

SFG3286



Ministry of Gender, Labour and Social Development

***Uganda Management of Social Risk and Gender  
Based Violence Prevention and Response  
Project***

***Environmental Management  
Framework***

***April, 2017***

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## ACRONYMS

ACDP	Agriculture Cluster Development Project
DHS	Demographic and Household Survey
DEO	District Environment Officer
EIA	Environmental Impact Assessment
EIS	Environmental Impact Statement
ESIA	Environmental and Social Impact Assessment
EMF	Environmental Management Framework
ERT	Energy for Rural Transformation
ESMF	Environmental and Social Management Framework
EMP	Environmental Management Plan
ESMP	Environmental and Social Management Plan
FIDA	Uganda Association of Women Lawyers
FGD	Focus Group Discussion
GBV	Gender Based Violence
GoU	Government of Uganda
GBVPRP	Gender Based Violence Prevention and Response Project
GRM	Grievance Redress Mechanism
HCWM	Health Care Waste Management
HISP	Household Income Support Program
IDA	International Development Association
JLOS	Justice, Law and Order Sector
LoE	Level of Effort
LG	Local Government
MEO	Municipal Environment Officer
MoH	Ministry of Health
MoGLSD	Ministry of Gender, Labor and Social Development
NEMA	National Environment Management Authority
NHCWMP	National Health Care Waste Management Program
NGBVDB	National Gender Based Violence Data Base
OHS	Occupational Health and Safety
OHSD	Occupational Health and Safety Division
PCRs	Physical Cultural Resources
PCT	Project Coordination Team
SoW	Scope of Work
SRH	Sexual Reproductive Health
ToRs	Terms of Reference
UWONET	Uganda Women's Network

## **EXECUTIVE SUMMARY**

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### **Background**

The Government of Uganda with support from the International Development Association is preparing a Gender Based Violence (GBV) Prevention and Response Project (GBVPRP). The proposed project is focused on the Prevention of Gender-Based Violence (GBV) and the management of the gender dimensions of social risk. The project is consistent with the Bank's twin goals of ending absolute poverty and boosting shared prosperity.

### **Project Development Objective**

The project development objective is to increase access to Gender Based Violence prevention programs and multi-sectoral response services by groups at risk in targeted districts. The project seeks to: (i) increase access to Gender Based Violence (GBV) prevention programs; and (ii) increase utilization of multi-sectoral response services for survivors of GBV in targeted districts.

### **Project Beneficiary Areas**

Project resources will be concentrated in the following 13 districts for the required level of intensity to achieve results in terms of both the prevention and response dimension of the intervention: Wakiso, Masaka, Mukono, Mbale, Sironko, Kamuli, Alebtong, Apac, Zombo, Hoima, Kisoro, Kamwenge. These geographical areas were selected in order to primarily target the most densely populated districts with the highest risk of GBV.

### **Project Components**

The project components are as follows: comprise Component 1- Gender Based Violence Prevention with a focus on Gender Based Violence Prevention in the workplace and Gender Based Violence Prevention at community level. Component 2 will address Gender Based Violence Response specifically, Health Sector Response and JLOS Sector Response. The third component (Component 3) will be on Project Management, Capacity Building and Monitoring and Evaluation.

### **Project Financing**

The overall public sector cost of the project is estimated at US\$ 40 million. Details of breakdown of this figure are being worked out.

### **Key project activities**

Specifically, its Component 2 of the project which involves improvement in provision of health services and thus, handling of medical products which is likely to contribute to increased generation of medical waste in the health facilities and small scale infrastructure works and renovations/expansion at existing health centers. The civil

works will likely pose health and safety issues, including issues relating to the management of construction waste. The potential environmental impacts can be adequately managed by integrating environmental and due diligence into the sub-project cycle. Because of the likely overall limited environmental impacts, the project is assigned EA category B.

## **THE ENVIRONMENTAL MANAGEMENT FRAMEWORK**

### **Purpose and Scope**

This EMF provides guidance on how environmental aspects shall be identified, assessed and managed. Details of beneficiary health centers have not yet been finalized as well as details and nature of works are equally unclear at this stage, hence, the EMF provides a general impact identification framework to assist project implementers to screen the project and institute measures to address negative environmental impacts.

### **Preparation of EMF**

The EMF has been prepared in accordance with applicable World Bank safeguard policies and Uganda environmental impact assessment guidelines, and involved data literature reviews; field reconnaissance visits, public consultations and discussions with relevant sector institutions, including districts, NGOs, statutory agencies and local communities.

### **Rationale of the EMF**

The National Environment Act Cap 153 in its Article 23 stipulates the need to conduct environmental impact assessment in development projects. In addition, in its Third Schedule, it lists types of projects that require mandatory Environmental Assessments to be conducted before their implementation. This proposed project has a component dealing with limited improvement of health centers to enhance their functionality in delivery of health services to the GBV survivors. The works are likely to trigger fairly limited, small-scale, localized and short-term negative environmental impacts. However, though at this stage, the specific locations of beneficiary health centers for these interventions are not yet known as well as the scale of anticipated works, this EMF sets measures for identification and management of possible environmental impacts of the proposed project. However, upon identification of the beneficiary health facilities, site specific environmental assessments and respective Environmental Management Plans (EMPs) shall be prepared before on set of implementations.

### **World Bank's safeguards policies**

With regard to this project, World Bank safeguard policies triggered are summarized on Table below:



**Summary of WB Environmental Safeguards polices in relation to the project**

Safeguard Policies	Triggered?		Remarks
	Yes	No	
OP 4.01 Environmental Assessment	√		<p>The interventions under the project will involve small-scale improvements of existing health facilities to improve on their functionalities. The envisaged small scale civil works will pose localized health and safety risks besides generating construction waste. Therefore, OP/BP 4.01 is triggered.</p> <p>Since the participating health facilities are not yet determined or known, this Environmental Management Framework (EMF) has been prepared to guide management of environmental aspects. Once the specific sites and respective activities have been identified, appropriate EA will be undertaken i.e. project briefs or ESMPs. The EMF was prepared in a consultative manner and shall be disclosed after its clearance by IDA.</p>
OP 4.04 Natural Habitats		X	The project will not be implemented in areas of natural habitats hence this policy is not triggered.
OP 4.09 Pest Management		X	The project will not entail use of pesticides.
OP 4.11 Physical Cultural Resources	√		This safeguard policy is triggered because project investments will involve small-scale civil works which may entail some excavations and incase of any accidental discoveries of PCRs, a Chance Finds Procedure has been prepared in this EMF. The civil works shall be undertaken at existing sites and those with known PCRs shall be avoided.
OP 4.36 Forests		X	The project is not expected to affect the management of forests and neither will it support forest nor logging operations.
OP 4.37 Safety of Dams		X	The project will not support or depend on dams.

## **Project Generic Impacts**

### **Positive Impacts**

These will include the following:

- a. Sources of income to material/equipment suppliers and contractors
- b. Improved health facilities for delivery of GBV interventions hence, more case will be reported to law enforcement agencies and thereby curbing the vice;
- c. Creation of awareness on the need for sustainable livelihoods sustainability in the communities to guarantee income and food security
- d. Improved medical services at healthcare facilities: the project will positively impact health of Ugandans especially survivors of GBV in that, they will be able to receive services in fairly confident manner; and
- e. Reduced public health risks due to improvement in healthcare medical waste management.

### **Negative Impacts of the project**

Will include:

- a. Temporary disruption in the delivery of health services in the health centers during project implementation. This shall be addressed through advance relocation information shared with both the health workers and the affected patients for purposes of preparing them for the relocations amongst other interventions;
- b. Fears of possible disruption of utility services shall be addressed through working with utility providers i.e. electricity supplier (UMEME) to effect safe disconnection of power supply to avoid possible electrocution and after completion of works, undertake to restore power supply to the affected facilities. In such cases, utility companies/operators shall be notified in good time;
- c. Indoor air quality deterioration due to dust from renovation works: Contractors shall use dust screens or nets in windows, doorways and ventilators of rooms where demolition or other dusty construction activities are occurring;
- d. Improper management of construction works: waste hoarding at site before disposal shall be at designated places and considering site lay-out in order not to block any exit routes and emergency routes;
- e. Health risks from improper medical waste management: medical waste shall be collected, stored and disposed as per WHO approved guidelines and practices;
- f. Potential risks on injury to patients or healthcare staff through construction activities: contractors shall cordon off areas under construction and regulate access to active sites by non-construction personnel at all times;

- g. Occupational safety and health (OSH) risks for contractors: contractors shall provide all workers with requisite protective gear;
- h. Potential loss of vegetation: stockpile areas shall be fully restored after project works;
- i. Management of human anatomical waste: this will be through incineration and burying of such parts;
- j. Potential risks of fire outbreaks likely to be triggered through cigar smoking, faulty power connections: measures such as warning signage, fire-fighting equipment shall be in place can be used to address such concerns; and
- k. Issues relating to construction materials extraction sites to be addressed through sourcing construction materials from licensed/suppliers approved by the authorities.

### **Project Implementation Arrangements**

The following institutions and agencies will be key in the implementation of the EMF:

- a. ***The role of MoGLSD and MoH:*** MoGLSD as the main recipient will be responsible for overall project coordination, preparation and application of the overall Project Operations Manual (POM) and consolidation of Annual Work Programs and Budgets;
- b. ***The role of Permanent Secretary of the MoGLSD:*** The Permanent Secretary (PS) as the Accounting Officer of the Project, will be responsible for overseeing overall project implementation. The PS will delegate the day-to-day management of the Project to a full-time Project Coordinator (PC) supported by a team of officers specifically hired to provide technical support for project implementation.
- c. ***The Project Steering Committee:*** GoU will establish a Project Steering Committee (to meet biannually) comprising PS for (MoGLSD, Chair), PS (MoH), Inspector General of Police (IGP), Chief Justice, senior officials from the participating agencies as well as representatives of the civil society organizations active in project implementation, and District Level/Local Government representation.
- d. ***The District Development Committee (DDC)*** will be main mechanisms for the coordination of project activities at district level. A technical sub-committee of the DCC on Gender Based Violence will be convened on a quarterly basis to oversee the implementation of prevention and response activities.

### **Monitoring environmental aspects comprised in this EMF**

At National Level, MoGLSD has in its establishment, occupational hygienist, safety and health inspectors (trained to monitor and evaluate Environment aspects in working environment) in the Department of Occupational Safety and Health as part of the project support team who will take lead in guiding and implementing environmental requirements of the project, working in close collaboration with the respective District Local Governments and participating Health Units.

#### **EMF IMPLEMENTATION BUDGET**

Table below shows a budget breakdown of the cost for implementing the Environmental and Social Management Framework (EMF).

#### **Summary of Budget Estimate for implementing the EMF**

	<b>Item</b>	<b>Cost Estimate (US \$)</b>
1	Implementation of EMP	437,000
	Environmental monitoring	80,000
2	Capacity building for MoGLSD	130,000
3	Capacity building for PSC	25,000
4	Capacity building for District implementation levels	120,000
	<b>TOTAL (US\$)</b>	<b>792,000</b>

#### **CONCLUSION AND RECOMMENDATIONS**

##### **Conclusion**

- a. The environmental impacts of the proposed project for the management of social risks and mitigation of GBV focuses largely on social aspects with limited environmental impacts which will likely arise from improvements in the health centers to improve their delivery of GBV medical interventions. Based on these, the project is placed under EA category B according to World Bank safeguards policies;
- b. Though MoH has put in measures for the management of medical waste, the service providers are performing far below expectations and contractual obligations. This is manifested through types of collection bins provided, un-matching bin liners they supply, untimely collection of medical waste. At the moment, the health facilities are still grappling with the challenge of medical waste and are resorting to unconventional means of disposing medical waste through for instance open burning; and
- c. There are other key drivers of GBV at community level and these include; availability of safe water supply, wood-fuel supply, sanitation and hygiene and

limited sources of income. These factors are contributing to conflicts in the families with impacts being meted on the women, men, children and youth.

### **Recommendations**

The following are recommended going-forward with the project:

- a. Though the anticipated negative environmental impacts of the project are considered low key type, the EMF has put in place an ESMP which needs to be operationalized to ensure sustainable delivery of this project. In addition, the institutional framework for the delivery of the project needs to be operationalized to effectively follow up compliance as per their mandates;
- b. MoH needs to have in place, a robust monitoring and supervisory framework for its service providers contracted to manage medical waste in the health centres. There should be routine monitoring of medical waste collection, transportation and validation of functionality/operations of disposal sites; and
- c. The project should earmark some resources for supporting the health centres acquire some additional medical waste containers to augment their current capacities in handling medical waste.

## 1 INTRODUCTION

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### 1.1 Background to the project

The Government of Uganda with support from the International Development Association is preparing a Gender Based Violence (GBV) Prevention and Response Project (GBVPRP). The proposed project is focused on the Prevention of Gender-Based Violence (GBV) and the management of the gender dimensions of social risk.

The following principles were agreed for project preparation:

- a. The project will focus on operationalizing the National Policy on the Elimination of GBV by strengthening government systems;
- b. The project design will build on lessons-learned and impact evaluation data of GBV interventions in Uganda as well as on global best practice; and
- c. The project will support critical national activities and also focus on selected districts where comprehensive GBV prevention and response activities will be implemented. Approximately 13 districts will be targeted and selected on the basis of clear criteria.

The project is consistent with the Bank's twin goals of ending absolute poverty and boosting shared prosperity and with the objectives of the World Bank's 2011 regional strategy for Africa.

### 1.2 Project Development Objective

The project development objective is to increase access to Gender Based Violence prevention programs and multi-sectoral response services by groups at risk in targeted districts.

### 1.3 Project Specific Objectives

- a. To increase access to Gender Based Violence (GBV) and gender-based discrimination prevention programs in the workplace in targeted districts;
- b. To increase access to Gender Based Violence (GBV) prevention programs at community level in targeted districts;
- c. To increase access to multi-sectoral response (remedial and protection) services for survivors of Gender Based Violence (GBV) in targeted districts; and
- d. To strengthen government capacity to implement GBV prevention and response programs with a focus on work-place and community level interventions.

### 1.4 Purpose of EMF

Key objectives of the EMF are to provide a frame work for:

- a. integration of environmental aspects at all stages of planning, design, execution and operation of the project; and
- b. Enhancement of potential positive environmental impacts of the project and avoid/minimize or manage any potential negative impacts.

Project implementation will follow environmental requirements of Government of Uganda and the World Bank environmental and social safeguards policies. The EMF provides procedures and methodologies for identifying potential environmental and social impacts during project planning, design and implementation and outlines generic management instruments required

to effectively address them. Appropriate institutional arrangements towards implementing the EMF and capacity building efforts required have been provided in the framework. The EMF also provides guidance in cases where screening indicates that a separate Environmental and Social Impact Assessment (ESIA) will be required. The EMF includes a generic Environmental Management Plan (EMP) for the project's implementation, which outlines institutional arrangements necessary for implementation of mitigation and monitoring measures, timeline, capacity building and training measures, and cost estimates for these activities under its proposed capacity building program. The screening process outlined in this EMF is consistent with both GoJ's National Environment Act Cap. 153, EIA Regulations and the Bank's Operational Policy OP 4.01 Environmental Assessment.

## 2 PROJECT DESCRIPTION

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The project development objective is to increase access to Gender Based Violence prevention programs and multi-sectoral response services by groups at risk in targeted districts.

### 2.1 Project Components

The project will support the implementation of the recently approved Policy on the Elimination of Gender Based Violence (2016) and National Strategy for the Creation and Enhancement of Gainful Employment in Uganda and focus on developing a scalable model to increase access to GBV prevention programs (at the workplace and at community level) and response services for groups at risk in targeted districts. The proposed interventions will build on the MoGLSD experience of implementing the ECPR and designing the RSR interventions in 2016.

#### 2.1.1 Component 1 - Gender Based Violence Prevention

In a nutshell, this component will have the following sub-components:

##### *2.1.1.1 Component 1A – Gender Based Violence Prevention in the workplace*

This sub-component will include activities aimed at strengthening measures to address and prevent GBV in the workplace, including:

- a. Strengthening the legal and policy framework to address and prevent GBV in the workplace;
- b. Strengthening Ministry's capacity for implementation of GBV prevention policies in the workplace; and
- c. Strengthening Grievance Redress Mechanisms (GRMs) that can effectively address GBV and referral for survivors in the workplace.

##### *2.1.1.2 Component 1B – Gender Based Violence Prevention at community level*

The key interventions that will be supported as part of the community-level package are:

- a. Community mobilization to change social norms: This intervention will work through community facilitators as key agents of change to foster changes in social norms, attitudes and behaviors at community level.
- b. Livelihood and economic empowerment intervention for vulnerable adolescent girls and boys. This will target vulnerable adolescent girls and boys out of school to support their economic empowerment as a tool for GBV prevention.
- c. Strengthen community-level response and referral mechanisms for GBV survivors. This intervention shall strengthen linkages among GBV response service providers to ensure a coordinated referral system. Specific focus will be on reducing multiple barriers faced by GBV survivors in accessing response services.
- d. In addition, the MoGLSD will establish and operationalise one GBV shelter and advisory center in Kisoro district and rehabilitate the GBV shelter in Kamuli district and these shall be independent of the health facilities. The shelter will provide temporary accommodation and access to response services for GBV survivors as refer linkages are being made to ensure that the survivor accesses justice. The national guidelines on establishment and management of GBV shelters will be followed.



## **2.1.2 Component 2 – Gender Based Violence Response**

This component has the following sub-components:

### ***2.1.2.1 Sub-Component 2 A – Health Sector Response***

In line with the National Policy on Elimination of GBV and Action Plan, MoH is required to build capacity of health staff on readiness to provide court evidence on GBV cases, establish appropriate emergency measures in dealing with GBV survivors e.g. PEP kits, provide evidence to support medical-legal management of GBV cases and documentation of GBV cases reported to health units. The objective for this component therefore, is to enhance the health sector responsiveness to gender based violence.

### ***2.1.2.2 Component 2B – JLOS Sector Response***

The GoU and WB team conducted an additional set of consultations with the JLOS institutions including the Uganda Police Force. The sub-component 2 B, aims to strengthen JLOS sector responsiveness to GBV. This sub-component is expected to focus on the following interventions:

- a. *Skilling the human resources in key JLOS institutions* by: (a) conducting a training needs assessment and developing both a pre-service and in-service training curricular; and (b) supporting the initial training of trainers for the roll-out of new curricula;
- b. *Developing and operationalizing new Standard Operating Procedures (SOP)* to help standardize management of cases and monitoring of the effective implementation of the GBV policy;
- c. Support JLOS institution to conduct special court sessions for handling GBV cases. The project will provide logistics. This will be done on regional basis; and
- d. Support JLOS to establish an information management system for GBV case management that will be linked to NGBV Database.

## **2.1.3 Component 3 - Project Management, Capacity Building and Monitoring and Evaluation**

Component 3 will support the oversight, coordination and overall management of the Project at national and district levels with the following interventions:

- a. Upgrade NGBV Database
- b. Purchase transport, ICT and other specialized equipment for key stakeholders involved in the project implementation
- c. Support the implementation of an Impact Evaluation focusing specifically on the proposed GBV prevention activities
- d. Conduct Training for CSOs, Districts and key Ministries in GBV prevention and response
- e. Conduct research on key thematic areas of GBV
- f. Project Management

## **2.2 Project Financing**

The estimated cost of the project is USD 40 million.

## **2.3 Project Activities**

### **2.3.1 Planned interventions in the project with relevance to Environmental Safeguards**

The interventions under the proposed project, specifically Component 2 involves improvement in provision of health services and thus, handling of medical products which is likely to contribute to increased generation of medical waste in the health facilities and small scale infrastructure works and renovations/expansion at existing health centers. The civil works will likely pose health and safety issues, including issues relating to the management of construction waste. The EMF has been prepared in a consultative manner to guide planning and implementation of environmental aspects/mitigation, and shall be disclosed both in-country and at the WB website before project appraisal. The potential environmental impacts are relatively low, site specific and can be adequately managed by integrating environmental and due diligence into the sub-project cycle. Because of the overall limited likely environmental and social impacts, the project is assigned EA category B.

### **2.3.2 Project Beneficiaries**

The project will support the development of national policies and tools to address issues of GBV in the workplace as well as the development and implementation of training programs for key sectors involved in GBV response (health, police and judiciary staff). The institutional capacity building elements of the program will be primarily national in scope focusing on pre-service and in-service training. Particular attention will be paid to building the capacity of district level staff in targeted areas to improve coordinated delivery of services for GBV survivors.

### 3 PROJECT ENVIRONMENTAL SETTING

The existing environmental settings in the project areas are summarized as follows:

#### 3.1 Project locations

Project resources will be concentrated in the following 13 districts for the required level of intensity to achieve results in terms of both the prevention and response dimension of the intervention: Wakiso, Masaka, Mukono, Mbale, Sironko, Kamuli, Alebtong, Apac, Zombo, Hoima, Kisoro, Kamwenge and Kabarole (Figure 3-1). These geographical areas were selected in order to primarily target the most densely populated districts with the highest risk of GBV.

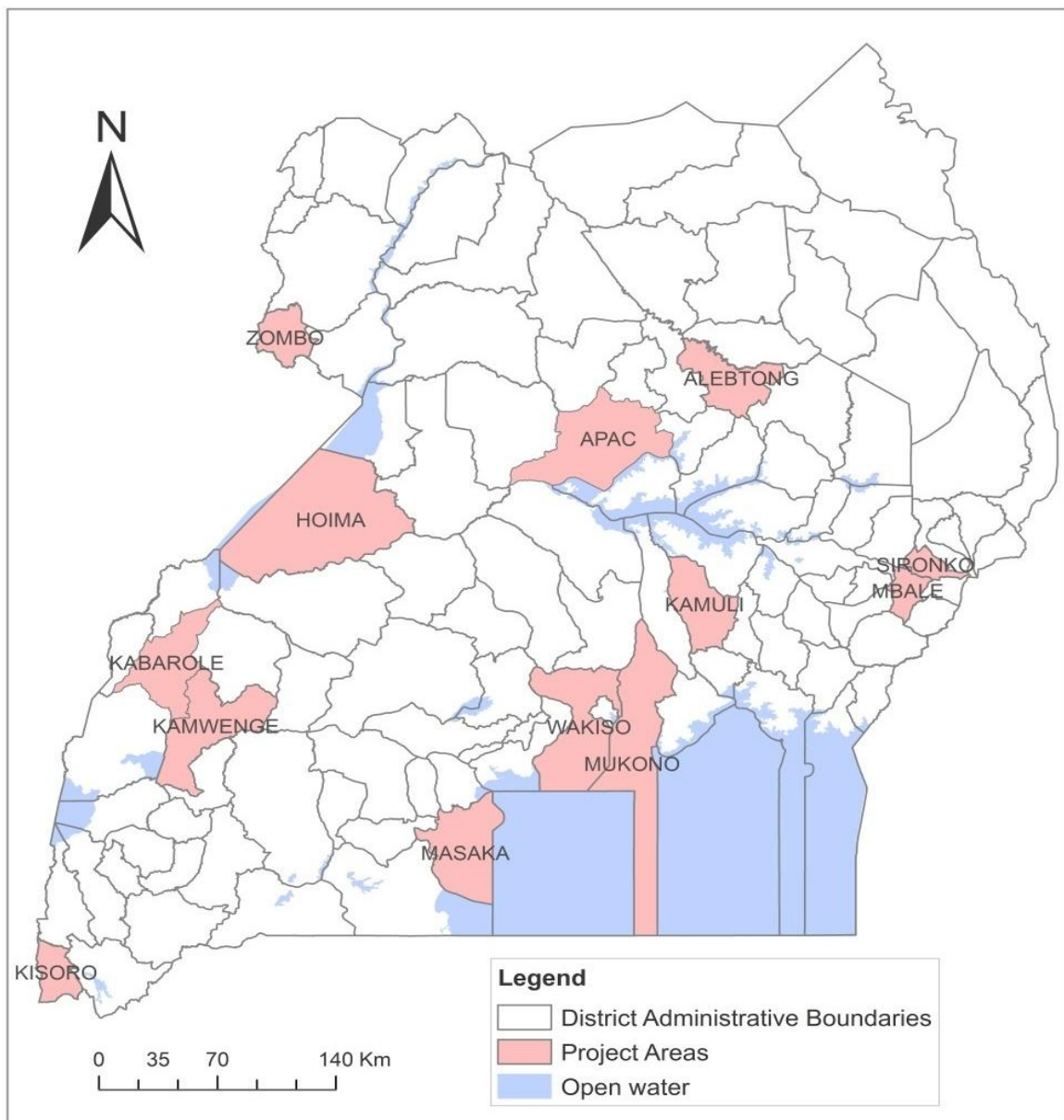


Figure 3-1: Map of Uganda Showing the Project Districts

### 3.2 Climate

The climatic conditions in the project areas are discussed under broad climate of Uganda (Figure 3-2). The country is characterized by equatorial climate with plenty of rain and sunshine moderated by the relatively high altitude. In most parts of the country, the mean annual temperatures range from 16°C to 30°C. Nevertheless, the areas of northern and eastern regions (which include GBV project areas of Alebtong, Apac, Kamuli, Mbale and Sironko) sometimes experience relatively high temperatures exceeding 30°C and while the south-western region areas which cover GBV project areas of Hoima, Kabarole, Kamwenge and Kisoro sometimes have temperatures below 16°C. The Northern region receives one rainy season from April to October, and the period from November to March has minimal rain. Most of the country receives between 750 mm and 2100 mm of rain annually.

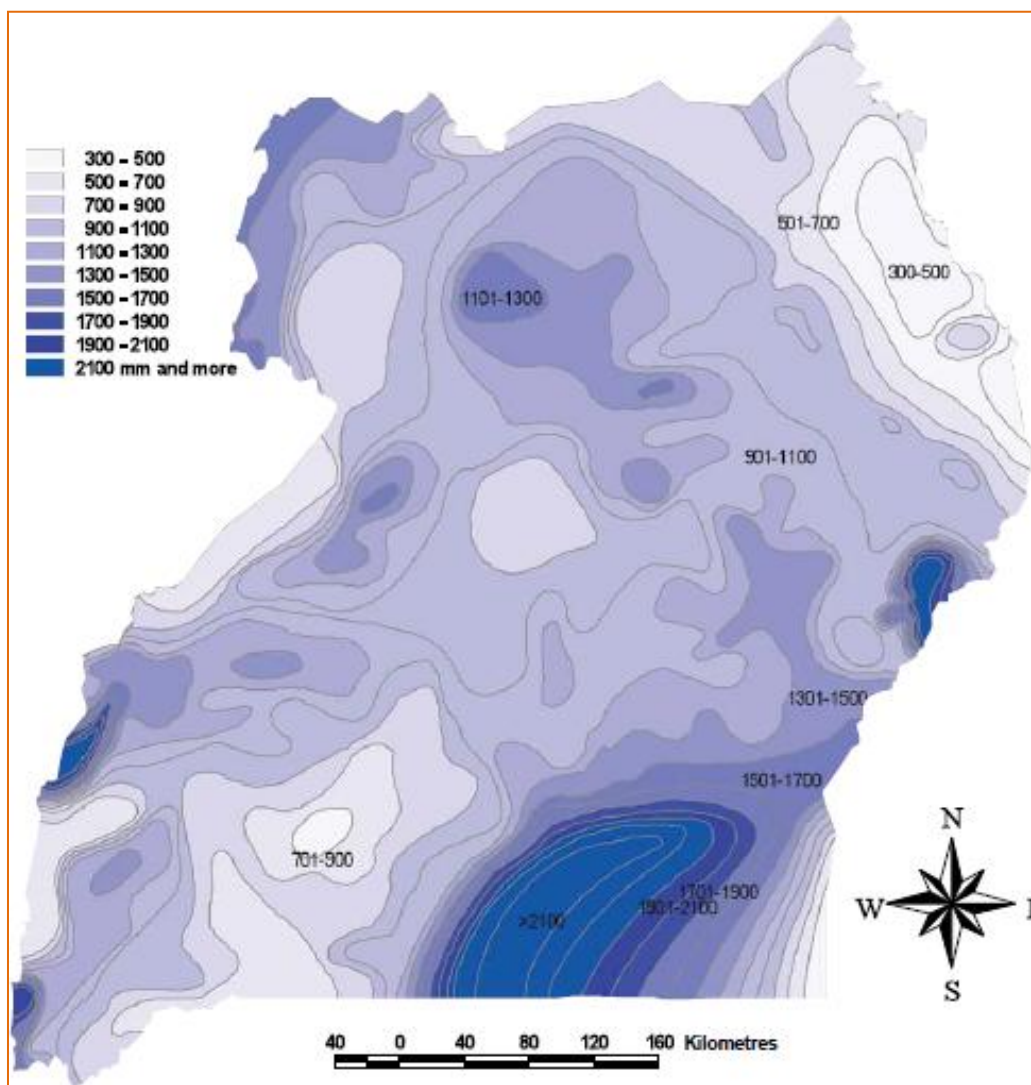


Figure 3-2: Uganda Rainfall Map (Source: MoH, 2016<sup>1</sup>)

<sup>1</sup> Environmental and Social Management Framework for Uganda Reproductive, Maternal, Neo-natal and Child Health Improvement Project, Ministry of Health June 2016.

### 3.2.1 Climate change

Uganda's climate is naturally variable and susceptible to flood and drought events which have had negative socio-economic impacts in the past. Human induced climate change is likely to increase average temperatures in Uganda by up to 1.5 °C in the next 20 years and by up to 4.3 °C by the 2080s. Such rates of increase are unprecedented. Changes in rainfall patterns and total annual rainfall amounts are also expected but these are less certain than changes in temperature. The climate of Uganda may become wetter on average and the increase in rainfall may be unevenly distributed and occur as more extreme or more frequent periods of intense rainfall. Regardless of changes in rainfall, changes in temperature are likely to have significant implications for water resources, food security, natural resource management, human health, settlements and infrastructure. At the moment, the country is experiencing frequent extreme climate events, such as heat waves, droughts and floods which are having impacts on livelihoods at household levels.

With specific reference to the proposed project, its interventions will not have climate change implications. The construction materials stockpile sites will be fully restored after works and all construction waste will be cleared from the sites after works. In addition, there will be no burning of waste generated from the project. All these measures will ensure climate change is not triggered in the project.

### 3.2.2 Population Dynamics

In Uganda, the 20<sup>th</sup> century marked an unprecedented population growth and economic development as well as environmental change. The Census report of 2002 put the country's population at 24.7 million people in 2003. The population in the GBV project beneficiary districts is deduced based on Figure 3-3 details. The current growth rate of 3.4% per year is higher than the 2.9% that was envisaged for the period 1991–2002. Currently standing at 34 million, population of Uganda is likely to hit 50 million by 2025. Population is a key determinant of economic and social wellbeing and environmental degradation. The population of Uganda was estimated to increase from 28.6 million in 2007 to 40.6 million in 2017 in the *Low Variant*, while in the *High Variant* it is estimated to increase from 30.2 million in 2007 to 43.4 million in 2017 (MoH, 2016). The population in the project areas can be deduced from Figure 3 below.

With respect to the GBV project, the high fertility levels and youthful age structure, Uganda is currently a pre-demographic dividend country. Even if fertility rates were to reach replacement level immediately, Uganda will continue to experience significant population growth, as relatively large population of children enter their reproductive years and bear children. The demographic transition (i.e. transition from high birth and death rates to low birth and death rates) remains sluggish and undermines Uganda's growth prospects as population growth strains the supply and access to social services including healthcare. It therefore implies, the high population will require interventions to address income disparities, poverty issues and sustainable and equitable use of natural resources at household levels to avert GBV incidences.

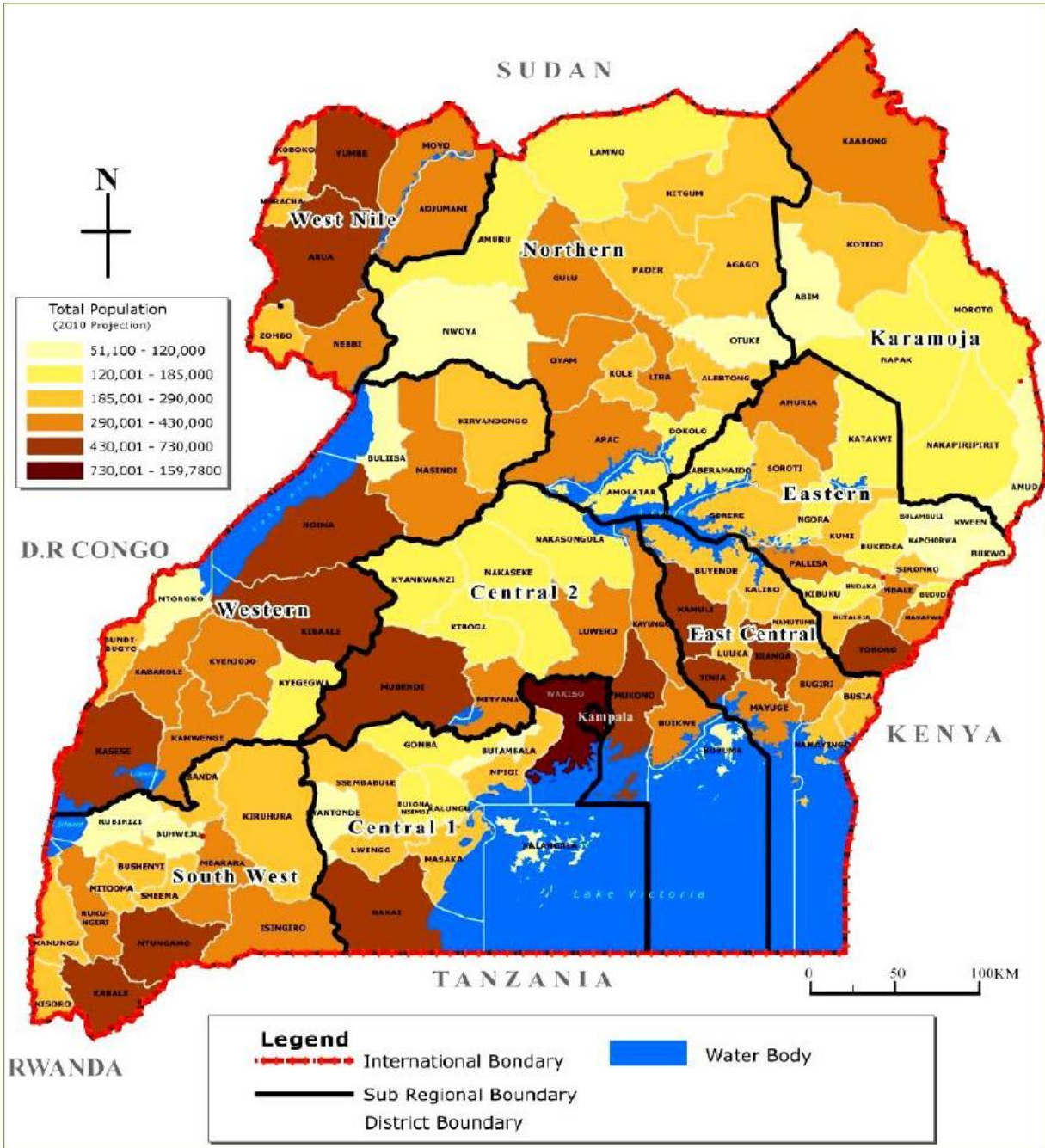


Figure 3-3: Population summary Uganda on districts basis (Source: MoH, 2016)

### **3.2.3 Energy**

About 71% of the households in Uganda use firewood for cooking of which, with 85% being in the rural areas (UBOS, 2014<sup>2</sup>). The dominant source of energy in Uganda at household levels is wood biomass and this is expected to remain so in the foreseeable future in spite of government's intensified effort to increase investment in energy generation and distribution. At rural levels in the proposed GBV project areas, there is growing stress on wood-fuel supply leading to women spending longer hours in search of it and also rape since women move far from their secure settings.

### **3.2.4 Safe water and sanitation**

Access to safe water and sanitation in both urban and rural areas has increased compared to the past 10 years (Annual Sector Performance Review Report 2016). Information on access to water sources has been classified into improved and unimproved water source. The improved water sources include piped water and water drawn from protected springs as well as from deep boreholes. Open water sources, like unprotected wells and surface water (rivers, streams, ponds, and lakes) are more likely to carry disease-causing agents, categorized as unimproved sources. A large proportion (33 %) of households in the rural areas use water from unimproved water sources compared to residents in urban areas (16 %).

It is evident that, availability of adequate water for drinking and sanitation is still a challenge in high GBV prevalent areas in the country. Water and sanitation is one of the direct drivers of GBV in that, women take long hours fetching water and sometimes, where women fail to observe modest hygienic conditions, men try to shun homes aggravating GBV.

### **3.2.5 Environmental pollution**

As Uganda's urban areas increases in number and the urban population grows, pollution of air, noise and water are emerging as significant issues in socio-environmental challenges with significant health implications. With reference to the GBV interventions project, it is emphasized that, there should no burning of medical waste as well construction waste which will directly contribute to increased atmospheric pollution, Research done in Uganda showed a direct relationship between air pollution and acute respiratory infections among children (MoH, 2016). It is therefore key that, in the GBV interventions, issues of sustainable livelihoods are key to address poverty issues at household levels which is one of the key drivers of GBV in the communities.

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<sup>2</sup> National Housing and Population Census Report 2014

## **4 PREPARATION OF EMF**

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The process of preparing the EMF has been developed through the following avenues:

### **4.1 Kick-off Meetings with the Client**

During the Inception phase, the Consultant held two meetings with Project Coordination team led by the Assistant Commissioner for Occupational Safety alongside other technical staff of the Ministry with the objective of:

- a. Harmonizing the tasks of the assignment i.e. reaching an understanding on some aspects of the tasks and project areas to be visited which were agreed upon; and
- b. Compilation and review of relevant literature sources for use by the Project Team. The meetings served to inform the Client of the requirements for fieldwork, clarification on Clients obligations in the study and agreeing on both the timelines and deliverables for the work.

The kick-off meetings also served to verify the available information and status of the existing systems, processes and procedures and to obtain clarification and guidance with regards to the scope of work (SoW) taking into account the need to refocus some study issues from the stakeholders to keep the EMF to requirements of the project.

### **4.2 Review of Documentation**

The Consultant reviewed a number of reports and other documentation, related to GBV project include:

- a. Sample ESMF documents reviewed include:
  - i) ESMF for Agriculture Cluster Development Project (ACDP), Ministry of Agriculture, Agriculture, Animal Industry and Fisheries 2014;
  - ii) ESMF for Uganda Reproductive, Maternal, Neo-natal and Child Health Improvement Project June, 2016;
  - iii) ESMF for Malawi Emergency Floods Recovery Project, Ministry of Finance, Economic Planning and Development Malawi Credit: IDA 1431, 2015;
  - iv) ESMF for Energy for Rural Transformation Phase III (ERT III), Rural Electrification Agency, Ministry of Energy and Mineral Development, 2014.
- b. World Bank Interim Guidance for Using Safeguard Frameworks in the World Bank Operations Risk Management Department September, 2013;
- c. MGLSD (2014). Draft National Policy and Action Plan on Elimination of Gender Based Violence in Uganda, 2014;
- d. Lydsay M<sup>c</sup>lean, Paul Bakuluki, Louise Jenkins and Ismael Ddumba-Nyanzi 2016: Uganda GBV Diagnostic Study Report; and
- e. A number of policies and legal instruments addressing GBV, environment and gender.

These documents provided a guide on a number of aspects relating to the project.



### **4.3 Field visits**

The Task Team visited the districts of Kisoro, Kamuli, Kamwenge and Kabarole areas of the 13 areas of the project to gather baseline information and held public consultative and Focus Group Discussions (FGDs) with a range of stakeholders. The sample areas were chosen taking into account, levels of prevalence of GBV and some on-going interventions in those areas. Largely, the sample areas studied provided information which is representative of the project.

### **4.4 Stakeholder Consultations and Public Disclosure**

Undertaking stakeholder consultative meetings with the key agencies (local and national levels) to document their input and experience in the use of environmental tools in other recent projects (such as Uganda Reproductive, Maternal, Neonatal, & Child Health Improvement Project), and what they would recommend to be incorporated in the EMF for the proposed project. Key findings of stakeholder consultations have been documented in the EMF (see Section 4.5).

In consultations with the Client and the District Community Development Officers (DCDOs) and CDOs, a list of key stakeholders was drawn. The stakeholders were identified and put under priority and optional categories based on levels of their roles in the GBV project and its interventions. Letters requesting the client to hold consultative meetings with the stakeholders were drafted and delivered by the CDOs to the stakeholders identified and further placed as key informants and Focus Groups Discussions (FDGs). The letters were accompanied by the itinerary for the consultations.

The consultations with these stakeholders were conducted to achieve the following:

- a. To provide information about the project and to tap stakeholder information on key environmental and social baseline information in the project area;
- b. To provide opportunities to stakeholders to discuss their opinions and concerns;
- c. To identify specific interests and how the participation of the poor and vulnerable groups can be enhanced; and
- d. To inform the process of developing appropriate management measures as well as institutional arrangements for effective implementation of the GBV project.

The following were consulted during the study:

- a. Ministry of Gender Labor & Social Development (MoGLSD);
- b. Ministry of Education and Sports;
- c. Ministry of Health (MoH);
- d. The Uganda Police Force;
- e. Justice and Constitutional Affairs (focused on courts of judicature);
- f. Ministry of Local Government (MoGLSD); and

- g. The District Local Governments especially:
  - i) The Resident District Commissioner (RDC);
  - ii) Local Council V Chairman;
  - iii) Chief Administration Officers (CAOs);
  - iv) Department of Environment;
  - v) Department of Public Health;
  - vi) Community Development;
  - vii) Department of Labor; and
  - viii) Department of Works.

Meetings were also held with National Environment Management Authority (NEMA), NGOs dealing with GBV interventions such as UWONET, Action Aid and FIDA. There were also meetings with youth groups, survivors of GBV as well as with the workers in the health centers.

#### **4.5 Key issues during the public consultations**

During the consultations, issues of relevance to the EMF were discussed and they included:

##### **4.5.1 Need for integrated water catchment management interventions**

From the consultations, it emerged that, some cases of GBV arise from misunderstanding over the time women take fetching water from water sources a situation which is aggravated during the dry-season due to sources of water drying up. The stakeholders were of the view that water sources are drying up due to poor management of the water catchment areas. To them, this project should include integrated management of the water catchment areas.

##### **4.5.2 Issues of wood-fuel scarcity**

In addition, it also emerged that, women walk long distances in search of firewood and sometimes in search for wood fuel. The search for firewood in distant areas have made women to end up being raped in the bushes. It is therefore suggested the project should integrate energy saving technologies and enhancement of woodlots in the backyards to improve wood fuel availability.

##### **4.5.3 Sustainable agriculture**

The main sources of livelihoods for the families in the project areas is agriculture which is largely of subsistence nature and relying on rudimentary technologies amidst increasingly reducing sizes of land per household. The reduced and over-used acreage of land in the households has a host of attendant negative environmental impacts such as soil degradation and erosion which leads to poor harvests. The poor harvests mean there is increasing food insecurity and poor incomes leading to GBV of various forms in the families.

##### **4.5.4 Need for appropriate GBV management facilities in the health facilities**

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The project plans to undertake low scale functionally based improvements of the health centers in terms of partitioning existing rooms to provide for examination and counselling of GBV survivors. However, the health centers are constrained in terms of space. Managements as well as staff in the health facilities feel, the project could consider constructing stand-alone rooms for treatment of the GBV survivors to guarantee privacy and confidentiality. Presently, GBV survivors are attended to in the normal/regular operational modalities of the health centers without adequate privacy. This mode of operation has made some GBV survivors uncomfortable to seek medical services in the centers especially rape cases.

In view of this, it is proposed that, the project could revisit the space issue and possibly in health centers IV or in the hospitals construct separate rooms for GBV interventions.

#### **4.5.5 Need for donor collaboration with respect to improvements in existing GBV shelters**

In Kamuli district, UWONET with support from Irish Aid has constructed a Shelter for GBV survivors which is functional. However, from environmental safeguards perspective, there are a number of interventions that are needed to improve the functionality of such facilities such as:

- a. Need for rainwater harvesting;
- b. Storm water drainage;
- c. Soil erosion control measures in the parking lot;
- d. Additional room for survivors to use for meditation;
- e. Hand washing;
- f. Solid waste management;
- g. Improve accessibility for the disabled;
- h. Setting up demonstrations for improved energy stoves;
- i. Establishing demonstration plots for survivors who stay long in the shelter; and
- j. The shelters need outdoor recreation facilities for the survivors (out-door games such net ball etc.).

However, at the moment, the management of the Shelter is willing to have additional interventions which need to be coordinated amongst the development partners.

#### **4.5.6 Management of medical waste**

During the study, a number of issues emerged with regard to the management of medical waste. These include:

##### ***4.5.6.1 Operations of the hazardous waste handler***

The health centers have a central medical waste management mechanism in which, the HCWM Service Provider (Green Label) collects, transports and disposes the medical waste. However, in a number of health centers, the Service Provider does not routinely pick the waste leaving the health centers with the option of open burning the accumulated medical

waste (Figure 4-1). This practice has a number of health risks both in the short and long terms fronts.



**Figure 4-1: Open burning of medical waste in Kamuli General Hospital**

#### ***4.5.6.2 Lack of functional incinerators***

The other challenge cited is lack of functional incinerators. Though MoH had constructed some incinerators in a number of health centers, a number of these infrastructures have not served their purpose due to a host of reasons which rotate around inappropriate designs and poor quality of construction materials which has rendered them virtually non-functional resulting to difficulties in the management of increasing medical waste.

#### ***4.5.6.3 Issues with the medical waste bins***

The waste bins present challenges towards effective management of medical waste in terms of:

- a. The bin liners supplied by the service providers are in some occasions of different colors from those of the containers. For instance, yellow waste bins would have yellow liners yet the service providers simply deliver the items without any due attention to the colors;
- b. Most of the foot operated bins have weak pedals which easily break and this affects the usability of the containers in which cases, the cleaners resort to manually operating the bins making them susceptible to infections; and

- c. There are no incinerator ash pits in most centers and where they exist, they are not of specified standards.

#### **4.5.7 Sanitation at households and individual levels**

Some male stakeholders emphasized the need for women to improve hygiene in their homes and on themselves in terms of washing clothes and general observance of self-hygiene i.e. bathing, brushing teeth and kept hair. On the other hand, some women complain of men who do not have good personal hygiene. Issues of poor hygiene reportedly trigger infidelity among couples resulting in GBV incidence. Therefore, issues of WASH should be up scaled in the project.

#### **4.5.8 Sensitization of communities on GBV**

Whereas some districts have mainstreamed GBV interventions into their district development plans (DDPs) and work plans, some are yet to conceptualize this social vice which is a gap when it comes to planning and allocation of resources. This is noted even in some health centers and in the communities and this makes the fight against the vice a challenge.

## 5 POLICY, LEGAL AND INSTITUTIONAL FRAMEWORK

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Under this, the relevant policies, legal and institutional frameworks for environmental management in the planned project for management of social risks and mitigation of GBV impacts will be as follows:

### 5.1 Policy Framework

#### 5.1.1 The National Environment Management Policy, 1994

The overall goal of this policy is the promotion of sustainable economic and social development mindful of the needs of future generations and the EIA is one of the vital tools it considers necessary to ensure environmental quality and resource productivity on a long-term basis. It calls for integration of environmental concerns into development policies, plans and projects at national, district and local levels. The policy requires that projects likely to have significant adverse ecological or social impacts undertake an EIA before their implementation. ***With reference to this project, preparation of this EMF is a form of EA which is consistent with the policy provisions of the policy. The provisions in the policy are consistent with World Bank safeguards policies in that, it provides for preparation of Environmental Assessments for development projects before their implementation.***

#### 5.1.2 Uganda Vision 2040

Uganda Vision 2014 amongst others, emphasizes the need for care and protection for the vulnerable population groups including women. In addition, the state recognizes the need to provide assistance to people who are vulnerable either by age, social class, location, disability, gender, disaster or do not earn any income. ***In line with this, the GBV mitigation project is aimed at ensuring government effort to ensure mitigation of social risks and mitigation measures for the survivors of GBV. This policy is consistent with the Bank safeguards policies in that, it recognizes and promotes social inclusion in the national development agenda.***

#### 5.1.3 The National AIDS Policy and National HIV/AIDS Strategic Plan 2015/16-2019/20

This Policy underlines the link between GBV and HIV along with recognizing gender-based HIV vulnerability and all aspects of cultural attitudes and practices regarding sex and sexuality that put women at risk. The policy emphasizes integrating sexual and gender-based violence (GBV) prevention and human rights into HIV prevention programming. The policy among others encourages scaling up of comprehensive sexual and reproductive health (SRH)/HIV programmes targeting vulnerable populations such as adolescents (both inside and outside schools) and young people, women, girls and people with disabilities. ***By virtue of it recognizing and targeting vulnerable populations, the policy is consistent with the World Bank safeguards policies on protection of minority and vulnerable groups.***

#### **5.1.4 National Gender Policy (NGP), 2007 and National Action Plan on Women (2007)**

This Policy focuses on promoting gender equality and empowerment of women and provides a strategic framework that guides the implementation of gender focused interventions to combat gender based violence. The priority area on gender and rights commits the Government and other actors (including CSOs, UN agencies) to develop and implement interventions to combat gender based violence in all its forms and at all levels. **Key in the project is, the policy outlines the legitimacy of gender equality as a fundamental value that should be reflected in Uganda's development choices, poverty reduction strategies and institutional practices which no doubt is consistent with the Banks safeguards policy on gender.**

#### **5.1.5 The Social Development Sector Plan (SDSP) 2015/16-2019/20**

Underlines expanding programs to prevent and respond to Gender Based violence as one of the priority areas of action (refers to the Draft National Policy and Action Plan on Elimination of Gender Based Violence in Uganda). **The call to eliminate GBV the Sector Action Plan is considered consistent with gender focus in the Bank supported projects.**

#### **5.1.6 Guidelines and Procedures for the operation of GBV shelters in Uganda, 2013**

Developed by MoGLSD, with technical and financial support from the UN Joint Programme on Gender Equality, these guidelines provide minimum operating standards for establishment and management of GBV shelters to benefit all districts in Uganda. They reflect a community- and rights-based approach to GBV prevention and response and are intended for use alongside existing sectoral GBV Standard Operating Procedures (SOPs) and referral systems. **The guidelines provide support on the establishment of shelters, the management of shelters, the minimum standards of a shelter and collaboration with other service providers.**

#### **5.1.7 The National Health Policy, 1999**

The overall objective of health sector policy is to reduce mortality, morbidity and fertility, and the disparities therein. Ensuring access to the minimum health care package is a central strategy to this goal. **This policy is the foundation of health laws in Uganda which implies, interventions under the project are meant to ensure survivors of GBV get medical attention which is consistent with this policy objective. This is umbrella policy in the delivery of health services in Uganda and guides stakeholders in their activities, plans and programs.**

#### **5.1.8 National Health Care Waste Management Plan (2009/2010–2011/2012)**

The National Health Care Waste Management Plan (NHCWMP) was prepared and disclosed under previous IDA projects to guide healthcare facilities and personnel in safe and proper management of healthcare waste. In addition to NHCWMP, MoH

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developed the following documents to guide proper healthcare waste management and infection control:

- a. Approaches to Health Care Waste Management (HCWM), Health Workers Guide, Second Edition (2013);
- b. Uganda National Infection Prevention and Control Guidelines (December 2013);
- c. National Policy on Injection Safety and Health Care Waste Management (2014).

***This Policy is aligned to the World Bank Group EHS Guidelines for Air Emissions and Ambient Quality, WBG EHS Guidelines for Waste Management, WBG EHS Guidelines for Hazardous Materials Management as well as WBG EHS Guidelines for Construction and Decommissioning.***

## **5.2 Legal Framework**

### **5.2.1 Constitution of the Republic of Uganda, 1995**

The 1995 Uganda Constitution [Chapter 3, Article 17J] entrusts Government with the duty of ensuring that Ugandans enjoy a healthy environment. ***Relation to the project, the Constitution is the cardinal law onto which the National Environment Act Cap 153 is based.***

### **5.2.2 National Environment Act, Cap 153**

The Act provides for various strategies and tools for environment management, which also includes the EIA (Section 19) for projects likely to have significant environmental impacts. With specific reference to the project, the Act in its *Third Schedule* does not specifically list healthcare facilities under scheduled projects, nonetheless, two sections thereof related to function or waste management mean that these facilities are not exonerated from the general EIA process.

***In terms of its alignment to the World Bank safeguards policies, the Act provides for levels of Environment Assessments to be conducted based on the type and nature of the project.***

### **5.2.3 Local Governments Act, Cap 243**

This Act provides for decentralized governance and devolution of central government functions, powers and services to local governments that have own political and administrative set-ups. According to Section 9 of the Act, a local government is the highest political and administrative authority in its area of jurisdiction and shall exercise both legislative and executive powers in accordance with the Constitution. ***This Act means that local governments have administrative authority over projects implemented in areas of their jurisdiction.***

### **5.2.4 Public Health Act, Cap 281**

Section 105 of the Public Health Act, 1964 requires local authorities to take measures to prevent pollution of public water resources. This Act aims at avoiding pollution of



environmental resources that support health and livelihoods of communities. ***In respect to this project this Act best relates to management of construction waste and healthcare waste in the post-construction phase. The Act address issues of pollution prevention amongst others which is consistent with IFC PS 3: Pollution Prevention and Abatement as well as IFC PS 4: Community Health, Safety and Security.***

#### **5.2.5 National Environment (Standards for Discharge of Effluent into Water or on Land) Regulations, 1999**

Section 6 (2) details maximum permissible limits for 54 regulated contaminants which must not be exceeded before effluent is discharged into water or on land. ***For this project, this standard is applicable to sewage disposal from healthcare facilities. Large parts of these Regulations cover waste management aspects consistent with World Bank EHS Guidelines for waste management.***

#### **5.2.6 Employment Act, 2006**

This Act is the principal legislation that seeks to harmonize relationships between employees and employers, protect workers' interests and welfare and safeguard their occupational health and safety through:

- a. Prohibiting forced labor, discrimination and sexual harassment at workplaces (Part II; Part IV).
- b. Providing for labor inspection by the relevant ministry (Part III).
- c. Stipulating rights and duties in employment (weekly rest, working hours, annual leave, maternity and paternity leaves, sick pay, etc. (Part VI).
- d. Continuity of employment (continuous service, seasonal employment, etc. (Part VIII).

***This Act is consistent with the IFC Performance Standard 2: Labour and Working Conditions as seen from items a-d above.***

#### **5.2.7 Occupational Safety and Health Act (2006)**

The Act replaces the Factories Act (1964) and does provide for prevention and protection of persons at all workplaces from injuries, diseases, death and damage to property. Most important, the Act obliges employers to protect workers from adverse weather and provide clean and healthy work environment, sanitary conveniences, sanitary and protective gear. ***A number aspects in IFC Performance Standards covering labor and working conditions, Pollution Abatement and Prevention and Community Health and Security are well covered under this Act.***

### **5.3 Overview of the World Bank's safeguards policies**

#### **5.3.1 Operational Policies**

The World Bank's ten safeguard policies are designed to help ensure that programs proposed for Bank financing are environmentally and socially sustainable, and thus improve decision-making. The environmental operational policies are outlined below

and ones to be triggered by the proposed project as summarised on Table 1, including actions to meet their respective requirements.

**Table 5-1: Summary of WB safeguards polices in relation to the project**

Safeguard Policies	Triggered?		Remarks
	Yes	No	
OP 4.01 Environmental Assessment	√		The interventions under the project will involve small-scale improvements of existing health facilities to improve on their functionalities. The envisaged civil works will pose localized health and safety risks besides generating construction waste. Therefore, OP/BP 4.01 is triggered.
OP 4.04 Natural Habitats		X	The project will have not be implemented in areas of natural habitats hence this policy will not be triggered.
OP 4.09 Pest Management		X	The project will not entail use of pesticides.
OP 4.11 Physical Cultural Resources	√		This safeguard is triggered because project investments have small-scale civil works/excavations which may occasion accidental discoveries of PCRs.
OP 4.36 Forests		X	The project is not expected to affect the management of forests and neither will it support forest nor logging operations.
OP 4.37 Safety of Dams		X	The project will not support or depend on dams.

### 5.3.2 World Bank Group Environmental, Health and Safety Guidelines

The World Bank has several sector-based EHS guidelines below, many of which are applicable to various components of the proposed project namely:

- a. Air emissions from onsite waste combustion units (incinerators)
- b. Hazardous waste management
- c. Noise
- d. Occupational health and safety (against biological and radiological hazards).
- e. Community health and safety including traffic safety such as during project construction or disease prevention (where incinerators emission waft into and affect not only local communities but also patients visiting healthcare facilities).
- f. Construction and decommissioning.

While most of above WBG guidelines apply to the proposed project in one way or the other, in sections below are discussed five environmental, health and safety (EHS) guidelines that are of relevance to the proposed project, namely:

- a. EHS Guidelines – Air Emissions and ambient air quality
- b. EHS Guidelines – Waste Management
- c. EHS Guidelines – Health Care Facilities

- d. EHS Guidelines – Hazardous Materials Management
- e. EHS Guidelines – Construction and decommissioning

### 5.3.2.1 WBG EHS Guidelines: “Air emissions and ambient air quality”

#### a) General approach

These guidelines require projects with “significant”<sup>3</sup> sources of air emissions, and potential for significant impacts to ambient air quality to prevent or minimize impacts by ensuring that emissions do not result in pollutant concentrations that reach or exceed relevant ambient quality guidelines and standards by applying national legislated standards (or in their absence, the current WHO Air Quality Guidelines, or other internationally recognized sources). Uganda currently has (draft) national air quality standards applicable to this project, specifically incinerator emissions. The standards however make no mention of dioxins which are potent cancer-inducing, expected in incineration emissions.

In these guidelines “significant” refers to sources which can contribute a net emission increase of one or more of the following pollutants within a given airshed:

- i. Particulate matter of size 10 microns (PM<sub>10</sub>): 50 tons per year (tpy);
- ii. Oxides of nitrogen (NO<sub>x</sub>): 500 tpy;
- iii. Sulphur dioxide (SO<sub>2</sub>): 500 tpy; or as established through national legislation;
- iv. Equivalent heat input of 50 MWth or greater.

Going by this classification, all onsite incineration units at existing healthcare facilities are “non-significant” sources since no unit at any of the project facilities had capacity to generate the foregoing levels of air pollutants. Two national documents<sup>4</sup> on healthcare waste indicate that healthcare facilities, depending on their service level, generate the following average quantities of medical waste:

- i. Hospital : 0.1 kg/bed/day (excluding pathological waste);
- ii. Health center 4 (HC IV): 1.5 kg/day;
- iii. Health center 3 (HC III): 0.6 kg/day; and
- iv. Health center 2 (HC II): 0.5 kg/day.

<sup>3</sup> **Significant** sources of point and fugitive emissions in these (WBG) guidelines are considered to be general sources which can contribute a net emission increase of one or more of the following pollutants within a given airshed: PM10: 50 tons per year (tpy); NOx: 500 tpy; SO2: 500 tpy; or as established through national legislation; and combustion sources with an equivalent heat input of 50 MWth or greater. The significance of emissions of inorganic and organic pollutants should be established on a project-specific basis taking into account toxic and other properties of the pollutant.

<sup>4</sup> “National Healthcare Waste Management Plan (2007/8-2009-2010)” and “Improvement of Healthcare Waste Management in Uganda (July 2005, Updated Mar 2009) by Carl Bro.

The fact that onsite incineration units burn small waste volumes and generate low levels of emissions could be the reason such “*non-significant*” units are not provided with (and probably do not require) emissions control.

Incineration emissions from healthcare facilities may contain particulate matter, heavy metals, dioxins, furans, sulfur dioxide and hydrochloric acid. Of key concern are dioxins which are cancer-inducing compounds<sup>5</sup>. The temperatures needed to breakdown dioxin are typically not reached when burning waste in open air (200-400°C) causing high dioxin emissions. Dioxin can only be destroyed above 850°C, otherwise it remains in atmosphere emissions or in incineration ash where it can leach into groundwater when rain falls on ash piles.

#### ***b) Implication for this project***

The guidelines discourage open-burning of solid wastes, whether hazardous or non-hazardous, is not considered good practice and should be avoided, as the generation of polluting emissions from this type of source cannot be controlled. While small onsite incineration units handling minimal healthcare waste volumes might not require emission control according to these Guidelines, the management including disposal of healthcare waste has become an issue of growing concern in many places in Uganda. Infectious medical waste has been dumped indiscriminately, burned uncontrollably and buried irresponsibly posing considerable public health risk.

Component 2 under “*Improved quality of care and supervision*” will develop various service standards/protocols on health care waste (HCWM) alongside others such as for ones for maternal and perinatal death audits. It is hoped that these standards will sustain improvement in healthcare waste management.

#### ***5.3.2.2 WBG EHS Guidelines: “Waste management”***

##### ***a) General approach***

Regarding the proposed project, this section considers only construction waste originating from repairs, renovations and building of healthcare facilities. The guidelines advocate for waste management planning where waste should be characterized according to composition, source, types, and generation rates.

These guidelines call for implementation of a waste management hierarchy that comprises prevention, recycling/reuse; treatment and disposal. The guidelines require segregation of *conventional* waste from *hazardous waste* streams. Examples of hazardous construction waste are waste oil from vehicles and machinery paint waste, thinners and concrete wash water (e.g. from cleaning concrete mixers).

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<sup>5</sup> Note that WBG EHS Guidelines: “*Healthcare facilities*” give air emission levels for hospital waste incineration facilities.

**a) Implication for this project**

Improper management of construction waste would pose environmental and public health impacts. Contractors will have a contractual obligation to ensure proper construction waste management. To this end, guidelines provided in Annex 4 (Clauses for Construction Work Contracts on Environmental Compliance) and Annex 10 (Code of Practice for Construction Workers) should be utilized as vital guiding documents.

**5.3.2.3 WBG EHS Guidelines: “Healthcare facilities”**

**a) Applicability**

The EHS Guidelines for healthcare facilities include information relevant to management of EHS issues associated with healthcare facilities (HCF) which includes a diverse range of facilities and activities involving general hospitals and small inpatient primary care hospitals, as well as outpatient facilities. Ancillary facilities may include medical laboratories and mortuary centers. These guidelines are applicable for planning new HCFs or renovation of existing facilities.

**b) Healthcare facility design considerations<sup>6</sup>**

These guidelines advise that design and functional layout of HCFs should ensure the following:

- i. Separation of clean / sterilized and dirty / contaminated materials and people flows;
- ii. Development and inclusion of adequate disinfection / sterilization procedures and facilities;
- iii. Adequate space for the storage of recyclable materials (e.g. cardboard and plastic) for pickup;
- iv. Ventilation systems that provide isolation and protection from airborne infections;
- v. Design of water systems to provide adequate supplies of potable water to reduce risks of exposure waterborne pathogens;
- vi. Provision of hazardous material and waste storage and handling areas; and
- vii. Selection of easily cleaned building materials that do not support microbiological growth, are slip-resistant, non-toxic, and non-allergenic, and do not include volatile organic compound (VOC)-emitting paints and sealants.

**c) Waste management**

Waste from health care facilities (HCF) can be divided into two groups:

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<sup>6</sup> Internationally recognized guidelines for design and construction of hospitals and HCFs include *American Institute of Architects (AIA)* and the *Facility Guidelines Institute (FGI)*, the *American Society for Healthcare Engineering (ASHE)* of the *American Hospital Association (AHA)*, and the *Green Guide for Healthcare*.

- i. General waste similar in composition to domestic waste, generated during administrative, housekeeping, and maintenance functions.
- ii. Specific categories of hazardous healthcare waste.

Health care facilities should establish, operate and maintain a health care waste management system (HWMS) adequate for the scale and type of activities and identified hazards but entailing:

- i. Waste minimization, reuse, and recycling
- ii. Waste segregation at the point of generation,
- iii. On-site handling, collection, transport and storage based on safe practices below:
  - Seal and replace waste bags and containers when they are approximately three quarters full. Full bags and containers should be replaced immediately.
  - Identify and label waste bags and containers properly prior to removal.
  - Transport waste to storage areas on designated trolleys / carts, which should be cleaned and disinfected regularly.
  - Waste storage areas should be located within the facility and sized to the quantities of waste generated.
  - Unless refrigerated storage is possible, storage times between generation and treatment of waste should not exceed (in Warm climate) 48 hours during cool season, 24 hours during hot season.
  - Store radioactive waste in containers to limit dispersion, and secure behind lead shields.
  - Packaging containers for sharps should be puncture-proof.

These guidelines recognize incineration as a key source of air emission at healthcare facilities and pollutants emitted from incineration include:

- i. Heavy metals
- ii. Organics in flue gas
- iii. Various organic compounds (dioxins and furans)
- iv. Hydrogen chloride (HCl) and fluorides and potentially other halogens-hydrides (e.g. bromine and iodine)
- v. Typical combustion products such as sulfur oxides (SO<sub>x</sub>), nitrogen oxides (NO<sub>x</sub>), volatile organic compounds, monoxide (CO), carbon dioxide (CO<sub>2</sub>), and nitrous oxide (N<sub>2</sub>O).
- vi. Incineration residues such as fly ash and bottom ash may contain high concentrations of persistent organic pollutants (POPs).

For being ineffective in regard to emissions control, these WBG Guidelines caution against use of single-chamber and brick incinerators should be used only as a last resort option. The Guidelines advise against mixing domestic and hazardous waste. Waste should be segregated at point of generation and non-hazardous waste, such as paper and cardboard, glass, aluminum and plastic, should be collected separately for

possible recycling. Food waste should be segregated and composted. Infectious and/or hazardous wastes should be identified and segregated according to its category using a color-coded system. If different types of waste are mixed accidentally, waste should be treated as hazardous.

**d) Occupational health and safety**

HCF health and safety hazards may affect healthcare providers, cleaning and maintenance personnel, and workers involved in waste management handling, treatment and disposal. Typical hazards which should be prevented with proper safety gear and practices include:

- i. Exposure to infections and diseases (blood-borne pathogens, and other potential infectious materials (OPIM)<sup>7</sup>
- ii. Exposure to hazardous materials / waste
- iii. Fire safety
- iv. Exposure to radiation

Occupational radiation exposure may result from equipment emitting X-rays and gamma rays (e.g. CT scanners), radiotherapy machines, and equipment for nuclear medicine activities. HCF operators should develop a comprehensive plan to control radiation exposure in consultation with the affected workforce. This plan should be refined and revised as soon as practicable on the basis of assessments of actual radiation exposure conditions, and radiation control measures should be designed and implemented accordingly.

**e) Air emission levels for hospital waste incineration facilities**

WBG Guidelines advise the following emission levels of healthcare waste incinerators.

**Table 2: Air emission levels for hospital waste incineration facilities (WBG Guidelines)**

Pollutant	Unit	Guideline value
Total Particulate matter (PM)	mg/Nm <sup>3</sup>	10
Hydrogen Chloride (HCl)	mg/Nm <sup>3</sup>	10

<sup>7</sup> According to US Occupational Safety and Health Administration (OSHA), blood-borne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans, including human immunodeficiency virus (HIV), hepatitis B virus (HIB), and hepatitis C virus (HCV). Other potentially infectious materials (OPIM) refers to (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV) -containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Pollutant	Unit	Guideline value
Total organic carbon (TOC)	mg/Nm <sup>3</sup>	10
Hydrogen Fluoride (HF)	mg/Nm <sup>3</sup>	1
Sulfur dioxide (SO <sub>2</sub> )	mg/Nm <sup>3</sup>	50
Carbon Monoxide (CO)	mg/Nm <sup>3</sup>	50
NOX	mg/Nm <sup>3</sup>	200-400 <sup>a</sup>
Mercury (Hg)	mg/Nm <sup>3</sup>	0.05
Sb, As, Pb, Cr, Co, Cu, Mn, Ni, and V	mg/Nm <sup>3</sup>	0.05
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	ng/Nm <sup>3</sup> TEQ	0.1

**Notes:**

- a. 200 mg/m<sup>3</sup> for new plants or for existing incinerators with a nominal capacity exceeding 6 tonnes per hour; 400 mg/m<sup>3</sup> for existing incinerators with a nominal capacity of 6 tonnes per hour or less.
- b. Oxygen level for incinerators is 7 percent.

**The implications for the project:**

During project implementation, healthcare facilities while handling survivors of GBV will apply the National Health Care Waste Management procedures which inherently have provisions designed to satisfy WB EHS Guidelines discussed in this section.

**5.3.2.4 WBG EHS Guidelines: “Hazardous materials management”**

**a) Application and approach**

These guidelines apply to projects that use, store, or handle any quantity of hazardous materials (Hazmats), defined as materials that represent a risk to human health, property, or the environment due to their physical or chemical characteristics. Hazmats can be classified according to the hazard as explosives; compressed gases, including toxic or flammable gases; flammable liquids; flammable solids; oxidizing substances; toxic materials; radioactive material; and corrosive substances.

**b) General hazardous materials management**

Facilities which manufacture, handle, use, or store hazardous materials should establish management programs that are commensurate with the potential risks present. The main objectives of projects involving hazardous materials should be the protection of the workforce and the prevention and control of releases and accidents. These objectives should be addressed by integrating prevention and control measures, management actions, and procedures into day-to-day business activities.

**5.3.2.5 WBG EHS Guidelines: “Construction and decommissioning”**

These provide guidance, specific guidance on prevention and control of community health and safety impacts that may occur during new project development or due to



expansion or modification of existing facilities. By thematic categories, they address three major aspects (environment, OHS and community health and safety) below.

i) **Environment:**

- **Noise and Vibration:** During construction and decommissioning activities, noise and vibration may be caused by the operation of pile drivers, earth moving and excavation equipment, concrete mixers, cranes and the transportation of equipment, materials and people.
- **Air Quality:** Project will involve demolition of walls inside existing healthcare facilities and this could generate fugitive dust affecting adjoining rooms or service areas. A secondary source of emissions may include exhaust from diesel engines of earth moving equipment, as well as from open burning of construction and demolition waste on-site.
- **Solid Waste:** During project implementation, non-hazardous solid waste generated at construction sites would include, scrap wood, glass cullet and metal and demolition rubble.
- **Hazardous Materials:** Asbestos might be encountered where entire buildings will be demolished and rebuilt. In case of this encounter, NEMA shall provide written guidance (work procedure) on handling and disposal of asbestos materials.

ii) **Occupational Health and Safety**

Likely OHS risks during proposed renovation of HCFs include over-exertion, slips and falls, work at heights, hot works (welding), electrocution, being struck by objects, injury by moving machinery and dust from demolition activities.

iii) **Community Health and Safety:**

The guidelines recommend implementation of risk management strategies to protect general community from physical, chemical, or other hazards associated with sites under construction and decommissioning. Key areas to consider are:

- i. **General site hazards:** where renovation activities can injure people in or near buildings under renovation or construction.
- ii. **Disease Prevention:** ensuring that risk of disease from construction-related activities (e.g. from water ponding).
- iii. **Traffic Safety:** Construction activities may result in a significant increase in movement of heavy vehicles for the transport of construction materials and equipment increasing the risk of traffic-related accidents and injuries to workers and local communities.

## **5.4 Institutional Framework**

### **5.4.1 Ministry of Gender, Labour & Social Development**

According to the Draft National Policy on Elimination of GBV, 2014, the MoGLSD has the responsibility to:

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- a. Build capacity of district staff to handle prevention and response to GBV;
- b. Assess the performance of GBV programmes in local governments;
- c. Provide guidelines to ensure that GBV programmes benefit from government; and
- d. Sensitize civic leaders on effects of GBV to development.

***The Occupational Safety and Health Department in MoGLSD is mandated to evaluate and control the Physical, Chemical, Physiological, Social, and Technical factors that affect a person at Work and the Working Environment both during construction and operation.***

#### **5.4.2 Ministry of Health (MoH)**

The Draft National Policy on Elimination of GBV, 2014 and Health Sector Strategic Plan III (2010/11-2014/15) outlines the responsibilities of the MoH, to include amongst others:

- a. Build capacity of staff in counseling for GBV victims/survivors;
- b. Mainstream GBV issues into the day-to-day functions of the health plans and programmes so that victims of gender based violence are able to access appropriate services;
- c. Build capacity of the health staff on readiness to provide court evidence on GBV issues when required;
- d. Integrate human rights-based approach into health services by establishing appropriate emergency measures in dealing with GBV victims/survivors (e.g. the morning-after emergency contraceptive pill, pep kit, HIV/AIDS testing); and
- e. Sensitization of communities on the implications of GBV to the mental and physical health of an individual.

Establish forensic services to support medico-legal services for GBV cases. ***The Ministry of Health has a role with respect to management of health centres which deliver treatment to GBV survivors and effective management of medical waste in the project.***

#### **5.4.3 Ugandan Police Force**

The Police (Amendment) Act, 2006 and Stand Operating Procedures for GBV response and prevention mandates the police to:

- a. Receive/record/investigate GBV cases.
- b. Arrest and apprehend suspects/perpetrators of GBV.
- c. Assist victims by giving advice, assistance or shelter; offer procedural guidance.

Train all police officers who deal with the survivors of GBV.

#### **5.4.4 National Environment Management Authority (NEMA)**

The National Environment Act, Cap 153 establishes NEMA as the principal agency responsible for coordination, monitoring and supervision of environmental conservation activities. NEMA has the mandate to review and approve environmental assessments reports in consultation with any relevant lead agencies. NEMA works

with District Environment Officers and local environment committees at local government levels who also undertake inspection, monitoring and enforce compliance on its behalf. ***With specific reference to this project, the DEOs/MEOs will undertake field supervision and monitoring in Government ministries.***

#### **5.4.5 District Local Administration Structures**

The proposed project is within a number of jurisdictions of a number of Districts headed by a Local Council 5 (LC 5) Chairman and Chief Administration Officer (CAO) who are the political head and technical head respectively. Various district offices whose functions would be relevant to the project include offices of Natural Resources/Environment, District Health Officer, District health inspector/educator, District Planner, Community Development Officer, Wetlands Officer, Land Office, District Water Officer, Town Council, Probation Officer, Labor Officer and District Engineer. ***Equally important are village-level local council administration (LC I and LC III). Leaders at these levels of local administration are closer to residents and therefore important in effective community mobilization, sensitization and dispute resolution.***

#### **5.4.6 NGOs and CSO**

##### ***5.4.6.1 The Uganda Association of Women Lawyers (FIDA UGANDA)***

Aims to reduce the number of Sexual Gender Based Violence acts and cases nationally, increase the number of convictions and ensure that best practices are applied in dealing with GBV cases of women and children.

The project involves the following activities:

- a. Convening high level meetings with lead agencies with the judiciary, Police and Director of Public Prosecutions (DPP) and other key stakeholders on advocacy for the establishment of the specialized courts on GBV.
- b. Conducting high level meetings with the donor working group on GBV.
- c. Coordination of the establishment of the Specialized GBV courts and regional sessions through successful lobbying and advocacy initiatives involving policy/technical personnel.

##### ***5.4.6.2 Action AID and MIFUMI in partnership with FIDA***

Under the access to justice program, FIDA successfully collaborated with Action Aid Uganda and MIFUMI under the women's protection centers (shelters) to offer legal aid services, psychosocial support and protection to vulnerable women and children in 10 districts in Uganda.

## **6 ENVIRONMENTAL ASSESSMENT AND SCREENING PROCESS**

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### **6.1 World Bank Screening**

Under the World Bank environmental safeguards policies, environmental screening is intended to ensure that proposed projects are subject to the appropriate extent and type of environmental assessments (EAs). Environmental Screening is basically to determine what are likely potential issues, including what safeguards policies are likely to be triggered by project activities and accordingly, decide what type and level of environmental assessment is needed in a given project. Based on these, the World Bank categorizes projects it supports into Environmental Assessment Categories A, B and C as follows:

#### **6.1.1 Category A projects**

These categories of projects have the following features:

- a. Projects with significant adverse impacts that are sensitive, diverse, or unprecedented, or that affect an area broader than the sites or facilities subject to physical works;
- b. They involve conversion or alteration of natural habitats;
- c. They have a potential to generate significant quantities of hazardous materials; and
- d. Involve major resettlement or displacement of project affected persons.

Category A projects will require full ESIA's to be conducted in accordance with specific requirements of the Bank's EIA policy and procedures for Category A projects such as disclosure. The proposed project does not fall under this category because it will not have adverse, diverse or unprecedented impacts, will not affect any natural habitat since it will be implemented at existing sites and any arising impacts will be localized and easily mitigated.

#### **6.1.2 Category B Projects**

Category B projects have the following feature:

- a. Their impacts are less adverse and are of less sensitive nature affecting fairly localized/smaller areas;
- b. They are not undertaken in ecologically sensitive areas; and
- c. Their mitigation measures can be more easily designed/implemented to contain their negative impacts.

For this category of projects, limited levels of EA can be conducted in order to come up with mitigations measures to ensure their sustainability. Such EAs include Environmental and Social Management Plans (ESMPs) or Project Briefs as commonly known in Uganda's EIA guidelines, amongst others. The proposed project typically fits under this description and as such has been assigned EA Category B. Based on these considerations, this project for social risks and gender based violence mitigation project is placed as a category B type which does not requires full ESIA's to be prepared but comprehensive Project Briefs and ESMPs will be sufficient for

management of their compliance. It is important to emphasize that, MoGLSD which is the implementing Agency is the one responsible for conducting the screening and that, under this project only Category B and C sub-project activities are eligible for financing (Category A are excluded).

### **6.1.3 Category C Projects**

Projects under this category are expected to have no adverse environmental impacts, or only minimal impacts easily and fully mitigated through routine measures.

## **6.2 Environmental and Social Assessment in Uganda**

### **6.2.1 The Environmental and Social Screening Process**

The sections below illustrate the stages (steps 1-6) of the environmental and social screening process leading to the review and approval of the project activities. The purpose of the screening process is to determine which activities are likely to have negative environmental and social impacts; to determine the level of required environmental assessment; to determine appropriate mitigation measures for activities with adverse impacts; to incorporate mitigation measures into the sub-program as appropriate; to review and approve the sub-program's proposals; to monitor and report environmental parameters during the implementation of activities. The extent of environmental work that might be required prior to the commencement of the sub-programs will depend on the outcome of the screening process described below.

#### **6.2.1.1 The Screening Steps**

The environmental and social process of screening consists of the following steps:

##### Step 1: Screening of the Sub-Programs

The objectives of environmental screening are: to evaluate the environmental risks associated with a proposed operation; to determine the depth and breadth of Environmental Assessment (EA); and to recommend an appropriate choice of EA instrument(s) suitable for a given project. Criteria for classification include type, location, sensitivity, and scale of the project, as well as the nature and magnitude of its potential environmental impacts. Project screening will be based on a project brief prepared by the Occupational Safety & Health Department (OSHD) of the MoGLSD. However, while this requirement is in line with the EIA process of Uganda, Project Briefs (PBs) may not be required for simple low scale civil works and construction which are likely to be the case in this project since ESMPs prepared following screening as guided in the EMF would suffice to handle impacts that may arise.

It is suggested that, screening is to be carried out by the District/Municipal Environment Officers at local government levels. Every district, Town or Municipal Council in Uganda has a Municipal or District Environment Officer (MEO/DEO) employed by the District Local Government. These environmental officers are trained

and experienced in environmental management and EIA procedures. The District Environment Officer will complete the Environmental and Social Screening Form (Annex 1) to facilitate identification of site specific potential environmental impacts, determination of their significance, assignment of appropriate environmental category, appropriate environmental mitigation measures, and where required recommend undertaking of an Environmental Impact Assessment (EIA).

### Step 2: Assigning of Environmental Categories

Assignment of appropriate environmental category to a particular activity will be based on information provided in the environmental and social screening form that the Municipal/ District Environment Officer will have administered. There is no project activity envisioned to require a full EIA (Category A) given the fact that the construction is a small-scale expansion program, site-based and using mostly local procured materials, and besides the overall project EA category is B. **It is important to emphasize that, in the GBV Project, sub-projects under Category A will not be eligible for financing.**

### Step 3: Carrying out Environmental Assessment

After analysing data contained in the environmental screening form and having identified the right environmental category and hence scope of the environmental assessment required, the MEO/DEO will make a recommendation to the MoGLSD as to whether: (a) no EIA will be required; (b) implementation of simple mitigation measures will be required and thus development of EMP/Project Brief; or (c) a separate environmental impact assessment EIA will be carried out (such activities are not anticipated).

In case of activities under (a) and (b) above, project environmental mitigation measures checklist will be used (see Annex 2): Using the checklist the environmental mitigation measures will be proposed by the Municipal/District Environment Officer at high Local Government level and an EMP developed. Alternatively, following the Uganda EIA guidelines, a Project Brief containing the EMP shall be developed and submitted to NEMA for review and approval. In case of project activities falling under (c) above, an Environmental and Assessment (EA) will be carried out by an ESIA practitioner approved by NEMA. The EA will be undertaken in accordance with the NEMA approved terms of reference.

The EA will identify and assess the potential environmental impacts for the planned activities, assess alternative solutions and will design the mitigation, management and monitoring measures to be adopted. These measures will be quoted in the Environmental Management Plan (EMP) that will be prepared as part of the EA for each sub-program. The preparation of the EA and the EMP will be done in consultation with all relevant stakeholders, public institutions, including the people likely to be affected by the sub- program, and will be provided to the WB for a “no-objection” before commencing project implementation.

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The EA will follow the national procedure established in the framework of the Environment Management Act, EIA Regulations, Guidelines and consistent with the WB OP 4.01.

#### Step 4: Review and Approval

##### **a. Review of ESIA**

At the district or municipal level, the Municipal/District Environment Officer, and communities will review the environmental screening forms and will make recommendations as to whether the results of the screening process are acceptable. If a Project Brief was prepared to facilitate screening, it will be submitted to NEMA for review and/or approval. In case an EA needs to be undertaken, the ToRs for the study will be prepared by MGLSD, reviewed and approved by NEMA, with modifications where necessary.

##### **b. Approval/Rejection of ESIA**

The ESIA study will be undertaken by the EIA practitioner in accordance with the ToRs approved by NEMA and report submitted to NEMA for review. A Project Brief on the other hand may be prepared by either the client or hired consultant/s and the report submitted to NEMA for review/approval. NEMA will then forward copies to relevant Lead Agencies and Local Authority (MEO/DEO) for comments. Comments from the Lead Agency/ Local Authority will be considered by NEMA in making a final decision on project implementation. If the ESIA is approved, NEMA issues an environmental permit that confirms the EIA has been satisfactorily completed and the proposed sub-program implementation may proceed. The ESIA will be submitted to WB for non-objection prior to the approval by NEMA.

#### Step 5: Public Consultations and Disclosure

Public consultations will take place during the environmental screening process, and the input from the public consultations will be reflected in the design of the mitigation and monitoring measures. The District/Municipal Environment Officer will communicate the results of environment screening to the Town Clerk/Chief Administrative Officer (CAO) who will in thereafter, communicate the result to the MoGLSD and Local Governments.

According to the procedures governing the EIA, public information and participation must be ensured during the scoping period and the preparation of the terms of reference of the Environmental and Social Impact Assessment. This will be done by EIA practitioner. The involvement of District/Municipal Environment Officer, District/Municipal Community Development Officer, Health Officers level will be encouraged. Public consultations include particularly:

- a. One or several meetings for presentation of the sub-program with a gathering of local authorities, the populations, the concerned organizations; and

- b. The opening of a register which will be available to the public in which, they should be able to sign and give their comments which include their appreciations, remarks and suggestions on the formulated on the program.

World Bank requires disclosure of the environmental assessment reports and/or ESMPs both in-country by the client (MoGLSD) and at World Bank's Infoshop by IDA. The ESMPs should describe the consultations process i.e. dates of such meetings, location, participants in the consultations meetings, issues raised amongst others etc. and how issues raised in such consultations are to be addressed.

#### Step 6: Environmental Monitoring

Environmental monitoring aims at checking the effectiveness and relevance of the implementation of the proposed mitigation measures. Local councillors, District Environment Officers and local government Health Officers as well as concerned citizens will undertake monitoring exercises as provided for by the National Environment Act. The Municipal/ District Environment Officer in conjunction with the District Health Officer/Inspector will monitor implementation of environment mitigation measures based on the contractor's work plan. The MoGLSD in collaboration with NEMA will monitor implementation of the environmental mitigation measures on a sample of project sites on quarterly basis. On annual basis, the Municipal/District Environment Officers, MoGLSD in collaboration with NEMA will carry out an Environmental Audit of the project to ascertain its compliance with its environmental compliance requirements.

The monitoring indicators that will be under ESMP for assessing environmental management for the project include:

- a. Construction management requirements;
- b. Medical waste management; and
- c. Compliance with Legislations.

Use of the indicators for environmental monitoring will be included in the training and capacity building program.

## **6.2.2 Other Environmental Safeguard Instruments and Guidance Procedures**

### ***6.2.2.1 Chance Finds Procedure***

The World Bank OP 4.11 on Physical Cultural Resources, states that; before proceeding with a project which entails the risk of damaging cultural property the project must:

- a. Determine what is known about the cultural property aspects of the proposed project site. The government's attention should be drawn specifically to that aspect and appropriate agencies; NGOs or university departments should be consulted;



- b. If there is any question of cultural property in the area, a reconnaissance survey should be undertaken in the field by a specialist. For the proposed project, implementation of the small scale civil works will take place in existing health units/centers/hospitals without known PCRs, and if any, such PCRs shall not be tampered with by the project, in any way. Projects that have the potential to have adverse impacts on cultural property include;
  - i. Projects that includes large scale excavations, movement of earth, flooding of an area for creation of a reservoir, demolition, and other surficial environmental changes, and
  - ii. Projects that may cause unplanned project-induced developments (e.g. squatter settlement).

(i) Steps to be taken upon identification and/or exposure of Un-Known PCRs – Chance Finds

During construction or through accidental exposure, a cultural heritage site or items of archaeological interest may be identified. As soon as this occurs, the contractor or sub-contractor shall undertake the following procedure to avoid any further damage:

- a. The person or group (identifier) who identified or exposed the cultural heritage site or item archaeological interest must cease all activity in the immediate vicinity of the site.
- b. The identifier must immediately inform his/her supervisor of the discovery;
- c. The supervisor must ensure that the site is secured and control access. For this, install temporary site protection measures which include securing with warning/reflective tape and stakes, avoidance signs around the site;
- d. The supervisor must inform relevant Employer personnel especially the HSE Manager;
- e. Establish a localised no-go area needed to protect the Chance Find.
- f. The responsible site manager must be requested to perform an assessment in order to determine whether the Chance Find is cultural heritage and if so, whether it is an isolate or part of a larger site or feature;
- g. Subject to the direction of the Cultural Heritage Specialist, artefacts are to be left in place;
- h. No tangible cultural heritage shall be removed unless specific conditions are met;
- i. If materials are collected they will be placed in bags and labelled by the Cultural Heritage Specialist and transported to the nearest cultural heritage/archaeology research authority/centre. Project personnel are not permitted to take or keep artefacts as personal possessions;
- j. The Cultural Heritage Specialist will document the Chance Find through photography, notes, GPS coordinates, and maps (collect spatial data) as appropriate;
- k. If the Chance Find proves to be an isolated find or not cultural heritage, the Site Manager will authorise the removal of site protection measures and activity in the vicinity of the site can resume;

- l. If the Specialist confirms that that Chance Find is a cultural heritage site, they will inform the relevant cultural heritage/archaeology body and initiate discussions about treatment;
- m. Prepare and retain archaeological monitoring records including all initial reports whether they are later confirmed or not. The record will include coordinates of all observations to be retained within the Project's GIS system (ArcGIS) or equivalent;
- n. Develop and implement treatment plans for confirmed finds using the services of qualified cultural heritage experts. The Cultural Heritage Specialist will coordinate this.
- o. If a Chance Find is a verified cultural heritage site, prepare a final Chance Finds report once treatment has been completed;
- p. While investigation is ongoing, co-ordinate with on-site personnel keeping them informed as to status and schedule of investigations, and informing them when the construction may resume; and
- q. If mitigation is required, then rescue excavations will be undertaken by the Cultural Heritage Specialist, except in the case that the chance find is of international importance. Archaeologists with the appropriate expertise in these areas (e.g. hominid remains) addressing more specific finds will be appointed.

(ii) Monitoring

During construction, where relevant the protection of cultural/archaeological sites identified by the local community will be monitored to ensure their protection. Any chance finds will also be recorded and monitored; and audit undertaken to ensure that the guidance set out in the chance finds procedure was followed.

(iii) Training Framework

During the Project induction meeting, the Contractor and Subcontractors will be made aware of the presence of the on-call Cultural Heritage Specialist. Here, cultural heritage training will also be undertaken. The objective of cultural heritage training is for the Contractor and Subcontractors to manage potential impacts to known and unknown cultural heritage sites by facilitating the identification and reporting of potential Chance Finds encountered during construction works. This can be carried out through a Toolbox Talk.

The Contractor HSE Manager is responsible for providing training through a Toolbox Talk for all construction staff. The Toolbox Talk shall address:

- a. Defining Chance Finds;
- b. Identifying Chance Finds in the field;
- c. Explanation as to why protection measures need to be put in place (avoid environmental harm and avoid prosecution/ legal penalties);
- d. The steps to be taken upon identification and/or expose;
- e. Do's and don'ts; and

Roles and responsibilities of construction Contractors and Subcontractors in the process and the roles and responsibilities of the Cultural Heritage Specialist.

### **6.2.3 Grievance Management and Redress Mechanism**

If any grievances arise during implementation of GBV mitigation project, they shall be redressed through a systematic and documentable grievance redress mechanism. The grievance redress mechanism shall provide avenues for affected persons to lodge complaints or grievances against the project or contractors during GBV mitigation projects. It also shall describe procedures, roles and responsibilities for managing grievances and resolving disputes. Every aggrieved person shall be able to trigger this mechanism to quickly resolve their complaints.

Key objectives of the grievance process are to:

- a. Provide affected people with avenues for making a complaint or resolving any dispute that may arise during project implementation;
- b. Ensure that appropriate and mutually acceptable corrective actions are identified and implemented to address complaints;
- c. Verify that complainants are satisfied with outcomes of corrective actions; and
- d. Avoid the need to resort to judicial (legal court) proceedings.

If a complaint is not related to construction activities, it should be addressed directly to the medical facility In-Charge. Based on above objectives, grievance management process is described below:

#### ***Step 1: Receipt of complaint***

A verbal or written complaint from a complainant will be received by the site supervising engineer and recorded in a complaints log kept on site. Complainants will also report any project related comments to the in-charge of the HF or HC.

#### ***Step 2: Determination of corrective action***

If in his/her view, a grievance can be solved at this stage, the site supervising engineer will determine a corrective action in consultation with the aggrieved person. Grievances will be logged in, resolved and status reported back to complainants within 5 working days. If more time is required, this will be communicated clearly and in advance to the aggrieved person.

#### ***Step 3: Meeting with the complainant***

The proposed corrective action and timeframe in which it is to be implemented will be discussed with the complainant within 5 days of receipt of the grievance. Consent to proceed with corrective action will be sought from the complainant and witnessed by the area's local council chairperson (LC Chairman) and a member of the HMT.

#### ***Step 4: Implementation of corrective action***

*EMF for a Project for Mitigation of Social Risks and GBV, MoGLSD*

Agreed corrective action will be undertaken by supervising engineer and/or the in-charge of HF/HC within the agreed timeframe. The date of the completed action will be recorded in the grievance log.

***Step 5: Verification of corrective action***

To verify satisfaction, the aggrieved person will be asked to return and resume the grievance process, if not satisfied with the corrective action.

## **7 GENERIC PROJECT ENVIRONMENTAL IMPACTS AND MITIGATION GUIDANCE**

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### **7.1 Introduction**

The underlying interventions under the project that have environmental implications include the limited improvement in the health facilities (civil works) for the improved provision of health services to the GBV survivors and handling of medical waste arising of treatment of the survivors. Generally, these activities may result in positive and negative potential impacts which are discussed in this section. Potential environmental impacts can be adequately managed by integrating environmental due diligence into the sub-project cycle. Since the exact participating facilities and their location are not yet known, and it is not clear, this Environmental Management Framework has been prepared to guide handling of project environmental aspects during its implementation. During project implementation, this guidance shall be customized to each site by the individual contractors developing Contractor’s EMP and the respective Health Units developing own HCWMP. An indigenous peoples’ policy framework (IPPF) as well as a social management framework (SMF) have also been prepared independent of this EMF.

### **7.2 Project impacts**

These are summarized as follows:

#### **7.2.1 Positive Impacts**

##### ***7.2.1.1 Income to material/ equipment suppliers and contractors***

Proposed rehabilitation of and small scale construction/civil works at health centres will necessitate procurement of equipment, construction materials and services. This is a positive short-term impact that will provide employment opportunities to the locals during rehabilitation of beneficiary health centres and local purchase of construction materials.

##### ***7.2.1.2 Improved health facilities for delivery of GBV interventions***

The project proposes to improve the functionalities of health centers through small-scale interventions such as partitioning existing rooms and mitigation/enhancement measures for medical waste management. This will lead to improved functionality and management of medical waste in the facilities and thus, reduce associated negative health impacts.

### ***7.2.1.3 Create awareness on the need for sustainability in the communities***

The project has a component aimed at sensitizing the communities on the social risks and dangers of GBV and its causes most of which are linked to lack of livelihoods means at households, scarcity of wood-fuel and stress on water supply amongst others. Through sensitization, communities at households will embrace issues of alternate sources of livelihoods, economic empowerment, wood lots establishments at households and safe water supply.

### ***7.2.1.4 Improved medical services at healthcare facilities***

The project will positively impact health of Ugandans especially survivors of GBV in that, they will be able to receive services in fairly confident manner.

### ***7.2.1.5 Improved reporting on GBV incidences***

Equipping healthcare facilities for better management of GBV interventions will help build confidence on the GBV survivors which is also likely to result into increased reporting of GBV abuses and reduction in their occurrence hence, sustainability at household levels.

### ***7.2.1.6 Reduced public risks due to improvement in healthcare waste management***

Proper management of medical waste involving segregation of hazardous from non-hazardous streams and safe disposal would mitigate existing public health risk associated with improper disposal of healthcare waste.

## **7.2.2 Negative Impacts of the project**

### ***7.2.2.1 Temporary disruption in the delivery of health services***

Since facilities under renovation would not be closed, modifications of buildings in which GBV medical services are to provided may entail moving patients or equipment from one area or room to another. This may cause temporary disruption in delivery of health services to patients at facilities under renovation. This will be temporary short-term impact through interruption in the delivery of the services.

#### ***Impact mitigation***

- a. Advance relocation information should be shared with both the health workers and the affected patients for purposes of preparing them for the relocations;
- b. Planning of construction activities to identify suitable rooms/spaces into which, medical services could be relocated with minimal inconvenience, especially to patients; and
- c. In addition, contractors should work closely and harmoniously with healthcare facility administrators to find practical ways to minimize social cost of temporary disruption of services. A grievance mechanism to address complaints from community shall be in place.

### ***7.2.2.2 Fear of electrocution***

The rehabilitation works inside operational rooms will likely involve cutting off electricity supply an exercise if not well handled could be fatal. It is suggested, the contractor works with UMEME to effect the disconnection of power supply and after works, securely and safely reconnect supply.

### ***7.2.2.3 Indoor air quality deterioration due to dust from renovation works***

Demolition to modify internal built environment inside the health centres will likely lead to slightly moderate levels of indoor dust which can affect construction workers, health workers, members of the public and patients. Dust issues inside health facilities will likely be of effect to asthmatic people, those with respiratory tracts infections, construction workers, and health workers depending on levels of exposure.

#### ***Impact mitigation***

- a. It is suggested, an in charge of or a senior healthcare administrator at such facilities should have authority to inspect works especially where there is non-compliance;
- b. Contractors should use dust screens or nets in windows, doorways and ventilators of rooms where demolition or other dusty construction activities are occurring;
- c. Ensure good housekeeping and clean construction operations where, among other necessary actions, dust should be quickly swept off cement floors and collected in covered containers, and if necessary dust be suppressed by water sprinkling; and
- d. Patients shall not be allowed to construction areas by cordoning off such areas and ensuring regulated access.

### ***7.2.2.4 Improper management of construction works***

At each healthcare facility, renovation activities will involve demolition and construction activities that might generate considerable waste comprising brick and concrete rubble, metal, glass cullet and timber waste. Improper disposal of construction waste could have environmental and public health impacts especially management of demolition rubble with possible friable construction materials.

#### ***Impact mitigation***





- a. Contractors should undertake waste segregation at source to separate hazardous from non-hazardous waste;
- b. Construction waste such as metal scrap or wood waste which does not have any hazardous materials can be salvaged and handed to locals for various uses at household levels;
- c. Waste hoarding at site before disposal should be at designated places and considering site lay-out in order not to block any exit routes and emergency routes;


- d. The contractors should seek guidance of local government authorities on availability of acceptable solid waste disposal sites;
- e. Supervising engineers and area environment officers should ensure that contractors do not illegally dump waste in non-designated areas. To effectively oversee this requirement, it is suggested that, area environmental officers (DEOs/MEOs) should be facilitated to undertake active monitoring of works in the facilities; and
- f. Where applicable, Contractors must provide suitable containment and storage of chemicals and any hydrocarbons to prevent soil contamination and pollution to ground or water where such are likely to occur (surface and ground).

**7.2.2.5 Health risks from improper waste management**

Improper waste disposal can cause public health risks due to environmental pollution, impaired air quality, storm water contamination of water courses or when people and children rummage through raw waste stockpiles. From the field visits during this study, there are challenges with effective management of medical waste in that, the contracted HCWM service providers in many cases do not routinely collect the medical waste for disposal which creates a challenge to the health facilities with regard to disposal, making them resort to non-conventional modalities such as open burning (Figure 4). Although it is a local cumulative impact, public health due to improper healthcare waste management has *high* impact significance. A protocol for management of medical waste should be adopted in line with provisions in Table 6-1.

**Table 7-1: WHO Medical Waste Coding**

Type of waste	Waste description	Recommended types of containers
Household refuse	Black	Plastic bag
Sharps	Yellow with this sign 	Sharps container
Waste entailing a risk of contamination	Yellow with this sign 	Plastic bag or container
Anatomical waste	Yellow with this sign 	Plastic bag or container
Infectious waste	Yellow with marking “highly infectious and with symbol 	Plastic bag or container that can be autoclaved

Type of waste	Waste description	Recommended types of containers
Chemical and pharmaceutical waste	Brown, marked with suitable symbol labeling of chemicals 	Plastic bag or container

(Source: UNEP, 2005)

One of the interventions by MoH Health towards improved management of medical waste is through contracting it to private hazardous waste handlers. However, the Ministry needs to put in place, robust mechanisms for monitoring the effectiveness of such service providers in line with contract agreements in their delivery of services. For now, based on the consultations and field visits, their effectiveness is very wanting.

#### **7.2.2.6 Potential risks on injury to patients or healthcare staff by construction activities**

Where renovation will entail modification of internal built environment, it will be necessary to temporarily relocate patients and medical services to adjoining rooms to allow demolition and reconstruction. Construction work undertaken in the same buildings having patients has potential to cause injuries to patients or the health workers.

Impact on patients and health workers could be due to falling debris or tripping on strewn demolition rubble. These effects might either be minor or fatal if for example fatal falls were suffered by geriatric people or pregnant women. Construction noise and vibration from manual or motorized demolition activities could affect patients and health workers especially those with heart disorders.

#### **Impact mitigation**

- a. Contractors should cordon off areas under construction and regulate access to active sites by non-construction personnel at all times;
- b. Ensure good housekeeping and clean operations always immediately removing rubble strewn outside construction areas, and ensuring proper site layout in materials storage including designating escape routes and fire assembly point;
- c. Construction workers should be aware of the sensitive nature of workplaces they are operating in and advised to limit verbal noise or other forms of noise (Figure 6-1). For example, metallic objects or tools can be passed on to a colleague below to be quietly laid down instead of dropping them on cement/ concrete floors with loud bangs;
- d. The contractor shall ensure that, noise levels emanating from machinery, vehicles and noisy construction activities are kept at a minimum for the safety, health and protection of people in buildings being renovated. All buildings under



- renovation shall be evacuated and re-occupied after completion of civil works;  
and
- e. Contractors shall use screens or nets to avoid flying debris, especially while working at heights.



**Figure 7-1: Noise control signage**

Apart from noise from equipment and workers, it is important, trucks delivering construction materials to the site need to observe speed limits (Figure 6-2) inside the health facility to reduce on noise, motor accidents and vibrations impacts.



**Figure 7-2: Speed limit sign inside hospitals during works**

### **7.2.2.7 Safety of the public utility**

The health facilities will remain open for use during their rehabilitation works as such, there will be concerns regarding the safety of the public in the facility. It is suggested that, the contractors should screen off the areas through use of warning signs both in English and in local languages (Figure 6-3), use of reflective tapes, barriers and guards.



Figure 7-3: Site warning signs on a construction site

### **7.2.2.8 Occupational health safety (OHS) risks for contractors**

At all sites, renovation works may have the following occupational health and safety risks with potential to cause serious injuries to workers:

- a. Burns from welding (hot works);
- b. Falls from working at heights or wet surfaces;
- c. Electrocution;
- d. Noise and body vibration during demolition;
- e. Injury from falling or flying debris when demolishing walls; and
- f. Transient pools of water that may become breeding ground for mosquitoes

The OHS impacts could potentially occur at every facility under renovation and while some accidents could be minor and not life threatening, others can be grave leading to permanent disability or loss of life of construction workers. Ugandan and WBG health and safety legal instruments require that, workers exposed to health and safety risks are given proper personal protection Equipment appropriate for the type of work they are undertaking (Figure 6-4).



Figure 7-4: Workers with basic PPEs in a construction site

**Impact mitigation**

- a. Contractors should provide all workers with requisite protective gear (Table 7-2);
- b. Project supervising engineers should inspect contractors’ compliance with safety precautions during construction;
- c. Contractor should provide onsite toilet and washing water for workers; and
- d. The water storage tank should be covered and properly managed to minimise mosquitoes breeding.

**Table 7-2: Personal protective equipment according to hazard**

Objective	Workplace hazards	PPE
Eye and face protection	Flying particles	Safety glasses
Head protection	Falling objects, inadequate height clearance, and overhead power cords	Plastic hard hats with top and side impact protection
Hearing protection	Noise	Ear plugs or muffs
Foot protection	Falling or rolling objects, pointed objects	Safety shoes and boots
Hand protection	Hazardous materials, cuts or lacerations	Gloves made of rubber or synthetic materials

Objective	Workplace hazards	PPE
Respiratory protection	Dust	Facemasks filters for dust removal
Body/leg protection	Hazardous materials, biological agents, cuttings and lacerations.	Overalls
Protection against falls	Working on slippery, wet floors	Rubber boots
	Fatal falls from working at heights	Safety latches (fall arrestors)

#### 7.2.2.9 Loss of vegetation

Stock piles for construction materials will likely take up space in the health facilities as well routes followed by construction crews and their equipment can cause damage to the greenery in the health facilities. This is to be mitigated through:

- a. The materials stockpile areas have to be fully rehabilitated and restored at the close of the project works;
- b. There should be no cutting of any trees inside the health units/facilities and if such happens, the contractor will be asked to undertake compensatory planting in the ratio of 1:5 and under such scenario, he/she will be required to undertake care for the plants throughout the project defects liability period; and
- c. The contractors need to instruct their workers to walk along existing pathways inside the health facilities to avoid trampling on the grass.

#### 7.2.2.10 Management of human anatomical waste

Sometimes the health centers receive severe cases of GBV abuses and management of such cases will require surgery resulting into generation of human body part wastes which cannot be disposed under usual hazardous waste management measures. From the consultations, medical workers in the health centers, such waste is usually securely wrapped in appropriate polythene bags and taken for incineration and the incineration ash disposed into ash pit. However, in absence of functional incinerators, such human based waste can be buried in an urban cemetery by the public health staff in the town/municipality. In addition, the health facilities need to have functional placenta pits for the management of after birth placentas. Such pits should be of standard specifications to check possible spread of infections arising from their usage.

#### 7.2.2.11 Potential risks of fire outbreaks

Without provisions for fire safety, there is a risk of fire outbreak at healthcare facilities with disastrous life and financial impact. Fires can start from ignitable materials in laboratories, cigarette smoking in non-designated places or old electrical connections. The impact would be local in spatial extent affecting onsite facilities, patients, health workers and neighboring communities with possibly irreversible impacts. Impact significance is therefore *high*.

#### **Impact mitigation**

- a. Key healthcare staff should have basic training in fire control;
- b. Provide fire extinguishers to healthcare facilities during the rehabilitation process;
- c. Posting **“No Smoking”** warning signage in the work place in the facilities during rehabilitation works;
- d. Fire emergency telephone numbers should be displaced in communal areas;
- e. Each healthcare facility will prepare a fire emergency management plan and firefighting equipment (Figure 6-6); and
- f. Undertake fire drills at healthcare facility, at a minimum once a year.



Figure 7-5: Some basic measures for firefighting that can be adopted

#### ***7.2.2.12 Impact of establishing a temporary Equipment Storage Area & Office***

For purposes of managing construction logistical needs, the contractor will require a temporary Equipment Storage area (Store) inside the health premises to house equipment and Office space for general administration of the project. This can cause public health issues regarding management of human waste amongst others. It can also cause conflict with the patients in terms of water and parking space. This needs to be mitigated as follows:

##### **Mitigation**

- a. The contractor will put up portable sanitary facilities for his workforce to avoid conflict with the patients;
- b. He will make arrangements for his own water supply for his construction needs and put in place, measures for routine clean-up of workers' toilets for the contractor; and
- c. No Contractor's workers shall be allowed to sleep onsite, with the exception of security guards, if deployed to watch over construction materials.

#### ***7.2.2.13 Issues relating to construction materials extraction***

The rehabilitation/expansion or improvement works in health centers will require sand, bricks, and stones for masonry works. These materials have to be extracted and transported to the construction sites. The process of extraction of these materials will entail creation of borrow and quarry pits thereby distorting the landscape and aesthetics of the areas. This will likely be a small negative irreversible impact of long term nature.

##### **Mitigation**

This is to be mitigated through contractors purchasing sand, bricks and stone aggregates from existing suppliers in the urban areas where the project works are to be implemented without them getting to be involved in the extraction and statutory process. The Contractors shall undertake due diligence to procure construction materials from sites that do not have encumbrances and/or environmental-community impacts.

**Table 7-3: Summary of Generic Environmental Monitoring and Mitigation Measures – Basic Guidance to be customized per site**

No.	Environmental/Social Issue	Mitigation Measures	Monitoring Indicators	Agency Responsible for Monitoring	Monitoring Activities to be undertaken	Frequency of Monitoring	Unit Cost (USD)
<b>A.</b>	<b>Construction phase impacts</b>						
01.	Potential disruption in delivery of health services	<ul style="list-style-type: none"> <li>❖ Contractor to prepare his rehabilitation plan in consultations with management of the health facility;</li> <li>❖ Contractor to schedule works while allowing for operation of the facilities;</li> <li>❖ Shifting equipment and services to some available rooms in the facility;</li> <li>❖ Appropriate notices in both in English and local languages to be displayed strategic places in the facility with</li> </ul>	<ul style="list-style-type: none"> <li>❖ Contractor schedule in place;</li> <li>❖ Plan for shifting agreed</li> <li>❖ Notices directing patients in local language of the areas and English in place.</li> </ul>	Contractor and Hospitals management	<ul style="list-style-type: none"> <li>❖ Records</li> <li>❖ Inspections.</li> </ul>	Continuous	13,000

No.	Environmental/Social Issue	Mitigation Measures	Monitoring Indicators	Agency Responsible for Monitoring	Monitoring Activities to be undertaken	Frequency of Monitoring	Unit Cost (USD)
		messages on rehabilitation programs.					
02.	Safety of the public from construction works	<ul style="list-style-type: none"> <li>❖ Hoarding and sealing of the work areas</li> <li>❖ Speed limits for construction fleet</li> <li>❖ Signs guiding the public in place.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Work site hoarded and with signs in place.</li> </ul>	Contractor, Supervising consultant/engineer DEOs/MEOs.	<ul style="list-style-type: none"> <li>❖ Records</li> <li>❖ Inspections</li> </ul>	Continuous	13,000
03.	OSH of workers	<ul style="list-style-type: none"> <li>❖ Provide PPEs</li> <li>❖ Conduct Safety and health trainings</li> <li>❖ Provide Occupational health services</li> </ul>	<ul style="list-style-type: none"> <li>❖ PPEs purchased</li> <li>❖ PPEs worn by workers</li> <li>❖ Training records</li> </ul>	<ul style="list-style-type: none"> <li>❖ Contractor, Supervising Engineer</li> <li>❖ OSHD-MoGLSD</li> </ul>	<ul style="list-style-type: none"> <li>❖ Records</li> <li>❖ Inspections</li> </ul>	Continuous	39,000
04.	Traffic accidents	<ul style="list-style-type: none"> <li>❖ Speed limits set</li> <li>❖ Traffic guides</li> </ul>	<ul style="list-style-type: none"> <li>❖ Speed limits furniture in place (15km/h)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Contractor, Supervising Engineer</li> <li>❖ OSHD -MoGLSD</li> </ul>	<ul style="list-style-type: none"> <li>❖ Records</li> <li>❖ Inspections</li> </ul>	Continuous	13,000
05.	Management of construction waste	<ul style="list-style-type: none"> <li>❖ Routine removal of construction and demolition debris</li> <li>❖ Dumper trucks to have tarpaulins to cover the rubble.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Rubble readily and routinely transported outside the site.</li> <li>❖ Dumper</li> </ul>	<ul style="list-style-type: none"> <li>❖ Contractor, Supervising Engineer</li> <li>❖ Project Manager</li> <li>❖ OSHD -MoGLSD</li> </ul>	<ul style="list-style-type: none"> <li>❖ Records</li> <li>❖ Inspections</li> </ul>	Continuous	26,000



No.	Environmental/Social Issue	Mitigation Measures	Monitoring Indicators	Agency Responsible for Monitoring	Monitoring Activities to be undertaken	Frequency of Monitoring	Unit Cost (USD)
			trucks with tarpaulins on.				
06.	Dust nuisance	<ul style="list-style-type: none"> <li>❖ Hoarding of the sites</li> <li>❖ Sprinkling of water on access routes in the hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Sites hoarded</li> <li>❖ Schedule for water sprinkling in place.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Contractor,</li> <li>❖ Supervising Engineer</li> <li>❖ OSHD -MoGLSD</li> </ul>	<ul style="list-style-type: none"> <li>❖ Records</li> <li>❖ Inspections</li> </ul>	Continuous	40,000
07.	Damage to vegetation	<ul style="list-style-type: none"> <li>❖ Areas for construction materials be clean up and restored fully after works.</li> </ul>	<ul style="list-style-type: none"> <li>❖ No. of trees planted and caged</li> </ul>	<ul style="list-style-type: none"> <li>❖ Contractor,</li> <li>❖ Supervising Engineer</li> <li>❖ OSHD -MoGLSD</li> </ul>	<ul style="list-style-type: none"> <li>❖ Records</li> <li>❖ Inspections</li> </ul>	Continuous	Embedded in contract for works sums.
<b>B.</b>	<b>Operational phase impacts</b>						
01.	Improper management of medical waste	<ul style="list-style-type: none"> <li>❖ Procuring proper waste bins of standard specifications;</li> <li>❖ MoH to effectively supervise the operations of Hazardous Waste;</li> <li>❖ Incinerators in some of health facilities to be</li> </ul>	<ul style="list-style-type: none"> <li>❖ Reports on effective operations of the contracted hazardous waste handlers;</li> <li>❖ Waste management equipment</li> </ul>	<ul style="list-style-type: none"> <li>❖ MoH</li> <li>❖ Districts Health Directorates</li> </ul>	<ul style="list-style-type: none"> <li>❖ Site inspections</li> <li>❖ Records</li> </ul>	Continuous	65,000

No.	Environmental/Social Issue	Mitigation Measures	Monitoring Indicators	Agency Responsible for Monitoring	Monitoring Activities to be undertaken	Frequency of Monitoring	Unit Cost (USD)
		<ul style="list-style-type: none"> <li>❖ repaired;</li> <li>❖ Incinerator ash pit to be constructed;</li> <li>❖ Other waste management bins in place</li> </ul>	and facilities operational.				
02.	Management of human anatomical waste	<ul style="list-style-type: none"> <li>❖ Incineration;</li> <li>❖ Burial by families or urban authorities;</li> <li>❖ Placentas to be disposed in placenta pits.</li> <li>❖ Incinerator ash pits in place.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Incinerators in place and operational</li> <li>❖ Placenta pits in place.</li> </ul>	<ul style="list-style-type: none"> <li>❖ MoH</li> </ul>	<ul style="list-style-type: none"> <li>❖ Site inspections</li> <li>❖ Records</li> </ul>	Continuous	130,000
03.	Air pollution	<ul style="list-style-type: none"> <li>❖ Fully functional waste management system to be instituted</li> <li>❖ Ensure waste disposal is by incineration and there should adequate fuels for incinerators operations.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Waste management equipment and facilities in place.</li> </ul>	<ul style="list-style-type: none"> <li>❖ MoH</li> </ul>	<ul style="list-style-type: none"> <li>❖ Site inspections</li> <li>❖ Records</li> </ul>	Continuous	Operational costs by hospitals.

No.	Environmental/Social Issue	Mitigation Measures	Monitoring Indicators	Agency Responsible for Monitoring	Monitoring Activities to be undertaken	Frequency of Monitoring	Unit Cost (USD)
e.	Potential fire risks	<ul style="list-style-type: none"> <li>❖ Firefighting equipment in place such as extinguishers, water pipes reels; and</li> <li>❖ Buildings to have adequate and standard escape routes.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Firefighting equipment in place</li> <li>❖ Buildings designs with provisions for fire escape routes.</li> </ul>	<ul style="list-style-type: none"> <li>❖ MoH</li> </ul>	Inspections	Continuous	Operational costs by hospitals.
						<b>USD</b>	<b>326,000</b>

## 7.2.3 Environmental monitoring

### 7.2.3.1 Monitoring indicators

The overall responsibility for the environmental monitoring of the project will lie with the PIU in MoGLSD in collaboration with MoH and line departments under the local government establishment. Some key monitoring indicators will include:

1. Evidence of streamlined management of medical waste in place in the health facilities;
2. Dust suppression and soil control measures are implemented;
3. The construction sections fully hoarded;
4. Warning signs in place to direct the public and guide traffic in health centres where rehabilitation is to be undertaken;
5. Medical waste management measures;
  - a. Separate medical waste bins with clear signs,
  - b. Incinerators in place and working conditions,
  - c. Incinerator ash pits in place;
  - d. Functional placenta pits in place,
6. PPEs for workers in place and properly used by the workers;
7. Construction material stockpile areas fully restored and revegetated;
8. Integration of environment management through provision of energy saving technologies, enhancement of tree planting and management of water catchment areas; and

It is suggested that, **USD 80,000** be allowed in the budget for environmental monitoring of EMF implementation over the period of the Project in all its sites. It is assumed this amount is to support the mandated agencies to do the monitoring.

## **8 PROJECT IMPLEMENTATION ARRANGEMENTS**

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### **8.1 Project Institutional and Implementation Arrangements**

#### **8.1.1 The role of MoGLSD and MoH**

The MoGLSD as the main recipient will be responsible for overall project coordination, preparation, implementation and application of the overall Project Operations Manual (POM) and consolidation of Annual Work Programs and Budgets. MoGLSD and MoH will be responsible respectively for financial management and procurement for activities under Component 1, Component 2B and Component 3 (MoGLSD) and Component 2A (MoH). MoGLSD will competitively select Non-Government Organization (NGOs) for the implementation of Component 1B. The Uganda Police Force and JLOS Secretariat will be sub-recipients under the MoGLSD.

#### **8.1.2 The role of Permanent Secretary of the MoGLSD**

The Permanent Secretary (PS) as the Accounting Officer of the Project, will be responsible for overseeing overall project implementation. The PS will delegate the day-to-day management of the Project to a full-time Project Coordinator (PC) supported by a team of officers specifically hired to provide technical support for project implementation.

This will include:

- a. a Gender Based Violence Specialist;
- b. Project Officer focusing on NGO Coordination;
- c. Communication Specialist; and
- d. Monitoring and Evaluation Officer at MoGLSD.

The senior officers at the rank of Commissioner in the Ministry will coordinate closely with the Project Support Team (PST) to ensure consistency between project supported activities and the core functions and interventions of critical departments (namely the Department of Gender, Department of Children and Youth, Department of Labor and Department of Occupational Safety and Health. The Permanent Secretary (PS) of the MoH will be responsible for overseeing the implementation of activities under this component.

Component 2A Project activities will be mainstreamed within the MoH Reproductive Health Department to ensure sustainability of the interventions. A dedicated project officer will be brought on board to provide additional technical support. He/she will work under the overall guidance and supervision of the Assistant Commissioner for Reproductive and work closely with the unit's appointed GBV Focal Point. Additional support in terms of Procurement and Financial Management will be provided as needed in line with the recommendations of the fiduciary assessment currently being conducted.

#### **8.1.3 The Project Steering Committee**

The GoU will establish a Project Steering Committee (to meet biannually) comprising PS for (MoGLSD, Chair), PS (MoH), Inspector General of Police (IGP), Chief Justice, senior officials from the participating agencies as well as representatives of the civil society organizations active in

project implementation. In addition, government will also establish a Project Implementation Committee (PIC) which is proposed to meet quarterly and is to be chaired by the PS MoGLSD, comprising the Assistant Commissioner for Reproductive Health (MoH), Project Support Team (PST) and senior MoGLSD, MoH, UPF, JLOS Secretariat officials and civil society organizations involved in project implementation to coordinate day-to-day Project implementation.

#### **8.1.4 Coordination at District Level Coordination**

The District Development Committee (DDC) will be main mechanisms for the coordination of project activities at district level. Mirroring the structure developed at national level, the DDC will be convened bi-annually to review critical issues with project implementation and identify concerns/issues with implementation that should be discussed and addressed at the level of the National Steering Committee. A technical sub-committee of the DCC on Gender Based Violence will be convened on a quarterly basis to oversee the implementation prevention and response activities.

The sub-committee will be convened quarterly with the support of the Community Development Officer and include:

- a. Probation Officers;
- b. District Health Officers;
- c. District/Municipal Environment Officers;
- d. Civil Society Organizations responsible for the implementation of Component 1B in selected districts;
- e. Senior District Police staff; and
- f. District Magistrate and other relevant senior staff.

#### **8.2 Monitoring environmental aspects comprised in this EMF**

It is suggested that, at National Level, MoGLSD has in its establishment, occupational hygienists and Safety and health inspectors (trained to monitor and evaluate environmental aspects in working environment) in the Department of Occupational Safety and Health Specialist as part of the project support team who will take lead in guiding and implementing environmental requirements of the project, working in close collaboration with the respective District Local Governments. Town/Municipal or District Environment Officers will be the key personnel responsible for monitoring the environmental and social impacts of the project. There is also a possibility of hiring supervising consultants to monitor the construction phase and these will be required to have Environmental and Social Specialists on their teams to monitor environmental and social aspects respectively. As earlier indicated, Town/Municipal or District Environmental Officers have requisite training and expertise to undertake necessary monitoring. However, their technical capacity will be enhanced by induction training at the beginning of project implementation. This will facilitate a better understanding and appreciation of safeguard requirements through discussion of modalities for implementation of the project EMF provisions. Financial facilitation would however be necessary for their effective participation.

#### **8.3 Capacity Building and Enhancement Measures**

##### **8.3.1 Existing capacity, gaps and weaknesses envisioned in implementation agencies**

### 8.3.1.1 Capacity of MoGLSD

The Ministry of Gender, Labor and Social Development has the overall responsibility of overseeing compliance of the project and its capacity to effectively accomplish this task was evaluated as follows:

**Table 8-1: Summary of capacity needs of MoGLSD**

Existing Strength levels	Gaps/weakness	Indicative costs (USD)
<p>a. Its structure has a Dept. of OSH with a mandate over safety, health and Environment across sectors in the country.</p> <p>b. Has NEMA gazetted environmental inspectors.</p> <p>c. Has occupational hygienists.</p> <p>d. Has staff specialized in thematic areas (civil engineers and other specialists)</p>	<p>a. Limited equipment for monitoring:</p> <ul style="list-style-type: none"> <li>❖ Noise</li> <li>❖ Air quality</li> <li>❖ Waste water monitoring</li> <li>❖ Temperature</li> <li>❖ Water quality monitoring</li> </ul> <p>b. Staff need training in disciplines such as:</p> <ul style="list-style-type: none"> <li>i. Climate change mainstreaming,</li> <li>ii. Occupational hygienic training;</li> <li>iii. Environmental Auditing;</li> <li>iv. Project management</li> <li>v. Training</li> <li>vi. World Bank Safeguards monitoring and reporting (assuming an average of USD 10,000 per staff)</li> </ul> <p>c. Limited facilitation in terms of transport for effective monitoring OHS in projects;</p> <p>d. Limited work equipment such as computers for setting up occupational hygienic database.</p>	<p>Equipment costs <b>80,000</b></p> <p>Specialized Training of 5 Specialists <b>50,000</b></p>
<b>Total cost</b>		<b>USD 130,000</b>

### 8.3.1.2 Capacity issues in Project Steering Committee

The PSC will need to be equipped with broad knowledge on environmental safeguards to enable them understand importance of mainstreaming safeguards into the project and appreciate budget requirements for resources for environment in the project.

This is to be achieved through integrating short talks sessions on environment during the PST meetings. This can be through hiring services of a senior Environmental Safeguards Specialist to deliver the talks and also prepare pamphlets with safeguards messages. **This is estimated to cost USD 25,000**

### 8.3.1.3 Capacity needs for district coordination level

As stated early, the Districts Development Committees (DDCs) will be the main mechanisms for the coordination of project activities at district level. Key departments for ensuring environmental compliance in the project will be the District/Municipal Environment Officers. These officers are well equipped and trained in areas of environmental management, auditing and reporting. However, their effectiveness in overseeing compliance of the project will require facilitation in terms of:

- a. Sensitization and mobilization on matters of GBV and its relationship with environmental safeguards;
- b. Equipment in terms of computers
- c. Motor cycles
- d. Fuel
- e. Field allowances

## 8.3.2 EMF IMPLEMENTATION BUDGET

Table below shows a budget breakdown of the cost for implementing the Environmental and Social Management Framework (EMF).

Table 8-2: Summary of Budget Estimate for implementing the EMF

	Item	Cost Estimate (US \$)
1	Implementation of ESMP	437,000
	Environmental monitoring	80,000
2	Capacity building for MoGLSD	130,000
3	Capacity building for PSC	25,000
4	Capacity building for District implementation levels	120,000
	<b>TOTAL (US\$)</b>	<b>792,000</b>



## **9 CONCLUSION AND RECOMMENDATIONS**

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### **9.1 Conclusion**

- a. The environmental impacts of the proposed project for the management of social risks and mitigation of GBV focuses largely on social aspects with limited environmental impacts which will likely arise from improvements in the health centers to improve their delivery of GBV medical interventions. Based on these, the project is assigned EA category B according to World Bank safeguards policies;
- b. Though MoH has put in measures for the management of medical waste, the service providers are performing far below expectations and contractual obligations. This is manifest through types of collection bins provided, un-matching bin liners they supply, frequency of collection of medical waste. At the moment, the health facilities are still grappling with the challenge of medical waste and are resorting to unconventional means of disposing medical waste through for instance open burning; and
- c. There are other key drivers of GBV at community level and these include; availability of safe water supply, wood-fuel supply, sanitation and hygiene and limited sources of income. These factors are contributing to conflicts in the families with impacts being meted on the women, men, children and youth.

### **9.2 Recommendations**

The following are recommended going-forward with the project:

- a. Though the anticipated negative environmental impacts of the project are considered low key type, the EMF has put in place an EMP which needs to be operationalized to ensure sustainable delivery of this project. In addition, the institutional framework for the delivery of the project needs to be operationalized to effectively follow up compliance as per their mandates;
- b. MoH needs to have in place, a robust monitoring and supervisory framework for its service providers contracted to manage medical waste in the health centres. There should be routine monitoring of medical waste collection, transportation and validation of functionality/operations of disposal sites; and
- c. The project should earmark some resources for supporting the health centres acquire some additional medical waste containers to augment their current capacities in handling medical waste.

## 10 REFERENCES

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1. Child sexual abuse refers to any sexual act that occurs between an adult or immediate family member and a child, and any nonconsensual sexual act between a child and a peer (Heise et al., 2002);
2. Draft Social Development Sector Plan 2015/16-2019/2. Kampala: Ministry of Gender, Labour and Social Development.
3. ESMF for Agriculture Cluster Development Project (ACDP), Ministry of Agriculture, Agriculture, Animal Industry and Fisheries 2014;
4. ESMF for Uganda Reproductive, Maternal, Neo-natal and Child Health Improvement Project June, 2016;
5. ESMF for Malawi Emergency Floods Recovery Project, Ministry of Finance, Economic Planning and Development Malawi Credit: IDA 1431, 2015;
6. ESMF for Energy for Rural Transformation Phase III (ERT III), Rural Electrification Agency, Ministry of Energy and Mineral Development, 2014.
7. General EHS Guidelines [Complete version] at: [www.ifc.org/ehsguidelines](http://www.ifc.org/ehsguidelines)
8. <http://www.ifc.org/ifcext/enviro.nsf/Content/EnvironmentalGuidelines>
9. MGLSD (2014). Draft Guidelines and Procedures for the operation of shelters in Uganda, 2013
10. Lydsay M<sup>c</sup>lean, Paul Bakuluki, Louise Jenkins and Ismael Ddumba-Nyanzi 2016: Uganda GBV Diagnostic Study Report.
11. National Policy and Action Plan on Elimination of Gender Based Violence in Uganda, 2014
12. The Constitution of the Republic of Uganda 1995 (*as amended*) Chapter IV Articles 20 (1), Article 21 (1) and (2). Other relevant Articles reviewed include Article 31, 32 and 33(1-5);
13. The Domestic Violence Act 2010 and its Regulations 2011
14. Uganda Bureau of Statistics and ICF Macro Intl, 2014
15. Uganda Demographic and Health Survey 2016
16. Land Act, Cap 227 (Amended 2004 and 2010)
17. Uganda Women's Network (2012) *Crisis Centers for Survivors of Gender-Based Violence. A Possibility!* Policy Brief No.1/2012.
18. UWONET (2014) Uganda Women's Network (UWONET), *8<sup>th</sup> Alternative Report by Civil Society Organization on the Implementation of the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW) in Uganda.* Available at: <http://uwonet.or.ug/publications/>
19. World Bank Interim Guidance for Using Safeguard Frameworks in the World Bank Operations Risk Management Department September, 2013;

## 11 ANNEXES

### 11.1 Annex 1: Environmental and Social Screening Form (ESSF)

Please type or print clearly, completing this form in its entirety. You may provide additional information on a separate sheet of paper if necessary. Kindly note that the information you are to provide is required by Section 22 of the National Environmental Management Act of 1994 and it is an offence to give inaccurate information under Section 53 (C) of the same Act.

Project environmental categorisation that will be useful in screening is shown below

Category A: Projects expected to have significant adverse social and environmental impacts that are diverse, irreversible and unprecedented
Category B: Projects are expected to have limited adverse social and or environmental impacts that can be readily addressed through mitigation measures
Category C: Projects are expected to have minimal or no adverse impacts

Source: [www.ifc.org](http://www.ifc.org)

#### SECTION 1: INFORMATION ON THE CONTACT PERSON

Name: .....

Institutional Affiliation .....

Business Title / position .....

Business Address .....

Telephone .....

#### SECTION 2: DESCRIPTION OF THE PROPOSED PROGRAM

Name of Proposed Program .....

Date expected to start construction .....

Proposed location of program .....  
(attach a map or maps, covering the proposed site and Surrounding 5km radius)

Land Area .....  
(approximate land area and of proposed location)

Current Land use (describe how the land is being used at present)

.....  
Describe any Possible Alternative Site(s) .....

Describe other types of facilities (including health centres and schools) which are located within 100 meters of the site, or are proposed to be located near the proposed facility. Indicate the proximity of

the proposed site to residential areas, national parks or areas of ecological, historical or cultural importance.

-----  
 Indicate whether adequate infrastructure exists at the proposed location, or whether new building, roads, electricity and water lines, or drainage systems will need to be constructed as a part of the proposed program.

-----  
**SECTION 3: EMPLOYEES AND LABOURERS**

Number of people to be employed:

Employees and Laborers	During Construction	During Routine Operation
FULL-TIME		
PART-TIME		

Indicate whether you plan to construct housing / sanitation facilities for temporary or permanent Workers.

**SECTION 4: PRODUCTS**

Briefly state the nature of the product(s) or output of the proposed sub-program and the expected quantities on a quarterly or annual basis. Indicate the intended uses of the product(s).

Name of Product / Output	Description of uses	Anticipated Output per Qtr/Yr

**SECTION 5: BY-PRODUCTS, WASTE MANAGEMENT AND DISPOSAL**

Specify the nature of each waste or by-product and the quantity to be generated

Type	Description	Quantity in Kg per wk/mo	Proposed disposal method
Solid (Bulk)			
Solid (particulate)			
Liquid			
Gaseous			
Medical Waste			
Asbestos			
PCB			
Other			

Proposed method of disposal or management of waste (e.g. Burning, burying, landfills etc.) and capacity needed to safely implement the proposed disposal method.

Type(s) and source	Method of Disposal/Management	Capacity Needs

Indicate sources of noise pollution, the type / quality of noise (i.e. machinery / repetitive pounding, etc.)

Source of Noise	Type of Noise

**SECTION 6: ENVIRONMENTAL IMPACTS**

Please indicate environmental impacts that may occur as a result of the proposed program.

**A. The Biological Environment**

8.0 The Natural Environment

8.1 Describe the habitats and flora and fauna in the sub-program area and in the entire area expected to be affected by the sub-program (e.g., downstream areas, access roads):

8.2 Will the sub-program directly or indirectly affect:

8.2.1 Natural forest types?

8.2.2 Mangroves or swamps?

8.2.3 Wetlands (i.e., lakes, rivers, swamps, seasonally inundated areas)?

8.2.4 Natural critical habitats (parks, protected areas)?

8.2.5 Other habitats of threatened species that require protection under Mozambican laws and/or international agreements?

YES \_\_\_\_ NO \_\_\_\_

8.3 Are there according to background research / observations any threatened / endemic species in the program area that could be affected by the program?

YES \_\_\_\_ NO \_\_\_\_

8.4 Will vegetation be cleared?

YES \_\_\_\_ NO \_\_\_\_

8.5 Will there be any potential risk of habitat fragmentation due to the clearing activities?

YES \_\_\_\_ NO \_\_\_\_

8.6 Will the program lead to a change in access, leading to an increase in the risk of depleting biodiversity resources?

YES \_\_\_\_ NO \_\_\_\_

Provide an additional description for “yes” answers:

9.0 Protected Areas

Does the sub-program area or do sub-program activities?

9.1 Occur within or adjacent to any designated protected areas?

YES \_\_\_ NO \_\_\_\_\_

9.2 Affect any protected area downstream of the program?

YES \_\_\_ NO \_\_\_\_\_

9.3 Affect any ecological corridors used by migratory or nomadic species located between any protected areas or between important natural habitats (protected or not) (e.g. mammals or birds)?

YES \_\_\_ NO \_\_\_\_\_

Provide an additional description for "yes" answers:

10.0 Invasive Species

10.1 Is the sub-program likely to result in the dispersion of or increase in the population of invasive plants or animals (e.g. along distribution lines or as a result of a dam)?

YES \_\_\_ NO \_\_\_\_\_

Provide an additional description for a "yes" answer: \_\_\_\_\_

B. The Physical Environment

11.0 Geology / Soils

11.1 Will vegetation be removed and any surface left bare? YES \_\_\_ NO \_\_

11.2 Will slope or soil stability be affected by the program? YES \_\_\_ NO \_\_

11.3 Will the sub-program cause physical changes in the program area (e.g., changes to the topography)? YES \_\_\_ NO \_\_

11.4 Will local resources, such as rocks, wood, sand, gravel, or groundwater be used? YES \_\_\_ NO \_\_

11.5 Could the sub-program potentially cause an increase in soil salinity in or downstream the program area? YES \_\_\_ NO \_

11.6 Could the soil exposed due to the program potentially lead to an increase in lixiviation of metals, clay sediments, or organic materials? YES \_\_\_\_\_ NO \_

12.0 Landscape / Aesthetics

12.1 Is there a possibility that the sub-program will adversely affect the aesthetics of the landscape? YES \_\_\_ NO \_

13.0 Pollution

13.1 Will the sub-program use or store dangerous substances (e.g., large quantities of hydrocarbons)? YES \_\_\_ NO \_

13.2 Will the sub-program produce harmful substances? YES \_\_\_ NO \_\_

- 13.3 Will the sub-program produce solid or liquid wastes? YES \_\_\_ NO \_\_\_
- 13.4 Will the sub-program cause air pollution? YES \_\_\_ NO \_\_\_
- 13.5 Will the sub-program generate noise? YES \_\_\_ NO \_
- 13.6 Will the sub-program generate electromagnetic emissions? YES \_\_\_ NO \_\_\_
- 13.7 Will the sub-program release pollutants into the environment? YES \_\_\_ NO \_\_\_
- 13.8 Will the sub-program generate medical waste? YES \_\_\_ NO \_\_\_
- 13.9 Will the sub-program generate asbestos? YES \_\_\_ NO \_\_\_
- 14.0 Will the sub-program generate PCB? YES \_\_\_ NO

**C. The Social Environment**

14.0 Land use, Resettlement, and/or Land Acquisition

- 14.1 Describe existing land uses on and around the sub-program area (e.g., community facilities, agriculture, tourism, private property, or hunting areas):
- 14.2 Are there any land use plans on or near the sub-program location, which will be negatively affected by sub-program implementation? YES \_\_\_ NO \_\_\_\_\_
- 14.3 Are there any areas on or near the sub-program location, which are densely populated which could be affected by the sub-program? YES \_\_\_ NO \_
- 14.4 Are there sensitive land uses near the program area (e.g., hospitals, schools)?  
YES \_\_\_ NO\_\_\_
- 14.5 Will there be a loss of livelihoods among the population? YES \_ NO \_
- 14.6 Will the sub-program affect any resources that local people take from the natural environment? YES \_\_\_ NO \_\_\_
- 14.7 Will there be additional demands on local water supplies or other local resources?  
YES \_ NO
- 14.8 Will the sub-program restrict people's access to land or natural resources? YES \_ NO \_\_\_
- 14.9 Will the program require resettlement and/or compensation of any residents, including squatters? YES \_\_\_ NO \_\_\_
- 14.10 Will the sub-program result in construction workers or other people moving into or having access to the area (for a long-time period and in large numbers compared to permanent residents)? YES \_\_\_ NO \_
- 14.11 Who is/are the present owner(s)/users of resources/infrastructures the sub-program area?

15.0 Occupational Health and Safety, Health, Welfare, Employment, and Gender

15.1 Is the sub-program likely to safeguard worker's health and safety and public safety (e.g., occupational health and safety issues)? YES \_\_\_ NO \_\_\_

15.2 How will the sub-program minimize the risk of accidents? How will accidents be managed, when they do occur?

15.3 Is the program likely to provide local employment opportunities, including employment opportunities for women? YES \_\_\_ NO \_\_\_

**Provide an additional description for "yes" answers:**

16.0 Historical, Archaeological, or Cultural Heritage Sites

Based on available sources, consultation with local authorities, local knowledge and/or observations, could the sub-program alter:

16.1 Historical heritage site(s) or require excavation near the same? YES \_\_\_ NO \_\_\_

16.2 Archaeological heritage site(s) or require excavation near the same? YES \_\_\_ NO \_\_\_

16.3 Cultural heritage site(s) or require excavation near the same? YES \_\_\_ NO \_\_\_

16.4 Graves, or sacred locations (e.g., fetish trees or stones) or require excavations near the same? YES \_\_\_ NO \_\_\_

N.B. For all affirmative answers (YES) Provide description, possible alternatives reviewed and/or appropriate mitigating measures.

**D. DETERMINATIONS:**

Based on the above screening results, the following determinations are made:

- a. The sub-program has been assigned the environmental category A: Since the parent program has been categorized as a B, this sub-program shall not arise and cannot be funded.
- b. The sub-program has been assigned the environmental category: B: Implementation of the environmental mitigation measures as proposed in the Environmental and Social Checklist (with amendments as appropriate) and as per Environmental Guidelines for Contractors and Clause 8 contained in the Bidding Documents will suffice .
- c. The sub-program has been assigned the environmental category C: The sub-program does not require any additional environmental work and therefore can be implemented immediately.

In the event that a sub-program requires land acquisition, please prepare and implement a Resettlement Action Plan (RAP) consistent with the provisions of the Resettlement Policy Framework, July 2007

Please note that civil works cannot commence until the provisions of the RAP have been implemented to the satisfaction of the World Bank and the affected persons.



## SECTION 8: TESTIMONY

I confirm that the information provided herein is accurate to the best of my knowledge

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### E. LIST OF THIRD SCHEDULE PROJECTS ACCORDING TO THE NATIONAL ENVIRONMENT ACT, CAP 153

#### The National Environment Act: Third schedule

#### Projects to be considered for environmental impact assessment.

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1. **General –**
  - a) An activity out of character with its surroundings;
  - b) Any structure of a scale not in keeping with its surrounding;
  - c) Major changes in land use.
2. **Urban development, including –**
  - a) Designation of new townships;
  - b) Establishment of industrial estates;
  - c) Establishment or expansion of recreational areas;
  - d) Establishment or expansion of recreational townships in mountain areas, national parks and game reserves;
  - e) Shopping centers and complexes.
3. **Transportation, including-;**
  - a) All major roads;
  - b) All roads in scenic, wooded or mountainous areas;
  - c) Railway lines;
  - d) Airports and airfields;
  - e) Pipelines;
  - f) Water transport.
4. **Dams, rivers and water resources, including-**
  - a) Storage dams, barrages and weirs;
  - b) River diversions and water transfers between catchments;
  - c) Flood-control schemes;
  - d) Drilling for the purpose of utilizing ground water resources, including geothermal energy.
5. **Aerial spraying**
6. **Mining, including quarrying and open-cast extraction of-**
  - a) Precious metals;
  - b) Diamonds;
  - c) Metalliferous ores;
  - d) Coal;
  - e) Phosphates;
  - f) Limestone and dolomite;
  - g) Stone and slate;
  - h) Aggregates, sand and gravel;
  - i) Clay;
  - j) Exploration for the production of petroleum in any form.
7. **Forestry-related activities, including-**
  - a) Timber harvesting;
  - b) Clearance of forest areas;
  - c) Reforestation and afforestation.

**8. Agriculture, including-**

- a) Large scale agriculture;
- b) Use of new pesticides;
- c) Introduction of new crops and animals;
- d) Use of fertilizers.

**9. Processing and manufacturing industries, including-**

- a) Mineral processing, reduction of ores and minerals;
- b) Smelting and refining of ores and minerals;
- c) Foundries;
- d) Brick and earthenware manufacture;
- e) Cement works and lime processing;
- f) Glass works;
- g) Fertilizer manufacturing or processing;
- h) Explosives plants;
- i) Oil refineries and petrochemical works;
- j) Tanning and dressing of hides and skins;
- k) Abattoirs and meat-processing plants;
- l) Chemical works and process plants;
- m) Brewing and malting;
- n) Bulk grain processing plants;
- o) Fish processing plants;
- p) Pulp and paper mills;
- q) Food processing plants;
- r) Plants for the manufacture or assembly of motor vehicles;
- s) Plants for the construction or repair of aircraft or railway equipment;
- t) Plants for the manufacturing or processing of rubber;
- u) Plants for the manufacturing of tanks, reservoirs and sheet-metal containers;
- v) Plants for the manufacturing of coal briquettes.

**10. Electrical infrastructure, including-**

- a) Electricity generation stations;
- b) Electrical transmission lines;
- c) Electrical substations;
- d) Pumped-storage schemes.

**11. Management of hydrocarbons, including the storage of natural gas and combustible or explosive fuels**

**12. Waste disposal, including-**

- a) Sites for solid waste disposal;
- b) Sites for hazardous waste disposal;
- c) Sewage disposal works;
- d) Major atmospheric emissions;
- e) Offensive odours.

**13. Natural conservation areas, including-**

- a) Creation of national parks, game reserves and buffer zones;
- b) Establishment of wilderness areas;
- c) Formulation or modification of forest management policies;

- d) Formulation or modification of water catchment management policies;
- e) Policies for management of ecosystems especially by use of fire;
- f) Commercial exploitation of natural fauna and flora;
- g) Introduction of alien species of fauna and flora into ecosystems.

## 11.2 Annex 02: Environmental and Social Mitigation Measures Checklist

A sample checklist is provided below to guide development of mitigation measures during implementation. It should be noted that this checklist is to be used as a guide and full details of mitigation measures shall be documented in the ESIA/ESMP/contract documents.

<b>Activity:</b>	<b>Environmental component affected</b>	<b>Nature of environmental concern</b>	<b>Required action /mitigation measure by Contractor</b>
<b>Construction of health centres</b> <b>1. Burning of Brick</b> ❖ Brick making ❖ Firewood ❖ Burning of bricks	❖ Soil ❖ Geology ❖ Vegetation	❖ Soil erosion. ❖ Dumping of soil waste material ❖ Uncovered pits ❖ Pollution	❖ Sensitize community ❖ Tree planting ❖ Cover pits
<b>2. Site Levelling</b> ❖ Excavations in borrow areas. ❖ Grading to attain right camber	❖ Soil ❖ Human beings ❖ Animals, geology and plants	❖ Erosion and sedimentation ❖ Labour accidents. ❖ Silting. ❖ Creates ponds that encourage breeding of mosquitoes	❖ Restore the borrow areas with topsoil ❖ Proper grading of the sites at the right camber ❖ Provide first aid kits. ❖ Soil bunds should be constructed around a
<b>3. Building</b>	❖ Human beings	❖ Noise ❖ Accidents ❖ Dust	❖ Constructors' Dress ❖ First Aid Kits ❖ Protective gear
<b>4. Roofing</b>	❖ Human beings	❖ Accidents	❖ Protective gear ❖ First Aid Kits
<b>5. Soak pits, septic tanks and disposal fields</b>	❖ Human beings ❖ Land ❖ Water	❖ Contaminated water ❖ Land acquisition ❖ Disease outbreak ❖ Accessibility of the waste bins, collection points	❖ Community consultation. ❖ Consult with DEO for appropriate siting of waste collection point. ❖ Provide adequate waste collection bins ❖ Conduct hygiene

### **11.3 ANNEX 3: SAMPLE TERMS OF REFERENCE FOR EIA**

In case an EIA has to be undertaken for any specific project component or facility, the MoGLSD will procure the services of a certified NEMA EIA Practitioner to undertake the EIA study. The following will be the content of the ToR's for this study.

#### **Introduction and Context**

This part will be completed at a time and will include necessary information related to the context and methodology to carry out the study. It will briefly describe the purpose and objectives of the project, and the specific facility for which the EIA is undertaken.

#### **Objectives of EIA study**

- To identify all likely positive and negative environmental impacts due to the specific project;
- To identify and evaluate all significant negative environmental impacts, and propose appropriate mitigation measures for the attention of the developer, for incorporation into the final construction and operational phases;
- To propose an environmental management plan for all aspects of the specific project.

#### **EIA study tasks**

The consultant should realize the following:

- Describe the project characteristics, including extent, land requirement, material requirements, construction works, and the beneficiary community;
- Describe the biophysical characteristics of the environment where the project activities will be realized; and underline the main constraints that need to be taken into account at the field preparation, construction works and future school or project operations;
- Assess the potential environmental and social impacts related to project activities and recommend adequate mitigation measures, including costs estimation.
- Review alternative more cost-effective and environmentally and socially friendlier options for achieving the same objectives,
- Review policy, legal and institutional framework, at national and international level, related to the environment and identify the constraints for best practices in management with appropriate recommendations for improvements,
- Identify responsibilities and actors for the implementation of proposed mitigation measures,
- Assess the capacity available to implement the proposed mitigation measures, and suggest recommendations in terms of training and capacity building and estimate their costs,
- Develop an Environmental Management Plan (EMP) for the project. The EMP should underline (i) the potential environmental and social impacts resulting from project activities (ii) the proposed mitigation measures; (iii) the institutional responsibilities for implementation; (iv) the monitoring indicators; (v) the institutional responsibilities for monitoring and implementation of mitigation measures; (vi) the costs of activities; and (vii) the implementation schedule,
- Public consultations: The EIA results and the proposed mitigation measures will be discussed with populations, NGOs, local administration and other stakeholders impacted by the project activities. Recommendations from this public consultation will be included in the final EIA report.

#### **11.4 Annex 4: CLAUSES FOR CONSTRUCTION WORK CONTRACTS ON ENVIRONMENTAL COMPLIANCE GENERAL ENVIRONMENTAL MANAGEMENT CONDITIONS FOR CONSTRUCTION CONTRACTS**

*NB: It is important that, the provisions in this Annex are read together with Annex 9 which addresses Code of Conduct of Workers. The Code of Practice provides guidance to contractors who will undertake works in the healthcare facilities associated with this project. Construction work is work carried out in terms of alteration, conversion, fitting-out, renovation, repairs/maintenance of some aspects in the health facilities to improve their functionalities for improved delivery of GBV interventions to the survivors. As such, the construction workers must always:*

- a. take reasonable care for their own health and safety*
- b. take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons, and*
- c. comply with any reasonable instruction and cooperate with any reasonable policy or procedure relating to health and safety at the workplace.*

##### **General**

1. In addition to these general conditions, the Contractor shall comply with any specific Environmental Management Plan (EMP) or Environmental and Social Management Plan (ESMP) for the works he is responsible for. The Contractor shall inform himself about such an EMP, and prepare his work strategy and plan to fully take into account relevant provisions of that EMP. If the Contractor fails to implement the approved EMP after written instruction by the Supervising Engineer (SE) to fulfill his obligation within the requested time, the Owner reserves the right to arrange through the SE for execution of the missing action by a third party on account of the Contractor.
2. Notwithstanding the Contractor's obligation under the above clause, the Contractor shall implement all measures necessary to avoid undesirable adverse environmental and social impacts wherever possible, restore work sites to acceptable standards, and abide by any environmental performance requirements specified in an EMP. In general, these measures shall include but not be limited to:
  - (a) Minimize the effect of dust on the surrounding environment resulting from earth mixing sites, asphalt mixing sites, dispersing coal ashes, vibrating equipment, temporary access roads, etc. to ensure safety, health and the protection of workers and communities living in the vicinity dust producing activities.
  - (b) Ensure that noise levels emanating from machinery, vehicles and noisy construction activities (e.g. excavation, blasting) are kept at a minimum for the safety, health and protection of workers within the vicinity of high noise levels and nearby communities.
  - (c) Ensure that existing water flow regimes in rivers, streams and other natural or irrigation channels is maintained and/or re-established where they are disrupted due to works being carried out.
  - (d) Prevent bitumen, oils, lubricants and waste water used or produced during the execution of works from entering into rivers, streams, irrigation channels and other natural water

bodies/reservoirs, and also ensure that stagnant water in uncovered borrow pits is treated in the best way to avoid creating possible breeding grounds for mosquitoes.

(e) Prevent and minimize the impacts of quarrying, earth borrowing, piling and building of temporary construction camps and access roads on the biophysical environment including protected areas and arable lands; local communities and their settlements. In as much as possible restore/rehabilitate all sites to acceptable standards.

(f) Upon discovery of ancient heritage, relics or anything that might or believed to be of archeological or historical importance during the execution of works, immediately report such findings to the SE so that the appropriate authorities may be expeditiously contacted for fulfillment of the measures aimed at protecting such historical or archaeological resources.

(g) Discourage construction workers from engaging in the exploitation of natural resources such as hunting, fishing, collection of forest products or any other activity that might have a negative impact on the social and economic welfare of the local communities.

(h) Implement soil erosion control measures in order to avoid surface run off and prevents siltation, etc.

(i) Ensure that garbage, sanitation and drinking water facilities are provided in construction workers camps.

(j) Ensure that, in as much as possible, local materials are used to avoid importation of foreign material and long distance transportation.

(k) Ensure public safety, and meet traffic safety requirements for the operation of work to avoid accidents.

3. The Contractor shall indicate the period within which he/she shall maintain status on site after completion of civil works to ensure that significant adverse impacts arising from such works have been appropriately addressed.
4. The Contractor shall adhere to the proposed activity implementation schedule and the monitoring plan / strategy to ensure effective feedback of monitoring information to project management so that impact management can be implemented properly, and if necessary, adapt to changing and unforeseen conditions.
5. Besides the regular inspection of sites by the SE for adherence to the contract conditions and specifications, the Owner may appoint an Inspector to oversee the compliance with these environmental conditions and any proposed mitigation measures. State environmental authorities may carry out similar inspection duties. In all cases, as directed by the SE, the Contractor shall comply with directives from such inspectors to implement measures required to ensure the adequacy rehabilitation measures carried out on the bio-physical environment and compensation for socio-economic disruption resulting from implementation of any works.

#### **Worksite/Campsite Waste Management**

6. All vessels (drums, containers, bags, etc.) containing oil/fuel/surfacing materials and other hazardous chemicals shall be banded in order to contain spillage. All waste containers, litter and any other waste generated during the construction shall be collected and disposed of at designated disposal sites in line with applicable government waste management regulations.

7. All drainage and effluent from storage areas, workshops and camp sites shall be captured and treated before being discharged into the drainage system in line with applicable government water pollution control regulations.
8. Used oil from maintenance shall be collected and disposed of appropriately at designated sites or be re-used or sold for re-use locally.
9. Entry of runoff to the site shall be restricted by constructing diversion channels or holding structures such as banks, drains, dams, etc. to reduce the potential of soil erosion and water pollution.
10. Construction waste shall not be left in stockpiles along the road, but removed and reused or disposed of on a daily basis.
11. If disposal sites for clean spoil are necessary, they shall be located in areas, approved by the SE, of low land use value and where they will not result in material being easily washed into drainage channels. Whenever possible, spoil materials should be placed in low-lying areas and should be compacted and planted with species indigenous to the locality.

#### **Material Excavation and Deposit**

12. The Contractor shall obtain appropriate licenses/permits from relevant authorities to operate quarries or borrow areas.
13. The location of quarries and borrow areas shall be subject to approval by relevant local and national authorities, including traditional authorities if the land on which the quarry or borrow areas fall in traditional land.
14. New extraction sites:
  - a) Shall not be located in the vicinity of settlement areas, cultural sites, wetlands or any other valued ecosystem component, or on high or steep ground or in areas of high scenic value, and shall not be located less than 1km from such areas.
  - b) Shall not be located adjacent to stream channels wherever possible to avoid siltation of river channels. Where they are located near water sources, borrow pits and perimeter drains shall surround quarry sites.
  - c) Shall not be located in archaeological areas. Excavations in the vicinity of such areas shall proceed with great care and shall be done in the presence of government authorities having a mandate for their protection.
  - d) Shall not be located in forest reserves. However, where there are no other alternatives, permission shall be obtained from the appropriate authorities and an environmental impact study shall be conducted.
  - e) Shall be easily rehabilitated. Areas with minimal vegetation cover such as flat and bare ground, or areas covered with grass only or covered with shrubs less than 1.5m in height, are preferred.
  - f) Shall have clearly demarcated and marked boundaries to minimize vegetation clearing.



15. Vegetation clearing shall be restricted to the area required for safe operation of construction work. Vegetation clearing shall not be done more than two months in advance of operations.
16. Stockpile areas shall be located in areas where trees can act as buffers to prevent dust pollution. Perimeter drains shall be built around stockpile areas. Sediment and other pollutant traps shall be located at drainage exits from workings.
17. The Contractor shall deposit any excess material in accordance with the principles of these general conditions, and any applicable EMP, in areas approved by local authorities and/or the SE.
18. Areas for depositing hazardous materials such as contaminated liquid and solid materials shall be approved by the SE and appropriate local and/or national authorities before the commencement of work. Use of existing, approved sites shall be preferred over the establishment of new sites.

### **Rehabilitation and Soil Erosion Prevention**

19. To the extent practicable, the Contractor shall rehabilitate the site progressively so that the rate of rehabilitation is similar to the rate of construction.
20. Always remove and retain topsoil for subsequent rehabilitation. Soils shall not be stripped when they are wet as this can lead to soil compaction and loss of structure.
21. Topsoil shall not be stored in large heaps. Low mounds of no more than 1 to 2m high are recommended.
22. Re-vegetate stockpiles to protect the soil from erosion, discourage weeds and maintain an active population of beneficial soil microbes.
23. Locate stockpiles where they will not be disturbed by future construction activities.
24. To the extent practicable, reinstate natural drainage patterns where they have been altered or impaired.
25. Remove toxic materials and dispose of them in designated sites. Backfill excavated areas with soils or overburden that is free of foreign material that could pollute groundwater and soil.
26. Identify potentially toxic overburden and screen with suitable material to prevent mobilization of toxins.
27. Ensure reshaped land is formed so as to be inherently stable, adequately drained and suitable for the desired long-term land use, and allow natural regeneration of vegetation.
28. Minimize the long-term visual impact by creating landforms that are compatible with the adjacent landscape.
29. Minimize erosion by wind and water both during and after the process of reinstatement.
30. Compacted surfaces shall be deep ripped to relieve compaction unless subsurface conditions dictate otherwise.
31. Revegetate with plant species that will control erosion, provide vegetative diversity and, through succession, contribute to a resilient ecosystem. The choice of plant species for rehabilitation shall be done in consultation with local research institutions, forest department and the local people.

### **Water Resources Management**

32. The Contractor shall at all costs avoid conflicting with water demands of local communities.
33. Abstraction of both surface and underground water shall only be done with the consultation of the local community and after obtaining a permit from the relevant Water Authority.
34. Abstraction of water from wetlands shall be avoided. Where necessary, authority has to be obtained from relevant authorities.
35. Temporary damming of streams and rivers shall be done in such a way avoids disrupting water supplies to communities downstream, and maintains the ecological balance of the river system.
36. No construction water containing spoils or site effluent, especially cement and oil, shall be allowed to flow into natural water drainage courses.
37. Wash water from washing out of equipment shall not be discharged into water courses or road drains.
38. Site spoils and temporary stockpiles shall be located away from the drainage system, and surface run off shall be directed away from stockpiles to prevent erosion.

### **Traffic Management**

39. Location of access roads/detours shall be done in consultation with the local community especially in important or sensitive environments. Access roads shall not traverse wetland areas.
40. Upon the completion of civil works, all access roads shall be ripped and rehabilitated.
41. Access roads shall be sprinkled with water at least five times a day in settled areas, and three times in unsettled areas, to suppress dust emissions.

### **Blasting**

42. Blasting activities shall not take place less than 2km from settlement areas, cultural sites, or wetlands without the permission of the SE.
43. Blasting activities shall be done during working hours, and local communities shall be consulted on the proposed blasting times.
44. Noise levels reaching the communities from blasting activities shall not exceed 90 decibels.

### **Disposal of Unusable Elements**

45. Unusable materials and construction elements such as electro-mechanical equipment, pipes, accessories and demolished structures will be disposed of in a manner approved by the SE. The Contractor has to agree with the SE which elements are to be surrendered to the Client's premises, which will be recycled or reused, and which will be disposed of at approved landfill sites.
46. As far as possible, abandoned pipelines shall remain in place. Where for any reason no alternative alignment for the new pipeline is possible, the old pipes shall be safely removed and stored at a safe place to be agreed upon with the SE and the local authorities concerned.
47. AC-pipes as well as broken parts thereof have to be treated as hazardous material and disposed of as specified above.

48. Unsuitable and demolished elements shall be dismantled to a size fitting on ordinary trucks for transport.

#### **Health and Safety**

49. In advance of the construction work, the Contractor shall mount an awareness and hygiene campaign. Workers and local residents shall be sensitized on health risks particularly of AIDS.

50. Adequate road signs to warn pedestrians and motorists of construction activities, diversions, etc. shall be provided at appropriate points.

51. Construction vehicles shall not exceed maximum speed limit of 40km per hour.

#### **Repair of Private Property**

52. Should the Contractor, deliberately or accidentally, damage private property, he shall repair the property to the owner's satisfaction and at his own cost. For each repair, the Contractor shall obtain from the owner a certificate that the damage has been made good satisfactorily in order to indemnify the Client from subsequent claims.

53. In cases where compensation for inconveniences, damage of crops etc. are claimed by the owner, the Client has to be informed by the Contractor through the SE. This compensation is in general settled under the responsibility of the Client before signing the Contract. In unforeseeable cases, the respective administrative entities of the Client will take care of compensation.

#### **Contractor's Health, Safety and Environment Management Plan (HSE-MP)**

54. Within 6 weeks of signing the Contract, the Contractor shall prepare an EHS-MP to ensure the adequate management of the health, safety, environmental and social aspects of the works, including implementation of the requirements of these general conditions and any specific requirements of an EMP for the works. The Contractor's EHS-MP will serve two main purposes:

- For the Contractor, for internal purposes, to ensure that all measures are in place for adequate HSE management, and as an operational manual for his staff.
- For the Client, supported where necessary by a SE, to ensure that the Contractor is fully prepared for the adequate management of the HSE aspects of the project, and as a basis for monitoring of the Contractor's HSE performance.

55. The Contractor's EHS-MP shall provide at least:

- a description of procedures and methods for complying with these general environmental management conditions, and any specific conditions specified in an EMP;
- a description of specific mitigation measures that will be implemented in order to minimize adverse impacts;
- a description of all planned monitoring activities (e.g. sediment discharges from borrow areas) and the reporting thereof; and
- the internal organizational, management and reporting mechanisms put in place for such.

56. The Contractor's EHS-MP will be reviewed and approved by the Client before start of the works. This review should demonstrate if the Contractor's EHS-MP covers all of the identified impacts, and has defined appropriate measures to counteract any potential impacts.

#### **HSE Reporting**

57. The Contractor shall prepare bi-weekly progress reports to the SE on compliance with these general conditions, the project EMP if any, and his own EHS-MP. An example format for a Contractor HSE report is given below. It is expected that the Contractor's reports will include information on:

- HSE management actions/measures taken, including approvals sought from local or national authorities;
- Problems encountered in relation to HSE aspects (incidents, including delays, cost consequences, etc. as a result thereof);
- Lack of compliance with contract requirements on the part of the Contractor;
- Changes of assumptions, conditions, measures, designs and actual works in relation to HSE aspects; and
- Observations, concerns raised and/or decisions taken with regard to HSE management during site meetings.

58. It is advisable that reporting of significant HSE incidents be done “as soon as practicable”. Such incident reporting shall therefore be done individually. Also, it is advisable that the Contractor keep his own records on health, safety and welfare of persons, and damage to property. It is advisable to include such records, as well as copies of incident reports, as appendixes to the bi-weekly reports. Example formats for an incident notification and detailed report are given below. Details of HSE performance will be reported to the Client through the SE’s reports to the Client.

### **Training of Contractor’s Personnel**

59. The Contractor shall provide sufficient training to his own personnel to ensure that they are all aware of the relevant aspects of these general conditions, any project EMP, and his own EHS-MP, and are able to fulfill their expected roles and functions. Specific training should be provided to those employees that have particular responsibilities associated with the implementation of the EHS-MP. General topics should be:

- HSE in general (working procedures);
- emergency procedures; and
- social and cultural aspects (awareness raising on social issues).

### **HIV/AIDS**

The contractors should have an HIV/AIDS policy and a framework (responsible staff, action plan, etc) to implement it during project execution.

### **Cost of Compliance**

60. It is expected that compliance with these conditions is already part of standard good workmanship and state of art as generally required under this Contract. The item “Compliance with Environmental Management Conditions” in the Bill of Quantities covers these costs. No other payments will be made to the Contractor for compliance with any request to avoid and/or mitigate an avoidable HSE impact.

<b>Example Format: HSE Report</b>
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**Contract:**

**Period of reporting:**

**HSE management actions/measures:**

Summarize HSE management actions/measures taken during period of reporting, including planning and management activities (e.g. risk and impact assessments), HSE training, specific design and work measures taken, etc.

**HSE incidents:**

Report on any problems encountered in relation to HSE aspects, including its consequences (delays, costs) and corrective measures taken. Include relevant incident reports.

**HSE compliance:**

Report on compliance with Contract HSE conditions, including any cases of non-compliance.

**Concerns and observations:**

Report on any observations, concerns raised and/or decisions taken with regard to HSE management during site meetings and visits.

**Signature (Name, Title Date):**

Contractor Representative

<b>Example Format: HSE Incident Notification</b>
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Provide within 24 hrs to the Supervising Engineer

**Originators Reference No:**

**Date of Incident:**                      **Time:**

**Location of incident:**

**Employing Company:**

**Type of Incident:**

**Description of Incident:**

Where, when, what, how, who, operation in progress at the time (only factual)

**Immediate Action:**

Immediate remedial action and actions taken to prevent reoccurrence or escalation

**Signature (Name, Title, Date):**

Contractor Representative

## 11.5 ANNEX 5: RECORD OF CONSULTATIONS HELD

### Summary Record of Meetings

<b>Date of Meeting:</b> 20 March, 2017	<b>Venue of Meeting:</b> Office of District Environment Officer, Kamuli 2017	<b>Record by:</b> Nelson Omagor
<b>Subject of meeting:</b>	<b>Meeting with:</b> Meeting with: a. -Mr. Samuel Bakaki, Senior Environment Officer, Kamuli District Tel. +256775056454/+256755056454 b. Mutyabule Nalusuna, Environment Officer, Kamuli District. <b>Subject of Meeting:</b> Environmental implications of GBV mitigation Project in Kamuli District	
<b>Item</b>	<b>Summary of proceedings</b>	
	<b>Introduction</b>	
01.	The team leader explained the Mission of their visit and explained the objective of the planned Uganda Management of Social Risk and Gender Based Violence Prevention and Response Project.	
	<b>Issues discussed</b>	
02.	<b>What is the officers understanding of GBV:</b> Well, is the act of torture by men meted mainly on women though in Kamuli some men are also beaten by their wives but men in many cases do not report their sufferings because they will be ridiculed by society? From the workshops attended, GBV includes denying children their basic rights.	
03.	<b>What is the focus of the Project?</b> The project development objective is to increase access to Gender Based Violence prevention programs and multi-sectoral response services by groups at risk in targeted districts. The project seeks to: (i) increase access to Gender Based Violence (GBV) prevention programs; and (ii) increase utilization of multi-sectoral response services for survivors of GBV in targeted districts.	
04.	<b>What activities in the areas related in the project to environment because this looks mostly a social based project?</b> There will be support towards health centres aimed at improving delivery of GBV management in terms of treating the GBV survivors. Such interventions are likely to include some low scale improvements of existing health facilities hence, such may trigger environmental assessments.	
05.	<b>Are project components addressing some drivers of GBV in districts?</b> What are they? They of late include availability and access to safe drinking water. Women take long searching for water and this triggers GBV at home. Also wood fuel young girls and women go deep in the thickets and they are waylaid by men and sometimes raped. In some cases, women families are big but land productivity is dropping hence food insecurity in homes which triggers GBV. In other cases, there reports in rural areas, some women are poor at maintaining home hygiene such that men shun such wives and look for other women which also triggers GBV. In view of these, GBV intervention project needs to have project components for improved and sustained water supply through integrated water catchment management and WASH.	
06.	<b>Agreed position:</b> It was explained that, there are some other stakeholders who are working on some of those interventions and it is hoped, the project work with them in the project areas. The project will identify key players in related areas of water supply, fuelwood interventions, and WASH and collaborate with them in the delivery of such interventions to support GBV mitigation project.	

<b>Date of Meeting:</b> 20 <sup>th</sup> March, 2017		<b>Venue of Meeting:</b> GBV Shelter, Kamuli District	<b>Record by:</b> Nelson Omagor
<b>Subject of meeting:</b>		<b>Meeting with:</b> Ms. Sandra Namudiba, GBV Coordinator, Tel. +256700196517.  <b>Subject of Meeting:</b> Environmental aspects in the GBV Shelter, in Kamuli District	
<b>Item</b>	<b>Summary of proceedings</b>		
	<b>Introduction</b>		
01.	The Consultant explained the Mission of their visit and explained the objective of the planned Uganda Management of Social Risk and Gender Based Violence Prevention and Response Project.		
	<b>Issues discussed</b>		
02.	<b>Operations of the GBV Shelter:</b> It was explained that, the Shelter is for temporal housing of GBV survivors especially those who have been chased away by their husbands or children abused. It is meant to ideal allow the survivor recover as the issue is being handled by the relevant organs. The Shelter provides accommodation, food, water and some basics for the survivors. The duration of the stay in the shelter is determined how issues are settled and the survivors are re-united if in the opinion of her the situation is deemed safe.		
03.	<b>What activities to survivors do in the shelter knowing some need to be empowered to be able to cope with survival?</b> The survivors do not work while in the Shelter because some of them come when critically injured or traumatized. They are provided all the basics for life. Outside the shelter there is a garden but in future there are plans to engage them in interventions that give them socio-economic empowerment.		
04.	<b>Can we do a tour of the shelter to assess its compliance with environmental and social safeguards?</b> Though the rules do not allow males to enter the Shelter, you can be allowed on special request. Inside the shelter the following were noted as improvement in line with environmental and social safeguards provisions: <ul style="list-style-type: none"> <li>❖ Discharge of storm water out of the shelter needs to be provided;</li> <li>❖ Provisions for rainwater harvesting is needed;</li> <li>❖ Access provisions for the elderly and disabled survivors and visitors is needed;</li> <li>❖ The small kitchen inside the shelter should be of improved stove to conserve energy;</li> <li>❖ Though there is a TV room, there should be provisions for outside recreation for the survivors;</li> <li>❖ The shelter should have provisions for the survivors to practice their faith i.e. corner for prayers either for Muslims and Christians.</li> <li>❖ Sustainable agriculture demonstration gardens be provided for the survivors.</li> </ul>		
05.	<b>How can some these improvements be made in the Shelter?</b> If the GBV World Bank Project has resources some these can be identified needs can be done in consultations with the Irish Aid, UWONET.		

<b>Date of Meeting:</b> 21 <sup>st</sup> March, 2017		<b>Venue of Meeting:</b> Kamuli General Hospital	<b>Record by:</b> Nelson Omagor
<b>Subject of meeting:</b>		<b>Meeting with:</b> <ul style="list-style-type: none"> <li>❖ Dr. Charles Wako, Ag. Medical Superintendent Tel. +256-701085246/+256779629795</li> <li>❖ Ms. Joweria Naluggwa, Senior Nursing Officer and GBV Focal Person, Kamuli General Hospital</li> </ul>	
<b>Item</b>	<b>Summary of proceedings</b>		
	<b>Introduction</b>		

01.	The Consultant explained the Mission of their visit and explained the objective of the planned Uganda Management of Social Risk and Gender Based Violence Prevention and Response Project.
	<b>Issues discussed</b>
02.	<b>How does the Hospital handle GBV survivors?</b> The GBV survivors are attended alongside other usual patients and this has a lot of limitation in dealing with cases that need privacy especially rape. The survivors need some privacy to freely disclose their experience. This in a way makes survivors shy to report GBV abuses.
03.	<b>Why doesn't the hospital provide room for attending to GBV cases?</b> There is acute shortage for room because the population of patients has grown. The hospital for instance was built to handle a capacity of 100 beds now we squeeze it 260 with some patients being corridors.
04.	<b>What is the hospital coping with medical waste management?</b> This is a challenge in that, the Ministry of Health procured services of medical waste handler but whose operations have limitations in terms of: <ul style="list-style-type: none"> <li>❖ The waste handler is controlled from the centre (Ministry) so the hospitals simply make reports but cannot take action against him for the poor performance;</li> <li>❖ Even containers for medical waste are inadequate, the available ones get full before the collectors pick them hence, waste overflows in corridors and corners they are located.</li> <li>❖ Secondly, he supplies bin liners which do not match the colour of containers making it difficult for the cleaners to tell which liner is for which bin;</li> <li>❖ The incinerator constructed worked for a short time and broke down leaving a challenge on managing waste that is to be incinerated. The hospital has resorted to open burning of medical waste with attendant impacts on the environment.</li> </ul>
05.	<b>How do you think the project should help with medical waste and issues of room?</b> If resources allow, construct some stand-alone unit for GBV survivors with modest facilities for counselling, examination and treatment of the GBV survivors. <ul style="list-style-type: none"> <li>❖ If not, some rooms in the units could be improved to provide for counselling and general handling of GBV survivors;</li> <li>❖ For waste aspects, provide additional containers.</li> </ul>
06.	<b>Agreed position:</b> The items suggested be incorporated into the project budget and MoH be notified of the concerns regarding the hazardous waste handlers.

<b>Date of Meeting:</b> 21 March, 2017		<b>Venue of Meeting:</b> Kamuli Labour Offices	<b>Record by:</b> Nelson Omagor
<b>Subject of meeting:</b>		<b>Meeting with:</b> <ul style="list-style-type: none"> <li>❖ Mr. Magadda W. David, Senior Labor Officer, Kamuli Local Government Tel. +256772982464</li> <li>❖ Mmerewoma Leo, District Community Development Officer, Tel. +256772/751-614540</li> </ul>	
<b>Item</b>	<b>Summary of proceedings</b>		
	<b>Introduction</b>		
01.	The team leader explained the Mission of their visit and explained the objective of the planned Uganda Management of Social Risk and Gender Based Violence Prevention and Response Project.		
	<b>Issues discussed</b>		
02.	<b>What is the mandate of the labour office in the district?</b> Labour office does registration and inspection of factories; it's also supposed to compile a record of available employment opportunities in the district from a number of establishments such as factories and other developers and advertise such jobs in the public notice boards in the district and sub-counties. The labour office receives complaints from employees against their employees and vice-versa. He organizes mediation meetings and if they are not in agreement, the matter is referred by the Labour Officer to the Industrial court in Kampala.		
03.	<b>What mechanisms does the office in handling Grievances?</b> The Grievance mechanisms are enshrined in		



	the Employment Act of 2006 which has laid down procedures which include receiving and registration of the complaint, inviting the two parties and attempting to arbitrate on the matter and in case the two agree, the matter is recorded as amicably closed. However, in case of disagreement, the matter is referred to industrial court for prosecution.
04.	<b>Agreed position:</b> District Labour Office to liaise with the Environment office to address environmental and social aspects in during implementation of works in health centres improvements.

<b>Date of Meeting:</b> 20 March, 2017	<b>Venue of Meeting:</b> Office of Resident District Commissioner, Kamuli 2017	<b>Record by:</b> Nelson Omagor
<b>Subject of meeting:</b>	<b>Meeting with:</b> Meeting with: <ul style="list-style-type: none"> <li>a. -Mr. Ddumba Moses, Resident District Commissioner, Kamuli District Tel. +256-772419610</li> <li>b. Mr. Thomas Kategere, LCV Chairman, Kamuli District</li> <li>c. Mr. Ogwete Ben Otim, Chief Administrative Officer, Kamuli District, +256772410630</li> </ul> <b>Subject of Meeting:</b> District GBV status and mainstreaming cross-cutting issues into the District Development Plans	
<b>Item</b>	<b>Summary of proceedings</b>	
	<b>Introduction</b>	
01.	The team leader explained the Mission of their visit and explained the objective of the planned Uganda Management of Social Risk and Gender Based Violence Prevention and Response Project.	
	<b>Issues discussed</b>	
01.	<b>What is the GBV landscape in the district?</b> GBV is very high in the district and it is driven by a couple issues one being collapse of industries in Jinja where men were engaged most of them and only came home over the weekends. Men in Kamuli fear responsibility leaving the burden with their women. Men in Kamuli love life i.e. need to eat and live well but fear to work so they abandon homes thus causing GBV Sanitation at households is poor as such, men tend to look for alternate women who are clean and loveable.	
02.	<b>What is the District doing to address the challenge?</b> The district works with the management of the police, GBV shelter and FIDA and UWONET to handle GBV issues. There are workshops to sensitize communities of laws on GBV and their implications.	
03.	<b>Is the district placed to take over management of the GBV Shelter at the end of donor support?</b> The will be integrated into the District Administration and management structure and placed under the Department of Probation. It will put into the DDP for the district and resources allocated for its operations.	
04.	<b>How is the district dealing with mainstreaming cross-cutting issues into its plans?</b> Environment being a decentralized service, it is now in the district management structure with a fully-fledged department. It has a budget within the district. There is also a committee of council responsible for environment and social affairs.	
05.	<b>Agreed position:</b> The District top leadership be kept informed of the planned project to build ownership and support the process of sensitizing the communities and key stakeholders; Some aspects of the project could be implemented through some of the existing district structures to build synergies and complementariness.	

<b>Date of Meeting:</b> 27 <sup>th</sup> March, 2017	<b>Venue of Meeting:</b> Office of Medical Superintendent, Kisoro Hospital	<b>Record by:</b> Nelson Omagor
<b>Subject of meeting:</b>	<b>Meeting with:</b> Meeting with: <ul style="list-style-type: none"> <li>a. -Dr. John Ahimbisibwe, Medical Superintendent Kisoro Hospital</li> <li>b. Ms. Agnes Tumushabwe, Senior Clinical Officer, Kisoro Hospital, Kisoro.</li> </ul> <b>Subject of Meeting:</b> Implementation of GBV project in Kisoro Hospital.	
<b>Item</b>	<b>Summary of proceedings</b>	
	<b>Introduction</b>	
01.	The team leader explained the Mission of their visit and explained the objective of the planned Uganda Management of Social Risk and Gender Based Violence Prevention and Response Project.	
	<b>Issues discussed</b>	
02.	<b>What is the picture regarding GBV in Kisoro?</b> Well, is the act of torture by men meted mainly on women though in Kamuli some men are also beaten by their wives but men in many cases do not report their sufferings because they will be ridiculed by society. From the workshops attended, GBV includes denying children their basic rights.	
03.	<b>What are some of the common diseases among the Batwa people?</b> The officer mentioned malaria, gastro-intestinal disorders, ulcers and respiratory tract infections as the common diseases. Coccidiosis (Butamba) was named as a rare but dangerous disease, especially among population near Bwindi Forest. As result, people near the forest receive vaccines twice every year as a cautionary measure. In addition, scabies was reported as a seasonal disease especially during dry seasons.	
04.	<b>Are Batwa subject to GBV problems?</b> The Batwa women are waylaid and raped by other men from other tribes in the forest areas. The problem is once that happens, they don't report the cases because of cultural hindrances which deny women to talk and report issues of sex outside the homes.	
05.	<b>How well place is the hospital to handle Batwa GBV and other people complaints on GBV?</b> Whether Batwa or ordinary other survivors of GBV, it must be noted, GBV survivors get traumatized and freely don't come out to report. Sometimes due to space limitations and because of language barriers, they are interviewed through an interpreter which in itself has a challenge with respect to confidentiality on keeping secrets of the abuse.	
06.	<b>How can such limitations be addressed in order to improve GBV treatments for minorities and vulnerable groups?</b> The Batwa are subjected to lots of injustices which are well known in many circles. In order to address such especially in the GBV dimension, there is need for the hospital to have a stand-alone unit dedicated to GBV treatment services so as to encourage Batwa and other minority groups to freely come out to report any abuses on them. Due to their social peculiarity, Kisoro Hospital should be given priority to have such a unit.	
07.	<b>Healthcare waste management:</b> Waste generated is sorted and disposed of by open burning in pits. Central collection and transportation is still a challenge due inconsistency and unreliability of the service provider.	

## 11.6 Annex 6: Format of an Environmental Report

A EIA report should include the following items (not necessarily in the order shown):

- a. *Executive summary*. Concisely discusses significant findings and recommended actions.
- b. *Policy, legal, and administrative framework*. Discusses the policy, legal, and administrative framework within which the EA is carried out.
- c. *Project description*. Concisely describes the proposed project and its geographic, ecological, social, and temporal context, including any offsite investments that may be required (e.g., dedicated pipelines, access roads, power plants, water supply, housing, and raw material and product storage facilities). Indicates the need for any resettlement plan or indigenous peoples' development plan.
- d. *Baseline data*. Assesses the dimensions of the study area and describes relevant physical, biological, and socioeconomic conditions, including any changes anticipated before the project commences. Also takes into account current and proposed development activities within the project area but not directly connected to the project. Data should be relevant to decisions about project location, design, operation, or mitigatory measures. The section indicates the accuracy, reliability, and sources of the data.
- e. *Environmental impacts*. Predicts and assesses the project's likely positive and negative impacts, in quantitative terms to the extent possible. Identifies mitigation measures and any residual negative impacts that cannot be mitigated. Explores opportunities for environmental enhancement. Identifies and estimates the extent and quality of available data, key data gaps, and uncertainties associated with predictions, and specifies topics that do not require further attention.
- f. *Analysis of alternatives*. Systematically compares feasible alternatives to the proposed project site, technology, design, and operation--including the "without project" situation--in terms of their potential environmental impacts; the feasibility of mitigating these impacts; their capital and recurrent costs; their suitability under local conditions; and their institutional, training, and monitoring requirements. For each of the alternatives, quantifies the environmental impacts to the extent possible, and attaches economic values where feasible. States the basis for selecting the particular project design proposed and justifies recommended emission levels and approaches to pollution prevention and abatement.
- g. *Environmental management plan (EMP)*. Covers mitigation measures, monitoring, and institutional strengthening.
- h. *Appendixes*
  - i. List of EA report preparers--individuals and organizations.
  - j. (ii) References--written materials both published and unpublished, used in study preparation.
- k. Record of interagency and consultation meetings, including consultations for obtaining the informed views of the affected people and local nongovernmental organizations (NGOs). The record specifies any means other than consultations

(e.g., surveys) that were used to obtain the views of affected groups and local NGOs.

- l. Tables presenting the relevant data referred to or summarized in the main text.
- m. List of associated reports (e.g., resettlement plan or indigenous peoples development plan).

## **11.7 Annex 7: Healthcare Management Guidelines**

Simple, easy to follow guidelines for proper management of each class of waste (excerpted from the national healthcare waste management guidelines) are outlined below:

### **Class 1: Non-hazardous Health Care Waste**

- i) Non-hazardous (domestic) HCW of Class 1 should be placed in black bins at the point of generation.
- ii) All non-hazardous (domestic) HCW that is biodegradable should be disposed of in a compost pit. In places where there are municipalities, the waste should be handed over to a licensed provider or disposed of at a municipal skip.
- iii) Non-biodegradable waste that cannot be recycled should be landfilled.
- iv) Non-hazardous items that are designated for recycling should be packed in:
  - a. Green bins marked “Non-infectious plastic” for plastics
  - b. Black bins marked “Non-contaminated glass materials” for glass.
- v) Non-hazardous HCW for recycling should be taken for recycling by an approved service provider.
- vi) The bins for storage of HCW should be placed in all rooms, wards, and in all public areas where such waste is likely to be generated.

### **Class 2: Infectious Waste**

- i) All infectious waste should be placed in yellow polyethylene bags (minimum 300 microns gauge) marked “Danger! Hazardous infectious waste” and indicated with the international biohazard symbol.
- ii) The bags/bin liners shall be placed in yellow bins or bag-holders.
- iii) Bags shall be tied or sealed with appropriate adhesive tape, removed and replaced immediately when they are no more than three-quarters full.
- iv) As much as possible, infectious HCW shall be incinerated in double chamber incinerators, but where appropriate, chemical treatment and autoclaving can be used as alternative methods for treating infectious waste.
- v) In densely populated areas, a centralized pyrolytic incinerator, reaching 8500°C and above is preferable.
- vi) Yellow bins for infectious waste should be located in all wards and rooms where infectious waste could be produced. Infectious waste containers should never be placed in public areas.
- vii) Infectious waste generated outside health facilities; for example, during SMC outreaches at schools and churches, should be handled appropriately. Put sharps in a safety box and double-bag and seal other infectious waste to ensure safety during transport to a nearby recommended disposal facility.

### **Class 3: Sharps**

- i) All sharps should be placed in puncture-resistant and leak-proof cardboard or plastic safety boxes, designed so that items can be dropped in using one hand and no items can be removed.
- ii) The safety box should be yellow, marked “Danger!” or “Contaminated sharps.”

- iii) Yellow is the conventionally accepted color and it is advisable to adhere to this convention.
- iv) The safety box shall be closed and sealed for disposal when it is three-quarters full.
- v) In particular, all disposable syringes and needles shall be discarded in the safety box immediately following injection/use.
- vi) The needle shall never be recapped or removed from the syringe; the whole combination shall be inserted into the safety box.
- vii) In very rare situations where there is need to re-cap, single hand recapping may be authorized by a senior supervisor; for example, in laboratories when intact needles on syringes are being used to transport blood samples. Two-handed recapping is an unacceptable practice under any circumstance.
- viii) Under no circumstances are used syringes, needles, or safety boxes to be disposed of in normal garbage or dumped randomly without prior treatment.
- ix) Sharps are destroyed together with infectious waste. The method of choice for destruction of full safety boxes is incineration, preferably in an appropriate double-chamber (>900°C) incinerator.
- x) Safety boxes must be located in all rooms and wards where injections and other sharps may be used.

#### **Class 4: Anatomical Waste, Including Placentas**

- i) In operating theatres, all anatomical waste, including placentas, should be collected separately and placed in red polyethylene bags of minimum 300 microns gauge, marked "Danger! Hazardous! Highly infectious waste" and indicated with the international biohazard symbol
- ii) The bags shall be placed in red bins or bag-holders.
- iii) In Uganda, the cultural preference is to have anatomical waste buried. In such situations, anatomical waste and placentas should be buried at a sufficient depth (>1m) inside the HF compound, preferably placed in a placenta pit.
- iv) However, when a centralized incinerator is available and culturally acceptable, the anatomical waste can be incinerated. Nevertheless, when low-cost incinerators are used, only small quantities of anatomical waste or placentas should be incinerated at any time. This is because large quantities can be difficult to incinerate and drastically reduce the performance of the system.
- v) Where licensed service providers are available, anatomical waste may be handed over for appropriate offsite disposal.
- vi) If transportation and disposal cannot be immediately ensured, anatomical waste should be stored in the mortuary. Red bins for highly infectious waste should be located in all theatres and rooms where anatomical waste, including placentas, could be produced. Highly infectious waste containers should never be placed in public areas.

#### **Class 5: Hazardous Pharmaceutical and Cytotoxic Waste**

- i) Hazardous pharmaceutical waste and cytotoxic waste should be sorted according to specific categories: cytotoxic drugs, narcotics; ignitable, corrosive, and/or reactive materials, as well as the waste's nature of formulation

- ii) Brown bins for pharmaceutical waste should be located in all wards and rooms where pharmaceutical and cytotoxic waste could be produced.
- iii) All expired pharmaceutical and cytotoxic products should be removed from shelves, labelled, and stored in a secure room or segregated area.
- iv) The products should be boarded off by the Board of Survey following the Public Procurement and disposal of Public Assets Act 2003 (a form should be filled in and signed by all members present as evidence).
- v) All sorted expired pharmaceutical and cytotoxic waste should be repacked in specific boxes such as cardboard boxes labelled "Danger! Hazardous pharmaceutical or cytotoxic waste."
- vi) Clearly-labelled pharmaceutical waste from public facilities should be sent to the district medicines store that shall ensure their disposal at the central level. Non-public facilities should make prior arrangements with the National Drug Authority (NDA) to have waste disposed of. (Contact your regional NDA office for further details on assistance with the disposal of small quantities of expired pharmaceuticals).
- vii) Stores charged with the responsibility of storage of pharmaceutical and cytotoxic waste should follow the guidelines for storage
- viii) Transportation: Unlike other types of health care waste, transportation of pharmaceutical waste for final disposal should be done in the presence of NDA representatives. If the waste has narcotics, police should be notified.
- ix) All pharmaceutical and cytotoxic wastes should be disposed of according to recommended best practices
- x) Special precautions should be taken to ensure that expired and/or unusable pharmaceuticals do not pilferage (leak) back to the public.

#### **Class 6: Highly Infectious Waste**

- i) All highly infectious waste from HFs should be placed in red polyethylene bags of minimum 300 microns gauge marked "Danger! Hazardous highly infectious waste!" and marked with the international biohazard symbol (see Table 3).
- ii) Highly infectious waste (such as cholera waste) from isolation wards or permanent treatment centers should always be incinerated on-site.
- iii) Highly infectious waste from the medical diagnostic laboratory of the HF, such as media and culture plates, should be collected in leak-proof red polyethylene waste bags (300 microns thick) suitable for autoclaving and properly sealed.
- iv) Media and culture plates should be autoclaved at a temperature of 121°C at one bar for at least 20 minutes at the source (e.g., in the medical diagnostic laboratory).
- v) Disinfected waste should be collected and treated with infectious HCW.
- vi) If a separate autoclave for waste treatment is not available at the medical diagnostic laboratory to ensure a thermal treatment, highly infectious waste should be disinfected in 10% solution of sodium hypochlorite in concentrated form and left overnight.
- vii) It should then be discarded in a red polyethylene bag, properly sealed and discarded with other infectious HCW.
- viii) If none of the above steps can be taken, highly infectious waste should at a minimum be sealed in a red polyethylene bag and directly disposed of with infectious HCW.

### **Class 7: Radioactive Waste**

- i) All radioactive waste should be stored to allow decay or decomposition to diminish its radioactive nature. Such waste has a minimum storage time of 10 half-life times for radioisotopes in wastes with a half-life of less than 90 days.
- ii) Radioactive waste should be placed in a large container or drum and labelled with the radiation symbol showing the radionuclide's activity on a given date, the period of storage required, and marked "Caution! Radioactive waste!" Containers or tanks with radioactive waste that has not decayed to background level should be stored in a specific marked area, with concrete walls at least 25 centimeters thick.
- iii) Non-infectious radioactive waste which has decayed to background level should follow the non-hazardous HCWM procedure (Class 1), while infectious radioactive waste which has decayed to background level should follow the infectious HCW procedure (Class 2).
- iv) Liquid radioactive waste should be discharged into the sewerage system or into a septic tank only after it has been kept in adequate tanks and allowed to decay to background level.

### **Class 8: Waste with High Contents of Heavy Metals**

- i) Waste with high contents of heavy metals should normally be treated in specific recovering industries.
- ii) Alternatively, the waste should be encapsulated for handling and disposal. Encapsulation is a process where containers are filled three-quarters full with hazardous waste. Then material such as cement mortar, clay, bituminous sand, or plastic foam is used to fill the container. When capping material is dry, the container is buried or landfilled.
- iii) Wastes with high contents of mercury or cadmium should never be incinerated because of the risk of atmospheric pollution with toxic vapors.

### **Class 9: Effluent**

Improper management, collection, treatment, and disposal of wastewater (effluent) and sludge will result in the pollution of local water sources with pathogens. This can cause numerous water- and vector-borne diseases (e.g., malaria and filariasis) by providing breeding places for the vectors, and favors the spread of parasites (e.g., roundworms or *Ascaris lumbricoides*). Wastewater discharged in an uncontrolled manner into the environment can lead to several waterborne diseases that are a threat to human life, such as cholera, typhoid fever, campylobacteriosis, hepatitis A and E, and schistosomiasis.

By disposing of untreated wastewater in the environment, nutrients are biologically degraded in groundwater, lakes, and rivers by using oxygen present in fresh water (eutrophication). If the oxygen demand of the wastewater is too high, hypoxia (oxygen depletion) of a watercourse will result in significant environmental degradation though sucking oxygen along the path over which the water is flowing and in the process destroying lives of organisms and plants along the way. Additionally, the nutrients can increase algal production and algal blooms that will favor potentially hazardous bacteria (e.g. cyanobacteria) and might result in hazardous toxins forming that can cause illnesses, such as from exposure to cyanotoxins. Nitrate in the groundwater from untreated wastewater can result in methemoglobinemia, particularly in babies.



- i) All infectious effluents should be discharged into the sewerage system or soak pits only after being treated according to WHO standards.
- ii) Wastewater from HFs should not be released into the environment without treatment because it may contain various potentially hazardous components such as microbiological pathogens, hazardous chemicals, pharmaceutical waste, and radioactive isotopes.
- iii) Although proper treatment of wastewater from HFs is very expensive and cannot be currently foreseen in every HF in Uganda, steps 1 and 2 should be applied in order to contribute to the reduction of public health risk associated with liquid waste and wastewater.

## 11.8 Annex 8: Health Care Waste Management Plan Checklist

### Key elements in a Health Care Waste Plan

- a. Clearly identifies the types of wastes that need special management (at minimum following the WHO criteria and include a special focus on sharps management).
- b. Structures a waste management system which provides for a specific segregation system, minimizing hazardous chemical wastes, and providing safe collection of all wastes.
- c. Establishes clear protocols for safe and secure collection, treatment and disposal of sharps (e.g., needles, syringes, blades, and other instruments capable of inflicting a wound or a puncture). Identifies as part of the protocol the specific legal and regulatory requirements that must be followed from “cradle to grave” management of the health care wastes. This enables employees to be aware of the specific laws and regulations that they are required to comply with, as well as to be alerted to any regulatory changes that, in turn, require them to change their practices.
- d. Identifies specific strategies, including purchasing of supplies and equipment which minimize volume and toxicity of wastes (e.g., investment in non-mercury diagnostic technology; water-less/chemical-less x-ray processing; needless IV systems)
- e. Provides for an effective and defined worker safety program for all levels of staff. This would include training, provision of appropriate personal protective equipment, clear safety policies, and a 100% staff participation program for immunizations for at minimum Tetanus and Hep B.
- f. Provide leakproof, color coded, labeled containers for each waste stream, and puncture resistant containers for collection of sharps wherever they are generated.
- g. Ensure secure transportation of waste through the facility, secure storage on site while awaiting pick-up, and safe and secure transportation to treatment and final disposal.
- h. Identify key personnel who have charge of the total waste system (planning, documentation, evaluation, maintenance).
- i. Identify environmentally sound and cost- effective treatment technologies to render special waste streams harmless – this could be on-site, or off-site methods – in all cases there will be more than one technology necessary to adequately treat all wastes (e.g., silver recovery unit for radiology, xylene recover still for the lab, formaldehyde filtration for pathology, autoclave for most infectious wastes, burial/cremation contract or capacity with local facilities for body parts).
- j. Contracts with certified hazardous waste management firm for any chemical hazardous wastes which are not treatable by safe practices on site.
- k. Agreement with municipal or private landfill for secure final disposition of all residual wastes. (This may also include contract for controlled collection of recyclable materials from the hospital waste stream - packaging and other clean materials).

### Checklist for an effective waste plan

Critical Elements of Waste Plan	Present? Yes /No	If no, what is missing?	Recommended Action to Meet Critical Requirements
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Clearly identifies types of waste needing special treatment with special emphasis on sharps management	a. YES NO	b.	a. Develop Sharps Management Program Other:
a. Evidence of Waste Segregation System? b. Evidence of segregation/minimization of hazardous chemical wastes? c. Overall safe collection of all wastes?	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		a. Establish waste segregation systems b. Develop hazardous waste minimization plan and program c. Need to enhance safety of all waste systems
a. Defined safe protocols for secure collection treatment and disposal of sharps waste. (note: sharps includes needles, lancets, scalpels, blades, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		a. Need to establish a defined sharps waste management program. See WHO guide.
a. Collection of sharps, waste should be in puncture resistant plastic or metal containers. Cardboard is NOT acceptable.	<input type="checkbox"/> YES <input type="checkbox"/> NO		o Need to obtain rigid puncture resistant, leakproof containers to collect sharps wastes.
Defined policies to minimize volume and toxicity of wastes generated? (purchasing policy)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Need to establish purchasing policy to support waste volume and toxicity reduction. See WB Guide
<input type="checkbox"/> Worker Safety Protocols? Evidence of training, evidence of use of personal protective equipment, evidence of consistent practice among workers? <input type="checkbox"/> TB, Hepatitis B vaccine for all workers handling waste	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Need to establish worker safety programs. See SIGN, WHO, WB documents  Establish immunization plan and program for workers.
Leakproof, color coded, labeled containers for collection of each type of waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Obtain proper collection containers for each waste stream. Seek special assistance for collection of hazardous chemical wastes.
<input type="checkbox"/> Secure transport of wastes within facility? E.g. closed collection carts, containers	<input type="checkbox"/> YES <input type="checkbox"/> NO		Need to obtain proper containers to ensure safe collection and transport of all wastes within facility.

<input type="checkbox"/> Waste Manager, or someone designated to oversee all aspects of waste program/	<input type="checkbox"/> YES <input type="checkbox"/> NO		Designate someone to oversee waste programs, provide training as needed. See WHO guide, WB note!
<input type="checkbox"/> Adequate Treatment technologies to render special wastes harmless? <input type="checkbox"/> Silver recovery - radiology <input type="checkbox"/> Solvent recovery - laboratory Formalin/Formaldehyde recovery – laboratory <input type="checkbox"/> Autoclave – facility-wide for infectious materials Burial/cremation contract for body parts <input type="checkbox"/> Contracts with certified hazardous waste management firm(s) for chemical hazardous wastes	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		This section requires an area-by-area inquiry <input type="checkbox"/> Obtain silver recovery technology or service Obtain solvent recovery technology or service <input type="checkbox"/> Obtain formalin/formaldehyde recovery technology or service <input type="checkbox"/> Obtain autoclave technology or other similar technology or service <input type="checkbox"/> Identify and secure contract for burial or cremation services. <input type="checkbox"/> Identify hazardous waste firm for hazardous chemical wastes. Identify neutralization process for hazardous chemicals
<input type="checkbox"/> Agreement with municipal or private landfill for secure final disposition of all residual wastes (this can include controlled collection of recyclable wastes such as paper, metal, plastics, glass, cardboard)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Obtain agreement for secure landfill of residual wastes
<b>NOTE: With all queries above, note if there are contingency plans in the event the primary system or plan fails.</b>			

## **11.9 Annex 9: Code of Practice for Construction Workers**

### **1. INTRODUCTION**

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This code of practice provides guidance to contractors who will undertake construction of healthcare facilities associated with this project. Construction work is work carried out in connection with construction, alteration, conversion, fitting-out, commissioning, renovation, repair, maintenance, refurbishment, demolition, decommissioning or dismantling of a structure.

Construction workers must always:

- d. take reasonable care for their own health and safety
- e. take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons, and
- f. comply with any reasonable instruction and cooperate with any reasonable policy or procedure relating to health and safety at the workplace.

### **2. MANAGING RISKS WITH CONSTRUCTION WORK**

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The first step in the risk management process is to identify the hazards associated with construction work. Examples of hazards include:

- a. collapse of trenches
- b. falling objects, for example tools, debris and equipment
- c. hazardous manual tasks
- d. structural collapse
- e. the construction workplace itself, including its location, layout, condition and accessibility
- f. the handling, use, storage, and transport or disposal of hazardous chemicals
- g. the interface with other works or trade activities
- h. the physical working environment, for example the potential for electric shock, immersion  
or engulfment, fire or explosion, slips, trips and falls, people being struck by moving plant, exposure to noise, heat, cold, vibration, radiation (including solar UV radiation), static electricity or a contaminated atmosphere, and the presence of a confined space.
- i. the presence of asbestos and asbestos-containing materials
- j. the use of ladders, incorrectly erected equipment, unguarded holes, penetrations and voids, unguarded excavations, trenches, shafts and lift wells, unstable structures such as incomplete scaffolding or mobile platforms, fragile and brittle surfaces such as cement sheet roofs, fibre glass roofs, skylights and unprotected formwork decks
- k. welding fumes, gases and arcs

### **3. SAFE WORK METHOD STATEMENTS (SWMS)**

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All persons who are involved in high risk construction work must develop and implement arrangements to ensure the work is carried out. This necessitates a SWMS, which is a written document that details high risk construction work activities to be undertaken, hazards or risks

arising from those activities and measures to control the risks. All workers who will be involved in high risk construction work must be provided with information and instruction so they:

- a. know what to do if the work is not being conducted in accordance with the SWMS.
- b. understand and implement the risk controls in a SWMS
- c. understand the hazards and risks arising from the work

This information and instruction may be provided during general construction induction training, workplace-specific training or during a toolbox talk by the principal contractor, contractor or subcontractor.

#### **4. Occupational Health Safety (OHS) MANAGEMENT PLANS FOR CONSTRUCTION PROJECTS**

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An OHS management plan is a written plan that sets out the arrangements for managing some site health and safety matters. The intention of an OHS management plan is to ensure the required processes are in place to manage the risks associated with a complex construction project, as there are usually many contractors and subcontractors involved and circumstances can change quickly from day to day. An OHS management plan must be in writing and must be prepared by the principal contractor before a project commences. It should be easily understood by workers (including contractors and subcontractors). It may not be necessary to communicate the entire OHS management plan to all workers; however, they must be made aware of the parts that are applicable to the work they are carrying out. The OHS Management Plan must contain:

arrangements for consultation, cooperation and coordination

- a. arrangements for managing incidents
- b. arrangements to collect and assess, monitor and review SWMS.
- c. names of persons at the workplace whose positions or roles involve specific health and safety responsibilities, for example site supervisors, project managers, first aid officers
- d. site-specific health and safety rules and how people will be informed of the rules

While a OHS management plan is required for every construction project, a principal contractor may prepare a generic OHS management plan that applies to several construction projects, if the arrangements to manage work health and safety are the same for each construction project. However, the principal contractor must review and revise the plan to ensure it addresses the risks of the actual workplace.

#### **5. INFORMATION, TRAINING, INSTRUCTION AND SUPERVISION**

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All contractors and subcontractors must provide relevant information, training, instruction and supervision to protect all persons from risks to their health and safety arising from construction work carried out.

A range of activities can assist in ensuring people have the necessary knowledge and skills to complete the work safely, including general construction induction training and other training that may be specific to the workplace or the task the person is performing.

Information that might be provided includes workplace health and safety arrangements and procedures, such as for emergency evacuations. Information can be provided in various forms, including written formats or verbally, for example during workplace-specific training, pre-start meetings or toolbox talks.

General construction induction training provides basic knowledge of construction work, the work health and safety laws that apply, common hazards likely to be encountered in construction work, and how the associated risks can be controlled. Any person who is to carry out construction work must successfully complete general construction induction training, for example project managers and engineers, foreman, supervisors, surveyors, and laborers.

## **6. GENERAL WORKPLACE MANAGEMENT ARRANGEMENTS**

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The principal contractor must put in place arrangements for ensuring compliance with the following duties:

- a. providing a safe working environment
- b. Zero tolerance to Child Labor
- c. providing and maintaining adequate and accessible facilities
- d. providing first aid
- e. preparing, maintaining and implementing emergency plans
- f. providing workers with PPE, if PPE is to be used to minimize a risk to health and safety
- g. managing risks associated with airborne contaminants
- h. managing risks associated with hazardous atmospheres including ignition sources
- i. storage of flammable and combustible substances
- j. managing risks associated with falls, and
- k. managing risks associated with falling objects.

The principal contractors may put in place arrangements for ensuring compliance with the above requirements through contractual arrangements, but they cannot rely only on these arrangements to ensure compliance. The principal contractor may also coordinate with other subcontractors, and check compliance whenever the principal contractor attends the construction site.

### **Part II: Code of Conduct for Contractors**

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Each employee including trainee or volunteer of a **Contractor** who have interaction with the project must sign this "Code of Conduct."

In this Code, "Contractor" shall mean and apply to the contractor, its employees, sub-contractor, officers, agents, representative or those contracted through the Contractor to perform services authorized by the contract. The contractor agrees to adhere to this Code of

Conduct when providing services to this project. The Code of Conduct is in addition to all other contract requirements, policies, rules and regulations governing delivery of services. The purpose of the code is to protect vulnerable people from abuse, neglect, maltreatment and exploitation. It clarifies expectation of conduct of the parties and their employees, which includes administrative staff, care staff, support services staff and any others when interacting with the project.

Contractor, its agents or representatives authorized through it shall not abuse, sexually abuse or sexually exploit, neglect, exploit or maltreat any fellow employees or people from general public/ community. Additionally, no person shall cause physical injury to any other person.

The Contractor shall not by acting, failing to act, encouragement to engage in, or failure to deter from will cause any person to be subject to physical or mental abuse, sexual abuse or sexual exploitation, neglect, exploitation, or maltreatment. The Contractor shall not engage any person as an observer or participant in sexual acts.

Contractor understands and acknowledges that failure to comply with this Code of Conduct may result in corrective action, probation, suspension, and/or termination of contract.

Equally important to realize is that this Code also protects any person under the age of 18 years and any person 18 years of age or older who is physically or mentally **handicapped or impaired** due of mental illness, mental deficiency, physical illness or disability, or other temporary or permanent cause, to the extent that he is unable to care for his own personal safety.

**1) Abuse shall include the following, but is not limited to:**

- a. Harm or threatened harm, meaning damage or threatened damage to physical or emotional health and welfare of any person.
- b. Unlawful confinement.
- c. Deprivation of life-sustaining treatment.
- d. Physical injury including, but not limited to, any contusion of the skin, laceration, malnutrition, burn, fracture of any bone, subdural hematoma, injury to any internal organ, any injury causing bleeding, or any physical condition which imperils a person's health or welfare.
- e. Any type of physical hitting or corporal punishment inflicted in any manner upon the body.

**2) Sexual misdemeanor will include, but not be limited to:**

- a. Engaging in exploitive or manipulative sexual intercourse with any person. There will be zero tolerance to sexual misdemeanor including rape, defilement of minors/ sexual child abuse, sexual harassment and elopement.
- b. Taking indecent liberties with a person, or causing an individual to take indecent liberties with a person, with the intent to arouse or gratify sexual desire of any person.
- c. Employing, using, persuading, inducing, enticing, or coercing a person to pose in the nude.



- d. Employing, using, persuading, inducing, enticing or coercing a person to engage in any sexual or simulated sexual conduct for the purpose of photographing, filming, recording, or displaying in any way the sexual or simulated sexual conduct. This includes displaying, distributing, possessing for the purpose of distribution, or selling material depicting nudity, or engaging in sexual or simulated sexual conduct.
- e. Use of profanities and obscene language in communities or when instructing others.

**3) Neglect may include but is not limited to:**

- a. Denial of sufficient nutrition to any person.
- b. Denial of sufficient sleep to any person.
- c. Denial of sufficient protective gear to any person.
- d. Failure to provide adequate supervision; leading to drug use in workplaces, accidents and impairment of employees.
- e. Failure to arrange for medical care and/or medical treatment for any person in an emergency.
- f. Failure to drive courteously at all times, leading to accidents.
- g. Failure to avoid damage public property.
- h. Neglecting public and employee complaints.

**4) Drug abuse may include but is not limited to:**

- a. Smoke in public or smoking in undesignated areas
- b. Consumption of alcohol while on duty/at work
- c. Use and trading in narcotics

**5) Illegal trade activities without necessary licenses:**

- a. Trade in protected fauna or flora species
- b. Trade in ivory or similar regulated wildlife products including game meat
- c. Trade in processed, semi-processed minerals and their ores

**Financial exploitation will include, but is not limited to:**

Utilizing labor of without paying for it, or at a non-commensurate financial rate/ wage.

**Mistreatment will include, but is not limited to:**

- a. Physical exercises, such as running laps or performing pushups,
- b. Unauthorized chemical, mechanical or physical restraints except,
- c. Assignment of unduly physically strenuous or harsh work.
- d. Failure to behave in a polite and courteous manner to the general public
- e. Requiring or forcing the individual to take an uncomfortable position, such as squatting or bending, or forcing people to repeat physical movements when used solely as a means of punishment.
- f. Group punishments for misbehavior of individuals except in accordance with the written policy.
- g. Verbal abuse: engaging in language whose intent or result is demeaning
- h. Denial of any essential service solely for disciplinary purposes
- i. Denial of visiting or communication privileges with family or significant others

- j. Requiring the individual to remain silent for long periods of time solely for the purpose of punishment.

Contractor agrees to document and report abuse, sexual abuse and sexual exploitation, neglect, maltreatment and exploitation as outlined in this Code and cooperate fully in any resulting investigation. Contractor shall prominently display a poster, notifying contractor employees of their responsibilities and to report violations and giving appropriate phone numbers.

**Contractor/ Employee/ Volunteer/ subcontractor**

Signed:..... Date (dd/mm/yyyy):

Name: .....