. This building is surrounded by the Physiotherapy unit, rest room for doctors, Nurses's quarters, vehical park and blood bank. Also the building is closer to one of the exits from the hospital, which is mainly used by the staff. Considering the impact stakeholders were decided. Construction does not directly expose to the outside of the hospital, hence main focus was given to stakeholders within the premises of the hospital.

Following key stakeholders were consulted on the 24th February 2022, for in-person interviews after site visit.

Name	Designation	Involvement to the project	Opinion on the prospective project
Dr. D.M.S.Samaraweera	Director	Interested	Much needed
Dr. Shrishankar	Consultant Surgeon	Interested	Much needed
Dr.Ajith Wanniarachchi	Consultant Cardiologist/Cath Lab	Directly impacted	Much needed
Dr Shashika Vithanage	Medical Officer	Indirectly impacted and interested	Important and needed
Mr G.M.Sumith Bandara	Special Grade Nursing Officer	Indirectly impacted	Positive
Mr.D.W.A Premalal	Physiotherapist	Directly impacted	Positive
Mr.R.M. Herath	Nursing Officer/Bhikku ward	Directly impacted	Positive
Mr.J. Munasinghe	Nursing Officer	Directly impacted	Positive
Mr.P.M.J.Anurasiri	Nursing Officer	Directly impacted	Positive
Mrs Sudharma Kumarihami	Nursing Officer/Cath lab	Directly impacted	Positive
Mr D.S.N.Gunawardhane	Development Officer	Interested	Positive
Ms.I.M.B.M. Ilangasinghe	Development Officer/planning	Interested	Positive

Key discussion points generated from the interviews can be categorized and describe as below:

Theme	Key points
Foreseen benefits of the project	1. Bed strength for patients who are acutely ill but do not need ICU facility will be increased, making increased survival and reduced mortality 2. During the next construction project plan of demolishing existing MICU, this HDU will bridge the gap of temporary reduction of ICU bed strength in the hospital 3. Cost per patient is less than care in an ICU, hence project is cost effective 4. When a patient is stabilized in a HDU, the duration of hospital stay and complications can be reduced making the project a cost beneficial one in the long run and will also reduce hospital acquired morbidities. Increasing patient quality of life, and reducing out of pocket expenditure by the patients and families. 5. Anuradhapura is a teaching hospital, hence formal HDU training can be given in this unit to nearly 200 medical and 500 nursing students respectively.
Possible impacts during construction phase	
Theme	Key points and possible mitigation approach
Possible impact due to blocking the access of the Cath Lab and Bhikku ward by the construction vehicles and labourers	1. Separate access will be obtained without disrupting the access to the Cath Lab and the Bhikku ward in the two floors below the current HDU construction 2. The material to the construction site should be safely hoisted to avoid possible physical hazards to the
Possible hazards to the patients and ambulances reaching the Cath Lab and the patients visiting the Physiotherapy unit	3. Its best to transport the construction material to the site on weekends or after 4pm where most functions of the Cath lab and Physiotherapy unit are minimal or absent 4. To avoid any material falling off the construction site and cause danger to any person below, its important to cover the whole constructions site space with safety nets and display boards saying ‘danger do not go closer’
Possible disturbance to staff exit	5. Informing staff to minimally use this exit, as there are several other exits in the hospital

through the nearby exit	6. During the times that the construction vehicles come to the premises, this exit will be blocked to the staff and those who use it. Using the Public addressing system this will be announced. In addition, through the doctors union, nurses union and other staff categories the staff members will also be informed. 7. Do not use this path, and use the other path boards will be displayed to avoid confusion to the users.
Noise disturbance to the Cath Lab	8. Cath lab functions need silent and non-vibrating environment. Hence it was suggested that the noisy construction work such as drilling, tiling, and cutting steel to be done during non-casualty weekends or in the evening.
Focal point for communication	9. There should be an identified focal point in the construction site, for the hospital staff to communicate. This can make the construction workers aware of the times and periods where construction vehicles can be reached without disturbance to the routine work. 10. Also this would allow to communicate any issue without delaying
Accommodation for the construction labourers	11. The roof top of the same building is built, but not used at the moment. Hence the workers can make a temporary living space for them to rest and reside during construction. 12. There are public toilets behind the physiotherapy unit, for them to use.
Concerns of the GBV issues	There has been several major constructions in the hospital during the last two years, but not a single event related to GBV or any physical hazrd reported with regard to the labourers, hence this is not expected during this small project which would not last for a long period either.
Drying of clothes of Cath lab	The theatre gowns and other clothes used in Cath Lab are washed and dried in air currently on the second and third floors of this building. When the second floor constructions are going on if part of the third floor is allowed to be used for this purpose it would release tension among Cath Lab staff. A discussion with the hospital director on this can easily accommodate this concern.
Possible disturbance to the patients in the Bhikku ward	Only one or two priests are admitted at a given time. However, there were no patients when we did the visit. All the windows are covered, and enclosed. Hence, dust will not be a problem. The chief priest who is the chairman of the hospital development committee does not have any negative concerns on this.

During the operational phase	
Theme	Key points and possible mitigation approach
Equipment	1. The current project includes only construction of the HDU. The equipment need is not addressed. However, at the moment there is a 40 bed HDU and 12 bed ICU for COVID care (Methsirisevana). Once COVID pandemic needs wean off, these equipment can easily be transferred to the current HDU needs. 2. Also all units in the TH Anuradhapura received many donations of equipment during COVID. Hence those also can be relocated in the current HDU, according to the needs. Therefore if the construction is completed soon, the functioning can be done without a delay.
Staff	3. The current HDU will need excess staff. The hospital administration will ensure the recruitment requests are sent simultaneously to the construction phase, hence staffing will be solved while construction is continued and be solved once the building is ready for occupancy
Fire hazard due to wall Oxygen	4. In the HDU, wall Oxygen will be used. There are no kitchens where fire is used in the nearby buildings of this building. 5. However fire exit will be identified, fire extinguishers will be installed, and staff will be made aware of fire exits and using fire extinguishers.
Possible congestion of patients at the entrance	6. The HDU patients are brought in and kept in trolleys at the entrance until they are taken in for the procedures. This is a common entrance and the same entrance paves path to the entrance of the lift. Once the HDU starts its functions, acutely ill patients will be brought in. Hence a possibility of congestion is expected. 7. A Coronary Care complex is under construction in the hospital, and it will be ready soon. Until such time if the current HDU can be allocated as the Coronary Care Unit and ICU, this problem can be solved. An internal administrative discussion will be held to address this issue.

Some visual representations of stakeholder consultations and site inspection

 Incinerator for infectious waste management	 Metamizer for infectious waste management	 Proposed construction site at the second floor of the building	 Site observation
 Site observation	 Waste collection point	 Discussion with stakholders	 Enclosed lower floor ward with air condition for ventilation

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: _____

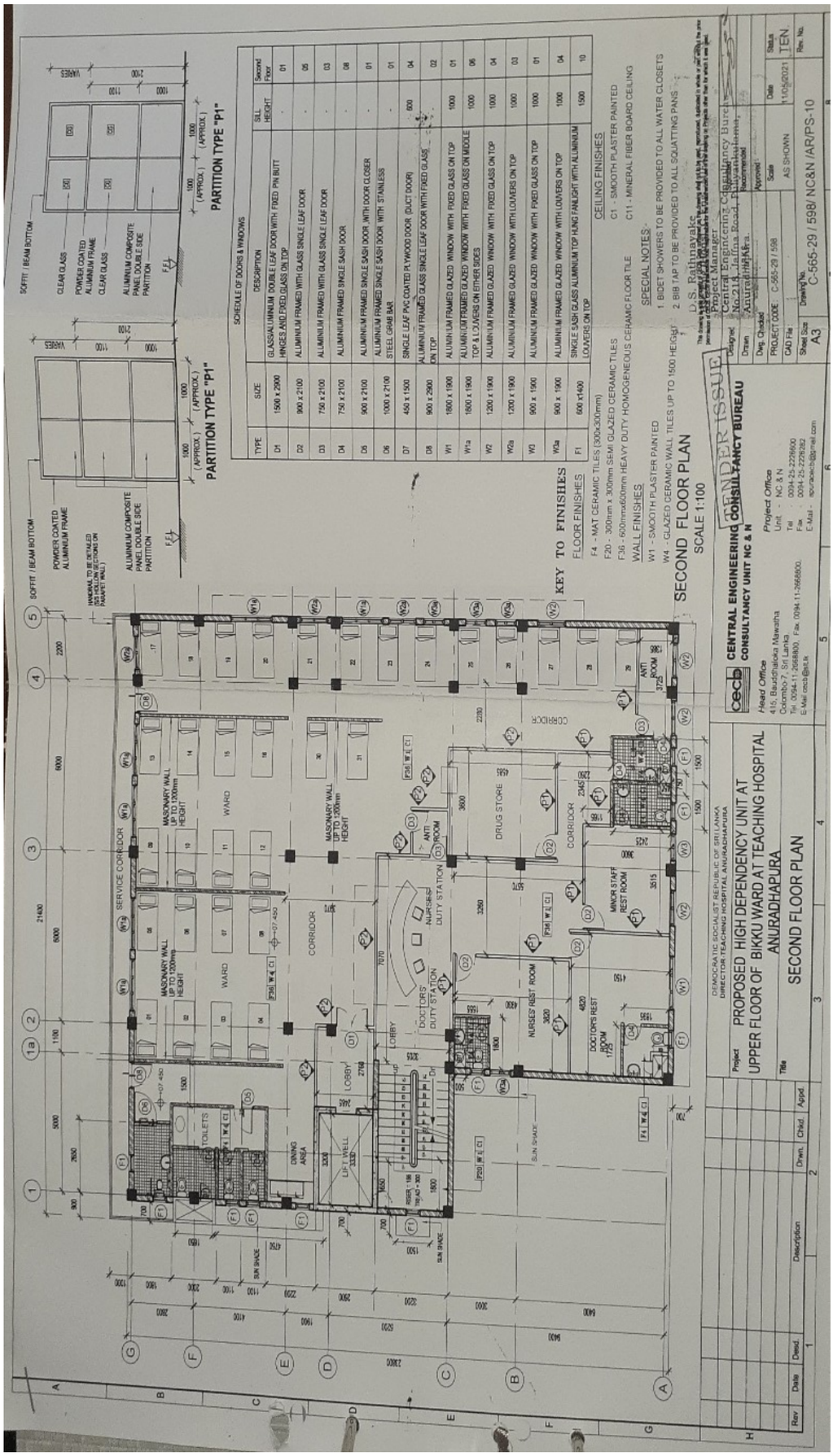
Printed Name: _____

Title: _____

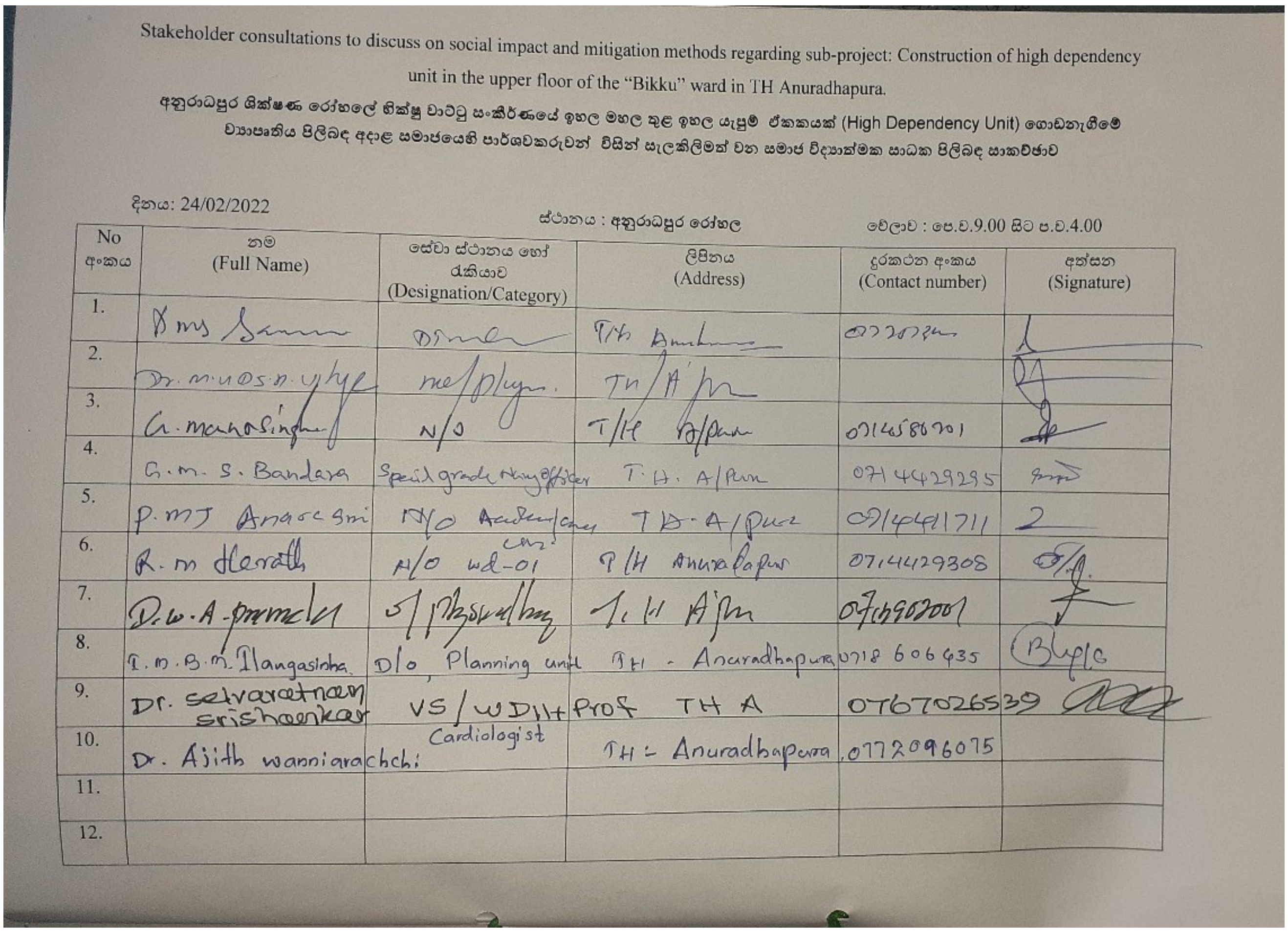
Date: _____

Annex 4 – Subproject Design Diagrams

Building layout



Annex 5 – Consultation Attendance sheets & Communication Material



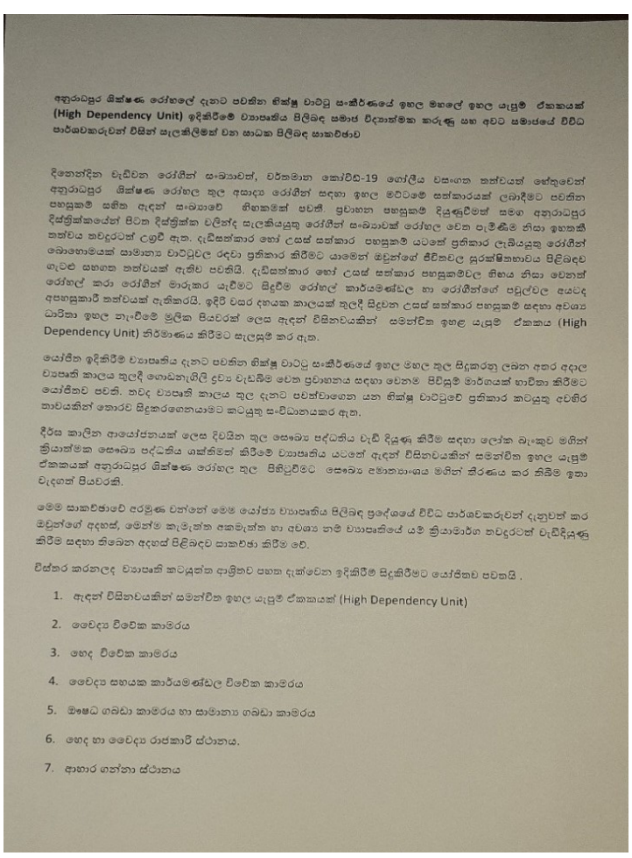
Stakeholder consultations to discuss on social impact and mitigation methods regarding sub-project: Construction of high dependency unit in the upper floor of the "Bikku" ward in TH Anuradhapura.

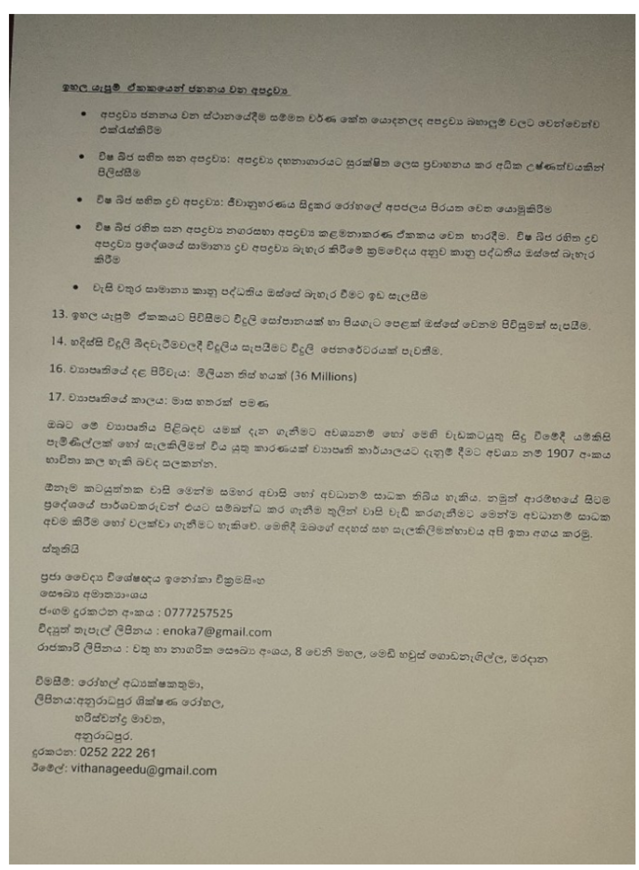
අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල තුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) ගොඩනැගීමේ ව්‍යාපෘතිය පිලිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක සාධක පිලිබඳ සාකච්ඡාව

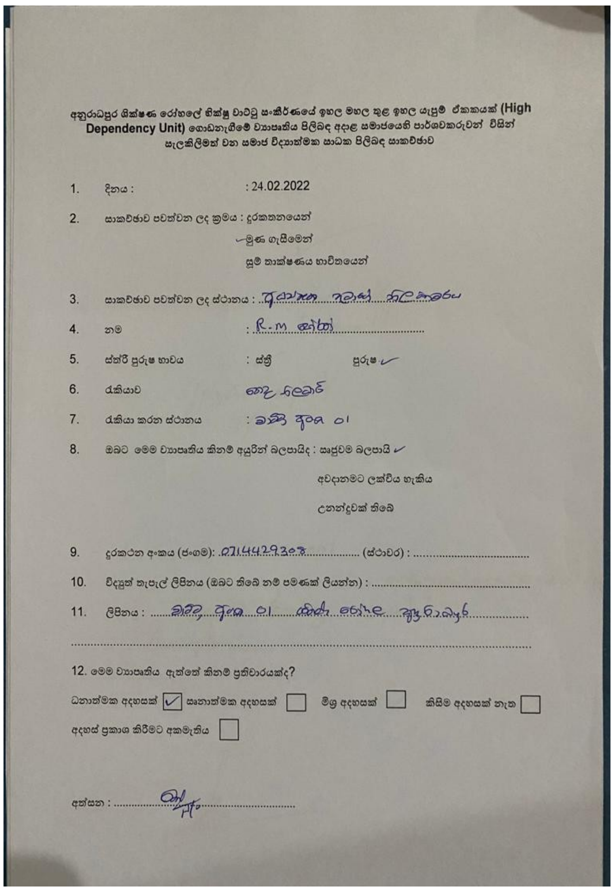
දිනය: 24/02/2022 ස්ථානය : අනුරාධපුර රෝහල වේලාව : පෙ.ව.9.00 සිට ප.ව.4.00

No අංකය	නම (Full Name)	සේවා ස්ථානය හෝ රැකියාව (Designation/Category)	ලිපිනය (Address)	දුරකථන අංකය (Contact number)	අත්සන (Signature)
1.	[illegible]	[illegible]	T/H [illegible]	[illegible]	[illegible]
2.	Dr. M.U.D.S.N. [illegible]	[illegible]	TH/A'pura		[illegible]
3.	G. Manasinghe	N/O	T/H A'pura	0714586701	[illegible]
4.	G.M.S. Bandara	Special grade Nursing Officer	T.H. A/Pura	0714429295	[illegible]
5.	P.M.J Amarasiri	N/O Academic unit	TH-A/pura	0714441711	[illegible]
6.	R.M Herath	N/O wd-01	T/H Anuradhapura	0714429308	[illegible]
7.	D.W.A. [illegible]	[illegible]	T.H A'pura	[illegible]	[illegible]
8.	T.M.B.M. Ilangasinha	D/O, Planning unit	TH - Anuradhapura	0718 606435	[illegible]
9.	Dr. Selvaratnam Srishankar	VS/WDHH Prof	TH A	0767026539	[illegible]
10.	Dr. Ajith Wanniarachchi	Cardiologist	TH - Anuradhapura	0772096075	
11.					
12.					

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







අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල තුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) ගොඩනැගීමේ ව්‍යාපෘතිය පිළිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක සාධක පිළිබඳ සාකච්ඡාව

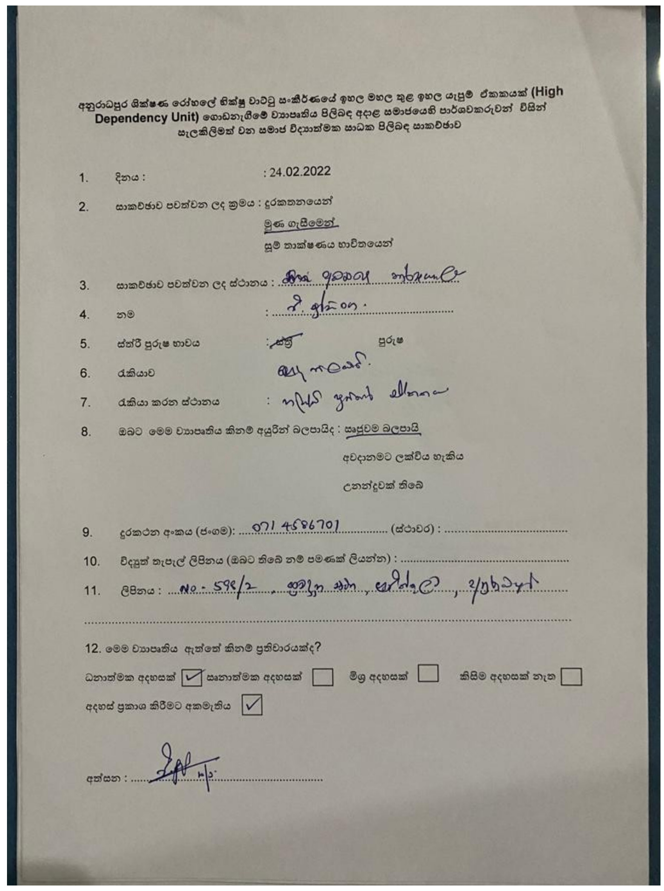
1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන් / ✓ මුණ ගැසීමෙන් / සූම් තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : [illegible]
4. නම : R.M [illegible]
5. ස්ත්‍රී පුරුෂ භාවය : ස්ත්‍රී / පුරුෂ ✓
6. රැකියාව [illegible]
7. රැකියා කරන ස්ථානය : [illegible] 01
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද : සෘජුවම බලපායි ✓ / අවධානමට ලක්විය හැකිය / උනන්දුවක් තිබේ
9. දුරකථන අංකය (ජංගම): 0714429308 (ස්ථාවර) :
10. විද්‍යුත් තැපැල් ලිපිනය (ඔබට තිබේ නම් පමණක් ලියන්න) :
11. ලිපිනය : [illegible] 01 [illegible] අනුරාධපුර

12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?

ධනාත්මක අදහසක් ☑ ඍණාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☐ කිසිම අදහසක් නැත ☐

අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☐

අත්සන : [signature]



අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල තුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) ගොඩනැගීමේ ව්‍යාපෘතිය පිළිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක සාධක පිළිබඳ සාකච්ඡාව

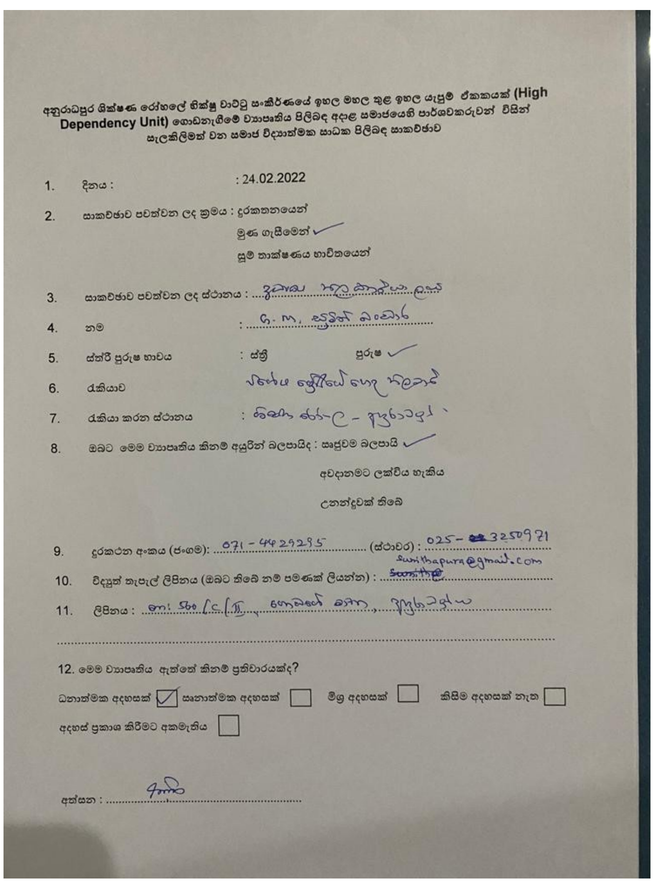
1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන් / <u>මුණ ගැසීමෙන්</u> / සූම් තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : [illegible]
4. නම : [illegible]
5. ස්ත්‍රී පුරුෂ භාවය : ~~ස්ත්‍රී~~ / පුරුෂ
6. රැකියාව [illegible]
7. රැකියා කරන ස්ථානය : [illegible]
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද : <u>සෘජුවම බලපායි</u> / අවධානමට ලක්විය හැකිය / උනන්දුවක් තිබේ
9. දුරකථන අංකය (ජංගම): 071 4586701 (ස්ථාවර) :
10. විද්‍යුත් තැපැල් ලිපිනය (ඔබට තිබේ නම් පමණක් ලියන්න) :
11. ලිපිනය : No - 598/2, [illegible], [illegible], [illegible]

12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?

ධනාත්මක අදහසක් ☑ ඍණාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☐ කිසිම අදහසක් නැත ☐

අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☑

අත්සන : [signature]



අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල තුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) ගොඩනැගීමේ ව්‍යාපෘතිය පිළිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක සාධක පිළිබඳ සාකච්ඡාව

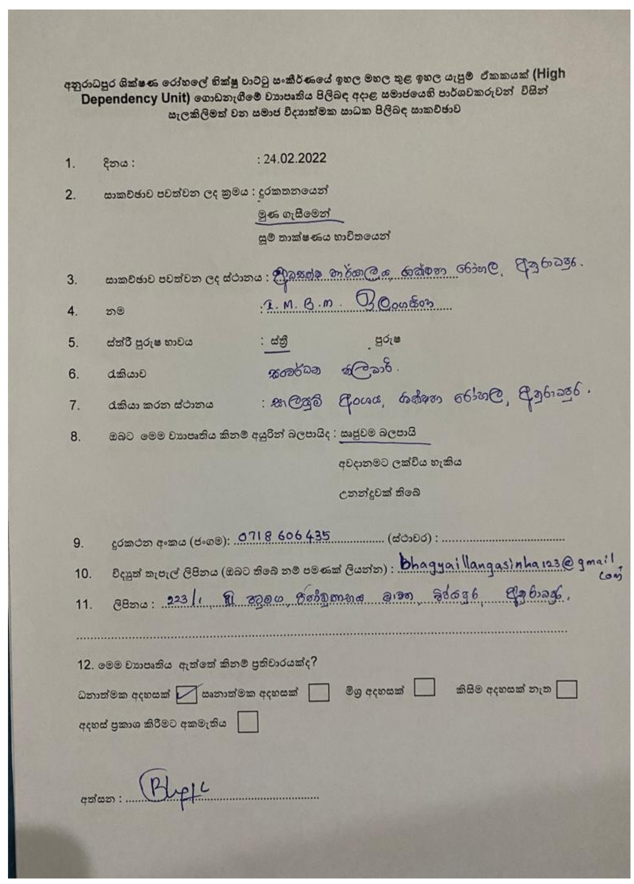
1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන් / මුණ ගැසීමෙන් ✓ / සූම් තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : [illegible]
4. නම : G. M. [illegible]
5. ස්ත්‍රී පුරුෂ භාවය : ස්ත්‍රී / පුරුෂ ✓
6. රැකියාව [illegible]
7. රැකියා කරන ස්ථානය : [illegible] - අනුරාධපුර
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද : සෘජුවම බලපායි ✓ / අවධානමට ලක්විය හැකිය / උනන්දුවක් තිබේ
9. දුරකථන අංකය (ජංගම): 071-4429295 (ස්ථාවර) : 025-3250971
10. විද්‍යුත් තැපැල් ලිපිනය (ඔබට තිබේ නම් පමණක් ලියන්න) : sumithapura@gmail.com
11. ලිපිනය : [illegible]

12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?

ධනාත්මක අදහසක් ☑ ඍණාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☐ කිසිම අදහසක් නැත ☐

අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☐

අත්සන : [signature]



අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල තුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) ගොඩනැගීමේ ව්‍යාපෘතිය පිළිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක සාධක පිළිබඳ සාකච්ඡාව

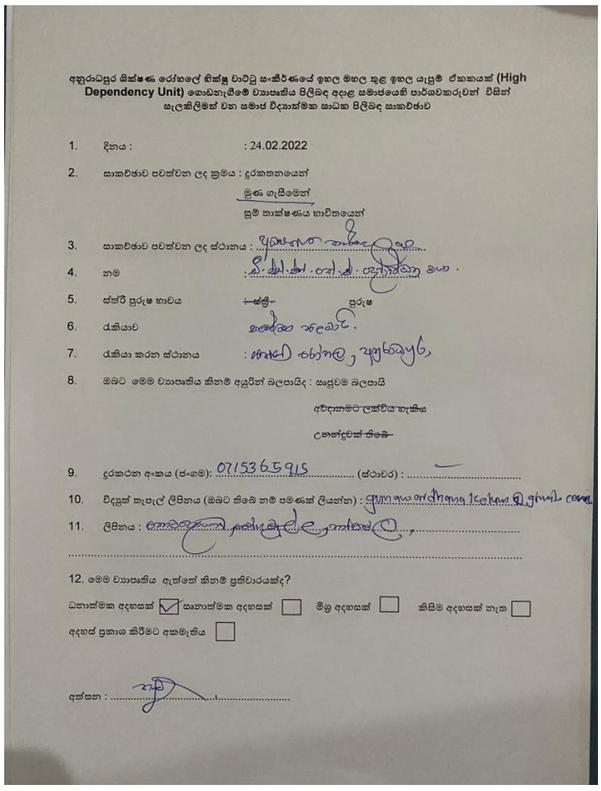
1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන් / <u>මුණ ගැසීමෙන්</u> / සූම් තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : [illegible], ශික්ෂණ රෝහල, අනුරාධපුර.
4. නම : I. M. B. M. [illegible]
5. ස්ත්‍රී පුරුෂ භාවය : <u>ස්ත්‍රී</u> / පුරුෂ
6. රැකියාව [illegible]
7. රැකියා කරන ස්ථානය : [illegible] අංශය, ශික්ෂණ රෝහල, අනුරාධපුර.
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද : <u>සෘජුවම බලපායි</u> / අවධානමට ලක්විය හැකිය / උනන්දුවක් තිබේ
9. දුරකථන අංකය (ජංගම): 0718 606435 (ස්ථාවර) :
10. විද්‍යුත් තැපැල් ලිපිනය (ඔබට තිබේ නම් පමණක් ලියන්න) : bhagyaillangasinha123@gmail.com
11. ලිපිනය : 223/1, [illegible], අනුරාධපුර.

12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?

ධනාත්මක අදහසක් ☑ ඍණාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☐ කිසිම අදහසක් නැත ☐

අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☐

අත්සන : [signature]



අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල කුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) පොඩිනැගීමේ ව්‍යාපෘතිය පිලිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක හාධක පිලිබඳ සාකච්ඡාව

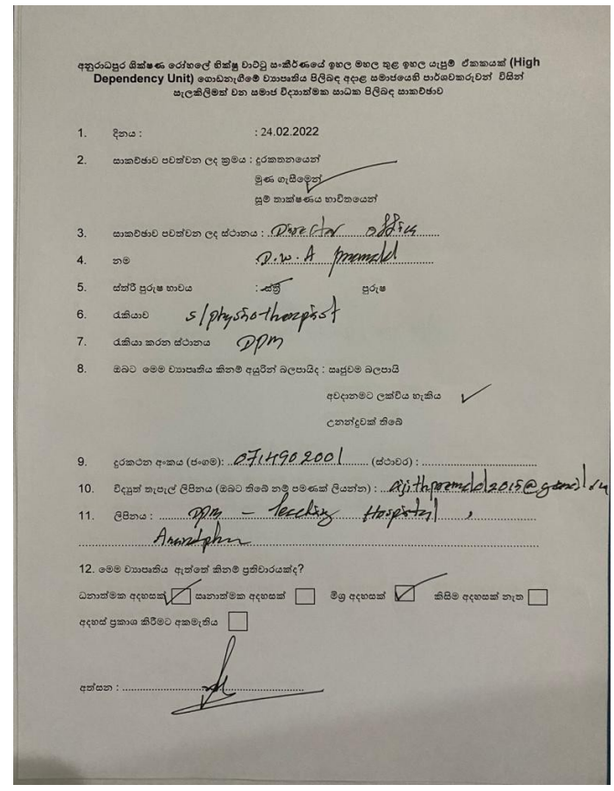
1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන්
   මුණ ගැසීමෙන්
   සුදු තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : ……
4. නම : ……
5. ස්ත්‍රී පුරුෂ භාවය ~~ස්ත්‍රී~~ පුරුෂ
6. රැකියාව ……
7. රැකියා කරන ස්ථානය : ……
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද : සෘජුවම බලපායි
   අවදානමට ලක්විය හැකිය
   උනන්දුවක් තිබේ

9. දුරකථන අංකය (ජංගම): 0715365915 ……. (ස්ථාවර) : ……
10. විද්‍යුත් තැපෑල් ලිපිනය (ඔබට තිබෙ නම් පමණක් ලියන්න) : ……
11. ලිපිනය : ……
……

12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?

ධනාත්මක අදහසක් ☑ සෘනාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☐ කිසිම අදහසක් නැත ☐
අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☐

අත්සන : ……



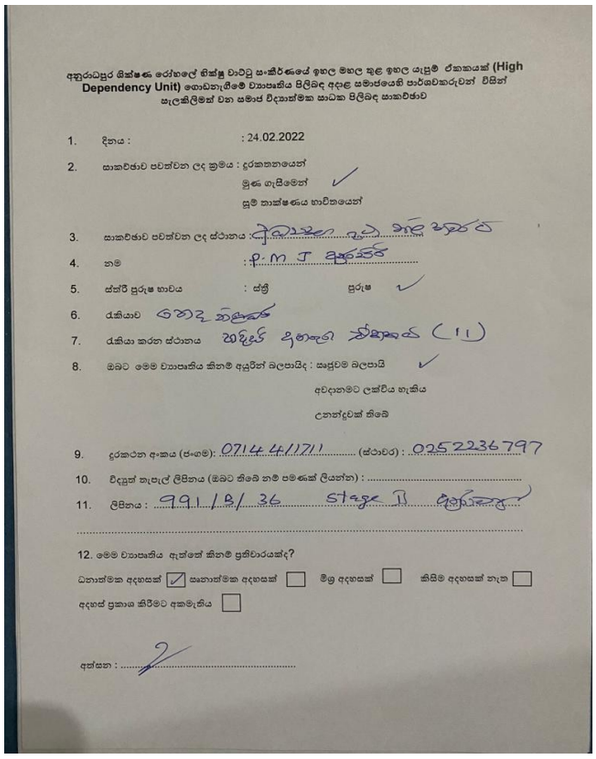
අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල කුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) පොඩිනැගීමේ ව්‍යාපෘතිය පිලිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක හාධක පිලිබඳ සාකච්ඡාව

1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන්
   මුණ ගැසීමෙන් ✓
   සුදු තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : Director office
4. නම : D.W.A Premadasa
5. ස්ත්‍රී පුරුෂ භාවය : ස්ත්‍රී පුරුෂ ✓
6. රැකියාව Specialist physiotherapist
7. රැකියා කරන ස්ථානය DPM
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද : සෘජුවම බලපායි
   අවදානමට ලක්විය හැකිය ✓
   උනන්දුවක් තිබේ

9. දුරකථන අංකය (ජංගම): 0711490201 ……. (ස්ථාවර) : ……
10. විද්‍යුත් තැපෑල් ලිපිනය (ඔබට තිබෙ නම් පමණක් ලියන්න) : Ajithpremadasa2015@gmail.com
11. ලිපිනය : DPM - Teaching Hospital, Anuradhapura
12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?

ධනාත්මක අදහසක් ☑ සෘනාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☑ කිසිම අදහසක් නැත ☐
අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☐

අත්සන : ……



අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල කුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) පොඩිනැගීමේ ව්‍යාපෘතිය පිලිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක හාධක පිලිබඳ සාකච්ඡාව

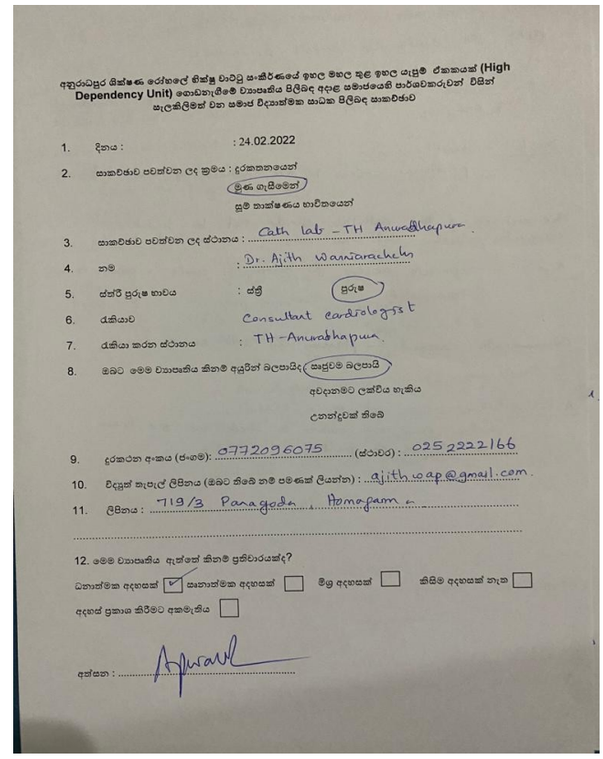
1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන්
   මුණ ගැසීමෙන් ✓
   සුදු තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : ……
4. නම : P.M I ……
5. ස්ත්‍රී පුරුෂ භාවය : ස්ත්‍රී පුරුෂ ✓
6. රැකියාව ……
7. රැකියා කරන ස්ථානය ……
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද : සෘජුවම බලපායි ✓
   අවදානමට ලක්විය හැකිය
   උනන්දුවක් තිබේ

9. දුරකථන අංකය (ජංගම): 0714441711 ……. (ස්ථාවර) : 0252236797
10. විද්‍යුත් තැපෑල් ලිපිනය (ඔබට තිබෙ නම් පමණක් ලියන්න) : ……
11. ලිපිනය : 991/A/36 Stage II ……
……

12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?

ධනාත්මක අදහසක් ☑ සෘනාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☐ කිසිම අදහසක් නැත ☐
අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☐

අත්සන : ……



අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල කුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) පොඩිනැගීමේ ව්‍යාපෘතිය පිලිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක හාධක පිලිබඳ සාකච්ඡාව

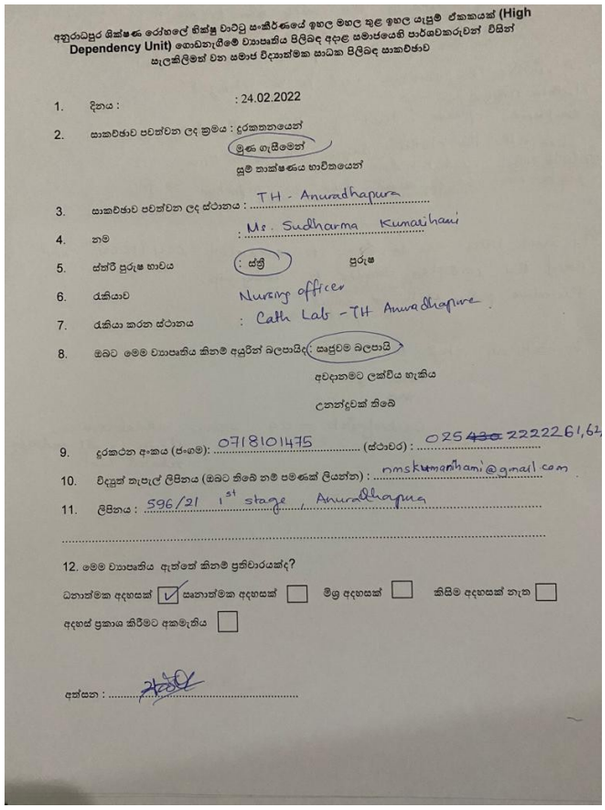
1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන්
   මුණ ගැසීමෙන් ✓
   සුදු තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : Cath lab - TH Anuradhapura.
4. නම : Dr. Ajith Wanniarachchi
5. ස්ත්‍රී පුරුෂ භාවය : ස්ත්‍රී පුරුෂ ✓
6. රැකියාව Consultant cardiologist
7. රැකියා කරන ස්ථානය : TH-Anuradhapura.
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද : සෘජුවම බලපායි ✓
   අවදානමට ලක්විය හැකිය
   උනන්දුවක් තිබේ

9. දුරකථන අංකය (ජංගම): 0772096075 ……. (ස්ථාවර) : 0252222166
10. විද්‍යුත් තැපෑල් ලිපිනය (ඔබට තිබෙ නම් පමණක් ලියන්න) : ajith.uap@gmail.com
11. ලිපිනය : 719/3 Panagoda, Homagama.
……

12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?

ධනාත්මක අදහසක් ☑ සෘනාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☐ කිසිම අදහසක් නැත ☐
අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☐

අත්සන : ……

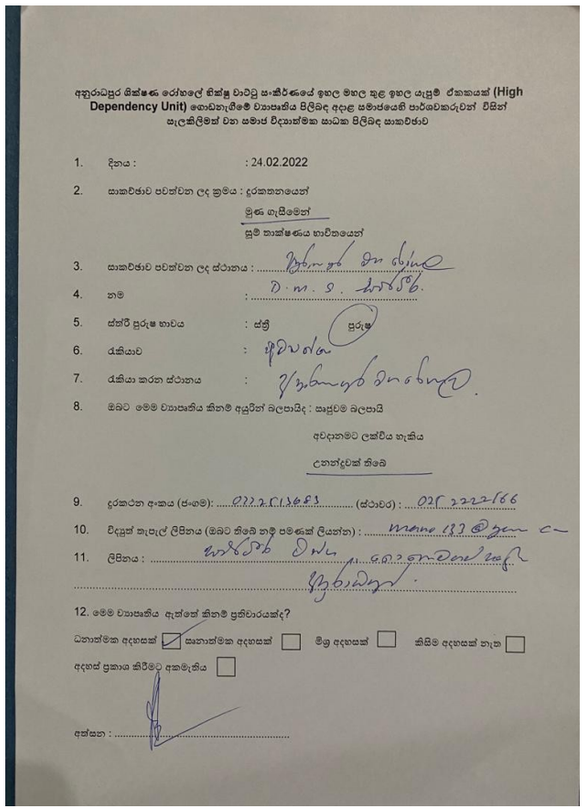


අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල තුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) ගොඩනැගීමේ ව්‍යාපෘතිය පිලිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක සාධක පිලිබඳ සාකච්ඡාව

1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන්
   මුණ ගැසීමෙන්
   සුදු තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : TH - Anuradhapura
4. නම : Mr. Sudharma Kumathani
5. ස්ත්‍රී පුරුෂ භාවය : ස්ත්‍රී පුරුෂ
6. රැකියාව : Nursing officer
7. රැකියා කරන ස්ථානය : Cath Lab - TH Anuradhapura.
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද? සෘජුවම බලපායි
   අවදානමට ලක්විය හැකිය
   උනන්දුවක් තිබේ
9. දුරකථන අංකය (ජංගම): 0718101475 (ස්ථාවර) : 025 [illegible] 2222161,62
10. විද්‍යුත් තැපැල් ලිපිනය (ඔබට තිබේ නම් පමණක් ලියන්න) : mmskumanthani@gmail.com
11. ලිපිනය : 596/21 1st stage, Anuradhapura

12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?
    ධනාත්මක අදහසක් ☑ සෘනාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☐ කිසිම අදහසක් නැත ☐
    අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☐

අත්සන :

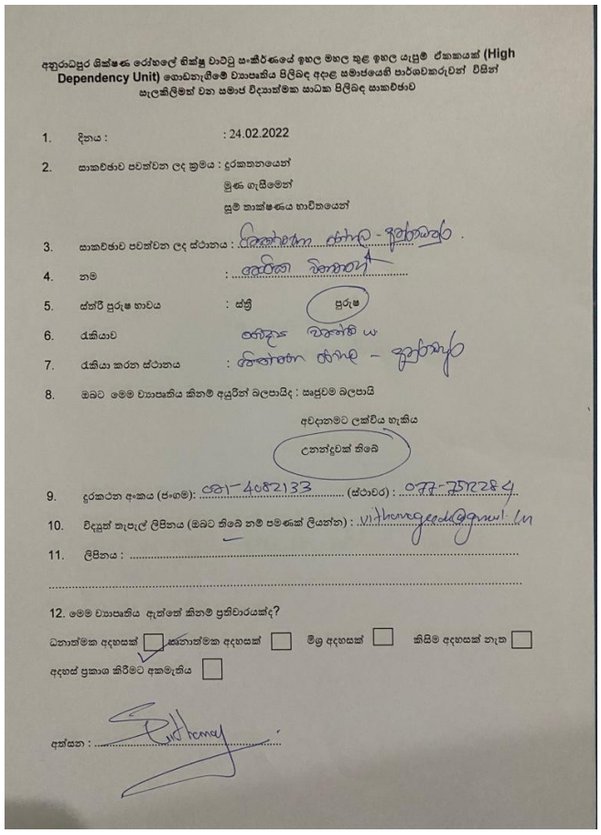


අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල තුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) ගොඩනැගීමේ ව්‍යාපෘතිය පිලිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක සාධක පිලිබඳ සාකච්ඡාව

1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන්
   මුණ ගැසීමෙන්
   සුදු තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : [illegible]
4. නම : D. M. S. [illegible]
5. ස්ත්‍රී පුරුෂ භාවය : ස්ත්‍රී පුරුෂ
6. රැකියාව : [illegible]
7. රැකියා කරන ස්ථානය : [illegible]
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද : සෘජුවම බලපායි
   අවදානමට ලක්විය හැකිය
   උනන්දුවක් තිබේ
9. දුරකථන අංකය (ජංගම): 0727213683 (ස්ථාවර) : 025 2222166
10. විද්‍යුත් තැපැල් ලිපිනය (ඔබට තිබේ නම් පමණක් ලියන්න) : [illegible]
11. ලිපිනය : [illegible]

12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?
    ධනාත්මක අදහසක් ☑ සෘනාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☐ කිසිම අදහසක් නැත ☐
    අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☐

අත්සන :



අනුරාධපුර ශික්ෂණ රෝහලේ භික්ෂු වාට්ටු සංකීර්ණයේ ඉහල මහල තුළ ඉහල යැපුම් ඒකකයක් (High Dependency Unit) ගොඩනැගීමේ ව්‍යාපෘතිය පිලිබඳ අදාළ සමාජයෙහි පාර්ශවකරුවන් විසින් සැලකිලිමත් වන සමාජ විද්‍යාත්මක සාධක පිලිබඳ සාකච්ඡාව

1. දිනය : : 24.02.2022
2. සාකච්ඡාව පවත්වන ලද ක්‍රමය : දුරකතනයෙන්
   මුණ ගැසීමෙන්
   සුදු තාක්ෂණය භාවිතයෙන්
3. සාකච්ඡාව පවත්වන ලද ස්ථානය : [illegible]
4. නම : [illegible]
5. ස්ත්‍රී පුරුෂ භාවය : ස්ත්‍රී පුරුෂ
6. රැකියාව [illegible]
7. රැකියා කරන ස්ථානය : [illegible]
8. ඔබට මෙම ව්‍යාපෘතිය කිනම් අයුරින් බලපායිද : සෘජුවම බලපායි
   අවදානමට ලක්විය හැකිය
   උනන්දුවක් තිබේ
9. දුරකථන අංකය (ජංගම): 0811-408 2133 (ස්ථාවර) : 077-7517284
10. විද්‍යුත් තැපැල් ලිපිනය (ඔබට තිබේ නම් පමණක් ලියන්න) : [illegible]
11. ලිපිනය :

12. මෙම ව්‍යාපෘතිය ඇත්තේ කිනම් ප්‍රතිචාරයක්ද?
    ධනාත්මක අදහසක් ☐ සෘනාත්මක අදහසක් ☐ මිශ්‍ර අදහසක් ☐ කිසිම අදහසක් නැත ☐
    අදහස් ප්‍රකාශ කිරීමට අකමැතිය ☐

අත්සන :