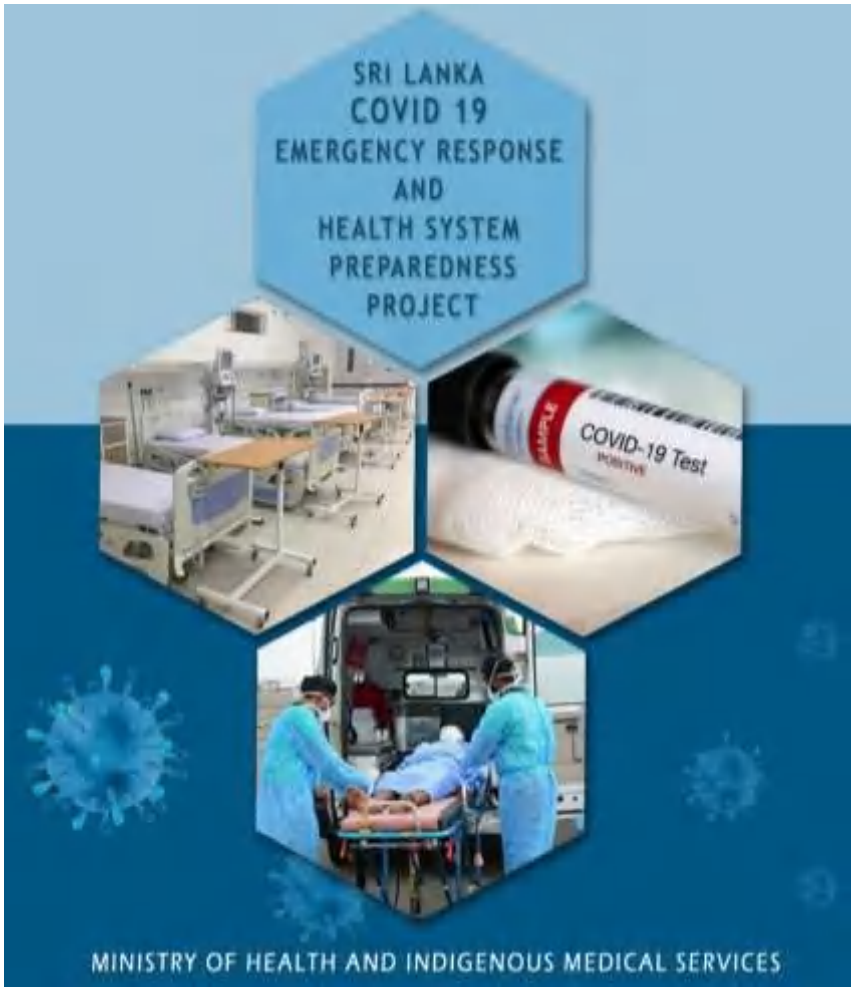
Environmental and Social Screening Report & Management Plan (ESSR & ESMP)

Establishment of Infectious Disease Hospital (IDH) at Hambantota District General Hospital

June 2021



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Abbreviations

BH	Base Hospital
CEA	Central Environmental Authority
CoV	Corona Virus
CoVID	Corona Virus Disease

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

1. Executive Summary

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

Within the proposed objectives and frameworks, the project will facilitate setting up and strengthening the capacity of isolation wards and intensive care units (ICUs) in selected tertiary and secondary hospitals under sub component 1.1 (Strengthening Health System Response) of component 1 (Emergency COVID-19 Response). To facilitate the above objective, GoSL has chosen the old Hambantota General Hospital in Hambantota district of Southern Province, as its first sub project to be established as a special care unit for treatment of infectious disease. The existing 4 story hospital building will be refurbished to an Infectious Disease Hospital (IDH) facility. The sub project interventions will facilitate the setting up of 6 High Dependency Units (HDU), 18 Isolation Rooms and 4 Isolation wards (54 beds in each) along with the required health care waste management facilities.

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

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

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

The Hospital Director at the IDH and the PMU/MoH will be responsible for ensuring E&S compliance as specified in the ESMP for the IDH in Hambanthota throughout the project cycle. The contractor's focal person for social, environmental and safety matters and the Social and Environment specialists

of the PMU will directly oversee and facilitate the process. They PMU will present updates/reports on the relevant monitoring indicators to the World Bank on the status of implementation.

2. Introduction & Background

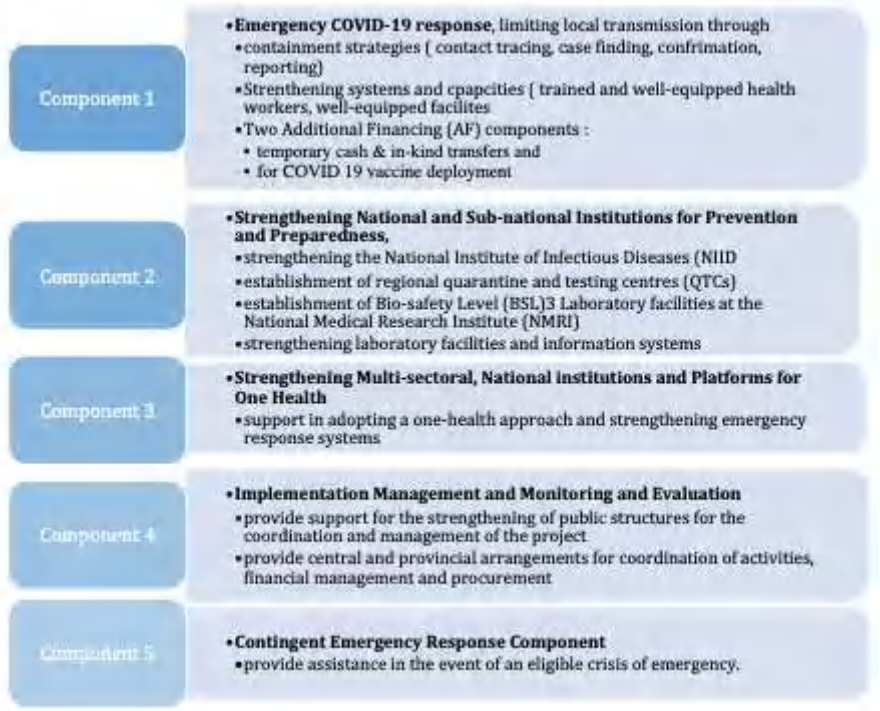
Sub-project Background

COVID-19 is one of the highly transmissible infectious disease emerged in the world, similar to the Spanish flu which appeared back in 1918. With the increasing need of hospital space and beds to treat COVID-19 patients, the newly built four storeyed building on the right side old Hambantota Hospital was converted to a COVID-19 treatment centre in May 2020 taking all possible precautions for the safety of people in the area. It is still functioning as a Level 3 COVID-19 treatment hospital accommodating with nearly 200 patients. This has created the need to transform this separate section of the old Hambantota Hospital to a full equipped Infectious Disease Hospital similar to the IDH in Angoda, as a long term cost effective investment which would also bring in socio-economic benefits to the people in this area. The upgrading of the old Hambantota Hospital to a full equipped IDH will be financed from the Sri Lanka COVID-19 Emergency Response and Health Systems Preparedness (P173867).

Project Background

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

The Project comprises of **five components,**



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

3. Legal Framework and World Bank's ESF

World Bank's ESF

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

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

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

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

The Environmental and Social Management Framework (ESMF) outlines a framework for environmental and social management for the Project, in compliance with the ESF and ESSs. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about project and any activities related to the project. The LMP identifies main labor requirements, the associated risks, and necessary measures to address the project-related labor issues to promote sound worker-management relationships and to enhance development benefits of the project by treating workers in the project fairly while also providing them with safe and healthy working conditions.

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

National Polices and Legal Framework

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

- Constitution of Sri Lanka: Chapter 3 of the Constitution of Sri Lanka enshrines fundamental Rights, including the right to equality and the right to be free from discrimination on the grounds of race, religion, language, caste, sex, political opinion, and place of birth.
- **National Environment Act (NEA)**
  In Sri Lanka the NEA No 47 of 1980 and its amendments (No 56 1988 and No 53 of 2000) are the basic legal documents that regulate hazardous waste and consequently HCWM in the country.
  Part II of the National Environmental (Protection & Quality) regulation No. 01 of 2008 includes "Health care service centers generating infectious wastes, including medical laboratories and research centers" as a prescribed activity that requires a license.
  Schedule VIII lists Healthcare waste as a scheduled waste from specific sources that no person shall generate, collect, transport, store, recover, recycle or dispose except under the

licence issued by the Authority and in accordance with standards and other criteria as may be specified by the Authority. Accordingly, every HCF is legally responsible for the proper management of HCW from the point of generation until its final disposal to ensure minimum environmental and public health impacts.

- **Draft National Policy on Healthcare Waste Management**
  The Government of Sri Lanka drafted a comprehensive national policy on HCWM in 2001.
  The draft National Policy for Healthcare Waste Management states that all healthcare waste generated by the medical institutions of the public and private sector must be safely handled and disposed of. It states that every hospital is legally responsible for the proper management of waste that it generates until its final disposal and considers HCW as an integral part of hospital hygiene and infection control. Though the draft policy was submitted to the Cabinet of Ministers approval could not be obtained t couldn't get was and referred to different agencies for their feedback, official approval was not granted, due to a cabinet reshuffle and remains as it is up to date.

- Policies and regulations promoting gender equality, prevention & response to SGBV in Sri Lanka include:
  - Women's Charter of Sri Lanka:
  - Assistance to and Protection of Victims of Crime and Witness Act No. 04 of 2015,
  - Policy Framework and National Plan of Action to address SGBV in Sri Lanka (2016-2020)
  - National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence in Sri Lanka (2017-2021).
- Key legislature supporting rights of vulnerable groups including elderly and disabled:
  - National Charter for Senior Citizens and National Policy for Senior Citizens Sri Lanka (2006):
  - The Protection of the Rights of Persons with Disabilities Act no 28 (1996)
  - The Visually Handicapped Trust Fund Act.
- The Right to Information Act No. 12 of 2016 (RTI) established the principle of 'open government' and citizens' access to information in Sri Lanka, in order to foster a culture of transparency and accountability in public authorities

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

- Terms and conditions of employment are governed by the Wages Board Ordinance No. 27 of 1941, the Shop and Office Employees' Act No. 19 of 1954, and the Employment of Trainees (Private Sector) Act No. 8 of 1978.
- Labour/industrial relations are governed by the Trade Unions Ordinance No. 14 of 1935, the Industrial Dispute Act No. 43 of 1950, the Termination of Employment of Workmen (Special Provision) Act No. 45 of 1971, and the Employees' Councils Act No. 32 of 1979.
- Well-being of employees is governed by the Employment of Women, Young Persons, and Children Act No. 47 of 1956, the Maternity Benefits Ordinance No. 32 of 1939, and the Employment of Females in Mines Ordinance No. 13 of 1937.
- Occupational safety and health is governed by the Factories Ordinance No. 45 of 1942 and the Workmen's Compensation Ordinance No. 19 of 1934.

The ESMF also takes into account relevant health policies such as those on quality and safety, emergency care, maternal and child health, mental health, environmental health and health information. Some of the key national policies the subproject activities will be governed by include:

- National Health Policy (2016 – 2025)
- National Health Promotion Policy (2010)

- National Policy on Healthcare Quality and Safety (2015)
- Accident and Emergency Care Policy of Sri Lanka (2015)
- National Immunization Policy (2014)
- Mental Health Policy of Sri Lanka (2020 - 2030)
- Non Communicable Disease Policy 2009
- National Code of Hygiene (2008)
- Infection control Manual (2005)

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

4. Location and Sub-project Description

Socio-Economic Characteristics:
The District General Hospital Hambantota is the only General Hospital in Hambantota district in the Southern province of Sri Lanka. Hambantota District has a population of 647,000 of whom 96% are considered rural residents. Some 13.4% of the labor force of 244,847 is unemployed — in comparison to the national average of 8.3%. District General Hospital Hambantota is in Hambantota DS division and is located closer to the Southern Expressway about 7 km from the Hambantota town.

The Old Hambantota General Hospital (HGH) is located within the Hambantota Municipality Council city limits though it is not a a densely populated area. However this hospital is within close proximity to schools and religious institutions. Hambantota Primary School and St Mary's College are located on either side of the hospital, approximately 10m and 100m from the proposed Infectious Disease Hospital(IDH) building respectively. The closest religious institution, our Lady of Sorrows Catholic Church is around 300m. Hambantota Primary school has approx 1500 children and St Marys College (Type 1C school) has approximately 2000 children from grade 6 to 13. In addition a considerable number of local businesses and boutiques are located along the same road as the hospital.

Old Hambanthota hospital is not located in a densely populated area like IDH Angoda, and the land extent of the hospital which is nearly 8 acres in extent creates a serene environment necessary for patients disturbed by an acute illness such as infection. Further it geographically provides easy access to Hambantota district, from other districts of Southern Province, and also to Uva, Eastern and Central provinces. With the Southern express way, even patients from Western, North Western and Sabaragamuwa provinces could be transported to this facility within 2-4 hours.

Environmental Characteristics:
Hambantota District is located on the southeastern coast of Sri Lanka. It has an area of 2,593 km² and a very dry climate. The land use around the site is built up as it is within the urban landscape of Hambantota. There are large trees in and around the hospital premises, and coastal wetland areas north of the rear perimeter of the hospital. While these coastal wetlands do not seem to be connected via surface water, during monsoonal weather connections are likely to be formed. The larger wetland strip is connected to the Karagan Lewaya most of which was converted to a Port

several years back. The original Karagan Lewaya was a declared wildlife sanctuary for it was feeding ground for a variety of avifauna including migratory ones. Distance to the Hambantota Bay from the hospital is about 1km . Hambantota harbour is situated 2km away from the hospital. Other than these features, there are no other sensitive ecological receptors in the immediate environment as this is an urban area.

Subproject Description

The main objective of the proposed investment is to establish a special care unit for treatment of infectious diseases in the old HGH. The following table provides a snapshot of the proposed intervention.

Location	Existing COVID Treatment Center, Hambantota old general hospital
Planned works:	Existing four-story building (with basement) will be renovated. Following facilities will be provided: • 6 High Dependency Units (HDU) with 3 beds in each • 18 Isolation Rooms with attached toilet, 2 beds in each • 4 Isolation wards with 54 beds in each (see annex 4 for building plan for each floor)
Estimated subproject value:	Rs. 220 Million without VAT
Anticipated Construction period	6 months
Anticipated Labour Gang Strength	150 – 160 laborers approximately

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

Description	Area/m^2	Features
Access to the building		• Internal asphalt road – width 5m • External asphalt road - width 5m (only for an emergency)
Basement and ground floor		• Renovation of existing Central Sterile Services Department (CSSD) unit and other existing facilities
First floor		• High Dependency Unit (HDU) -2 Nos with 3 beds in each • Isolation Rooms - 18 with attached toilet and 2 beds in each • Separate dirty and clean corridors (Corridors with contaminated air are called as dirty corridors (Area with negative pressure environment to avoiding leakages of contaminated air to the surrounding environment before filtration. Clean corridors always have fresh non contaminated air, and can walk without PPE.
Second floor-Third floor		• 2^{nd} floor has 2 Nos of wards having 54 beds

		(total 108 beds in 2nd floor) and 2 Nos of HDUs with 3 beds per each (total 6HDU beds in 2nd floor) • 3rd floor has 2 Nos of wards having 54 beds (total 108 beds in 3rd floor) and 2 Nos of HDUs with 3 beds per each (total 6HDU beds in 3rd floor) • Separate dirty and clean corridors
Lift and machine room floor	48	• Lift machine room • 1 bed lift
Water tank floor	127	• Overhead water tanks
Electrical and mechanical system		• Mechanical ventilation system will be provided
Medical gas system		• HDU and selected beds in wards
Generator and transformer		• Repair existing Generator
Waste collection and segregation		• General and Infectious waste collection, segregation and storage until final disposal. (While several suggestions have been made on final disposal, this will be discussed further and costs associated with the safe disposal of HCWM will not be included in the current contract price)
Sewerage and waste water		• Directed existing Sewerage treatment plant (The hospital has a wastewater treatment facility, however, it is malfunctioning presently. A separate discussion will be carried out for the review of its existing state and recommendations on rectifying/expanding the system. As such, WWT costs will not be included in the current contract price)
Storm water		• Directed to natural drain and thereafter to the sea
Boundary		• The boundary wall between the proposed IDH building and the school will be raised to create a physical as well as a visual barrier between the hospital and the surrounding.
Access		• Separate access will be provided • This access path is not limited to the proposed facility. Therefore, this estimate includes fencing, arranging barriers (gates) to limit free movements to other areas of the hospital.
Laboratory		• Convert existing laboratory to PCR Lab

Primary school boundary wall and proposed IDH building

Non-functional sewerage treatment unit at the far end of the land

Proposed IDH building

5. Analysis of Alternatives:

Hambantota District General Hospital (Old) was a well-functioning DGH with all facilities including ICU and theatre complexes, then the New DGH Hambantota was built with a donation from Netherlands and made operational since July 2019. All the units of the old hospital were transferred to the new hospital, while the OPD, Eye ward, Chest Clinic and STD clinics continued to function in the old hospital. This shift of service locality has brought on many advantages such as easy accessibility via Southern Expressway, use of high tech equipment and increased bed strength. On the other hand the old hospital which is also still functional got almost abandoned and the city became quite deserted collapsing livelihoods of many business community around the old hospital and even making roads deserted to an extent increasing risks of gender based violence.

COVID-19 is a highly transmissible infectious disease emerged in the world, similar to the Spanish flu which appeared back in 1918. With the increasing need of hospital space and beds to treat COVID-19 patients, the newly built four storeyed building on the right side of the main hospital (old) complex was converted to a COVID-19 treatment centre in May 2020 taking all possible precautions for the safety of people in the area with the support of local business community and Sri Lanka Army. It is still functioning as a Level 3 COVID-19 treatment hospital accommodating with nearly 200 patients. Almost a year has passed, no major social resistance from the community around the hospital has come up including the adjacent Hambantota Primary School. Moreover, spread of COVID-19 from the hospital to the surroundings of the hospital has not been reported to date, confirming the adherence of infection control measures and safety measures to the expected standards of an infectious hospital.

This has created the need to transform this separate section of the old Hambantota Hospital to a full equipped Infectious Disease Hospital similar to the IDH in Angoda, as a long term cost effective investment which would also bring in socio-economic benefits to the people in this area. Old Hambantota hospital is not located in a densely populated area like IDH Angoda, and the land extent of the hospital which is nearly eight acres in extent creates a serene environment necessary for patients disturbed by an acute illness such as infection. Further it geographically provides easy access to Hambantota district, from other districts of Southern Province, and also to Uva, Eastern and Central provinces. With the Southern express way, even patients from Western, North Western and Sabaragamuwa provinces could be transported to this facility within 2-4 hours.

The liveliness that was lost in this city with the relocation of the hospital complex can expected to be returned, with the plan of re-vitalizing the Hambantota (Old) hospital to a functional IDH Hambantota, while continuing the Out Patients Department, Eye unit, Chest clinic, STD clinic, Oncology unit and Primary Care unit with maternal & childcare clinics and Healthy Lifestyle clinics. Therefore this is the best location to establish the second IDH in the country using the existing infrastructure and facilities.

Additional expenditure of building a new facility would also be prevented as the existing infrastructure can be utilized. Hence this project will not only strengthen the healthcare system of Sri Lanka in a cost-effective manner, but also create socio-economic benefits to the people in this area.

The other site that has been considered is the new Hambantota General Hospital, however, the land space required for an IDH is not available in its present premises. Other alternative sites have not been pursued strongly as this would mean acquisition of land, higher costs and time taken to put up the IDH as the facility is an emergency intervention and operational complexities around mobilising medical staff between three hospitals for the same catchment area.

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

Potential impacts are considered under the three key phases of project cycle: design, construction and operation of the proposed IDH Hambantota.

1. **Design Phase**
    - **Ventilation**

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

Therefore, the ventilation system in the proposed IDH has been designed to circulate fresh air as much as possible. The air conditioning system has been designed to circulate fresh air with increasing flow rates.

- **Adopt Inclusive Design Principals:**

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

2. Construction Phase

- **Construction related impacts**

The construction activities will primarily include renovation of an existing building and retrofitting it to the requirements of an IDH. Major demolition and construction activities that involve piling etc are not envisaged as the basic building is existing. Nevertheless, some demolition within the building for retrofitting, reconstruction including tile cutting, flooring, plastering, installation of service line and various medical equipment etc will take place, all of which will cause air and noise pollution and the generation of construction debris which needs careful disposal.

While most of the hospital operation has been shifted to the new hospital, some functionalities remain here such as OPD and various clinics. The dust and noise will be a nuisance to these patients and working staff, hence care need to be taken to mitigate adverse impacts to tolerable levels. Also, the hospital premise is quite expansive (approx. 2 acres), hence finding suitable space for temporary waste storage prior to transport in a way that it doesn't cause a hazard to users is not a problem.

- **Resettlement Risk and Impacts**

The sub-project will not generate any resettlement risks or impacts. The subproject will be a renovation of an existing hospital premises in land (nearly 8 acres in extent) belonging to MoH. As such, no land acquisition is required.

- **Risks and impacts during clearing of the existing building**

This facility is being used for COVID-19 treatment currently. To vacate the existing building for renovation, the hospital administration has planned to stop admitting new COVID19 patients three weeks prior to commencement of construction. Therefore at the end of three weeks, there won't be any COVID19 patients undergoing treatment, hence no existing COVID19 patients will be inconvenienced and would require to be transferred to an alternate site. Therefore the hospital administration will arrange another center in Hambantota for treatment of COVID-19 patients and all new COVID 19 will be directed there during construction period.

Once COVID19 patients are no more, the existing building will be disinfected as per the disinfection procedure recommended for COVID-19 by the Consultant Microbiologist of Hambantota DGH before it is handed over for construction. The process will be supervised by a team comprising of the Consultant Microbiologist, Infection Control Nursing Officer and Public Health Inspector of Hambantota DGH.

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

As the hospital is situated within close proximity to schools, religious institutions, private businesses, other public facilities and settlements, there could be concerns relating to the spread of disease, risk of contamination and inadequate waste management, especially among the neighborhood of the hospital. Further, as the pandemic spreads and the health systems struggle to cope with the caseloads, if any delays in timely completion of the facility, patients may face challenges in accessing timely health services to receive treatment for COVID19, which could further fuel social unrest. Conflicts may also arise from false information/rumors, and inadequate consultations with relevant stakeholders.

Understanding these potential social risks and impacts of public opposition, social tensions, and conflicts, the project has conducted extensive consultations with medical and district authorities, nearby schools, religious institutions, business community, civil society and the general public to understand their concerns and fears and engage all types of stakeholders in identifying risks & impacts and engage them in decision-making on planning for mitigation measures. In addition, key stakeholders were provided with timely, relevant, & understandable information about the project, its risks/impacts and mitigations measures.

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

- **Labor Influx related risks & impacts**

Security forces will not be involved in the rehabilitation or IDH operations activities. A private contractor will be procured to carry out the renovation works. It is estimated that 30,000 man hours are required on average to complete the activity in the proposed IDH facility in Hambantota. If it is assumed that the activity will be completed within 6 months, a workforce of around 150 - 160 would be needed on a daily basis to carry out the works. One third of the workforce (around 50 employees) need to be skilled workers and two thirds (around 100) need to be unskilled workers.

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

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

- **Construction related OHS issues**

The proposed project doesn't envisage any excessively hazardous activities as the building is already there. However, there will be activities that will be hazardous in nature such as working at heights, cutting and demolition, electrical work etc. In addition, there is a threat of work force being infected with COVID. The ESMP carries measures for minimizing OHS risks which has also taken into consideration the recent guidelines published by the Ministry of Health (MoH) on COVID-19 prevention protocols for the construction sector. In addition, screening for COVID-19 symptoms will be done on a regular basis among the work force.

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

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

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

- **SEA/SH Risks & Impacts**

As the proposed hospital is within proximity to schools, religious institutions and other public facilities, with the labor influx due to the rehabilitation works, there could be increased risks pertaining to sexual exploitation and abuse and sexual harassment (SEA/SH) of women and children in the community as well as within the hospital premises. Measures to address SEA/SH risks under the subproject will include:

- **Information and communication**: Publicly post or otherwise disseminate messages clearly prohibiting SEA/SH during the provision of health care. Key messages to be disseminated will focus on: i) No sexual or other favor can be requested in exchange for any services or support; ii) Staff Code of Conduct strictly prohibits all forms of SEA/SH engaging in sexual exploitation and abuse; iii) Any case or suspicion of sexual exploitation and abuse can be reported to the hotline, GM or citizen engagement/feedback mechanism.
- **Prepare/adopt Codes of Conduct and safety protocols:** Implement Codes of Conduct for all staff, information and notices stating zero tolerance on SEA/SH. Prepare and implement GBV/SEA/SH and child protection protocols at the health center, as well as include GBV screening so survivors can be referred to support services.
- **Strengthen Service provision:** Strengthen GBV and child protection service provision through the access to help/hotline services eg: Mithuru Piyasas, Women In Need (WIN), and functioning GRM ensuring that it is accessible by female beneficiaries. Ensure that the Project GRM will have a mechanism for confidential reporting with safe and ethical documenting of GBV issues. Train first responders (i.e. Health workers) who are part of the outbreak response with the basic skills to respond to GBV. .

Risks of accidents due to heavy traffic - As two schools are located within very close proximity to the subproject site, can expect heavy traffic during school hours. With the commencement of construction activities and due to transport of construction goods, material & equipment by heavy vehicles, the risks of traffic congestion and accidents would be very high. Measures to avoid/mitigate road accidents including transport disruptions due to unexpected traffic will be implemented by the

Police during the subproject implementation period. The measures will be described in the ESMP specifically to safeguard children and patients from accidents and to ensure smooth flow of traffic during the implementation period.

3. Operation phase

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

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

The disposal of untreated hospital wastewater which contains antibiotic-resistant bacteria is also a matter of concern. Improperly treated wastewater can end up in the coastal waters and groundwater aquifers polluting water bodies significantly. If hospital wastewater and sewer systems are not managed properly, it can lead to extensive levels of environmental pollution leading to severe adverse health outcomes to humans. Due to the hazardous nature of the hospital sewer and wastewater, it needs proper treatment before it is discharged. Currently, the wastewater treatment plan in the hospital is not functioning properly and it is thought untreated wastewater flows into the environment. The risk will worsen once a full IDH is developed as infectious wastewater flowing into the environment (as it is happening now) will be a disaster.

Considering emerging and re-emerging infectious diseases (now and in future), it is very much essential to manage this highly infectious waste properly. Additionally, waste discharges from sewers can be a significant issue due to the infectious nature of the discharge leading to disease transmission. Wastewater discharges from the laundry too is hazardous and need to be managed properly. Mismanaged healthcare waste produced in this facility can give rise to social issues as well. Issues in aesthetic appearance and odor can be very sensitive social issues especially since it is bordering a Primary School.

Plan of the hospital administration is to incinerate solid HCW at the hospital premises itself via establishing a facility to incinerate. Bottom ash will be disposed of in a pit designed for the purpose. Other alternatives considered are transferring HCW to the incinerator of the new hospital or handing over the waste to an authorized private sector waste manager. In the case of using the incinerator in the new hospital, vehicles for waste transportation will be needed as per the requirements. In the case of either option, which is yet to be discussed and agreed upon, HCW storage facilities onsite will be needed. Once a proper disposal method is identified and implemented, the new IDH can apply for the Scheduled Waste License (SWL) from the Central Environmental Authority (CEA). In addition, if waste transportation is involved, that too will need to be approved by the CEA.

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

As for wastewater treatment, the existing system will need to be revisited for an expert opinion on how and if it can be repaired and upgraded it to cover the new IDH requirements also and will be part of the project.

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

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

- **Occupational Health and Safety**

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

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

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

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

- **Recruitment of relevant categories of staff to the newly established Infectious Disease Hospital**

  The staff working in the existing COVID-19 treatment unit of the Hambantota Hospital which will be renovated and transformed to the IDH Hambantota under this project, are mainly shared from the New District General Hospital Hambantota. Once the IDH Hambantota become fully functional, the staff utilized from the DGH Hambantota will need to be reversed, to ensure the well functioning of the DGH Hambantota. New staff to this unit will have to be recruited from the relevant medical officer, specialist medical officer and other healthcare staff regular recruitment process of the Ministry of Health through transfer lists.

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

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

Insufficient accommodation and servicing requirements, lack of universal access, inadequate provisions for additional support to vulnerable groups, and absence of dignified treatment of patients and their families in health care facilities, are important considerations under the project during the operational phase. Further, there is also increased risks relating to GBV/SEA/SH, child abuse, etc., while in quarantine/self-isolation at treatment centers. Prevention of sexual exploitation and abuse and sexual harassment, ensuring minimum accommodation and servicing requirements in health care facilities including dignified treatment of patients and their families; attention to specific, culturally determined concerns of vulnerable groups, are issues that will require close attention while managing the social risks during the operations of health centers. Similarly, some vulnerable groups (especially the elderly, people with disabilities or those with pre-existing medical conditions) may be severely affected by COVID-19 and may need additional support to access treatment. Therefore the subproject will take the needs of vulnerable and high risk groups into consideration and measures in place to address these needs during the operation phase.

7. Environment and Social Screening

Questions	**Answer**		**Remarks**	**ESS relevance**	**Due diligence / Actions**
	Yes	No			
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?	Yes		The sub project involves upgrading of an existing four story building to an IDH .	ESS1	Implement subproject ESMP. Include ESMP in bidding documents. Workers to sign Code of Conduct.
Does the subproject involve land acquisition and/or restrictions on land use?		No	This is an existing hospital building that will be used which is owned by the MoH.	ESS5	*None*
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?	Yes		Beds, ventilators, HDU equipment, PCR machine, waste treatment equipment are some of the needed equipment	ESS5	All primary suppliers to follow labor Management procedures.
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?	No		The clinical waste of this facility will be managed using an incinerator on site. Sewerage treatment too would be done on site.	ESS3	Waste Management Plan will be prepared and implemented during the operations phase.
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?	Yes		The capacity will need improvement and the project will identify these gaps and address them. Infection control of the IDH will be technically	ESS1	The facility will have to obtain EPL and SWML licenses from the Central Environmental Authority for its

			supervised by the Consultant Microbiologist and administratively by the Director of the Facility. A team will be set up to supervise IPC inclusive of Infection Control Nursing Officer, Public Health Inspector and other relevant stakeholders headed technically by the Microbiologist.		functioning. Hence there is regulation with regards healthcare waste management at the national level.
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?		No	The existing system is not without gaps, it needs improvement	ESS1 and ESS3	A Waste Management Plan would need to be implemented during the operations phase.
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?	Yes		On average, it is estimated that 30,000 man hours would be required to complete the activity within 6 months. Hence on a daily basis a work force of around 150 - 160 would be needed. Approx 50 (one-third) employees required to be skilled worker and 100 (two thirds) require to be unskilled workers.	ESS2	Labor & camp Management Measures detailed in the ESMP should be implemented and guided by the Labor Management procedures of the project.
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?	Yes		Hospital OHS and infection control is at a fairly satisfactory level, but gaps may be there. The staff will be given adequate and necessary PPE. Incident reporting systems, Hepatitis B vaccination to all staff, proper SOPs for safety and training on OSH will be provided. OSH unit will be established to further look after OHS aspects of employees in the operational phase.	ESS1	ESMP describes OHS procedures at the construction and operational phases to be followed and monitored.
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?	Yes		The subproject will utilize the project GRM and workers GRM established for the project. The 1907 GRM will also be notified to people in the area		All stakeholders and project staff will be made aware of the GRM and grievances will be monitored throughout the subproject cycle.
Does the subproject involve transboundary transportation	Yes		There may be transport of PCR samples from local	ESS3	Necessary Health & safety protocols as

(including, potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?			collection centers. Depending on the final disposal option, HCW may also be transferred between the two hospitals.		described in the ESMP including ones prescribed by the MoH will be followed.
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?	No		No military will be involved in construction or operation of the facility. Only regular hospital security personnel will be involved.	ESS4	Project's Labor management Procedures will apply.
Is the subproject located within or in the vicinity of any ecologically sensitive areas?	Yes		There is a coastal wetland area north of the perimeter of the hospital. The larger wetland strip is connected to the Karagan Lewaya. Most of the Karagan Lewaya was converted to a port several years ago, however the original Karagan Leaya was a declared wildlife sanctuary (avifauna, both migratory and non-migratory)	ESS6	ESMP describes environment management measures and these will be implemented.
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?	NO		No indigenous groups in the project area.	ESS7	*None*
Is the subproject located within or in the vicinity of any known cultural heritage sites?	No		N/A	ESS8	*None*
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?	No		However, given the visibility to two schools, risk of GBV/SEA is there.	ESS1	ESMP describe GBV prevention & response measures. Contractor will adopt a Code of Conduct and GRM will also be in place to report & respond to such incidents.
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?	No		*n/a*	*OP7.60 Projects in Disputed Areas*	n/a
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways[2]?	No		*n/a*	*OP7.50 Projects on International Waterways*	n/a

Rating - **High/substantial**

8. Information Disclosure and Public Consultations

Consultations were carried out with the following list of officials and different categories of public in the area on 08.03.2021, 09.03.2021, 20.05.2021 & 21.05.2021).

Category	Stakeholders consulted
Health officials & medical experts	Director of Hambantota (Old) Hospital, Consultant Physician of Hambantota (New) Hospital, Consultant Microbiologist of Hambantota (New) Hospital & Ward master of Hambantota (Old) Hospital including the COVID treatment unit, Medical Officer of Health at Hambantota, Public Health Inspector of the area, Security persons in the Hambantota (Old) Hospital.
District Authorities	Divisional Secretary, Mayor and Commissioner of the Municipal Council, Zonal Education Director, Hambanthota, Members of the District Coordinating Committee.
Public other affected parties and interest groups	Chief priest of the temple (Bimbhaaraamaya), Father of Anglican Church, Secretary, Islamic Trustee Board, Hambantota. Principal of Hambanthota Primary School, Teachers of Hambanthota Primary School and St Mary's College (two schools located on either side of the hospital), Parents of the primary school, School Development committee member, School assistant and security officer. Secretary of Business Society and several local businessmen.

Discussion with Mayor and Commissioner with MOH

Multi-stakeholder Consultation at the District Coordination Committee meeting

While detail description of the consultations are ann
are summarized below:

A. Acceptance of the proposed project

- None of the stakeholders refuse or resist the proposed project. However, emphasized on carrying out planned activities to a standard, and infection control measures to be ensured optimally. There will be a range of benefits such as improvement of multi-purpose health care services, employment opportunities, improvement of area business and thereby the

economy, transportation and increase population influx will improve the liveliness of the city and reduce the vulnerability for abuse.

- To obtain official approval the PMU is expected to send letters to DS, Mayor and Zonal Education Director explaining the proposed project, it's possible risks, benefits, mitigation measures and grievance management mechanism

B. Environmental safety and security to ensure public trust

- Raise the boundary wall between rear of Primary School and the Proposed IDH building as the first step in construction to ensure public confidence and student safety
- Introduce a creeper plant to the raised wall to reduce the visibility and improve environmental friendly aesthetic value
- Car park and vehicle parking space of the proposed IDH to be allocated at the rear end of the hospital to prevent blocking Hambantota Primary School entrance and heavy traffic in the road.
- Road safety measures to be implemented in front of the two schools to ensure safety of children due to possible increase of traffic
- Have a strong security system to ensure roads and surrounding areas are safe
- Regular infection control measures to be established in the proposed IDH and its staff to prevent infections spreading in the area

C. Waste water and sewerage management

- Installing new machines using the existing infrastructure will be a cost effective intervention
- Do this as soon as possible to reduce foul smell and mosquito breeding risk in surrounding area
- Regular testing of the treated water for bacteriological and chemical clearance
- Develop a reusable mechanism for the treated water for watering the plants as a remedy for the scarcity of water in this area.

D. Solid waste management

- Incineration using the new incinerator being developed by the Municipality Council or installing a new incinerator in this proposed IDH premises are good solutions rather than transportation to new hospital as a cost effective reliable method for hazard waste management and environmental safety.
- Incinerator fumes have already been identified as a nuisance for the patients in the renal ward of the DGH Hambantota. Also reliability of hazardous waste disposal will then depend on transportation and an external source.

E. PCR lab upgrading

- Involve area Microbiologist in the purchase of equipment and upgrading process to ensure the laboratory is in the optimally functional state.
- Proper infection control measures to be adhered to and staff trained adequately.

F. Optimal use of available infrastructure

- Renovation of OPD building to be used as OPD, Primary Health care including MCH clinics, HLC and population registration
- Continue Eye care, STD clinic, Oncology clinic and Chest clinic which would save time and money of people from going to new hospital and also healthcare burden of the new hospital
- Renovate the abandoned surgical theatres and ICU facilities to be used as functional ICU's
- Renovate abandoned Pediatric and surgical wards as a Rehabilitation Centre in Hambanthota

- Renovate doctors and nurses quarters to be used by the hospital staff to improve staff satisfaction

G. Obtaining human resource and equipment

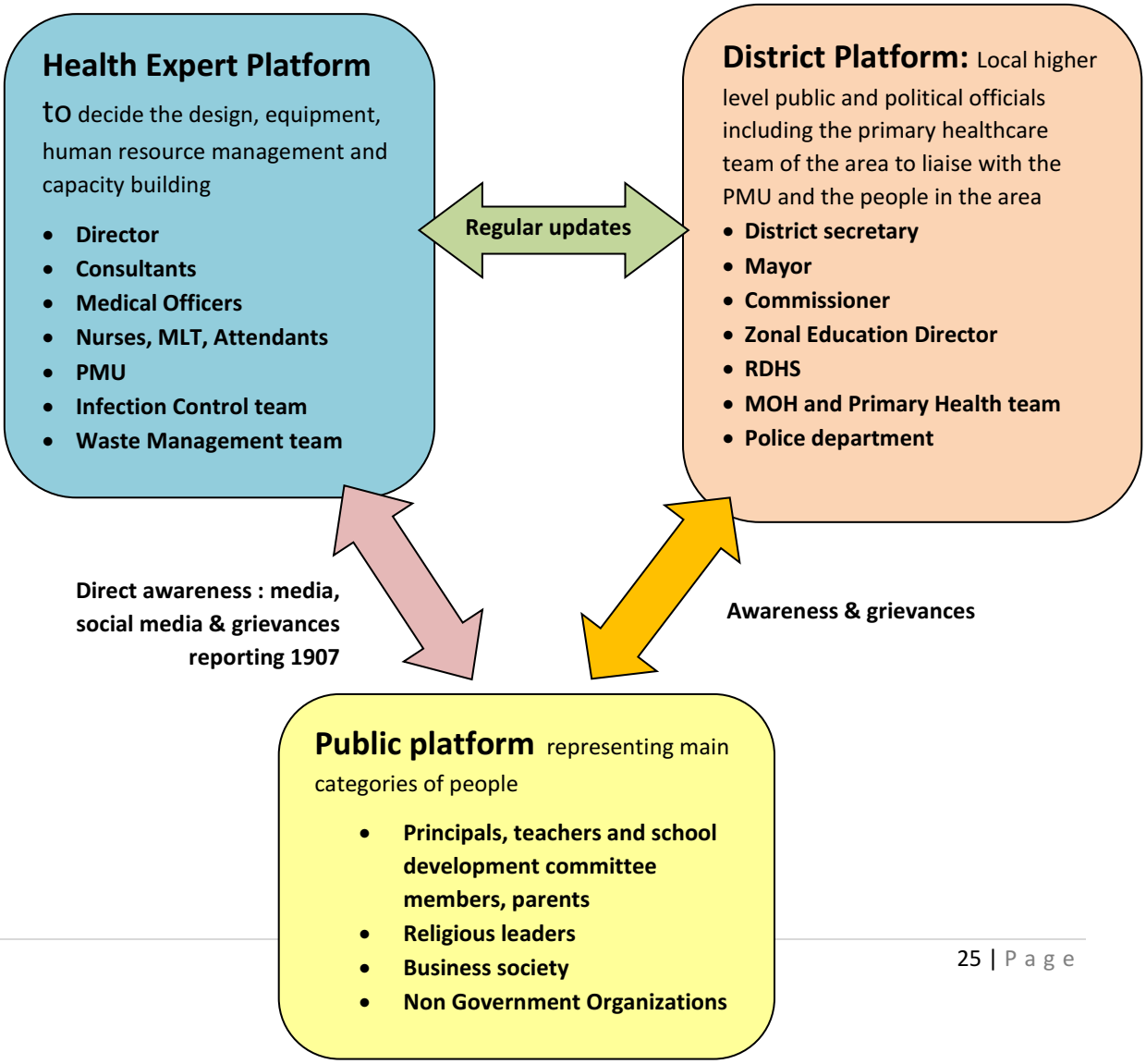
- New cadres should be advertised and all categories of staff to be recruited and trained to work in this hospital, or the services and human resources of new hospital will be compromised and staff dissatisfaction will occur
- Purchase new equipment for the proposed IDH by the project

H. Develop a communication platform and stakeholder engagement

- Need to develop a communication platform through the DS and Mayor, to obtain both public and political clearance and awareness of public through reliable sources (see annexure on stakeholder platforms and communication plan)
- Develop material in Sinhala and Tamil (Posters, leaflets, banners) about the new facility to make people aware and reduce unnecessary fear due to lack of awareness and misinformation
- Involve all categories of stakeholders for ongoing communication to improve awareness, willingness and build trust i) Health platform , ii) District level platform & iii) Public platform

Mechanism for Ongoing Consultations

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



Stakeholder Engagement & Communication Plan for the sub-project

Group 1: Health expert platform

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

Group 2 : District platform

Stakeholder group	Information to be disclosed/made aware and/or topics to be discussed	Methods and channels	Timing	Responsibility
District Coordinating Committee • DS • Mayor • Commissioner • RDHS • Hospital Director • MOH • Education Director • Police department • RDA	• Project plan • Hospital Waste management plan • ESMP and mitigation • GRM (national and local) • Local GRM to be established through MC, Zonal Education office and MOH office	• To be an agenda item of the DCC • Hospital Director to update the progress of the project • Mayor, Zonal Education Director & MOH to describe public concerns and issues arise during the process • Handle grievances • Public awareness to be planned and delegated to relevant authority	• At every DCC • At the MOH monthly conference • At the council meetings (environment & health meeting)	• District Secretary • MOH • Mayor and commissioner • Zonal Education Director

Group 3 : Public platform

Stakeholder group	Information to be disclosed/made aware and/or topics to be discussed	Methods and channels	Timing	Responsibility
School Community and other relevant public • Principal • Staff • Parents • Students • School Development Committee • Religious leaders • Business society members • Nearby residents • NGO's active in the area	• Awareness of the details of the project • Waste management and infection control measures • GRM available and local GRM by MOH and MC (Mayor and Commissioner)	• Parents Teachers Meetings • Public announcements • Banners • Information leaflets • School notice board • Through school assembly and class teachers	Before constructions During constructions Operational stage	Zonal Education Director School Principle and teachers MOH Area Police

9. GRM including handling complaints related to GBV

A Grievance Redress Mechanisms (GRM) will be in place for the IDH in Hambantota. The GRM will include channels for grievances reporting, including submission of anonymous complaints, procedures for resolution of grievances, appeal process, and mechanism for informing the complainants etc., to ensure timely, effective and efficient resolution of complaints and grievances.
The GRM for the IDH will operate at 3 levels:

- Tire 1: Done by the Hospital Director at the IDH in Hambantota, at MOH/Divisional level (lowest)
    - Hospital Director Contact details: Dr Suranga (0773233227)
- Tire 2 at District level (intermediate):
    - Medical Officer of Health: Dr. Gayan Sumeera (0771739340)
    - District Secretary : Mr. Sumanasekara (0718348412)
    - Zonal Education Director: Mrs Nilani (0705121025)
    - Mayor : Mr. Eraj Fernando (0718008069)
- Tire 3 Done by the Office of the Additional Secretary Medical Services at MoH/National Call Centre, at National level (national)
    - A toll free/24 hour hotline is available for the Health GRM at call number 1907.

Complaint Handling Process

- **Step 1: Submission of grievances** either orally, in writing via suggestion/complaint box, through telephone hotline/mobile, mail, email etc. to any of the 3 tires. The GRM will also allow anonymous grievances to be raised and addressed. Receipt of complaint to be notified within 3 working days.
- **Step 2: Recording & classifying the grievances** based on the typology of complaints and the complainants in order to provide more efficient response, and providing the initial response immediately as possible at the tier 1 level focal point. The typology will

be based on the characteristics of the complainant (e.g., impacted person, interest groups & vulnerable person etc.) and also on the nature of the complaint (e.g, disturbances/disruptions in the vicinity of health facilities, inability to access the information provided on COVID 19 transmission; inability to receive adequate medical care/attention, etc).

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

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

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

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

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

10. Labor & Contractor Management

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

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

- **Primary Supply Workers** are those workers employed by primary suppliers of the project such as those who supply food, lab equipment, medication, PPEs, construction material, waste management equipment etc.

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

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

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

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

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

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

Grievance Mechanism: A separate grievance mechanisms will be in place for project workers at the PMU. The focal person for the workers GRM will be the Senior Social Safeguards Officer from the PMU. The GRM will allow workers involved to lodge complaints relating to their employment terms/conditions, issues related to health and safety of their work environment, lack of proper

procedures or unreasonable overtime, etc. to the workers GRM. Any GBV related complaints will be reported to the PMU (& PMU to World Bank) to receive guidance on the response measures.

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

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

11. Recommendations

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

12. ESF Implementation, Budget and Monitoring Plan

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

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

ESF Implementation Work Plan

No	Activities	2021							2022	
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
01	Include ESMP in bidding documents									
02	Information Disclosure, Consolations & operationalize GRM									
03	Transfer existing COVID19 & Disinfect building									
04	Tendering									
05	Finalize waste management plans									
06	Contractor training on ESMP implementation, setup labour camp & implement traffic management measures.									
07	Raising of the wall adjoining the school									
08	Rehabilitation of IDH									
09	Implement waste management measures									
10	ESMP Implementation monitoring									
11	Finalization of Hospital Operational plan including human resource plan.									
11	Completion of construction work & handover									

Monitoring:

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

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

Listed below are key indicators to guide ESMP implementation monitoring:

Phase	Objective	Monitoring Indicators
Planning & Design	Institutional, legal, financial and community arrangements for the IDH	✓ Site selection approved ✓ ESSR & ESMP approved ✓ World Bank/Min. of Health IDH agreement/budget finalized ✓ Technical and engineering designs approved ✓ Appropriate personnel identified and modalities and

	established	responsibilities confirmed ✓ Community consultations and awareness raising conducted ✓ Contractor bidding initiated
Pre-construction/ site preparation	Secure project site for IDH with necessary arrangements established	✓ Monitoring and reporting systems established ✓ Awareness and capacity building training for health and support workers conducted ✓ Health and worker GRM and focal points activated ✓ Existing patients transition/moved to suitable hospitals ✓ Existing Building Disinfected ✓ Contractors selected and agreements on E&S confirmed ✓ Labor camps/rentals arranged as per COVID-19 guidelines established ✓ Contractor worker training on E&S, labor standards, COVID-19, community relations, codes of conduct conducted ✓ Workers signed the Code of Conduct
Construction	Construction of IDG within E&S and COVID-19 safety standards	✓ Constructions/lifting of boundary walls (i.e. adjoining school) ✓ Building renovation/upgrading conducted ✓ Debris, spoils, emissions, noise, dust etc. mitigation measures implemented ✓ Traffic management and public safety plan initiated ✓ Prevention of COVID-19 spread ensured. ✓ Ongoing consultations conducted and feedback obtained from stakeholders. ✓ ESMP monitoring reports prepared. ✓ Numbers of grievances received, resolved and types of grievances analyzed and reports prepared for course correction.
Hand over for operations	E&S sustainable IDH handed over and operational	✓ Operations, HR and maintenance plans prepared. ✓ Training conducted for hospital staff on operations and maintenance of the facilities. ✓ Final public consultations, awareness & feedback sessions conducted to communicate completion of the IDH. ✓ Handover arrangements finalized. ✓ ESMP implementation evaluation completed and report prepared. ✓ HCWMP plans and contingency plans prepared and approved.

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

Item	Cost	Allocation
Salary of **Contractor**'s **E&S/Safeguards Officer**	600,000.00	Contractor's cost
Dust/noise screen and safety netting	Included in the civil works	
Raising of the boundary wall to create a visual barrier	Included in the civil works	
Community awareness raising/mobilizing campaign and **ongoing** consultations	150000.00	Contractor's cost
Training and capacity building – health & contractors' workers	60000.00	Contractor's cost
PPEs, Disinfectant material etc. **–** for project workers (**health & contractors' workers etc**.)	650000.00	Contractor's cost
Regular monitoring by PMU E & S specialists (transport & accommodation(	300,000.00	PMU cost
Contingencies	250,000	Contractor's cost

13. Annexes

Annex 1: Environmental and Social Management Plan for Implementation

The following Environmental and Social Management Plan (ESMP) has been developed in line with 'generic ESMP' provided in the ESMF and presents best practice measures to be incorporated into the various stages of project implementation in order to ensure and mitigate associated environmental and social impacts related to the proposed IDH Hambanthota:

All relevant internal best practice guidelines issues by the World Health Organization (WHO) and national guidelines issued by the Health Promotion Bureau and Ministry of Health (MoH) have been referred to in all respective sections in the ESMP itself.

Guidelines Used:

- Guidelines for Design and Construction of Hospital and Health Care Facilities- The American Institute of Architects Academy of Architecture for Health the Facility Guidelines Institute With assistance from the U.S. Department of Health and Human Services: 2018
    - (*Further guidance is available in the form of the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities- 2018 and Guidelines for Design and Construction of Outpatient Facilitie-2018)*
- Mainstreaming Environmental Management in the Health Care Sector Implementation Experience in India & A Toolkit for Managers-VOLUME I & II- The World Bank: 2012
- World Bank Group General Environmental Health and Safety Guidelines:2007
- World Bank Group Environmental, Health, and Safety Guidelines for Health Care Facilities: 2007
- Coronavirus disease (COVID-19) advice for the public, World Health Organization, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public, Accessed on 20 April 2020
- World Bank Group, 'ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Project,' April 7, 2020
- UNICEF — COVID-19 response: Considerations for Children and Adults with Disabilities, http://www.internationaldisabilityalliance.org/sites/default/files/covid-19_response_considerations_for_people_with_disabilities_190320.pdf, Accessed on 19 April 202

ESMP for the proposed IDH in Hambanthota

ESMP for the Design Phase of the Hambanthota IDH

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

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

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

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

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

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

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

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	flow meter, pulse oxymeter, thermometer and stethoscope) ○ have signs on doors to control entry to the room, with the door kept closed; ○ have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment.				
Design to consider mortuary arrangements to ensure no impacts arise in relation to insufficient capacity or existing facilities and potential spread of infection.	• Include adequate mortuary arrangements in the design • See WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19)	During design preparation	Design Cost	MoH and HCF Management	PMU/MoH, EPA, IC
Environmental & Social Management Plan (ESMP)	• A site specific. ESMP and relevant guidelines (including Code of Conduct) will be included as a Special Condition in the Bid Document; and ESMP should be attached to contract to form part of the contract requirement. • The ESMP will also be equally applicable to sub-contractors including nominated sub-contractors if any. The Contractor will be responsible for the compliance with the requirements of the ESMP. With the assistance of the "Engineer" on behalf of the Employer the Project Proponent (PP) will monitor the compliance of the ESMP by the Contractor. • The bidders are advised to carefully consider the ESMP requirements during construction stage when preparing the bid and pricing the items of work. The prescriptions and clauses detailed in the ESMP are integral components of the	Prior to contractor mobilization on the ground	Preparation cost incurred by MOH, implementation cost embedded in engineering cost of contractor. To be provided as a provisional sum and/or as part of the engineering cost	To be provided as a provisional sum and/or as part of the engineering cost	To be provided as a provisional sum and/or as part of the engineering cost

Activities and Associated Environmental and Social Impact	Protection and preventive measures	Timeline	Mitigation cost	Responsibility	
				Implementation	Monitoring
	specifications for relevant item of work unless separate items are included in the Bill of Quantities. Thus, separate payments will not be made in respect of compliance with the ESMP. • The ESMP will be consulted with the relevant stakeholders, and disclosed to the general public including the grievance redress mechanism for stakeholders and for the project workers. • In case the Contractor or the sub-contractor/s fails to implement the ESMP recommendations, the Engineer will inform them in writing. After informing in writing to the Contractor, the Engineer will take whatever actions it is deemed necessary to ensure that the ESMP is properly implemented. • The Contractor through an Appointed Environmental & Social Officer (E&SO) shall assist the "Engineer" to conduct his duties as required in the ESMP implementation by; (a) maintaining up to date records on actions taken by the Contractor with regard to the implementation of ESMP recommendations (b) through timely submission of reports, information and data to the Employer through the Engineer, (c) via participating in the meetings conveyed by the Engineer or any relevant line agency and (d) any other assistance requested by the "Engineer".				

Pre-Construction/Site preparation phase						
1.	**Site clearance /vacating of an existing COVID-19 treatment Centre/ward**	• All patients in a building which will be undergoing refurbishment /civil works will be transferred in to an identified safe COVID treatment unit. • The unit/building will be disinfected as per MoH guidelines for COVID1-9, by MoH staff under the instruction of a microbiologists. • All waste will be disposed as per the MoH guidelines and best practices foe handlings COVID-19/infectious waste. • The disinfection will take place 14 days prior to hand over of the site to the contractor. All laborer's/workers/contractors will be made aware of any health risks that might arise due to the facility being a COVID-19 ward.				
2.	**Site Access Closure to avoid risk to public and HCWs from construction site.**	• All public access to the site via adequate fencing and signage which prohibit public access completely, in order to avoid risk to the public. • The site entrance will include adequate signage indicating the details of the proposed subproject, implementing agencies etc as well as safety signage to keep public away. • A fence shall be erected to cover the entire perimeter (especially the boundary wall leading to the school) of the facility using cost effective fence materials	Prior to commencing works on site	Engineering Cost	Contractor	PMU/MoH, EPA, IC

		consisting of chain link fence fabric, concrete post, etc. as specified in the Technical Specifications in order to ensure, animals and public are unable to access the site. (until such time the concrete wall is raised as part of the contract package) o To avoid land disturbance and movement, the fence shall generally follow the contour of the ground. o Grading shall be performed where necessary to provide a neat appearance				
3.	**Material Sourcing leading to an impact on Natural Resource supplies cumulatively.**	• The contractor is required to ensure that all construction materials, including gravel, sand, earth as well as other quarry material for construction is sourced from licensed sources. • Sourcing of any material from protected areas and/or designated natural areas, such as earth is strictly prohibited. .	Prior to commencing works on site	Engineering Cost	Contractor	PMU/MoH, EPA, IC
4.	**Work Site Management to ensure minimal accidents on site.**	• The contractor will be required to identify an area onsite to store construction materials and equipment which should be approved by the engineer and demarcated for material storage as per the site plan. • Parking, repairing vehicles, machinery and equipment shall be done stationed only at the work site and/or in any other designated areas by the engineer. • The contractor should provide instruction and advice should be given to drivers and operators (both companies owned and hired) to park vehicles and store equipment at this designated area.	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA, IC
5.	**Potential capacity of spread of infection due to**	• Where possible all attempts must be taken to use labor already present in the	Prior to commencing works on site	Engineering Cost	Contractor	PMU/MoH, EPA, IC

	introduction of workers to local communities. Specifically, workers coming from infected areas, infected workers may lead to co-workers becoming infected and there is the high risk of introducing infection into community/general public	local area. • In addition, the following measures in reference to the LMP must be undertaken to mitigate and manage these potential impacts. o Consider ways to minimize/control movement in and out of construction areas/site. o If workers are accommodated on site require them to minimize contact with people outside the construction area/site or prohibit them from leaving the area/site for the duration of their contract o Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk o Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering o Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures. o Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell o Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for 14 days • Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home				

		for 14 days				
6.	**Labor Camps Management Procedures and managing impacts associated with labor and communities**	• Due to safety and public health issues prevalent at the site, it should be assessed if labor camps may be established on site. • Resting facilities and the site office will be located closer to the site entrance and away from the waste mound. • Separate resting and sanitary facilities for both men and women laborers. • An internal transparent and accountable system will be established within the contractor's company to tackle issues of sexual exploitation, abuse & harassment, physical and psychological harassment and bullying. Details of this system will be shared with PMU prior to signing any contracts or agreements. • In terms of labor camps, the following measures will be adhered to, where relevant: o The location, layout and basic facility provision of labor camps to be set up will be submitted to the Engineer prior to establishment. o The establishment of labor camps will commence only upon the written approval of the Engineer. • The contractor shall maintain necessary living accommodation and ancillary facilities in functional and hygienic manner and as approved by the Engineer. • All temporary accommodation will be established and maintained in such a fashion that uncontaminated water is available for drinking, cooking and washing. • The sewage system for the camp, if not available, will be planned and implemented with concurrence from the Local Public Health Officer (PHI).	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA, IC

		• All provisions that are required under 'The Factories Ordinance' and 'National Institute of Occupational Safety and Health Act, No. 38 of 2009' will be strictly adhered to. • All project offices will be free of pests. Where pests are detected pest control measures will be taken immediately. • Fire detection and firefighting equipment will be available at all project offices. • Emergency evacuation plan will be established for all project offices and staff will be made aware of the plan and periodic simulation exercises that needs to be implemented. • Adequate safety signs will be installed at the work site giving clear direction. These will be provided in addition to English in the language of the workforce.				
7.	**Term & Conditions of employment, Code of Conduct & training.**	• No labor under the age of 18 can be hired for work under this contract & use of forced labor or conscripted labor will be prohibited. • Workers will be provided with an employment letters/contract providing details of employment terms and conditions. • Maximum working hours, leave, salary and other payments will adhere to regulations as stipulated in the national labor legislature. • The contractor is required to develop a labor code of conduct and translate it into local languages upon clearance from the Engineer. The code of conduct must be made available to all staff and displayed in the work site in local languages. All workers will be required to sign the Code of Conduct. • Labor awareness programs to educate the workers about the code of conduct, general conduct, the Environmental and Social Management Plan, Infection Control Norms and use of PPE, Occupational Health and Safety, contingency plan or other such measures for to address COVID-19 prevention and/or	Prior to commencing works on site and During construction	Engineering Cost	Contractor	PMU/MoH, EPA, IC

		outbreak at the site, etc., will be conducted throughout the contract period as agreed in the contractual documents in line with the sub-project specific ESMP. (Additional requirements relating to infection control relating to COVID-19) is presented below). • A toolbox training prior to commencing any physical work and equal training opportunity will be available to all staff working in the project without discrimination • All vehicles used by any contractor for the purpose of the project will have valid registration, insurance and road worthiness. • To ensure enforcement of these measures, relevant provisions will be included in the employment contracts of all workers and necessary documentary evidence will be shared with the PMU including proof of employment.				
8.	**Special Infection Control During Covid-19**	• Contingency plans (or if relevant, extension of project emergency and preparedness plan or a standalone procedure for addressing COVID-19), will be prepared with arrangements for accommodation, care and treatment for: Workers self-isolating; Workers displaying symptoms; Getting adequate supplies of water, food and supplies. Inputs will be sought from local public health authority on the contingency plan (or other such measures for to address COVID-19 prevention and/or outbreak at the site). The contingency plan, detailed in writing with measures to be taken to address the risks, will be shared with the Project, either directly or through the Supervising Engineer. • The project, either directly or through the Supervising Engineer, may provide support in identifying appropriate mitigation measures to address any risks associated with COVID -19, particularly where these will involve interface with local services, in particular health and emergency services. • For Workers working inside HCFs o Medical mask and gloves will be provided o All workers must maintain spatial distance of at least 1 m from HCWs. • At all work sites the following has to be undertaken • Training should be conducted for all workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing) and what to do if they or other people have symptoms (for further information see WHO COVID-19 advice for the public). • Placing posters and signs around the site, with images and text in local	Prior to commencing works on site and During construction	Engineering Cost	Contractor/HCF	PMU/HCF Management/MoH, EPA, HPA

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

		• Avoid cutting of trees unless absolutely necessary. • During removing, attention maintain minimum disturbances to soil cover and care should be taken not to damage adjoining trees. • Compensation for the trees removed should be conducted at a 1:2 ratio at least.				
10.	**Demolition of existing infrastructure within existing HCF**	• Management of Asbestos Cement (ACM) Based Material-Avoiding Exposure Risk o An inspection of building materials for the presence of asbestos and lead hazards must be conducted prior to initiating demolition projects. o Removal of ACM roof sheeting requires trained and qualified personnel as damage to/or broken ACM during removal will have an exposure risk to demolition workers. o Thus it is essential that workers have the necessary personal protective equipment, most importantly masks, safety boots, full suiting to cover body and hard hats. It is also recommended that High efficiency particulate air (HEPA) filters vacuum cleaners would be requiring to vacuum up any debris. These activities must be supervised by the engineer. o ACM Material should be removed prior to demolition of the structure, and transported immediately in a contained manner to an approved disposal site by the engineer. As there are no sites to accept hazardous waste material in Sri Lanka this will pose a challenge, it should be explored how best the material can be managed via CEA guidance on best practice. o No ACM material can be stockpiled off site. This should be fully prohibited.	During construction-demolition of existing facilities.	Engineering Cost	Contractor	PMU/MoH, EPA, IC

		• Management of Environmental Impacts During Demolition Process. o The demolition works shall not cause any nuisance by way of noise, dust and vibration to the surrounding environment, by following the requirements as per the project Environmental Management Plan (ESMP). o Particular attention should be paid to ensure the following ▪ The site of works shall be fenced and screened to protect site from strong winds and to contain dust. ▪ The noise level during demolition works shall be within the permissible limits as per the CEA guidelines on noise. ▪ All hazardous wastes, including asbestos shall be disposed of as per the provisions laid out by the CEA ▪ The following measures shall be taken so as to abate the visual impacts during demolition works: • Visual screening / fencing of works • Proper location of equipment and machinery on site • No encroachment of demolition wastes on pavements and roads ▪ Demolition works within residential areas shall be carried out during normal working hours (8:00 – 17:00) only. ▪ The demolition wastes may be used as filler material as appropriate and approved by the engineer. Any excess wastes shall be disposed of to an authorized site as recommended by				

		the Engineer. ▪ No debris shall be burned on the site.				
11.	**Information Disclosure among Stakeholders.**	• Discussions should be conducted with the local community who reside along the vicinity of the project site o Residents must be briefed of the project, purpose and design and outcomes via a documented community consultation session; this should be done immediately once the contractor is mobilized. o Local community should also be informed of the measures put in place to minimize the chances and contain the spread of the virus in order to reassure the community of controlled movement of workers, and ensure that stigma or discrimination is reduced in the event of an outbreak o The contractor should take note of all impacts, especially safety hazards that will be of concern to the residents and take necessary measures as stipulated in the ESMP to mitigate them. • The contractor will maintain a log of any grievances/complains and actions taken to resolve them. • A copy of the ESMP should be available always at the project supervision office on site.	During construction	Engineering Cost	Contractor	PMU/MoH, EPA, IC
Construction Phase						
12.	**Site Clearance and Land Development**	• Prevention of removal of large trees should be maintained as far as possible. • During removing, attention should be paid to maintain minimum disturbances to soil cover and also care should be taken not to damage adjoining trees.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

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

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

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

		• The work, permanent or temporary shall consist of measures as per design or as directed by the engineer to control soil erosion, sedimentation and water pollution to the satisfaction of the engineer. Typical measures include the use of berms, dikes sediment basins, fiber mats, mulches, grasses, slope drains and other devices. All sedimentation and pollution control works and maintenance thereof are deemed, as incidental to the earthwork or other items of work and no separate payment will be made for their implementation.				
17.	**Machinery Operation**	• Only experienced and well-trained workers should be used for the handling of machinery, equipment and material processing plants.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
18.	**Noise from vehicles, machinery, equipment and construction activities.**	• Noise generating work should be limited to day time within HCFs (6:00AM to 6:00PM). No work that generates excessive noise should be carried out during night hours (from 6:00PM to 6:00AM on the following day). • All equipment and machinery should be operated at noise levels that do not exceed the permissible level of 75 dB[1] (during construction) for the day time. • For all construction activities undertaken during the night time, it is necessary to maintain the noise level at below 50 dB as per the CEA noise control regulations and prior permission from the hospital director should be sought. • All equipment should be in good serviced condition. Regular maintenance of all construction vehicles and machinery to meet noise control regulations stipulated by the CEA or relevant manufacture. • Dust cum noise barriers should be used especially on the boundary with the primary school and also on sides that will have a direct impact to ongoing hospital operations. • Ideally noise generating work should not be carried out during public holidays	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

[1] dB-Decibels

		and religious days. • Labor gangs should be warned to work with minimum noise. Strict labor supervision should be undertaken in this respect. • No nighttime residency of laborers on site should be encouraged, post work hours. • Idling of temporary trucks or other equipment should not be permitted during periods of loading / unloading or when they are not in active use. • Stationary construction equipment will be kept at least 100m from the site periphery, which has proximity to households. All possible and practical measures to control noise emissions during drilling shall be Employed. • Contractor shall submit the list of high noise/vibration generating machinery & equipment to the engineer for approval. • Servicing of all construction vehicles and machinery must be done regularly and during routine servicing operations, the effectiveness of exhaust silencers will be checked and if found defective will be replaced. • Maintenance of vehicles, equipment and machinery shall be regular and up to the satisfaction of the Engineer to keep noise levels at the minimum.				
19.	**Pollution of Soil and Water via Fuel and Lubricants**	• The contractor shall ensure that all construction vehicle parking locations, fuel/lubricants storage sites, vehicle, machinery and equipment maintenance and refueling site shall be located away from any coastal areas, lagoons or wetland by least 200m away. • Contractor shall ensure that all vehicle/machinery and equipment operation, maintenance and refueling will be carried out in such a fashion that spillage of fuels and lubricants does not further contaminate the ground.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• Contractor shall arrange for collection, storing and disposal of oily wastes to the pre-identified disposal sites (list to be submitted to Engineer) and approved by the Engineer. • All spills and collected petroleum products will be disposed of in accordance with standards set by the CEA. • Engineer will certify that all arrangements comply with the guidelines of CEA any other relevant laws.				
~~20.~~	**Preventing siltation into coastal water bodies**	• Contractor shall take measures to prevent siltation of the coastal wetlands/lagoons north of the hospital because of construction work including, construction of temporary / permanent works. These shall include the measures against erosion highlighted in this ESMP • Construction materials containing small / fine particles shall be stored in places not subjected to flooding and in such a manner that these materials will not be washed away by runoff to these coastal waterbodies. • Temporary soil dumps should be placed at least 200m away from all water bodies • If temporary soil piles are left at the site for a long time those piles should be covered with thick polythene sheets or locally sourced degradable material such as thatched coconut leaves.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
21.	**Preventing contamination of water from construction wastes**	• The work shall be carried out in such a manner that pollution of coastal water bodies located in close proximity to the construction area (the coastal wetlands in the North). • Measures as stipulated in this ESMP shall be taken to prevent the wastewater produced in construction from entering directly into these coastal wetlands.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		• Avoid / minimize construction works near / at such drainage locations during heavy rainy seasons • The discharge standards promulgated under the National Environmental Act shall be strictly adhered to. • All waste arising from the project is to be disposed in a manner that is acceptable to the engineer and as per the guidelines/instructions issued by the CEA and Local Authority.				
22.	**Public Safety**	• At all times the site will restrict the entry of public and HCFs workers on to the site. • Safety signboards and signboards prohibiting entrance and risks, should be displayed at all necessary locations. • The contractor should obtain a third-party insurance to compensate any damages, injuries caused to the public or laborers during the construction period. • Material loading and unloading should be done only within the project site.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
23.	**Safety of Workers during general construction practices**	• Contractor shall comply with the requirements for safety of the workers as per Factory Ordinance and the Labor Management Plan of the project to extent that those are applicable to this contract. • The contractor shall supply all necessary safety measures at site- including provision of First Aid Kids, Fire extinguishers. • Signage providing instructions on first aid management, emergency contact and emergency operational procedures in local languages. • Basic onsite safety training should be conducted for all laborers during the	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		ESMP training prior to the start of the construction activities. • The contractor should obtain a Third-party insurance to compensate any damages, injuries caused to laborers during the construction period. • Protective footwear and protective goggles should be provided to all workers Employed on mixing of materials like cement, concrete etc. • Welder's protective eye-shields shall be provided to workers who are engaged in welding works. • Earplugs shall be provided to workers exposed to loud noise, and workers working in crushing, compaction, or concrete mixing operation. • The contractor shall supply all necessary safety equipment such as safety goggles, helmets, safety belts, ear plugs, mask etc. to workers and staff. • In addition, the contractor shall maintain in stock at the site office, gloves, earmuffs, goggles, dust masks, safety harness and any other equipment considered necessary. • A safety inspection checklist should be prepared taking into consideration what the workers are supposed to be wearing and monitored monthly and recorded.				
24.	**Prevention of COVID-19 spread during construction**	• During Routine Work Practices the following will be adopted. o The size of work teams should be decreased as much as possible Limiting the number of workers on site at any one time. o Changing rotation of workers to a 24-hour work rotation. • Adapt or redesign work processes for specific work activities and tasks to enable social distancing, and training workers on these processes. • Promote regular and thorough hand-washing o Provide access to places for washing hands with soap and water o Place soap, hand-wash, sanitizing hand rub dispensers throughout the	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

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

		all times. • Availability of suitable transport at all times to take injured or sick person(s) to the nearest hospital should also be insured. • Names and contact information for emergency services such as Ambulance services, hospitals, police and the fire brigade should be prepared as a sign board and displayed at the work site.				
26.	**Operation of labor camps**	• The Contractor shall establish and maintain all offsite labor accommodation in such a fashion that uncontaminated water is available for drinking, cooking and washing. • A supply of sufficient quantity of potable water in every workplace/labor camp site at suitable and easily accessible places and regular maintenance of such provisions should be maintained. • The sewage system for the offsite labor camp, if newly established, are designed, built and operated in such a fashion that no health hazards occurs and no pollution to the air, ground water or adjacent water courses take place. • Ensure adequate water supply is to be provided in all toilets and urinals. • The contractor shall provide garbage bins in the camps and ensure that these are regularly emptied and disposed of in a hygienic manner	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
27.	**Handling Environmental & Social Issues during Construction**	• The Contractor will appoint a suitably qualified Environment, Safety & Social Officer (ESSO) following the award of the contract. This Officer will be the primary point of contact for assistance with all environmental and social issues during the pre-construction and construction phases. He/ She shall be responsible for ensuring the implementation of ESMP. • The ESSO will responsible for community liaison and to handle public complaints regarding environmental/ social related matters. All public	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		complaints will be entered into the Complaints Register. The ESSO will promptly investigate and review environmental complaints and implement the appropriate corrective actions to arrest or mitigate the cause of the complaints. A register of all complaints is to be passed to the Engineer within 24 hrs. They are received, with the action taken by the Environmental Officer on complains thereof. • All workers will sign the Codes of Conduct, information and notices stating zero tolerance on SEA/SH will be displayed at the construction site. • Contractor shall prepare detailed Environmental Management Action Plan (EMAP) clearly stating the approach, actions and manner in which this ESMP is implemented. • If the contractor does not submit a EMAP prepared based on this plan, the ESMP as presented in the tender document will apply.				
28.	**Grievance Redress Mechanism during construction**	• Grievances are inevitable during the entire construction period; and grievances can be submitted verbally, in-writing, in-person through multiple intake channel as described in the ESMF and SEP • Contact information of Engineer/ PMU/HCF/MOH in print form shall be available at the site • Grievances submitted shall be referred to the PMU/HCF/MOH by the ESSO of the Contractor through the Engineer. • Grievances shall be submitted to the Engineer on the same day of receiving. It has to be recorded and the environmental/social officer of the Engineer shall ensure the timely redress through the PMU/HCF/MOH • Workers at the site will be able to report work situations and/or workplace concerns which they believe are not safe or healthy, and to remove themselves from a work situation which they have a reasonable justification to believe presents an imminent and serious danger to their life or health (with no reprisal	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

		for reporting or removing themselves) • Workers will be encouraged to use the existing project grievance mechanism to report concerns relating to COVID-19, preparations being made by the project to address COVID-19 related issues, how procedures are being implemented, and concerns about the health of their co-workers and other staff. • Any GBV related complaints should be immediately reported to the PMU & WB for guidance. Thus GBV-related issues will be handled maintaining confidentiality, obtaining necessary consent from survivor and in a safe and ethical manner.				
29.	**Traffic Management**	• Travel routes for construction vehicles should be designated to avoid areas of congestion and communicated to drivers. • If project vehicles will be entering and exiting the site and being operated after 6PM a lighting system should be maintained to ensure adequate on site lighting and clear lighting to road uses, off the site access point. • Contractor should supply traffic co-coordinators to manage vehicle movements to and from the project site at the entrance, as it is located off a main road directly.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
30.	**Surface Drainage and Possible Water Stagnation**	• The project interventions itself include and adequate storm water drainage system in the premises, which will discharge water to existing storm water drainage networks. • During construction, the contractor will conduct overall storm water management in the premises during construction using temporary ditches, sand bag barriers etc. • Proper drainage arrangements to be made, to avoid the overflowing of existing	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

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

33.	**Management of Chance found Archeological Property and Cultural Resources.**	• All fossils, coins, articles of value of antiquity and structures and other remains or things of geological or archaeological interest etc. discovered on the site and/or during construction work shall be the property of the Government of the Sri Lanka and the Department of Archaeology will be contacted immediately. • The contractor shall take reasonable precaution to prevent his workmen or any other persons from removing and damaging any such article or thing and shall, immediately upon discovery thereof and before removal acquaint the Engineer of such discovery and carry out the Engineer's instructions for dealing with the same, awaiting which all work shall be stopped within 100m in all directions from the site of discovery. • If directed by the Engineers the Contractor shall obtain advice and assistance from the relevant department of the Ministry of Arts, Culture and Heritage on conservation measures to be taken with regard to the artifacts prior to recommencement of work in the area.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,
34.	**Site Closure and Demobilization**	• The contractor will remove all excess material, equipment, vehicles from the project site prior to complete demobilization. • All temporary site offices will be dismantled and removed from the site. • If the site has been dilapidated in any way as per the evaluation of the engineer, the contractor will reinstate it to the original condition prior to demobilization. • The Engineer will take a joint inspection of the site with the contractor before hand over is complete.	During construction	Engineering Cost	Contractor	PMU/HCF Management/MoH, EPA,

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

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

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

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

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

		the Habanthota IDH will be adopted (IC-HCWMP) prior to the opening of the new IDH- The generic plan in line with international best practice presented in Annex 10 of the Project's ESMF provides detailed guidance on due procedures to be implemented. • A Scheduled Waste License (SWL) for the IDH Hambanthota should be obtained from the CEA based on the operationalization of the HCWM plan. • HFCs will be responsible to ensure. o Best practices for safely managing health care waste should be followed, including assigning responsibility and sufficient human and material resources to dispose of such waste safely. o All health care waste produced during operation of the IDH, specifically COVID patients, should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably onsite in a 24-hour period as per the IC_HCWM plan for the IDH Hambantota. o If waste is handed to an external party for management- all relevant disposal measures should be in line with guidance provided above. o All workers handling, health care waste should wear appropriate PPE (boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it as per basic hand hygiene practices. o Final disposal of all HCW should be in line with national regulatory guidance and international best practice where applicable, and outlined clearly in the IC-HCWMP for the IDH Hambantota o All general waste should be disposed as per typical practices via the service provider. The HCF has to ensure full vigilance that no cross				

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

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

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

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

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

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

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

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

48.	**Avoiding exposure and contamination from blood spills and bodily fluids during HCF operations and patient care.**	• Promptly clean and decontaminate spills of blood or other potentially infectious materials. • Follow proper procedures for site decontamination of spills of blood or blood-containing body fluids as per WHO guidelines. • Workers must use protective gloves and additional PPE appropriate for this task. • If the spill contains large amounts of blood or body fluids, clean the visible matter with disposable absorbent material, and discard the contaminated materials in appropriate, labeled containment. • Swab the area with a cloth or paper towels moderately wetted with disinfectant and allow the surface to dry. • Use high grade hospital disinfectants in accordance with label instructions to decontaminate spills of blood and other body fluids. • Sodium hypochlorite products should be used as preferred as per international best practice, however if such products are not available, generic versions of sodium hypochlorite solutions (e.g., household chlorine bleach) may be used. • Use a 1:100 dilution (500–615 ppm available chlorine) to decontaminate nonporous surfaces after cleaning a spill of either blood or body fluids in patient-care settings. • If a spill involves large amounts of blood or body fluids, or if a blood or culture spill occurs in the laboratory, use a 1:10 dilution (5,000–6,150 ppm available chlorine) for the first application of germicide before cleaning.	During HCF and Quarantine center operations	Operational Cost	HCF Management, HCWs, Cleaning Staff	HPA, MOH,

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

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

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

Annex 2 – Consultation Notes and Photos

Summary of stakeholder consultations conducted by Dr Enoka Wickramasinghe to assess the social impact of the project on transformation of old Hambantota hospital to an IDH (20.05.2021 & 21.05.2021)

Day 1: 20th May 2021 in person stakeholder consultations in Hambantota by Dr Enoka Wickramasinghe					
No	**Participant Profile**	**Gender**	**Mode of consultation & stakeholder category**	**Key Issues raised**	**Response to key issues given by project**
1.	Ven.Ransaagoda Vibhavi Thero (Chief Priest, Bimbaramaya Temple Hambantota) (In front of the Hospital)	Male	In-person interview (Interested party)	No objection 1. Project will be beneficial to the people in the area specially there will be an influx of people from many provinces hence the business community will get the benefit they lost after the movement to new hospital. 2. Need to continue other units such as Eye unit, Chest clinic, and OPD 3. If the hospital is developed even the primary school community will benefit from this hospital though parents and teachers initially fear of infection. 4. Will make the public who come to the temple aware	1.Primary care unit has been allocated separate area in the main building ground floor and will be renovated (Funded by World Bank project) 2. Continued public awareness through main communication channels of the area will be done by the project. 3. The boundary wall between primary school and hospital will be raised and sealed by the project. 4. Most relevant government and non government stakeholders were consulted physically and made aware of the upcoming project and reached consensus.
2.	Mr G. Rohanadheera Principal Primary School Hambantota (On the right next to the hospital)	Male	In-person FGD-1 (Directly affected party)	No objection 1. People in this area and nearby all provinces will be served. In addition, the hospital will be multi-purpose because the OPD, Eye, Chest, Oncology units and primary health unit will function along with proposed IDH, so overall it will benefit many people. 2. School has 1281 students and 47 teachers their safety needs to be ensured 3. Eight classes near the boundary wall were shifted to other area of the school, there's still space. 4. Parental concerns need to be addressed by proper awareness (leaflet, awareness sessions, banners) 5. Obtain official approval from zonal education director 6. Windows of the hospital towards the school should be kept closed, and boundary wall to be raised 7. Hazardous waste should be disposed in the planned method 8. Special emphasis should be given to radio-active waste 9. Construction vehicles during construction period or vehicles coming to the	1. OPD and Primary Care units will be refurbished by the Word Bank funds 2. Zonal education director was made aware. There was no objection but requested official letter describing the project. The letter will be sent, to obtain official permission. 3. Parents and people in the area should be made aware through a communication campaign by the project • Leaflets • awareness sessions • banners • mass media 4. The boundary wall should be built as high as possible as the first step in the project, to obtain peoples trust 5. Waste disposal will be carried out according to the planned
3.	Mrs R.M.N. Indunil (Teacher, Primary School Hambantota)	Female	In-person FGD-1 (Directly affected party)		
4.	Mrs H.A. Ayesha Madurani (parent, Primary School Hambantota)	Female	In-person FGD-1 (Directly affected party and vulnerable)		

				hospital thereafter should not park along the school front wall. Alokapura bare area should be allocated for such vehicle parking. This is for the safety and serenity of the school. 10. traffic will increase with the upgrading of this hospital, at all times from 7am to 2pm the vehicles should slow down, and wait if children are crossing the road. 11. There should be a regular screening mechanism to ensure infections are not spread though air, water and surrounding areas. Also, those who work in the IDH should clean properly and come out 12. Students' safety is very important specially because this is a primary school, having traffic police morning and afternoon will be good	description of the project-this should be monitored to ensured objectives are achieved 6. Plan for parking to be finalized 7. Traffic control and road safety of children to be planned with area Police 8. 8. Area surveillance to be done regularly to ensure children are safe from spreading infection
5.	Mr M.G. Anil Manjula (Parent, School Development Committee and Secretary of Business Society)	Male	In-person FGD-1 (Directly affected party)	No objection Population influx will be increased therefore it will be good for the area business improvement and economy Due to construction work, and functioning of hospital there will be employment opportunities for people in the area Business society signed a letter of no objection and handed over to the Director of Hambanthota hospital 1. Make the business society also aware when public awareness is done then area businessmen can help both school and hospital	Business society to be included in the social engagement plan in the future, for adequate communication and obtaining support.
6.	U.Kumara Father of Anglican Church Hambantota (Two buildings to the left of the hospital)	Male	In-person FGD-2 (May be affected and Interested party)	No objection will be beneficial for people not only the service but saving money and time 1. Change and development are inevitable, so all should gather to make it appropriately for the people and nature. Hoping a benefit for the people coming from far away villages 2. The project should be done according to standards. Good equipment to be installed and standard material used for building purposes 3. The deserted nature of the city will be changed which is good to improve security for school children, young girls and ladies 4. Will be beneficial for the business community 5. People awareness through different channels should be done (eg: through church, temple, primary healthcare team, schools, GN). It should also include awareness on infection prevention 6. Should have a good security system to ensure infected people not wondering around 7. Waste water system should be renovated to avoid nearby two swamps	1. Proper sewage and waste management system planned 2. Social Engagement Plan will include all relevant stakeholders for communication network and also addressing their concerns 3. Green concepts and equipment will be utilized 4. OPD, Eye ward, Cancer unit and Primary Healthcare unit will continue to function

				getting polluted 8. Continue the OPD, Cancer unit and Eye ward 9. Should regularly evaluate if the planned activities are happening in the planned way 10. Introduce more green concepts (planting rare trees in the hospital open spaces)	
7.	Mrs A.W.K.A.D Dilhani (Teacher St. Mary's Convent)	Female	In-person FGD-2 (May be affected and vulnerable)	No objection as this will improve the development of the area 1. Seeing doctors, hospital staff and patients becoming healthy will motivate and stimulate school children 2. First is to raise the wall near the teachers' quarters 3. The road between school and hospital should be cleaned regularly 4. The smell from hospital comes to the teachers' quarters it's a nuisance 5. Parents should be made aware through several channels (PHM is a good person to aware the uneducated, rural people) 6. There are oil and gas tanks behind the school near the hospital, the security and safety of those also should be ensured. 7. Waste disposal should be done and recycling to be introduced	1. Raising the wall on the left side of the hospital will need to be considered in the project 2. Social engagement and communication plan to include the mentioned issues of waste management, ensuring safety, public awareness, GRM 3. The permission from Zonal Education Director of Hambanthota will be sought officially
8.	Mr J.A. Hasitha Priyashan (Security officer, St Mary's Convent)	Male	In-person FGD-2 (May be affected and vulnerable)	No objection it will be beneficial for people, but safety of children and staff should be maintained	1. Raising the wall on the left side of the hospital will need to be considered in the project 2. Social engagement and communication plan to include the mentioned issues of waste management, ensuring safety, public awareness, GRM 3. The permission from Zonal Education Director of Hambanthota will be sought officially
9.	Mr S.B.Malindu Eranga (Office Assistant, St Mary's Convent)	Male	In-person FGD-2 (May be affected and interested)	No objection it will be beneficial for people Safety of children and staff to be ensured	
10.	Miss S.Risasha Ahamath (business woman near hospital)	Female	In-person FGD-2 (vulnerable and interested)	No objection 1. When the roads become busy again, the safety and security of the area will also be improved. Because now the roads are deserted and women and young girls' safety is at risk. Women engagement in employment will also improve	
11.	Mr Arif Musafar (businessman near hospital)	Male	In-person FGD-2 (Interested party)	No objection 1. If this hospital is well established and patients and people influx increases, the business opportunities will rise and businessman will gain a better profit	1. SEP will ensure the mentioned issues are addressed 2. Business Society members signed a no objection letter and handed over to the Director of Hospital
12.	Mr Suni Kodugoda	Male	In-person FGD-2	2. Also employment opportunities for area people will arise	

	(businessman near hospital)		(Interested party)	3. Should give priority for the area businessman to continue their small businesses 4. Should get approval from the business society, and make the business people aware	
13.	Mr M.Y.M. Larif (businessman near hospital)	Male	In-person FGD-2 (Interested party)		
14.	Mr.Nadeeka Samaraweera (businessman near hospital)	Male	In-person FGD-2 (Interested party)		
15.	Mr.K.D.D. Rathnayake (PHI of the hospital area)	Male	Interview (Interested party)	No objection 1. This will be better because the quality standards of an IDH will ensure more safety 2. If any infection outbreak around the hospital takes place, it can be observed and controlled through the routine infection surveillance and control mechanisms 3. Proper waste management system installation is extremely important as nearby water sources get polluted by the current liquid waste management system 4. The sewerage treatment plant which is not in working condition now has created bad smell, mosquito breeding so it has to be repaired immediately 5. At present sometimes the clinical waste is burnt behind the hospital which is not environmentally safe 6. The incinerator at new hospital will not be adequate to accommodate the hazardous waste of this IDH, then after sometime improper disposal of the hazardous waste in the surrounding areas will be seen. Its good if an incinerator can be installed in this premises then clinical waste of MOH also can be sent to it	1. Regular surveillance of infectious diseases to be strengthened 2. Sewerage treatment plant will be renovated with new machines and made operational Regular hazard waste incineration using the new hospital incinerator will be established or considered to build a new one in this hospital
16.	Dr Gayan Sumeera (New MOH of the area)	Male	Interested	1. No objection because the project will be beneficial to the people in the area. 2. The Primary care centre and maternity clinic should receive a separate area in the old building to continue those services 3. If a separate incinerator is present for the hospital clinical waste of MOH also can be sent to that Waste disposal system should be streamlined or there will be hazard and complaints	1. Sewerage plant will be repaired by the project and one million rupees allocated for it. 2. 2. Waste segregation area will be arranged by the project and infected waste will be transport and incinerated at the new hospital premises. No special transportation method planned. Plan for incinerator will be decided
17.	Dr Suranga (Director	Male	Directly	This will provide additional services to area people and people from several	1. Process will be expedited with submission of ESSR and ESMP

	of Hambanthota Old Hospital)		affected/involved	provinces, hence a very beneficial project. 1. Need to expedite and get things established as soon as possible 2. There was public concerns when the COVID hospital was established, but with time when people saw the standards are maintained and no infection risk even from COVID, people's confidence developed and now no objection. 3. Waste water and sewerage management infra-structure is available so only new machinery should be installed, but a repairing only. 4. At the moment incineration of hazardous waste sent to Hambanthota new hospital, but when incineration take place, the fumes are blown to Renal Unit making a nuisance for patients in that unit, so to overcome that incineration is done at night, but when the load from IDH also come it may have to be kept on the whole day, so there will be an environmental and public concern issue. 5. A new incinerator for the IDH Hambanthota would be the solution, then the transportation cost is also reduced. There is adequate rear space to install a new incinerator if funds available 6. Renovation of the OPD, Primary Healthcare unit, Eye unit, STD and Oncology units will reduce the patient burden to the new hospital 7. Proper public awareness of clear description of the project and keeping to the plan will receive the public confidence and willingness Separate entrance to the IDH is available and currently used for COVID centre, so risk of contamination is minimal.	and the Environmental clearance 2. Separate entrance used for the current COVID hospital to be used for the proposed IDH to ensure this unit is functioning separately. 3. Waste water and Sewerage management plant will be upgraded by the project 4. Installing a new incinerator if possible will be considered depending on the availability of funds in this WB project 5. Renovation of the OPD and its units will be done by this project SEP will address the people awareness and stakeholder engagement to ensure trust of people
18.	Security officers of COVID centre Hambanthota old hospital (four)	Males	Directly affected and vulnerable	1. It will be beneficial to continue this as a IDH because then no need to send patients to IDH Colombo 2. None of us got infected, so all the standards are maintained, it's good to continue those standards to prevent infection spread in the hospital premises though we have more work Good to develop a separate security point at this separate entrance with some seating facilities	1. Establishing a security officer booth will be considered by the project with resting facilities Training of security officers on awareness and prevention of infection control need to be done

Day 2: 21st May 2021 - In-person stakeholder consultations in Hambanthota by Dr Enoka Wickramasinghe					
No	**Participant Profile**	**Gender**	**Mode of consultation & stakeholder category**	**Key Issues raised**	**Response to key issues given by project**
19.	Mrs O.P.G. Nilani (Zonal Education Director, Hambanthota)	Female	Telephone interview Interested	1. No objection from the education department as this project is going to improve the health services for the people in this area and people from several provinces. 2. However, the infection control measures and waste management measures need to be implemented as described to ensure protection of the children of the two nearby schools 3. Raise the boundary wall between school and hospital. If possible, introduce a wall creeper plant to reduce the visibility 4. Keep the windows of the hospital closed towards the school side 5. Send an official letter to the zonal office describing the project then an official no objection letter can be arranged 6. Inform the District Secretary so then all main public officials will be aware 7. Make public aware through a communication campaign	1. A letter with information about the proposed project seeking approval will need to be sent from PM. 2. The District Secretary, Additional DS and Assistant DS were met, described the project. 3. The SEP will address the awareness of people and main officials. 4. Made all the stakeholders who were present at DCC aware of the proposed project and sought assistance for making people aware of the correct facts
20.	Mr H.P.Sumanasekera (DS, Hambanthota)	Male	In-person discussion	1. Good project, expedite and implement as it's an added benefit for the people in Hambanthota. Also, a prestige and privilege for the district. Start the project soon 2. Will improve the health service, business and thereby the economy of the area 3. Improve employment opportunities 4. Make the key public servants aware by presenting the description at the DCC 5. Send an official letter with information, then official approval can be sent 6. This method of making stakeholders aware and get their involvement from the start is very good initiative	1. Presented the details to the DCC participants and gave an information sheet each. 2. Letter will be sent by the PMU. 3. The SEP will include involving the key stakeholders in the communication loop and public awareness and grievances management local mechanism
21.	Mr.C.A.Suneth Lochana (Addl.DS)	Male			
22.	Mr.R.S.Wedage	Male			
23.	Mr Eraj Fernando (Mayor of Municipality Commission, Hambanthota)	Male	Interested party Directly involved in waste management, sanitation and road safety management	1. Project will be beneficial to the people in the area in many ways (health, security, employment, business and economy). A prestige for the area, so starting the project soon is important. 2. Currently sewerage is disposed to the nearby swamps due to malfunctioning of the sewerage plant. It has to be installed with new machine using the same infrastructure. This was discussed several times in council meetings. 3. Solid waste disposal practices should be streamlined especially infected waste from	1. Official letter will be sent by PMU seeking support from council. 2. Using the new incinerator developed by the MC will need to be considered in the ESMP 3. Sewerage management system will be renovated

24.	Mrs. M.K.A.A. Amali	Female	Interested party Directly involved in waste management, sanitation and road safety management	the COVID unit. 4. A new incinerator will be built as a project of the MC, the hazardous waste of the proposed IDH and clinical waste of MOH can be incinerated in this. 5. Will give fullest political support. Also will make people aware and get willingness and their support. Making people aware is important Send an official letter, with information of the proposed project. It will then be presented in the council and council approval and support will be obtained.	4. Include the MC involvement in people awareness and local grievances management in the SEP 5. A mechanism to clean the nearby swamps and water quality testing regularly should be arranged
25.	Participants of the District Coordinating Committee	Both males and females (attendance list available)	Directly involved or interested parties	1. A beneficial project for the area, should expedite and implement soon 2. Can support the public awareness and local public grievance management mechanism if communication material prepared and sent 3. The Project details will be included in the minutes of the meeting, send an official letter	1. Official letter will be sent by PMU seeking support from the key stakeholders of the area for public awareness and local grievance management. 2. Will be included in the SEP
26.	Dr Nilantha Gamage (Consultant Physician of the New Hambanthota Hospital)	Male	Interested party and may get directly involved	1. Upgrading old Hambantota hospital will be beneficial in many ways. The city became deserted due to shift to new hospital to 7.5km away, which brought in several socio-economic impact for people. Health service, improvement of business, employment opportunities and use of available healthcare infrastructure are some. 2. For the last 4-5 months the hospital was functioning as a COVID hospital. Spread of COVID around the area was not reported, and that is the worse infection we can think of. There was no major public resistant either, so transformation to IDH is an excellent ides. 3. Better to have continued communication among all relevant stakeholders to prevent public fear, stigma and resistance. 4. At the moment the COVID hospital is highly dependent on the new hospital in terms of human resource and equipment. When it's upgraded to an IDH new cadres of Consultants, Medical Officers, Nurses, Health Assistants and other categories of staff should be allocated to reduce the impact on new hospital. 5. Most equipment used in the COVID hospital are from the new hospital, so equipment also should be purchased separately for the proposed IDH. 6. The old hospital has ICU care facilities for 5 beds, another 4 in two surgical theater complexes which are not used yet. So ICU facilities and relevant necessary human resource should also be upgraded and used. 7. If possible give a new name instead of 'vasangatha roga' as in Cancer Hospital using Apeksha 8. Proper radiation waste generated from the hospital should be streamlined.	1. New equipment and staff will be obtained for the Hambanthota IDH 2. Arrange proper communication channels to make public aware on the low infection risk and benefits to the area will be planned and implemented (ESMP and SEP) 3. ICU care will be started very soon in the COVID unit 4. Other suggestions will be considered in other projects if those cannot be addressed in the current project.

				9. There is a vacated Doctors and nurses' quarters which can be renovated and used 10. Also, the abandoned Paediatric and Surgical wards can be renovated to Rehabilitation Unit for this area as in Ragama	
27.	Dr Darshana Wickramasinghe (Consultant Microbiologist)	Male	Interested party and may get directly involved	1. Its beneficial to have a second IDH in this area. Most important thing is proper waste disposal. 2. Due to droplets or infected air, there won't be air pollution. This can be further reinforced by making negative pressure ventilation. Around IDH Angoda, there is no reported infection spread so this area it will be very rare because less population, more spacious and windier environment. 3. PCR laboratory upgrade should be according to the specifications given by the Microbiologist or substandard equipment will only waste money. 4. Already a fund has been approved from JICA and Harbour funds to install a PCR machine. 5. Need to train the staff and screen staff for health and safety 6. Cleaning service not allowed in the PCR lab, all staff Hep B screened and no NCD's, initially trained and continued update of knowledge. 7. The laboratory should be upgraded to a level where MLT's, other categories of staff can be trained and research conducted. 8. Strict infection control strategies to be followed by infection control team to ensure staff and environment are safe from infections. Standard checklists should be used to monitor during the regular checkups. 9. Metamizer is not a good alternative for hazard waste incineration. Either new incinerator at the old Hospital or new hospital can be used. 10. Treated sewer water should regularly be tested (once a month) for bacteriological and chemical presence. 11. Routine infection notification system and clinical data, any outbreak can be early detected and controlled. 12. Consultants should be included in the communication platforms.	1. Consultant Microbiologist to be involved in purchasing of equipment to the laboratory 2. Waste management plan to incorporate the feedback given by the Microbiologist 3. The incinerator built by the MC can be used for hazardous waste management 4. Regular testing and infection control mechanisms to be planned and implemented to ensure area is safe from spreading infections
28.	Mr Kasun (Male nurse Master of Old Hospital Hambanthota and COVID unit)	Male	Directly affected	1. Good waste management system should be established. The sewerage treatment plant should be renovated with new machines. 2. If possible, use the treated water for watering the plants as water is a scarce resource in Hambanthota 3. The theatre complexes can be used to HDU or ICU. 4. Need to increase the human resource 5. The doctors and nurses' quarters can be renovated and used, then people would like to come here from transfers.	1. Proper liquid and solid waste management plan will be established by the project. 2. The ventilator facilities will be used for development of ICU in the very near future to functional state to accommodate COVID patients requiring ventilator care

				6. Having an incinerator in this place is the best, or if there are any transportation delays the waste will get collected and pollute environment.	3. The incinerator built by the MC can be used for hazardous waste management 4. Sewerage treatment plant will be renovated by the current project.

Key informant interviews conducted on the above sub project Dr. Inoka Suraweera.

	Date	Participant Profile	Gender	Key Issues raised	Response to key issues given by project
01	09.03.2021	Ven.Narada Thero Bimbaramaya Hambantota	Male	1. Project will be beneficial to the people in the area 2. Need to continue other units including OPD 3. May affect the nearby primary school next to the selected building. 4. Suggested to have a meeting with all the interested parties.	1.Primary care unit renovated. (Funded by World Bank project) 2. The side wall towards the primary school will be sealed by the project. 3. Will arrange a meeting in the near future.
02	09.03.2021	Thuwan Mussaffer Secretary Islamic Trustee Board, Hambantota	Male	1. Project will be beneficial to the people in the area and will extend fullest support for it. No complains discussed in their board meeting during recent past.	
03	08.03.2021	Ajith Liyanage Manager Chamber of Commerce Hambantota	Male	1. Project will be beneficial to the people in the area 2. Nearby primary school to be protected from the COVID unit. 3. Separate access is needed to the hospital.	1. The side wall towards the primary school will be sealed by the project. 2. There is a separate access road to the hospital avoiding town area and will request from the political authorities to renovate it.
04	08.03.2021	M.K.A.A.Amali Commissioner Municipal Council Hambantota	Female	1. Project will be beneficial to the people in the area. 2 Currently sewerage is disposed to the see due to malfunctioning of the sewerage plant which was discussed several times in council meetings. 3. Waste disposal practices should be streamlined especially infected waste from the COVID unit.	1. Sewerage plant will be repaired by the project and one million rupees allocated for it. 2. Waste segregation area will be arranged by the project and infected waste will be transport and incinerated at the new hospital premises.
05	08.03.2021	Kaushalya Galappatthi Divisional Secretary Hambantota	Female	1. Project will be beneficial to the people in the area. 2. There should be a separate access road to the hospital to avoid transportation through the crowded areas.3. Existing hospital should be functioning and developed separately. 4. In the long run the nearby crowded places should be separated from the hospital.	1. There is a separate access road to the hospital avoiding town area and will request from the political authorities to renovate it.2. Existing hospital will be functioned and develop in the future.
06	08.03.2021	Indika Jayalath Medical Officer of Health Hambantota	Female	1. Project will be beneficial to the people in the area. 2 Currently sewerage is disposed to the open environment due to malfunctioning of the sewerage plant which was complained by several parties during recent past. 3. Waste disposal practices should be streamlined especially transportation of the infected waste from the COVID unit to the new hospital. 4. There are complaints from the parents of the nearby primary school and it will be a major concern for the project. 5. The STD clinic situated next to the proposed building and it should be properly separated. 6. JMO unit is situated next to the proposed building and same access road is there inside the hospital.	1. Sewerage plant will be repaired by the project and one million rupees allocated for it. 2. Waste segregation area will be arranged by the project and infected waste will be transport and incinerated at the new hospital premises. No special transportation method planned. 3. The side wall towards the primary school will be sealed by the project. 4. There will be a fence covering the proposed building which will separate it from other buildings and units. 5. The proposed building will be covered and separate access will be given to the JMO unit and the oncology unit. (There are three main entrance ways to the hospital and one to the proposed building one to

				7. All the other services of the hospital should be continued including proposed primary care unit and the maternity clinic.	the JMO and Oncology units and other one to all the other units.) 6. Above services will be continued.

Some visual representations of stakeholder consultations and site inspection

Primary School

FGD 1

Primary school boundary wall and proposed IDH building

Church, St Mary's School, and business community

Discussion with Hospital security officers

District Secretary, Additional DS, Assistant DS, MOH

Discussion with DS team

Discussion with Mayor and Commissioner with MOH

Presenting at DCC

Inspection of the unused spaces in the hospital with Mr Kasun

Non-functional sewerage treatment unit at the far end of the land



Annex 3 – Sample Code of Conduct

Individual Code of Conduct

Implementing ESHS and OHS Standards

Preventing Gender Based Violence

I, _____, acknowledge that adhering to environmental, social, health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing Gender Based Violence (GBV) is important.

The Company considers that failure to follow ESHS and OHS standards, or to partake in activities constituting GBV—be it on the work site, the work site surroundings, at workers' camps, or the surrounding communities—constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution by the Police of those who commit GBV may be pursued if appropriate.

I agree that while working on the project I will:

1. Consent to Police background check.
2. Attend and actively partake in training courses related to ESHS, OHS, and GBV as requested by my employer.
3. Will wear my personal protective equipment (PPE) at all times when at the work site or engaged in project related activities.
4. Take all practical steps to implement the contractor's environmental and social management plan (C-ESMP).
5. Implement the OHS Management Plan.
6. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can impair faculties at all times.
7. Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
8. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
9. Not sexually exploit or abuse project beneficiaries and members of the surrounding communities.
10. Not engage in sexual harassment of work personnel and staff —for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is prohibited. E.g. looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; in some instances, giving personal gifts.
11. Not engage in sexual favors —for instance, making promises of favorable treatment (e.g. promotion), threats of unfavorable treatment (e.g. loss of job) or payments in kind or in cash, dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.
12. Not use prostitution in any form at any time.
13. Not participate in sexual contact or activity with children under the age of 18—including grooming, or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
14. Unless there is the full consent[2] by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex (including prostitution). Such sexual activity is considered "non-consensual" within the scope of this Code.
15. Consider reporting through the GRM or to my manager any suspected or actual GBV by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.

With regard to children under the age of 18:

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

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

Use of children's images for work related purposes

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

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

Sanctions

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

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

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

Signature: _____

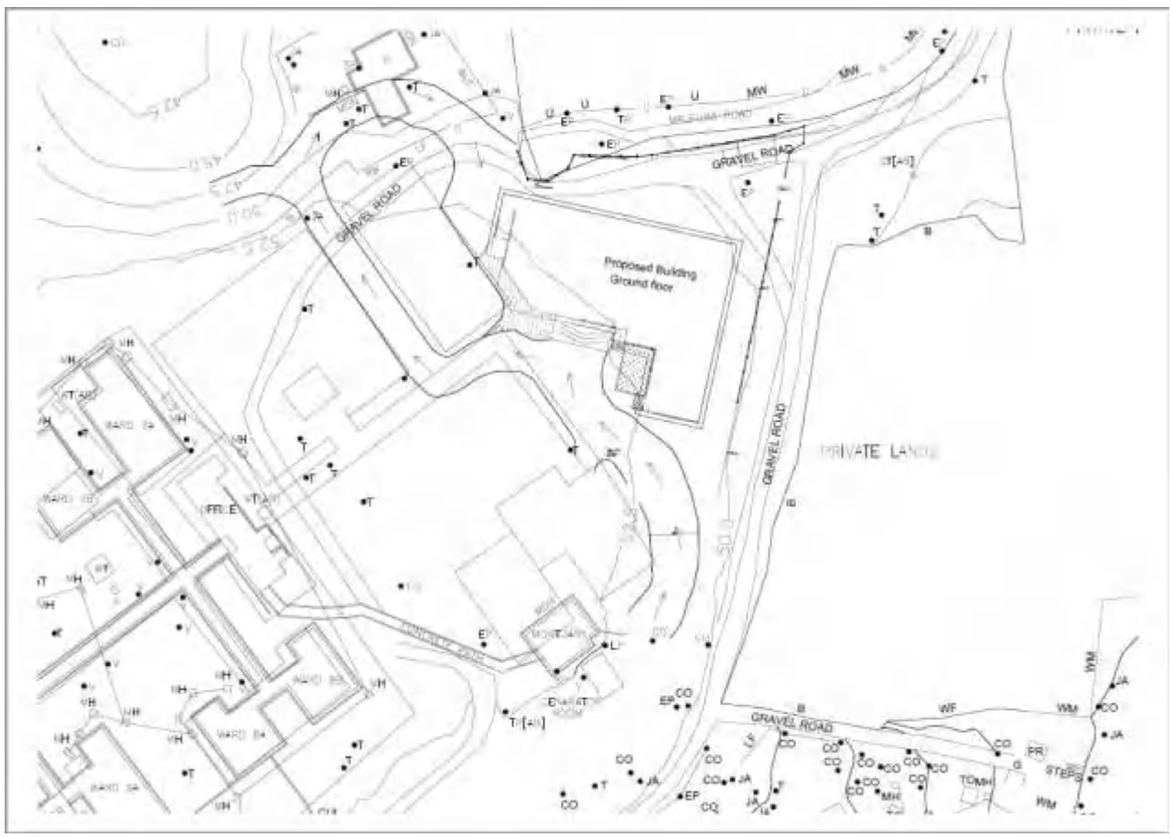
Printed Name: _____

Title: _____

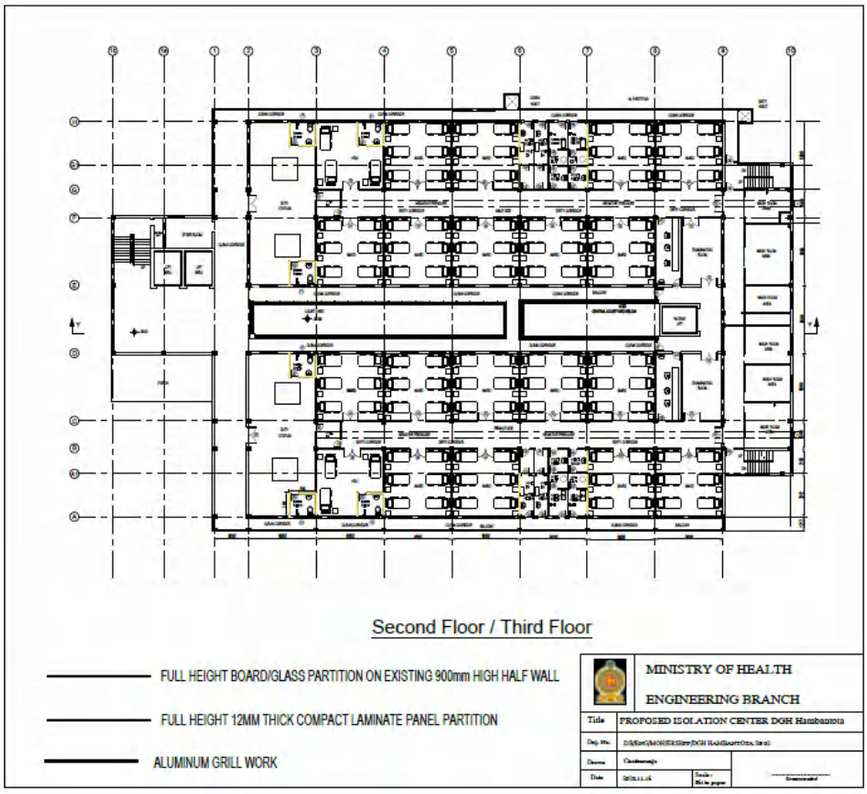
Date: _____

Annex 4 – Subproject Design Diagrams

Site Layout Plan



Building layout



Second Floor / Third Floor

FULL HEIGHT BOARD/GLASS PARTITION ON EXISTING 900mm HIGH HALF WALL

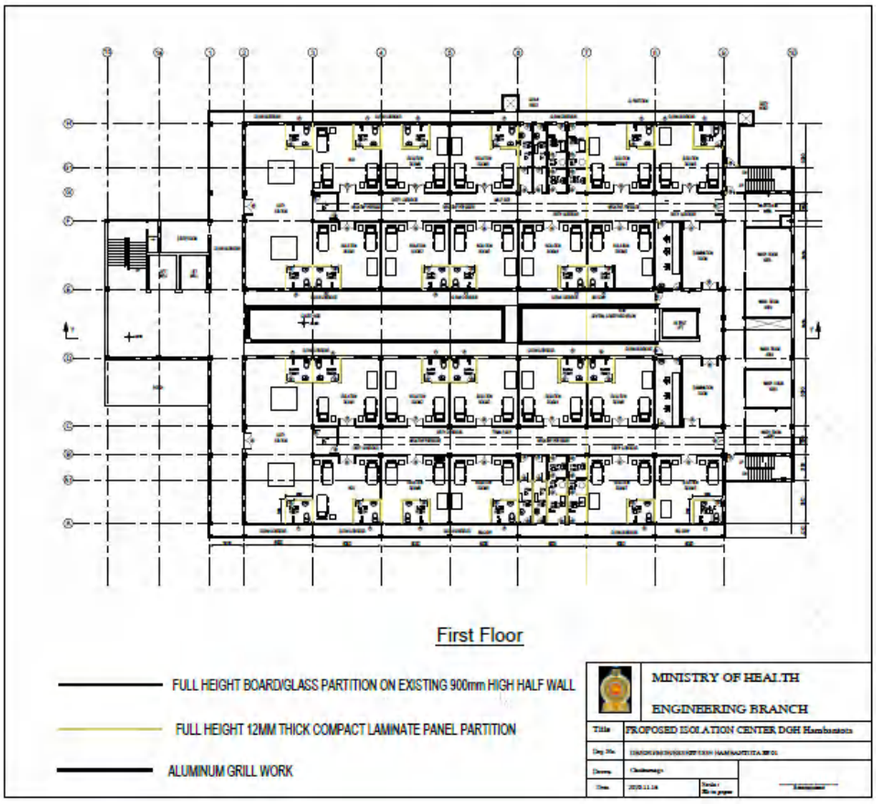
FULL HEIGHT 12MM THICK COMPACT LAMINATE PANEL PARTITION

ALUMINUM GRILL WORK

MINISTRY OF HEALTH

ENGINEERING BRANCH

Title	PROPOSED ISOLATION CENTER DGH Hambantota
Dwg. No.	
Drawn	
Date	



First Floor

FULL HEIGHT BOARD/GLASS PARTITION ON EXISTING 900mm HIGH HALF WALL

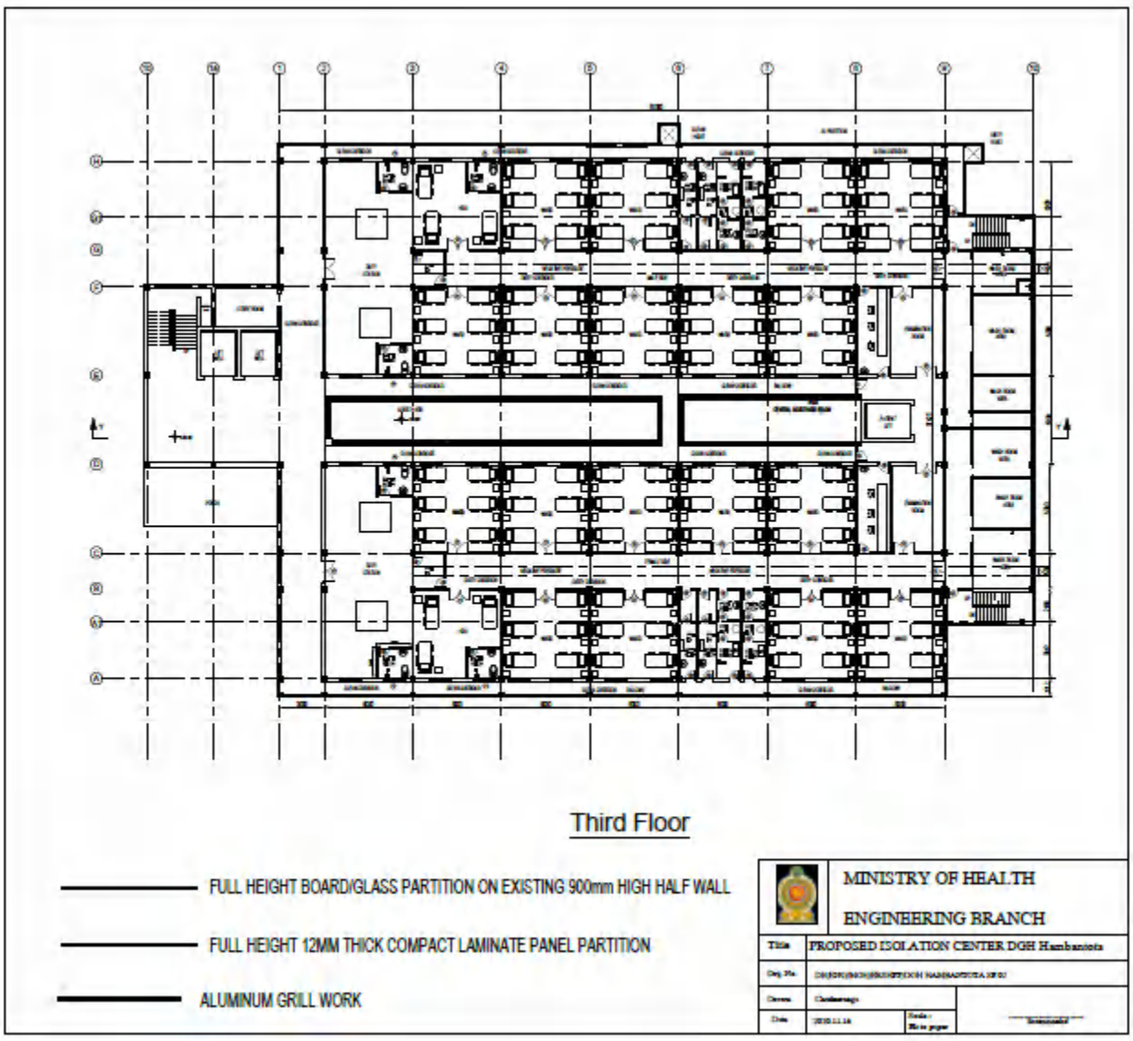
FULL HEIGHT 12MM THICK COMPACT LAMINATE PANEL PARTITION

ALUMINUM GRILL WORK

MINISTRY OF HEALTH

ENGINEERING BRANCH

Title	PROPOSED ISOLATION CENTER DGH Hambantota
Dwg. No.	
Drawn	
Date	



Third Floor

FULL HEIGHT BOARD/GLASS PARTITION ON EXISTING 900mm HIGH HALF WALL

FULL HEIGHT 12MM THICK COMPACT LAMINATE PANEL PARTITION

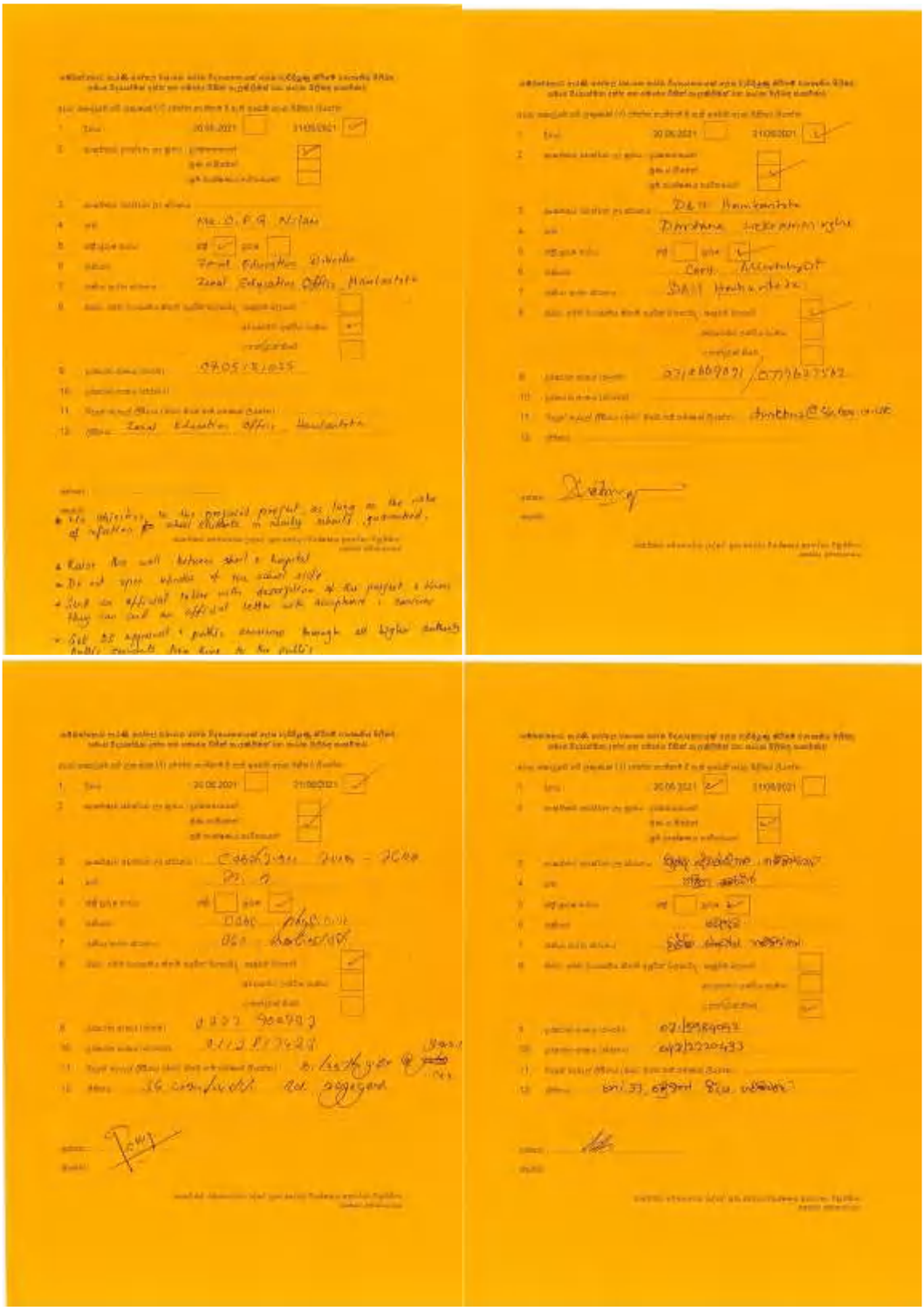
ALUMINUM GRILL WORK

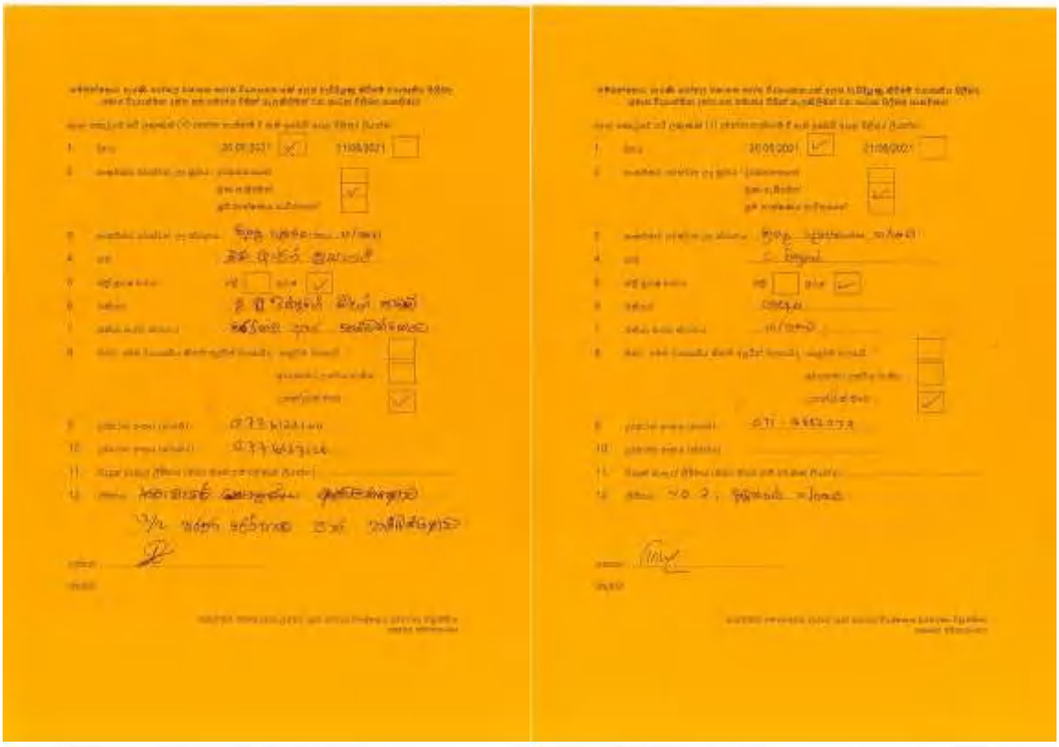
MINISTRY OF HEALTH

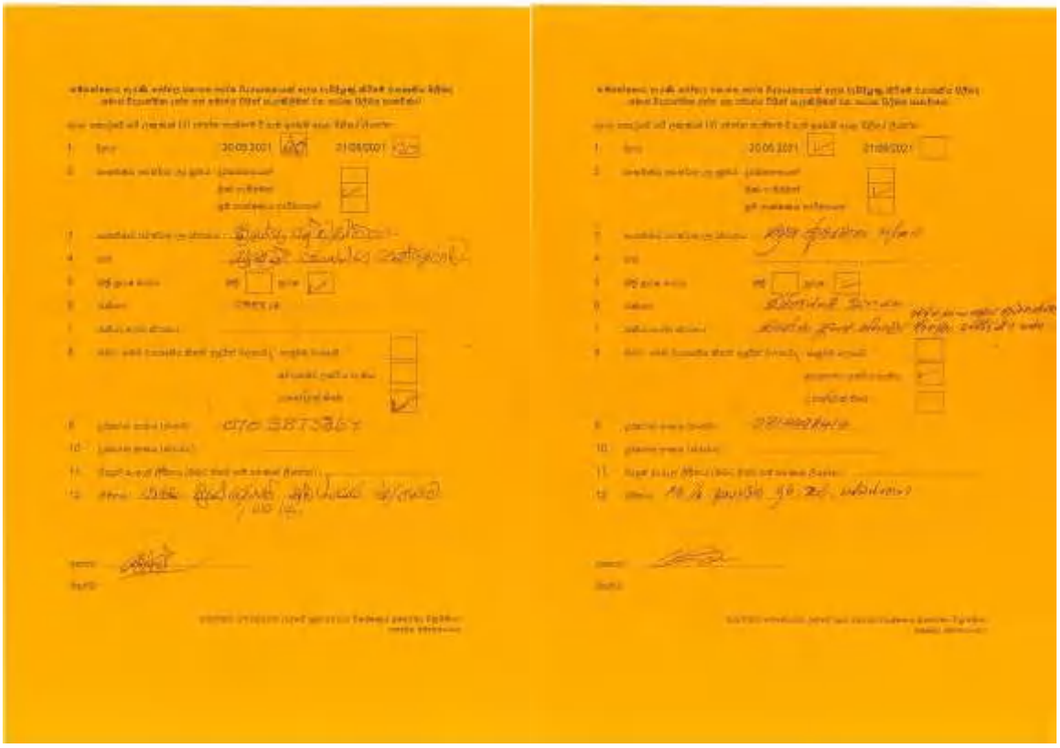
ENGINEERING BRANCH

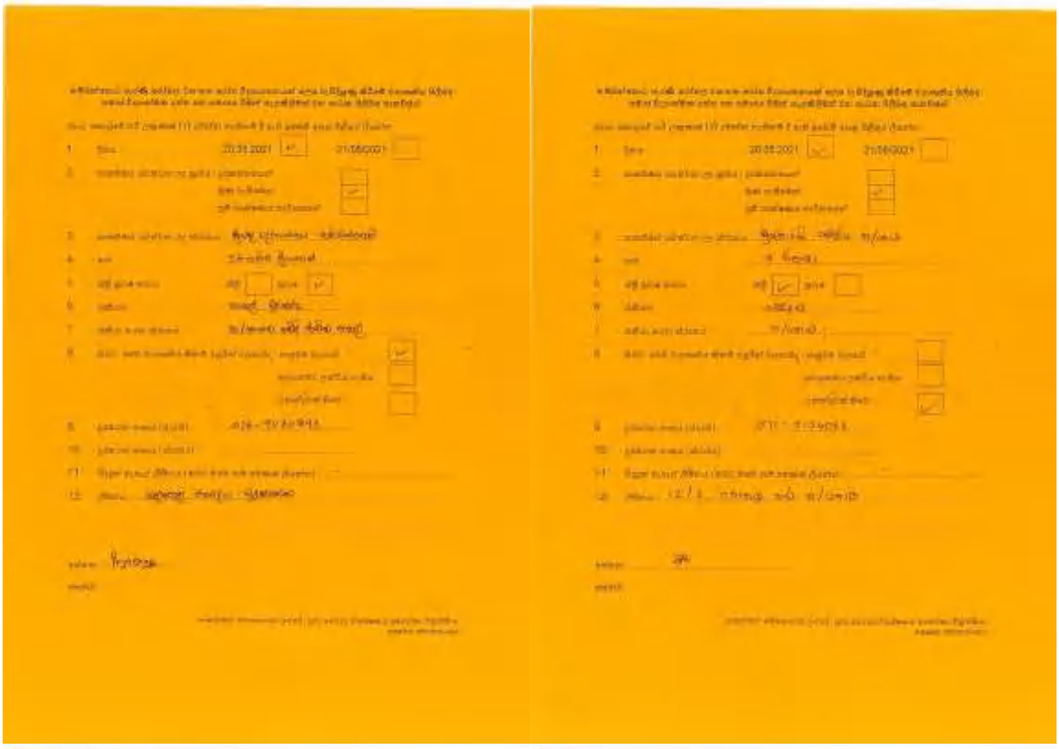
Title	PROPOSED ISOLATION CENTER DGH Hambantota
Dwg. No.	
Drawn	Chathuranga
Date	

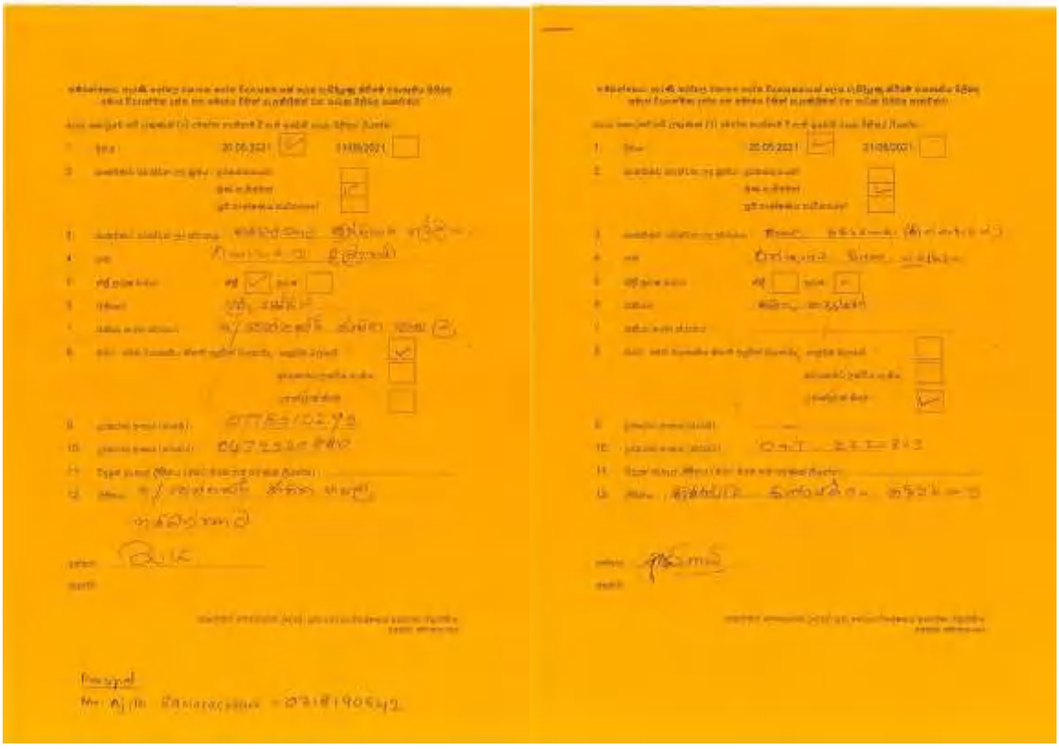
Annex 5 – Consultation Attendance sheets & Communication Material

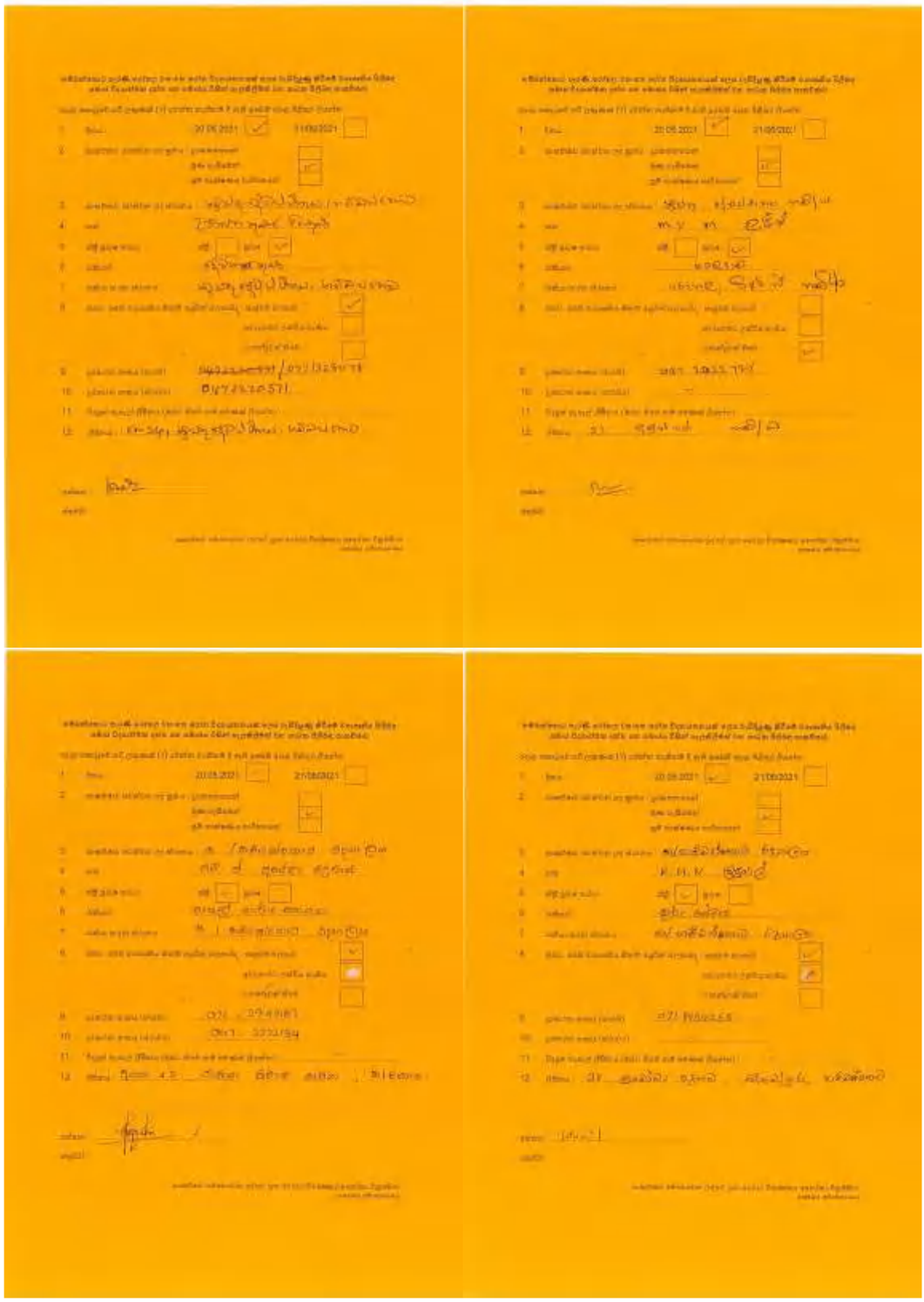


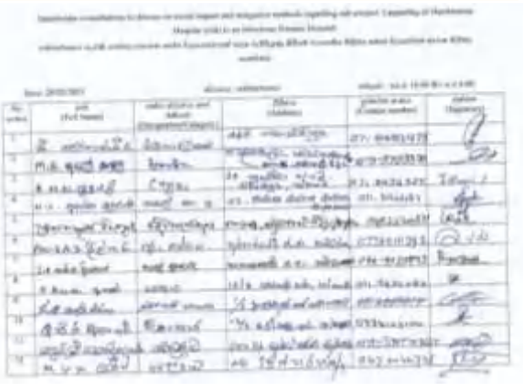












COVID 19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

Ministry of Health

Dr. J.M.W. Jayasundara Bandara
Project Director

No. 191, 3rd Floor, J R Jayewardena Centre, Dharmapala Mawatha, Colombo 07

COVID 19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

Ministry of Health

2/6/2021

Mrs O.P.C. Nilani
Zonal Education Director
Hambantota

Dear Mrs Nilani

Re: Upgrading of Hambantota (Old) Hospital to an Infectious Disease Hospital

Further to the description and discussion you had with Dr Enoka Wickremasinghe (Consultant Community Physician) of Ministry of Health on the 21st of May 2021, I would like to extend my gratitude for your genuine interest and support with regard to the above project funded by the World Bank.

It is inevitable that the public and specific categories of public around the hospital to raise concerns and fears when they hear an Infectious Disease Hospital is going to be established in the vicinity of two schools and heart of the city Hambantota though the city is less populated. The Hambantota Primary School is next to the hospital and St Marys Convent is just on the other side separated only from a narrow road. Therefore the parents, teachers, students and principals of these two schools are concerned about the safety of this upcoming IDH. These concerns mainly arise when the relevant people are not clear of what is going to happen and what measures are taken to address their concerns and safety. People expect to be heard and engaged throughout.

Therefore, it is important to make the school community aware of the details of this project, the safety measures followed and social and environmental impact mitigation plan along with how they can raise concerns or grievances. It is important to have the project progress to be discussed as an agenda item at the School Principals meeting regularly. I seek your assistance for making school community aware of this project and obtaining their consensus to ensure school community approval and support is optimally obtained for this project. Further to make school community aware through the school development committees and channels of communication to ensure public are aware, heard and safe. Please liaise with the District Secretary and area Medical Officer of Health regarding any concerns, matters. I appreciate if you could send an official letter of approval as discussed with Dr Enoka Wickremasinghe on the 21.05.2021.

The brief description of the project is attached for your reference. Please feel free to contact myself or Project Management Unit for further clarifications.

Thank you

Dr Jayasundara Bandara
Project Director/ Primary Healthcare Systems Strengthening Project
CC: Principals of Primary school Hambantota & St Marys Convent, District Secretary/Hambantota, Medical Officer of Health

Dr. J.M.W. Jayasundara Bandara
Project Director

No. 191, 3rd Floor, J R Jayewardena Centre, Dharmapala Mawatha, Colombo 07

COVID 19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

Ministry of Health

2/6/2021

Mr H.P.Sumanasekara
District Secretary
Hambanthota District

Dear Mr Sumanasekara

Re: Upgrading of Hambanthota (Old) Hospital to an Infectious Disease Hospital

Further to the description and discussion you had with Dr Enoka Wickramasinghe (Consultant Community Physician) of Ministry of Health on the 21st of May 2021, I would like to extend my gratitude for your genuine interest and support with regard to the above project funded by the World Bank.

It is inevitable that the public and specific categories of public around the hospital to raise concerns and fears when they hear an Infectious Disease Hospital is going to be established in the vicinity of two schools and heart of the city Hambanthota though the city is less populated. These concerns mainly arise when the public is not clear of what is going to happen and what measures are taken to address their concerns. People expect to be heard and engaged throughout.

Therefore, it is important to make public and relevant categories of people aware of the details of this project, the safety measures followed and social and environmental impact mitigation plan along with how they can raise concerns or grievances. In addition it is important to have the project progress to be discussed as an agenda item at the District Coordinating Committee to ensure all relevant officials are informed and engaged. I seek your assistance for development of this public awareness and local grievance mechanism and to ensure all relevant public officials are involved in this district level communication platform.

The brief description of the project is attached for your reference. Please feel free to contact myself or Project Management Unit for further clarifications.

Thank you

Dr Jayasundara Bandara
Project Director
Cc: Additional DS; Assistant DS; Zonal Educational Director

Dr. J.M.W. Jayasundara Bandara
Project Director

No. 191, 3rd Floor, J R Jayewardena Centre, Dharmapala Mawatha, Colombo 07

COVID 19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

Ministry of Health

2/6/2021

Dr. J.M.W. Jayasundara Bandara
Project Director

No. 191, 3rd Floor, J R Jayewardena Centre, Dharmapala Mawatha, Colombo 07

COVID-19 EMERGENCY RESPONSE AND HEALTH
SYSTEMS PREPAREDNESS PROJECT

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சுகாதார அமைச்சு
Ministry of Health

Mr Eraj Fernando
The Mayor
Hambantota Municipality Council

Dear Mr Fernando

Re: Upgrading of Hambantota (Old) Hospital to an Infectious Disease Hospital

Further to the discussion and discussion you had with Dr Eraka Weerasinghe (Consultant Community Physician) of Ministry of Health on the 21st of May 2021, I would like to extend my gratitude for your genuine interest and support with regard to the above project funded by the World Bank.

It is inevitable that the public and specific categories of public around the hospital to raise concerns and fears when they hear an Infectious Disease Hospital is going to be established in the vicinity of two schools and heart of the city Hambantota though the city is less populated. These concerns mainly arise when the public is not clear of what is going to happen and what measures are taken to address their concerns. People expect to be heard and engaged throughout.

Therefore, it is important to make public and relevant categories of people aware of the details of this project, the safety measures followed and social and environmental impact mitigation plan along with how they can raise concerns or grievances. In addition it is important to have the project progress to be discussed as an agenda item at the Council Meetings regularly to ensure all council members are informed and customers attended. I seek your assistance for making council members aware and obtaining their consensus to ensure political approval and support is optimally obtained. Further to make public aware through the council channels of communication to ensure public are aware, heard and safe. Please liaise with the area Medical Officer of Health regarding any health matters.

Brief descriptions of the project is attached for your reference. Please feel free to contact myself or Project Management Unit for further clarifications.

Thank you

Dr. (Mrs.) W. Jayasundara Gunathilake
Project Director

Dr Shashrukatha Gunawardena
Project Director
Primary Healthcare Systems Strengthening Project
Cc: Director/Hambantota Hospital (Old), Medical Officer of Health (Hambantota)

COVID-19 EMERGENCY RESPONSE AND HEALTH
SYSTEMS PREPAREDNESS PROJECT

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சுகாதார அமைச்சு
Ministry of Health

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

හම්බන්තොට පැරණි රෝහල වසංගත රෝග විද්‍යායතනයක් බවට පැවැති දියුණු කිරීමේ ව්‍යාපෘතිය පිළිබඳ ඔබගේ විඳහැගීම අවැසිය හා අවට සමාජයේ විවිධ කාර්යභාරවලින් විමසීම් හැකියිලිමින් යන ලංගම පිලිබඳ සැකසීමකි

වර්තමාන කොවිඩ්-19 සෝලීය වසංගත තත්ත්වයට දිනුණු දියුණු ශ්‍රී ලංකාවේ එකම වසංගත රෝග විද්‍යායතනය වන යෑමෙන් IDH රෝහලයේ. එහි ස්ථාවර සේවයන් මෙන්ම මෙතෙක් සිදුනේ නොමැති නවීන ප්‍රතිකාර ඉල්ලුම්කර කට සෙවා සිටියි. එයට හේතුව වසංගත රෝග හදාහැදි ප්‍රතිකාර කිරීමට ඇති එකම රෝහල IDH රෝහල වීම නිසාය. එමගින් රට තුල බොහෝ දිස්ත්‍රික්ක තුල සෞඛ්‍යසේවා රෝහිස්ට ප්‍රතිකාර කිරීමේ බිඩිහෑරුණ දිස්ත්‍රික්ක තුල ගුනවතිමත් ප්‍රතිඵලයක් රෝහල් වල ස්ථාපිත කර ඇත. නමුත් රෝහිසෙහුගේ වසංගත රෝගී තත්ත්වය උක්තතාන් පූර්වතාන්, දැනට සිදු වන්නේ රෝහිසාව IDH රෝහල වෙත මාරු කිරීම් වේ. මේය රෝගීකාවද, සවිදුල් උසාව, තෙවෙල ඝාර්ය මිෂ්ඨලයට මෙන්ම ඊජසවද පසසනවක් සහ අයිය විශ්වමය ද වේ. ඒ හේතුවෙන්, මිදිය කාළින ආගන්තුකයන් ලෙස දිවිමින තුල තෙවෙල සඳහිත්ය වැඩි දියුණු කිරීම තදහා ලෝක බැංකුව මගින් ප්‍රතියාත්මක තෙවෙල සඳහිතය තත්ත්වයේ ඇති ප්‍රතියාත්මක ජාතික (හැරණි) රෝහල විශේෂත රෝහල විදහයතනයක් ලෙස වැඩි දියුණු කිරීමට තෙවෙල අමාත්‍යාංශය මගින් තීරණය කර තිබීම ඉතා වැදගත් වියවරණි.

මෙම ගාන්ථිකරේ දරවිදුන්ය වන්නේ මෙම සේවය විසඳුම්ය පිරිවැය ප්‍රතිඵලය වීසිය දාන්ඩාවාරුවන් දැනුවත් කර බිදුන්නෙය් අදහස්, මෙන්ම කැලිකන්න සකසාගන්න හා අවියය නම් විසඳුම්වේ යම් ප්‍රියතාවර්ය පවුලවරක් වැඩිදියුණු කිරීම් තදහා තිබෙන අදහස් පිළිබඳව ඇසවීම් කිරීම් වේ.

තවිමන්තොට පුරණි රෝහල දැනටමත් සෞඛ්‍යසේවා ආශාදිත රෝගීන් සඳ ප්‍රතිකාර කරන මිධිසෙන්ථානයක් ලෙස ක්‍රියාත්මක වේ. මෙම රෝහල කවදුරවක් ඒ සඳහා සන්නිමත් කර දනුණු පසුගත් විසඳුම් තරන විදහයතනයක් බවට වැඩි දියුණු කිරීම මෙමඟින් සිදු වෙනු ඇත. මෙහිදී පැරණි තවිමන්තොට රෝහලේ පහලම මිංගුනද කැතුවට මිහල් කාමර පහක දැයුරීන් අදුන් වැඩියා කර සහ තනිදුරුම විසඳුම රෝග විදහයතනයක් බවට පරිවර්තනය කිරීම මෙම ව්‍යාපෘතියේ අරමුණ වේ.

1. **ඇදන් අහ බැසීම් වින ඉහළ පරායත්තතා ඒකක (High Dependency Unit) පහක් පිහිදු කිරී**
2. **ඇදන් දෙක බැසීම් වින, විදුසිසිදු පහදුහැදිද තත්ත්ව වෙන් කිරීමේ (ඒකලන/Isolation unit) කාමර 16ක්**
3. **ඇදන් පහක් සහර බැසීම් ඇති මෙන් කිරීමේ (ඒකලන) වෙවිදු ඒන් ඇති කිරීම**
4. **දැනටත් පවතින බිහිර රෝගී පංගණ අදුන් වැඩියා කර දියුණු කිරීම**
5. **දැනට පවතින රණසතනායරාය ඒ.ඒ.ආර්.ඩබ්ලිව් රණසතනායරායන් ලෙස ත්‍රවර්ධනය කිරීම**
6. **මිහිදින්ත් සැසඳීමේ සහනුසත වැඩි කිරීම**
7. **බිදුලි සෙන්සානය වැඩි දියුණු කිරීම**
8. **ජල ටැංකියේ ධාරිතාවය වැඩි කිරීම**
9. **දැනට ඇති ඔක්සිජන්වේර් යන්ත්‍රය අදුන් වැඩියා කිරීම**
10. **අපිරිසිදු සහ සිහිසිදු ද තෙතයාමීට හැකිවන පරිදි සොල්සිස්ටර් වෙන් කිරීම**
11. **මිය කිස් රෝගතලෙන් සිවින විකාශව නිරාවරණය වීම වැළැක්වීම් උපකරණ රෝගතල් සේවය කල යුතු ක්‍රම විකාශ සද්ධතිය වැනිදියුණු කිරීම**
12. **රෝගතලෙන් ජනතාව වින අපදුවිය**
    - **මිය කිස් සහිත සහ දුසදුවිය: නව තවීමෙනාට රෝගතලේ සසදුවිය දහනාගාරයේ දුරස්ථිකිය ලෙස ප්‍රතිසහාය කර ඒකාම උණුසුම්වියෙහි පිලිස්ථිම**
    - **මිය කිස් සහිත දුවි සසදුවිය: කිවිසුහාරණය කිදාකර තෙමිනාය දනුවින් බැහැර කිරීම**
    - **මිය කිස් රහිත සහ සහ දුවි අපදුවිය ප්‍රදේශයේ තාමිනාය සසදුවිය බැහැර කිරීමේ සුදුසවිදය සැලැවි බැහැර කිරීම**
    - **රෝගතල තුල විසාය විකිමිසරණ යාන්ත්‍රික විකාශ සද්ධතිනේ කරනා විකිමිස කරණය සිදු කිරීම**
    - **වැයි විකර තාමිනාය කඩතු සද්ධතිය මින්ගේ බැහැර විමට ඉවි තැනිමිම**
13. **ඇතුළුවීම් තත විවිමිම සඳහා තවිමන් සෝවිදු නිවිම**
14. **තැති තැම විවිධ ස්ථානයකම ආංචිනික තත් ඇතුළ දනනාතුන් තත වැදු වැමිම**
15. **විදුලි සවිකෝජනය අවිම වින උපකරණ තංවිතය**
16. **දැනට පවිකිය බිංගිර රෝගී අංශය, ප්‍රංචිම තෙවෙල සේවා සහ අනෙකුත් තෙවිදය සංගත සේවා කවිදුරවන් සෙන්සිමින් සසදුවින් වැඩි දියුණු කර දවසේවිව පවත්වා යැනීමින් සිදු වෙනු ඇත**

වියදම්වීමේ දළ මිවිදිය: : මිලියන දෙකිය විස්සයි (220 M)

වියදම්වීමේ කාලය : මිස මුහාස් සමින

මිධිට අති වසංගතිය මිළිබඳව යම්කිස් දැන හැනීමට ඉවිසසනකි් නෝ මෙයි වැඩිහිටියනු සිදු වීමෙහිදී යම්කිසි තැතිකිරීල්ලක් නෝ තැලකිලිලීමින් වියැ යුතු කරෝසයක් වසංගතේ කාර්යාලයට දැනුම් දීමට හවසර. නමුත් 1907 දරසය පංගිසා කලු හැහි ඔවිද තලතන්න.

ඊතැම් කරුණුස්සක වියි මෙන්ම සමහර අවසි තෝ අවධානයි යොමු කිසිය හැකිය. නමුත් කරණිසේ කිරීම දුරදිසේ සංර්ණ කරුවන් එයට සහිසින්ධ කර හැනීම තුලින් වැඩි වැඩි කරහැනීමට මෙන්ම අවධානයි යොමු අවිම කිරීම් තෝ විලක්ෂා පැනීමට හැකිවේ. මේහිදී මිමගේ අදහස් සහ තැලකිලීමිනිකාවය පසි ඉතා දරය කරමු.

ස්තුතියි

ප්‍රසන තෙවිදය විශේෂඥය ඉතෙවාසා විසුමිමිය
තෙවෙල අමිකාරයා
දැනම් දුරකථන අංකය : 0777257525
විදුසුස් තැපැල් ලිපිනය : eranka7@gmail.com
රාජකාරී ලිපිනය : විසු සංඝ තාරකරිය තෙවෙල රෝහල, 8 වෙනි මිහතු, මෙසි තාදිස් කොස්තැබිල්ල මිරිදුන