



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 03/25/2020 | Report No: ESRSA00599



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Sri Lanka	SOUTH ASIA	P173867	
Project Name	Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	3/28/2020	4/6/2020
Borrower(s)	Implementing Agency(ies)		
Democratic Socialist Republic of Sri Lanka	Ministry of Health, Nutrition and Indigenous Medicine		

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sri Lanka

Financing (in USD Million)	Amount
Total Project Cost	128.60

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

Component 1: Emergency COVID-19 Response: This component will focus on limiting local transmission of COVID-19 through containment strategies and strengthening systems to mitigate future risks. It will (a) support establishment of an Emergency Operation Center at the Disaster Response and Management unit at the National level to improve coordination and timeliness of national level activities in emergencies of pandemic nature; (b) strengthen systems for contact tracing, case finding, confirmation, reporting and follow up; (c) strengthen the capacity of secondary and tertiary hospitals to respond to surge capacity through trained and well-equipped health workers and medical officers and equipped facilities; (d) set up isolation wards and intensive care units in select tertiary and secondary care hospitals; (e) implement a community engagement and risk communication strategy; (f) train social welfare workers,



particularly those supporting elder care homes, centres with special needs people and orphanages to ensure proper isolation, treatment and transportation of suspected cases and avoid spread within homes; (g) support provision of psycho-social support and community-level outreach to women and children who are experiencing domestic violence when confined to their houses.

Component 2: Strengthening National and Sub-national Institutions for Prevention and Preparedness: This component will support strengthening the capacity of national and sub-national institutions to respond to the ongoing COVID-19 pandemic and any public health emergencies that may occur in the future. In particular, it will (a) strengthen the National Institute of Infectious Diseases (NIID) by setting up a new isolation center within the premises of the NIID and expand isolation units within the institute to build capacities for future responsiveness; (b) establish Regional Quarantine and Testing Centers (QTCs) equipped with testing facilities to augment the capacity of the NIID; (c) establish Bio-Safety Level (BSL) 3 Laboratory Facilities at the National Medical Research Institute (MRI) to improve the capacity to run investigations for highly contagious diseases; and (d) strengthen laboratory facilities, infection control and waste management systems in secondary and tertiary hospitals.

Component 3: Strengthening Multi-sectoral, National institutions and Platforms for One Health: This component will support investments in the one-health approach which will strengthen emergency response systems in the long term. This will entail a convergent approach that covers food safety, the control of zoonoses (diseases that can spread between animals and humans) and combatting antibiotic resistance. Specific focus will be placed on (i) conducting a needs assessment of national protocols for detection, surveillance, and response systems for animal and human health infections; (ii) establishing a mechanism for detection of priority existing and emerging zoonoses; and (iii) conducting awareness on anti-microbial resistance among human health, agricultural, and veterinary and enforcement of related legislations. Activities under this component would be implemented in collaboration with the related Ministries and stakeholders

Component 4: Implementation Management and Monitoring and Evaluation: This component will support coordination and management of the project, including central and provincial arrangements for coordination of activities, financial management and procurement. This component would also support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning on pandemic preparedness across and within countries.

Component 5: Contingent Emergency Response Component (CERC): In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency. The allocation to this component is to minimize time spent on a reallocation of funds from programmed activities. The unused amount can be reallocated to other components if the CERC component is not triggered a year prior to project closing.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

This emergency operation has been prepared as a new stand-alone project which will be implemented throughout Sri Lanka and will contribute to strengthening COVID-19 prevention, detection and response systems, together with systemic strengthening of the national public health system for emergency response and preparedness. While the



project will have a nationwide coverage and will support emergency response and prevention measures in health institutions administered by central and provincial administration, specific health institutions selected for project financing are not yet identified and will be done during project implementation.

Sri Lanka is an island in the Indian Ocean with a land extent of 65,610 Km². It has a widely varying topography characterized by three distinct zones (peneplains) distinguishable by elevation. South Central part of Sri Lanka, the highest peneplain, is the rugged central highlands, consisting of rolling hills with peaks rising to 2500 m above sea level, steep escarpments and gorges. The land descends from the central highlands to extensive internal plains which makes most of the island's surface at 30 – 300 m above sea level elevations and the coastal belt that surrounds the island with a 1340 Km long coastline that consists of scenic sandy beaches indented by coastal lagoons, bays, heads and wetlands. Most of Sri Lanka's major rivers rise in the central highlands and flow in a radial pattern to the sea. Sri Lanka faces critical environmental challenges of which deforestation, land degradation, loss of soil fertility, soil erosion and landslides, water and soil pollution, solid waste management and human-wildlife conflict take significant proportions. Except for areas protected under the country's conservation laws, most of the island is inhabited with fairly good road access and other basic infrastructure.

Sri Lanka has a free and universal public health care system. Its health institutions are organized according to the level of service provided and are managed by central and provincial health administration. The secondary, tertiary and specialized care health institutions are located in built-up urban and peri-urban areas whilst most of the primary care hospitals are typically located in rural areas with generally good accessibility. The project will involve minor civil works as it supports the renovation and construction of regional isolation, quarantine, screening centers and laboratory facilities. These civil works are not expected to be associated with significant environment and social (E&S) impacts as these will be limited to existing facilities and their footprints (e.g., existing hospital land and other public land in typically built up areas). Another potent issue would be health care waste management and occupational health and safety of health workers. While the project may not finance the operation of these facilities, it will need to ensure adequate systems are in place for health care waste (HCW) management and infection control in these facilities. At present, Sri Lanka has limited capacity for the overall solid waste management, however, in the last decade or so, the country has made noteworthy progress in implementing the national framework for safe management of HCW. A majority of the secondary and tertiary health institutions in the country have equipment such as autoclaves, metamizers and incinerators for the disinfection and disposal of HCW which the project can use while in parallel project funds will be invested in further augmenting the capacity via procurement of necessary equipment and training. The project is not expected to impact natural habitats, indigenous peoples or cultural sites.

In order to identify and manage potential issues, the project will prepare an Environment and Social Management Framework prior to project effectiveness which will clearly set out E&S assessment requirements of each sub-component and provide guidance on the preparation of site-specific Environmental and Social Management Plans (ESMPs) as well as Health Care Waste Management Plans taking into consideration national and international protocols for infectious disease control and medical waste management.

D. 2. Borrower's Institutional Capacity

The Government of Sri Lanka (GoSL) has a number of environmental policies, regulations and standards of specific relevance to environmental protection. The National Environmental Act (NEA), administered by the Central Environmental Authority (CEA), is the overarching environmental regulation that provides the legal basis for environmental protection and pollution control in the country which it does through key regulatory instruments such



as EIA, Environment Protection License (EPL), Schedule Waste License (hazardous waste including HCW) and environmental quality standards. The CEA is the mandated regulatory agency overseeing environmental management and to some extent social management issues in the development sector. It has demonstrated technical capacity in assessing environment and social risks of development activity and has benefited from many capacity building initiatives in the past. While Sri Lanka has a strong EIA system, a number of weak areas that need improvement are observed, such as post EIA/EPL compliance monitoring and enforcement. Further, Sri Lanka requires EIA/EPL clearance only for development activity that fall within prescribed thresholds stipulated in its EIA regulations, and as such, development activities that are below the stipulated thresholds, are screened out of the process even when the potentially have serious impacts cumulatively.

With regard to the health sector, the country has a draft national policy on health care waste management prepared in 2001, national guidelines on health care waste management, a code of hygiene which the Ministry of Health has been incrementally implementing over the last decade or so. The Ministry of Health and Indigenous Medicine (MoHIM), which will be responsible for implementing the project, has been implementing Bank-funded projects in the health sector for the last 15 years or so and has been trained on numerous occasions on the application of safeguard policies. Thus, awareness on the requirements of Bank's safeguards policies, is noteworthy. However, additional support will be required by the MoHIM to build capacity on World Bank's new Environment and Social Framework (ESF) and its additional requirements. Further, the MoHIM has a Directorate of Environmental and Occupational Health (DE&OH) headed by a Deputy Director General with a separate budget line under the MoHIM. The DE&OH has a staff strength of 39 with capacity for occupational health and safety, food and drug safety, health care waste management, etc. Regarding HCWM, the DE&OH has facilitated 28 EPLs/SWLs for secondary and tertiary level hospitals in all nine provinces as of 2018 through the provision of equipment, training, evaluation and follow up support.

In terms of national labor regulations, Sri Lanka lacks a single unified labor law/code; instead, a number of statutes govern employment and industrial relations in the country, which are fairly consistent with the requirements under ESS2. Likewise, Sri Lanka's Right to Information (RTI) Act 2016 aims to promote open government, citizens' active participation in governance, and accountability to the people of the country. However, their implementation has been noted as being challenging due to their incomplete application and weak enforcement of these legal provisions.

The project will be implemented by the on-going Bank-funded Primary Sector Strengthening Project (PSSP) under MoHIMS which will be strengthened as necessary with additional staffing and resources. The PMU will recruit a dedicated Environment, Health and Safety Specialist and a Social Development Specialist within 30 days of the project effect date. Until such time these dedicated specialist are recruited, the PSSP PMU will be supported by designated specialists from (i) the Directorate of Environment, Occupational Health and Food Safety to cover environmental aspects, and (ii) the Health Promotion Bureau to cover social aspects to support the emergency operation. Technical assistance via Component 4 will be extended to the PMU, MoHIM and other key implementing partners to strengthen ESF capacity

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial



Environmental Risk Rating

Substantial

The project will have net positive environmental and social impacts, insofar as it should improve COVID-19 surveillance, monitoring and containment in the country as well as health system's preparedness for future outbreaks. The environmental risks are considered Substantial because of the current uncertainty around specific interventions to be supported at specific project locations and the associated occupational health and safety as well as health care waste management issues. The main environmental risks are: (i) the occupational health and safety issues to health workers, arising from patient care, laboratory testing, handling of supplies etc during treatment to a large extent as well as due to civil works construction inside functional health care facilities to a lesser extent; (ii) health care waste management and community health and safety issues related to the handling, transportation and disposal of health care waste, and (iii) emissions and waste generation due to construction works.

Health care waste and chemical wastes (including water, reagents, infected materials, etc.) generated from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have significant impact on environment and human health. Wastes that may be generated from health facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs/quarantine/isolation centers including sharps used in diagnosis and treatment. All of this requires special handling and awareness as it may pose a huge risk to health care workers from occupational infections and to the communities if not disposed properly.

Sri Lanka has experience in managing infectious waste. Infection prevention and control procedures in health institutions, especially higher-level facilities, are fairly standardized. Waste separation at source is almost 100% and many of the secondary and tertiary health institutions have already installed treatment capacity such as sterilizers and incinerators. However, the system is not without gaps and shortcomings. As COVID-19 is highly infectious, the project will need to exercise the highest level of due diligence in planning and implementing precautionary measures. In order to mitigate the above-mentioned risks, the MoHIM will prepare an Environmental and Social Management Framework (ESMF) which will be in line with WHO standards on COVID-19 response. The ESMF will include a generic Health Care Waste Management Plan (HCWMP) which will include specific guidance & protocols on developing site-specific HCWMPs.

Component 5 of the project will be a Contingent Emergency Response Component (CERC). The project ESMF will be updated as soon as the scope of contingency component becomes better defined during project implementation. In addition, a CERC Operations Manual will be prepared during project implementation to govern the operation of the component, this document will be aligned with the ESMF at the time of preparation and include provisions to ensure environmental and social due diligence in line with the requirements of the ESF.

Social Risk Rating

Substantial

Social risks under the project are also considered 'Substantial.' In view of gender norms and the role of women and girls as caregivers within families and the front-line healthcare workers, the risk of infection among them is of paramount concern that the project would have to attend to. Similarly, other vulnerable groups such as the elderly, poor and people with disabilities also risk not benefiting equally from public awareness campaigns, quality services in hospitals, quarantine facilities, etc., even whilst some of them are more at risk to contracting the virus. There are also increased risks for GBV and child abuse when women and children are under quarantine and self-isolation. The project will have to ensure that the quarantining interventions and health facilities are handled in a manner that would ensure dignified treatment of patients; pay attention to specific, culturally determined concerns of vulnerable groups; ensure the prevention of sexual exploitation and abuse (PSEA) and sexual harassment (SH), etc. Further, since



most of the front-line health workers are females, the project would also need to attend to the specific needs of female health care workers beyond personal protective equipment (e.g., menstrual hygiene, transport when changing shifts and returning home). Finally, prevention of social tensions, especially in the vicinity of quarantine facilities and isolation units over the spread of disease and waste management, and conflicts resulting from false information/rumors and risks from the use of security personnel for labor services in the construction of isolation facilities, will be important factors that would need to be managed through the comprehensive and effective stakeholder engagement plan.

Procurement of goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for public communications and outreach around COVID-19 can be initiated as soon as the project is approved as these activities have very limited potential to lead to major environmental and social risks and will be screened independently. However, the ESMF should be finalized before establishing the isolation units, quarantine facilities and/or undertaking construction activities at any scale. In addition, any activities with potential environmental and social risks, as outlined above, will not be carried out without the project ESMF being completed and disclosed.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring and disease containment as well as strengthen emergency preparedness of the health system for similar crisis. However, the project could also cause significant environmental, health and safety risks due to the dangerous nature of the chemicals and other materials to be used in the project-supported laboratories, treatment and quarantine facilities and generation of highly infectious health care waste.

Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health, laboratory workers, and the general public, if not properly disposed. It can also pose specific risks to multiple disadvantaged or other vulnerable groups who would be receiving treatment parallelly in the same facility for other conditions, starting with the elderly and those with compromised immune systems due to pre-existing conditions. The laboratories to be supported by the project will process diagnostics for COVID-19 and will therefore have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community around, so effective administrative and containment controls will need be put in place to minimize these risks. The relevant health facilities which will be used for COVID-19 patient treatment and isolation will generate biological waste, chemical waste, and other hazardous byproducts which if not managed and disposed properly can cause great harm.



Environmentally and socially sound health facilities management will require adequate provisions for minimization of occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling, transportation, and disposal procedures, etc. In line with WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)”, COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BSL2 labs with appropriate care. Any virus propagative work (e.g. virus culture, isolation or neutralization assays) will need to be undertaken at a containment laboratory with inward directional airflow (BSL-3 level).

Addressing the social risks of unequal access of women and other vulnerable groups to information and services under the project (e.g., female-headed households, elderly, people with disabilities, veddha community, etc), GBV and SEA/SH risks in isolation units, risks of social tensions around false rumors and concerns over spread of diseases and management of waste in health facilities, risks of health workers and other staff being infected, risks and impacts of using labour from the security forces in construction activity, etc will require a multi-pronged approach. The provision of services and supplies will be based on the urgency of the need, in line with the latest data related to the prevalence of the cases. Adequate measures need to be put in place to ensure that the medical isolation of individuals does not increase their vulnerability, especially to gender based violence and sexual exploitation & abuse, and the deployment of military personnel for construction activity does not result in adverse consequences to civilian life etc. Similar provisions will also need to be put in place for proper safety systems, with a focus on quarantine centers, screening posts, and laboratories to be funded by the project; encompassing above all OHS and waste management procedures.

To mitigate these environmental and social risks, the Ministry of Health (MoH) will prepare an Environmental and Social Management Framework (ESMF). The ESMF will include a typical Health Care Waste Management Plan (HCWMP) which will include specific guidance & protocols on developing site-specific HCWMPs, taking into consideration: (i) existing treatment and disposal methods within the facility, (ii) current treatment capacity, (iii) rapid measures needed to augment capacity and/or, (iv) alternative disposal methodologies. The ESMF will be in line with WHO recommendations and best practices in COVID-19 diagnostic testing and handling of the medical supplies, COVID-19 response, disposing of the generated waste, and road safety. For each unit in health institution, quarantine facility, laboratory that will be supported by the project with regard to COVID response, a site specific ESMP and a site-specific HCWMP will be developed based on guidance in the ESMF before any construction and operation works (e.g. of the labs) begin, respectively. In order to address risks associated with gender-based violence as well as equal access to information and services, the ESMF will also draw on COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific, UN Women, 2020 and the COVID-19 resources to address gender-based violence risks, WBG EHS Guidelines relating to community health and safety, CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings’ (19 March 2020), to name a few. In addition, the ESMF will also screen and identify the risks related to contracting and/or utilizing security forces to support construction of isolation units supported under the project. In doing so, the environmental and social assessment will be guided by the principles of proportionality and GIIP, and by applicable law, in relation to engaging security forces, rules of conduct, training, equipping, and monitoring of security forces.



Consultations and disclosure for the ESMF will be carried out in line with the recommended social distancing measures for COVID-19 prevention and will make use of IT based apps and technology. Disclosure of the ESMF will be done via the MoHIMS website locally. As for the CERC component, methodology for E & S risk mitigation and implementation arrangements will be included in the CERC operations manual to be prepared.

ESS10 Stakeholder Engagement and Information Disclosure

Once approved, the project will establish a structured approach to stakeholder engagement and public outreach that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with combating COVID-19 and emergency preparedness. In addition to the project-specific ESMF to be prepared, in line with the provisions of the ESCP, the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project, will be applied to engage citizens as needed and for public information disclosure purposes. Within one month of project effectiveness, this SEP will be updated to include more information on the environmental and social risks of project activities and new modalities that take into account the need for improved hygiene and social distancing. The updated SEP will also include a more elaborate Grievance Redress Mechanism (GRM) for addressing any concerns and grievances raised.

The updated SEP will acknowledge the particular challenges with engaging marginalized and vulnerable social groups such as COVID19 patients, elderly, persons with disabilities, veddha community, etc., while keeping a clear focus on those who are most susceptible to the transmission of the novel coronavirus. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in the US-based Centers for Disease Control (CDC) for patients with confirmed COVID-19 or persons under investigation for COVID-19 in health care settings. People affected by or otherwise involved in project-supported activities, including different types of health care workers, will be provided with accessible and inclusive means to raise concerns or lodge complaints, via the Grievance Redress Mechanism (GRM) included in the SEP. Component 1 will also include a well-articulated communication campaign aimed at community mobilization and instilling behavioral change through sharing of accurate information. The project will be able to build in additional communication needs identifies through stakeholder engagements such as ensuring equitable access to services, counteracting isolation and uncertainty that comes from people being kept in quarantine etc., into the community health communication campaign.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

Activities supported by the project on COVID emergency response and surveillance will be conducted by health workers and laboratory workers while health administrators will be predominantly involved in strengthening of health systems for emergency preparedness, all of whom are civil servants employed by the MoHIM. During emergency response, the key risk involved is contamination with COVID-19 (or other contagious illnesses as patients taken seriously ill with COVID-19 are likely to suffer from illnesses which compromise the immunes system, which can



lead to illness and death of workers). The project will ensure the application of OHS measures as outlined in WHO guidelines which will be captured in the ESMF. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection prevention and control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, posting of signage in all public spaces, mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and industry specific EHSs and evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops experience addressing COVID-19 globally over time.

The use of child labor will be forbidden in accordance with ESS2, i.e. due to the hazardous work situation, for any person under the age of 18; this requirement will also be applied to security personnel to be deployed under the project for limited construction works. Further, since these facilities (excepting quarantine centers) are expected to be built within existing hospital premises, it will pose certain risks to the labour work force. Therefore, all workers will need to have access to necessary PPE and hygienic facilities as well as basic OHS training. No large-scale labor influx is expected as the scale of construction envisaged is minor to moderate. In line with ESS2, prohibited is the use of forced labor or conscripted labor in the project, both for construction and operation of health care facilities.

The project will also ensure a basic, responsive grievance redress mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime via the MoHIM.

ESS3 Resource Efficiency and Pollution Prevention and Management

Wastes that may be generated from labs, screening posts, quarantine facilities and isolation wards to be supported by Component 1 and 2 of the project will primarily include: (i) infectious waste consisting of blood and its by-products, cultures and stocks of infectious agents, wastes from patients from isolation wards, discarded diagnostics samples containing body fluids, and other contaminated material such as cotton swabs and bandages, (ii) pathological wastes consisting of surgically removed body parts, (iii) sharps including syringes, needles, scalpels and blades, and (iv) other general wastes including bed sheets, patient's clothes & paraphernalia. In addition, labs will generate chemical wastes from used reagents. All of this requires special handling and awareness as it may pose a huge risk to health care workers from occupational infections.

Each beneficiary health institution, lab or medical center, will prepare a site-specific HCWMP following guidelines provided in the ESMF (refer ESS1 above), WHO COVID-19 guidance documents, the World Bank Group Environmental Health and Safety Guidelines for Waste Management Facilities and other best international practices in order to prevent or minimize accidental infections resulting from contamination. As mentioned above, any project financed activity with potential for environmental and social risks will not be carried out until an updated, consulted and disclosed ESMF is in place for the project and necessary site-specific plans are prepared in accordance. The ESMF will also include guidance related to transportation and management of samples, medical goods and expired chemical products. Resources (water, air, etc.) used in quarantine facilities and labs will follow standards and measures in line with US-Center for Disease Control (CDC). Regular hospital infection control protocols will be strengthened where



needed with WHO environmental infection control guidelines for medical facilities and any evolving COVID specific guidance. While doing the refurbishment and new constructions, ESS3 recommendations for resource efficiency measures will be taken into consideration. Construction waste that will be generated during any partial demolition of existing facilities for renovation, if applicable, and in the new constructions will be managed according to guidelines set out in the ESMF and the site specific ESMPs prepared accordingly.

ESS4 Community Health and Safety

In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from potential COVID-19 as well as other infectious diseases. As noted above, health care wastes as well as general waste from labs, health centers, and quarantine and isolation centers have a high potential of transmitting pathogenic micro-organisms that can infect the community at large through contamination of land, water, air or through direct contact, if they are not properly disposed of. There is a possibility for pathogens to be introduced into the environment if waste streams are not well contained/managed or due to accidents/emergencies e.g. a fire response or natural phenomena event (ex: Landslides).

The HCWMP in the ESMF therefore will describe: (i) how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines), (ii) measures in place to prevent or minimize the spread of COVID-19 and other infectious diseases, and (iii) emergency preparedness measures. Based on this, site-specific plans will be derived. Laboratories, quarantine and isolation centers, and screening posts, will thereby, have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the work place back into their communities.

The operation of quarantine and isolation centers needs to be implemented in a way that both the wider public, as well as the quarantined patients are treated in line with international best practice as outlined in WHO guidelines referenced under ESS1 which covers basic requirements in infrastructure design, accommodation and supplies, communication and gender-sensitive, culturally appropriate treatment of quarantined people and thereby respecting their fundamental rights.

Some project activities may give rise to the risk of Gender Based Violence (GBV), in particular Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks. Further, the project will employ military personnel for civil works such as the renovation and construction of isolation wards, screening facilities etc in the initial project period until such time conditions are conducive for civil contractors to resume work. While the military has established rules of engagement with civilian authorities, the project would review this and strengthen where necessary, to ensure that the use of the military in project activities will not result in adverse consequences to community health and safety, including in matters relating to GBV and SEA/SH. The ESMF that includes a GBV risk assessment and preventive measures, security risk assessment and preventive measures will be prepared and implemented if found pertinent. The project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers.



The project will also ensure via the above noted provisions, including stakeholder engagement, that isolation centers and screening posts are operated effectively throughout the country without aggravating potential conflicts amongst neighboring communities and between different groups. A project-level GRM as required by ESS10 will be instituted and will be equipped to respond to grievances the community may have on project related issues, including those related to security and the use of security personnel.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is currently considered Not Relevant. The project is expected to carry out all renovation and new construction activities either within existing hospital premises or established footprint belong to the GoSL. As such, no land acquisition is envisaged or required. As part of due diligence measure, land belonging to the government or in the existing footprints of the facilities, will be documented as unencumbered before works can move forward.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

All construction or rehabilitation activities, waste disposal facilities etc. to be financed by the project are expected to take place within existing facilities and footprints. Hence, impacts of the project on natural resources and biodiversity are likely to be none or low, as such this standard is considered Not Relevant.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This ESS is Not Relevant for this project since there is no evidence of Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities, as defined under ESS7, that would be affected by the project.

ESS8 Cultural Heritage

Project activities are highly unlikely to involve risks or impacts on tangible or intangible cultural heritage. Even so, the Standard is considered Relevant as a precautionary measure. While cultural heritage sites are relatively well documented in Sri Lanka, proximity of selected hospitals to such places are not known as the beneficiary hospitals are yet to be identified. . Since all constructions will take place in existing foot prints, there will be no direct adverse impacts to cultural resources in close proximity. If at all, there could be minor indirect impacts from ongoing construction activity. The ESMF will include due diligence procedures in line with ESS8 to screen for risks and impacts on cultural heritage and include chance find procedures.

ESS9 Financial Intermediaries

Given the nature of the project this standard is not relevant as there will be no FIs be involved.



C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

There are no disputed waterways in Sri Lanka, hence the policy does not apply

OP 7.60 Projects in Disputed Areas

No

Project is not in disputed areas, hence the policy doesn't apply.

III. BORROWER'S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Designate formally a specialist from (i) the Directorate of Environment, Occupational Health and Food Safety to manage the environmental aspects and (ii) the Health Promotion Bureau to manage the social aspects, both within the MoHIMS to cover ESMF requirements in the initial project implementation period. Environmental and Social Specialists from existing Bank project PMUs to provide implementation support in line with the ESCP to the MoH	03/2020
Prepare a project specific ESMF	04/2020
Recruit an Environment, Health and Safety Specialist and a Social Development Specialist to the PMU to deliver the ESMF	05/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Prepare updated SEP for disclosure	04/2020
ESS 2 Labor and Working Conditions	
Incorporate occupational health and safety measures, specifics on labor and working conditions, into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.	
Establish worker's GRM	
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Prepare HWMP as part of updated ESMF	04/2020
Prepare site-specific HCWMP plans	
ESS 4 Community Health and Safety	



Relevant aspects of this standard will be incorporated in the ESMF as needed, including, inter alia, measures to: minimize the potential for community exposure to communicable diseases; ensure that individuals or groups who, because of their particul	04/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
Cultural heritage screening and chance find procedures to be incorporated into the ESMF	04/2020
ESS 9 Financial Intermediaries	

B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?

No

Areas where "Use of Borrower Framework" is being considered:

This project will not use the borrower framework

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Democratic Socialist Republic of Sri Lanka

Implementing Agency(ies)

Implementing Agency: Ministry of Health, Nutrition and Indigenous Medicine

V. FOR MORE INFORMATION CONTACT



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VI. APPROVAL

Task Team Leader(s):	Deepika Eranjanie Attygalle, Mohini Kak
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 25-Mar-2020 at 15:10:6 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 25-Mar-2020 at 18:02:47 EDT