Environmental and Social Management Framework

for

India COVID-19 Emergency Response
and Health Systems Preparedness Project

Ministry of Health and Family Welfare

Government of India

August 2020

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Abbreviations and Acronyms

BMW	Bio Medical Waste
BMWM	Bio Medical Waste Management
BSC	Biological Safety Cabinets
BSL	Biosafety Level
CDC	Centre for Disease Control and Prevention
CERC	Contingent Emergency Response Component
COVID-19	Corona virus Disease 2019
CTF	Common Treatment Facility
DGHS	Director General of Health Services
E&S	Environment and Social
EHS	Environmental, Health and Safety
EIDs	Emerging Infectious Diseases
EOC	Emergency Operating Centre
ERP	Emergency Response Plan
ESCP	Environment and Social Commitment Plan
ESF	Environmental and Social Framework
ESHS	Environmental, Social, Health and Safety
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ETP	Effluent Treatment Plant
GBV	Gender Based Violence
GIIP	Good International Industry Practice
GOI	Government of India
GRM	Grievance Redress Mechanism
HCF	Healthcare Facility
HCW	Healthcare Waste
HEPA	High Efficiency Particulate Air filter
HIV	Human Immunodeficiency Virus
HVAC	Heating, Ventilation and Air Conditioning
HWMS	Healthcare Waste Management System
ICMR	Indian Council of Medical Research
ICT	Information Communication Technology
ICU	Intensive Care Unit
ICWMP	Infection Control and Waste Management Plan
IDSP	Integrated Disease Surveillance Program
INR	Indian Rupees
IPC	Infection and Prevention Control
IPF	Investment Project Financing
LMP	Labor Management Procedure
MHA	Ministry of Home Affairs
MNREGA	Mahatma Gandhi Rural Employment Guarantee Authority
MOEFCC	Ministry of Environment, Forests and Climate Change
MOF	Ministry of Finance
MOHFW	Ministry of Health and Family Welfare
MOR	Ministry of Railway

MOWCD	Ministry of Women and Child Development
MPA	Multi Phase Approach
NCDC	National Center for Disease Control
NGOs	Non Governmental Organizations
NHM	National Health Mission
NPMU	National Project Management Unit
NPPA	National Pharmaceutical Pricing Authority
OHS	Occupational Health and Safety
OPD	Out Patient Department
PAD	Project Appraisal Document
PDO	Project Development Objective
PMGKP	Pradhan Mantri Garib Kalyan Package
POE	Point of Entry
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
RAP	Resettlement Action Plan
RPF	Resettlement Policy Framework
RPF	Railway Protection Force
SBCC	Social and Behavior Change Communication
SC	Schedule Caste
SDRF	State Disaster Response Fund
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SOP	Standard Operating Procedures
ST	Schedule Tribe
STP	Sewage Treatment Plant
TA	Technical Assistance
TB	Tuberculosis
TSU	Technical Support Unit
WB	World Bank
WBG	World Bank Group
WHO	World Health Organization
WWTP	Wastewater Treatment Plant

INDIA: COVID-19 EMERGENCY RESPONSE PROJECT

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

Executive Summary

The World Bank and the Asian Infrastructure Investment Bank (AIIB) is providing support to Government of India (GOI) for addressing the immediate and medium-term requirement in addressing COVID-19. This support is for ensuring optimal medical care, maintain essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials). The key implementing entities for the Emergency COVID-19 project are the Ministry of Health & Family Welfare (MOHFW), National Center for Disease Control (NCDC), Indian Council of Medical Research (ICMR) and the Ministry of Railways (MOR). The project development objective (PDO) is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national health systems for preparedness in India. The project has following the components

Component 1: Emergency COVID-19 Response The aim of this component is to slow and limit as much as possible the spread of COVID-19 in India.

Component 2: Strengthening National and State health Systems to support Prevention and Preparedness The aim of this component is to support building resilient health systems to provide core public health, prevention, and patient management functions to manage COVID-19 and future disease outbreaks.

Component 3: Strengthening Pandemic Research and Multi-sector, National Institutions and Platforms for One Health The aim of this component is to support research on COVID-19 by Indian and other global institutions working in collaboration with the ICMR, including biomedical research to generate evidence to inform the short- and medium-term response to the COVID-19 pandemic.

Component 4: Community Engagement and Risk Communication The aim of this component is to address significant negative externalities expected in the event of a widespread COVID-19 outbreak and include comprehensive communication strategies. A critical objective of this sub-component will be to improve the commitment of all participants of the "epidemiological surveillance networks" and health security as a public good.

Component 5: Implementation Management, Capacity Building, Monitoring and Evaluation The main aim of this component is strengthening of public structures for the coordination and management of the project, including MOHFW and state (decentralized) arrangements for coordination of activities, financial management, procurement, and monitoring and evaluation.

Component 6: Contingent Emergency Response Component (CERC) Provision of immediate response to an Eligible Crisis or Health Emergency.

The project will finance a range of activities. From civil works including construction, upgrading, expansion or rehabilitation of existing healthcare facilities and/or waste management facilities to procurement of goods such as medical equipment, PPE, chemical/biological reagent, and other medical supplies or materials. Investments will be made in general hospitals, medical laboratories (BSL 2 & 3), screening posts, quarantine and isolation centers, infection treatment centers, intensive care units (ICUs) etc. The project involves employing or engaging direct and contracted workers. Given the extraordinary nature of the pandemic, use of security or military forces cannot be ruled out. Investments will be made for

building capacities in managing healthcare waste, to reduce production, enable segregated collection, storage, transportation and disposal, including COVID-19 wastes. The project does not involve land acquisition and/or restrictions on land use connected to construction of healthcare facilities or waste management facilities.

Since the project responds to an emerging pandemic situation and in absence of specific locations and detailed information about the subprojects, an Environmental and Social Management Framework (ESMF) has been prepared for managing the identified risks and impacts. Prior to project negotiations, an Environment and Social Commitment Plan (ESCP) and a Stakeholder Engagement Plan (SEP) was agreed and disclosed nationally and on the Bank's external website. Given country-wide lockdown and travel restrictions, limited consultations were carried, most of which were virtual. Consultations covered aspects of COVID-19 related biomedical waste management (BMWM) practices, aspects related to One Health approach and use of technology in monitoring the pandemic within India.

Based on the identified potential environmental and social risks and impacts, the project's E&S risks are rated as 'Substantial'. Potential adverse environmental impacts and risks identified include Occupational Health and Safety (OHS) for the healthcare providers, laboratory and other workers in the COVID-19 situation, environmental pollution and community health and safety issues related to the handling, transportation and disposal of bio-medical wastes from hospitals, laboratories, COVID-19 screening posts and quarantine centers, management of construction debris and wastes and risks of access to services for the poor, vulnerable and marginalized social groups. The key risks and impacts on the social side identified are inclusion and access to medical services (COVID-19 testing and treatment) to marginalized and vulnerable social groups (women, the elderly, the differently abled, scheduled tribes [ST], scheduled castes [SC], communities in remote and hilly locations, women headed households, especially single mothers with underage children, unemployed youth, patients with chronic diseases, informal sector workers including domestic workers, laborers, and construction workers) in accessing the benefits and services of the project. The sexual exploitation and abuse (SEA)/ sexual harassment (SH) rating based on the World Bank risk rating tool is moderate for the project.

Six out of ten World Bank Environment and Social Standards (ESSs) are considered 'relevant'. These are ESS1: Assessment and Management of Environmental and Social Risks and Impacts, ESS2: Labor and Working Conditions, ESS3: Resource Efficiency and Pollution Prevention and Management, ESS4: Community Health and Safety, ESS7: Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities and ESS10: Stakeholder Engagement and Information Disclosure.

The ESMF is exhaustive and covers all the critical aspects for managing the potential environmental and social risks of the project. The ESMF includes an analysis of the national/subnational legal and policy framework, an environmental and social baseline, screening check lists for risk categorization of subprojects, negative list of investments, due diligence procedures and processes, mitigation actions with responsible agencies against each action and provides procedures relevant to the development of the subprojects, a generic Environmental and Social Management Plans (ESMP), and further guidance for developing the Bio-Medical Waste Management Plan (BMWMP) in accordance with the World Bank's Environmental and Social Framework (ESF). It includes a summarized SEP and details out the institutional arrangements required for E&S risk management, including the requirements for qualified experts and a capacity building plan. The EMSF includes a Grievance Redress Mechanism and refers to a range of COVID-19 related national, international best practices and WHO guidelines.

INDIA: COVID-19 EMERGENCY RESPONSE PROJECT

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

1. Background

1. ***The India COVID-19 Emergency Response and Health System Strengthening Project is co-financed by the World Bank and the Asian Infrastructure Investment Bank (AIIB) with a commitment of US$1.5 billion over a period of four years as a centrally sector scheme.*** The World Bank commitment is for US$ 1 Billion and the AIIB commitment is for US$ 500 million. The AIIB has agreed to apply the environmental and social mitigation provisions of this ESMF. The project supports Government of India (GOI) for addressing the immediate and medium-term requirement in addressing COVID-19. This support is for ensuring optimal medical care, maintain essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials). As COVID-19 places a substantial burden on inpatient and outpatient health care services, support will be provided for several different activities, all aimed at strengthening national and sub-national health care systems.

2. ***This Environmental and Social Management Framework (ESMF) is prepared for the India: COVID-19 Emergency Response Project to mitigate any potential adverse impact and/or risk.*** The project will involve the construction, expansion, rehabilitation and/or operation of healthcare facilities in response to COVID-19 amongst other activities, such as, procurement of hospital equipment, personal protection equipment (PPE), testing of patients etc. (also refer Para #9 for details on proposed activities) Potential adverse impacts and risks identified include Occupational Health and Safety (OHS) for the healthcare providers, laboratory and other workers in the COVID-19 situation, environmental pollution and community health and safety issues related to the handling, transportation and disposal of bio-medical wastes from hospitals, laboratories, COVID-19 screening posts and quarantine centers, management of construction debris and wastes and risks of access to services for the poor, vulnerable and marginalized social groups. The ESMF provides procedures relevant to the development of the subprojects, includes a generic Environmental and Social Management Plans (ESMP) and further guidance for developing specific sub=project level ESMPs, when required, in accordance with the World Bank's Environmental and Social Framework (ESF).

3. ***This ESMF includes templates for the ESMP (Annex I) and the Bio-Medical Waste Management Plan (BMWMP) (Annex II).*** The ESMP template identifies potential environmental, social, health and safety issues associated with the construction and operation of healthcare facilities in response to COVID-19. The BMWMP template focuses on infection control and healthcare waste management practices during the operation of healthcare facilities. The ESMP and BMWMP should set out appropriate measures for infection control and waste management during operation of the relevant healthcare facility.

4. ***An Environmental and Social Commitment Plan (ESCP) has been agreed with key implementing agencies.*** The Ministry of Health and Family Welfare (MOHFW), Indian Council of Medical Research (ICMR) and National Center for Disease Control (NCDC) are the three key implementing agencies of this project. A preliminary Stakeholder Engagement Plan (SEP), was also developed and both the ESCP and SEP were disclosed publicly in the country and at the World Bank external site.

5. ***The proposed project development objective (PDO) is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national health systems for preparedness in India.*** The PDO will be monitored through the following PDO level outcome indicators:

    a. Percentage of district hospitals with isolation capacity {Global Multi Phase Approach (MPA)[1]};
    b. Percentages of district health centers/district hospitals with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks;
    c. Proportion of specimens submitted for COVID-19 laboratory testing confirmed within WHO-stipulated standard time;
    d. Proportion of population able to identify three key symptoms of COVID-19 and/or seasonal influenza and three personal prevention measures (as assessed by a representative population survey); and
    e. The Government has activated their one health coordination mechanism for COVID-19 and other Emerging Infectious Diseases at Union level

6. ***The project aims to support the acceleration and scale up of the GOI response to COVID-19, while serving the dual purpose of building systems to respond to future disease outbreaks.*** This is a new Investment Project Financing (IPF) and includes several activities as described below (refer Section 2; para #8 to #9). For a detailed project description, including components, please refer to the Project Appraisal Document (PAD) at
    http://documents.worldbank.org/curated/en/466861585949433867/pdf/India-COVID-19-Emergency-Response-and-Health-Systems-Preparedness-Project.pdf and www.mohfw.gov/.

7. ***The rationale for preparing an ESMF over project-specific environmental and social assessment and management plans is as follows:***

    •   The project responds to an emerging pandemic situation and therefore, specific locations and detailed information about the subprojects can only be known during implementation; and

    •   Purpose of a framework is to guide the National Project Management Unit (NPMU) and the Subproject Proponents on the E&S screening and assessments of subprojects during implementation, including subproject specific ESMPs in accordance with the ESF. The ESMF will help identify mitigation measures, as part of subproject-specific assessment and plans.

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[1] District hospitals are being used as the proxy to measure coverage of acute health care capacity in line with the Global MPA guidance. The indicator is defined in the Results Framework.

2.   Project Description

2.1 Project Components and Indicative Activities

8.   The project has the following components. Component description provides a fairly good idea of the kinds of activities to be supported.

   a) ***Component 1: Emergency COVID-19 Response*** The aim of this component is to slow and limit as much as possible the spread of COVID-19 in India. This will be achieved through:

   - Support to enhance disease detection capacities, increasing surveillance, reporting and contact tracing, health screening, technical expertise, for case finding and local containment;
   - Strengthening laboratory and diagnostic systems capacity for human and animal diseases at national and state level by procuring reagents and kits, upgrading virus repository, standardizing sample collection, channeling, and transportation; determining sites most in need of introduction of point-of-care diagnostics; and engaging private laboratories to expand capacity to test and manage COVID-19;
   - Scaling up procurement of personal protective equipment (PPE), oxygen delivery systems, medicines, and financing service delivery costs to sustain the deployment of current (skilled health workers) and new health and other personnel through extra payments (such as hazard pay and death benefits in line with GOI norms for compensation);
   - Constructing/establishing new isolation wards (including single occupancy negative-pressure isolation rooms in select facilities), implementing infection prevention and control activities in public health facilities (district hospitals, medical colleges, other civil/general hospitals, and designated infectious disease hospitals). This will involve civil works including construction, upgrading, expansion or rehabilitation of existing healthcare facilities with biomedical waste management facilities;
   - Training healthcare workers and rolling out protocols and guidelines on COVID-19 management, transportation, and referrals. The project will support the establishment of dedicated help lines and engage NGOs to strengthen community engagement, grievance redressal, and education on COVID-19; and
   - With a project restructuring in May 2020, Ministry of Railway's (MoR) has been included as an implementing agency for (i) conversion of passenger coaches as isolation coaches; (ii) procurement of medicine, consumables, and paramedics for railway trains and premises for COVID-19 activities; (iii) sanitization of railway premises and trains; and (iv) isolation wards in railway healthcare facilities. It is expected that about 5000 coaches in 134 railway yards of the 16 railway zones will be converted, which may be stationed across 200+ locations. Sixteen zonal railway hospitals and 68 divisional railway hospitals may be upgraded to expand their capacity for establishing isolation wards and procuring PPE, ventilators, oxygen cylinders etc. Also, the sanitization of railway stations and trains are likely to be undertaken throughout the country but specifically where isolation coaches would be stationed.

   b) ***Component 2: Strengthening National and State health Systems to support Prevention and Preparedness*** The aim of this component is to support building resilient health systems to provide core public health, prevention, and patient management functions to manage COVID-19 and future disease outbreaks. Key activities include:

   - Building a network of Biosafety Level (BSL) 2 & 3, high containment laboratories, including support for the ICMR to upgrade Viral Research and Diagnostic Laboratories in government institutions to meet the requirements of testing for pandemics and research;

- Expanding point-of-care molecular testing for viral disease in sub-district and district laboratories and sample transport mechanisms;
- Improving disease surveillance systems in humans and animals and health information systems across the country by strengthening the Integrated Disease Surveillance Program (IDSP) and integration of all health information;
- Bolstering community-based disease surveillance capacity through increased personnel and the use of Information Communication Technology (ICT) systems to track and monitor infectious outbreaks;
- Developing human resource competencies in integrated disease surveillance across different states and at the central level to track and monitor current and new disease-outbreaks;
- Creating institutional mechanisms and capacities for epidemic response at district level by providing dedicated resources on the lines of existing mechanisms for disaster management, including strengthening referral transport systems and linkages; and
- Develop and update national guidelines to strengthen the emergency management of COVID-19 and early detection of diseases and response mechanisms. These include: (i) Guidelines on infection prevention and control in healthcare facilities; (ii) Guidelines on quarantine, including home quarantine; (iii) Guidelines for notifying COVID affected persons by private institutions; and (iv) Guidelines on dead body management.

c) ***Component 3: Strengthening Pandemic Research and Multi-sector, National Institutions and Platforms for One Health*** The aim of this component is to support research on COVID-19 by Indian and other global institutions working in collaboration with the ICMR, including biomedical research to generate evidence to inform the short- and medium-term response to the COVID-19 pandemic. Investments are planned to:

- Developing core capacity to deliver the One Health approach to prevent, detect (priority existing and emerging zoonoses) at the animal-human interface, and respond to infectious disease outbreaks in animals and humans. Undertake an assessment of national protocols for detection, surveillance, and response systems for animal and human health infections;
- Strengthening surveillance systems for prioritized zoonotic diseases or pathogens of high national public health concern;
- Improving biosafety and biosecurity management, including staff training and proper specimen transportation;
- Strengthening national and state-level One-Health capacity of the animal health workforce (e.g., veterinarians, veterinary paraprofessionals, the public sector and community-based extension workers) to respond to Emerging Infectious Diseases (EIDs);
- Establishment of a center of excellence in One-Health, as well other disease outbreak and control research centers;
- Expansion of the data collection and surveillance platforms in the dairy sector, including data on small ruminants and other livestock species with significant zoonotic risk; and
- Preparing a communication strategy to address community outreach and dissemination of information around risk to the human population of zoonotic diseases.

d) ***Component 4: Community Engagement and Risk Communication*** The aim of this component is to address significant negative externalities expected in the event of a widespread COVID-19 outbreak and include comprehensive communication strategies. A critical objective of this sub-component will be to improve the commitment of all participants of the "epidemiological surveillance networks" and health security as a public good. Key activities that may be supported (and defined clearly) from time to time may include:

- Mitigate against (when required) the possible negative impacts on children's learning and wellbeing due to extended closing of schools, including, a campaign for schools and parents;
- Prepare plans (when required) to ensure the continuity of learning, including remote learning options such as radio broadcast and other means of distance delivery of academic content. For tertiary education, a pilot for teaching remotely and for maintaining operation continuity will be financed to facilitate engagement of students;
- Support to additional actions to complement social distancing. These include personal hygiene promotion, such as, promoting proper handwashing and cooking standards and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic;
- Provision of mental health and psychosocial services for vulnerable communities;
- Support systems for community-based disease surveillance and multi-stakeholder engagement for social inclusion and healthcare worker safety, among others. Rebuilding community and citizen trust that can be eroded during crises; and
- Support community-based animal disease surveillance and early warning networks and systems for robust emergency reporting and feedback against notifiable diseases. Also support training for animal health workers, and treatment of infected animals and reporting procedures. Farmers, herders, extension professionals, and paraprofessionals would receive hands-on training in detection of clinical signs. Participatory methodologies involving farmers, para-veterinarians, and community workers would be used extensively, given that the major control targets are the small-scale and semi- commercial livestock production systems.

e) ***Component 5: Implementation Management, Capacity Building, Monitoring and Evaluation*** The main aim of this component is strengthening of public structures for the coordination and management of the project, including MOHFW and state (decentralized) arrangements for coordination of activities, financial management, procurement, and monitoring and evaluation. Key activities include:

- Strengthening NCDC capacity for health emergency and disease outbreak management;
- Upgrading information systems for program management; and
- Expand staffing with core competencies for disease surveillance, epidemiology, labs, and One Health service delivery.

f) ***Component 6: Contingent Emergency Response Component (CERC)*** Provision of immediate response to an Eligible Crisis or Health Emergency.

9. ***The project will finance a range of activities.*** Based on the project description, it is confirmed that the project involves civil works including construction, upgrading, expansion or rehabilitation of existing healthcare facilities and/or waste management facilities. It will finance various types of healthcare facilities, such as, general hospital, medical laboratories (BSL 2 & 3), screening posts, quarantine and isolation centers, infection treatment centers, intensive care units (ICUs), and assisted living facilities. Project will finance procurement of goods such as medical equipment, PPE, chemical/biological reagent, and other medical supplies or materials. The project will involve employing or engaging direct and contracted workers. Given the extraordinary nature of the pandemic, use of security or military forces cannot be ruled out. Investments will be made for building capacities in managing healthcare waste, to reduce production, enable segregated collection, storage, transportation and disposal, including COVID-19 wastes. Third-party managed Common Treatment Facilities (CTF) with incinerators will be involved. The project does not involve land acquisition and/or restrictions on land use connected to construction of healthcare facilities or waste management facilities.

2.2   Project Environmental and Social Risks

10. *Given the nature and potential of spread of the COVID-19 pathogen, the environmental risks are rated Substantial.* However, the project is expected to have mostly positive environmental impacts, insofar as it should improve COVID-19 surveillance, monitoring, case management and containment, thereby preventing a wider spread of the disease. The main environmental risks identified are:

    a. The occupational health and safety issues related to shortage of PPE for health care and other workers in the COVID-19-related logistical supply chains;
    b. PPE are not appropriately used by the laboratory technicians and medical staff; and
    c. Environmental pollution and community health and safety issues related to the handling, transportation, and disposal of health care waste, including solid and liquid wastes from hospitals, public and private laboratories, COVID-19 screening posts and quarantine centers, and any construction waste generated during upgrading and/or building new healthcare facilities. The associated risks are unusually higher and require higher awareness, behavior modification, and special handling. This is critical to reduce accidental contact with liquid wastes (blood, other body fluids, reagents, and water used during testing) and solid wastes and consumables (bed sheets, utensils, etc. of infected patients and waste generated during testing and treatment).

11. *The social risks are also considered Substantial.* India has geographic, socio-cultural, and economic diversity and varied capacity of local governments for handling health service delivery, including quality of facilities for isolation and quarantine across states. These variations carry Substantial risks to marginalized and vulnerable social groups who may be disproportionately impacted or further disadvantaged by the project(s) as compared to others (and will include women, the elderly, the differently abled, scheduled tribes [ST], scheduled castes [SC], communities in remote and hilly locations, women headed households, especially single mothers with underage children, unemployed youth, patients with chronic diseases, informal sector workers including domestic workers, laborers, and construction workers) in accessing the benefits and services of the project. These risks are further accentuated by the large population working in the informal sector as daily wage earners whose livelihoods are at stake in the short term, and who therefore may flout state- or national-level recommendations. And hence, requires additional social protection and livelihood enhancement measures by various other Ministries and departments of state and national government dealing with production systems and livelihood generations at different levels along with additional guidance on preventive measures to be taken post lockdown situation for functioning of institutional, commercial and agricultural operations. In fact, there is a potential risk of social tension and conflict within communities due to the adverse impacts of containment strategies on people's livelihoods, particularly when it comes to marginalized and vulnerable groups. The sexual exploitation and abuse (SEA)/ sexual harassment (SH) rating based on the World Bank risk rating tool is 'moderate' for the project, and requires mitigation measures including sensitization and capacity building of the health care staffs and others associated with COVID19 operations following MOHFW's guidance on the same, setting up gender-sensitive infrastructure such as segregated toilets and well-lit quarantine and isolation centers, along with building linkages to Ministry of women and Child Development's (MoWCD) initiative of establishing One-stop center in each district for addressing violence against women in districts where it is operational. Hence, handling medical isolation of individuals with quarantine interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; prevention of sexual exploitation and abuse (SEA) and sexual harassment (SH); as well as minimum accommodation and servicing requirements) are issues that will require close attention while managing the project's social risks. While the project will support the establishment of isolation units, quarantine facilities and laboratories, the associated civil works are expected to be minor and limited to existing facilities and their footprints (e.g., hospitals or other existing spaces). And hence, the project is not expected to involve in any land acquisition nor involuntary resettlement.

12. ***Given that project locations and investment activities are still evolving, an ESMF has been prepared, which has procedures in place for E&S risk classification and mitigation.*** Based on the project design and existing capacity, the overall E&S risk of the project is categorized as 'Substantial'. All sub-projects will be screened based on the *Screening Form for Potential Environmental and Social Issues (Annex III),* which sets out a list of questions on the screening of E&S risks and impacts, identifies the relevant ESSs and the type of assessments and management tools that can be developed. The ESMF has pre-screened several project activities, listed their risk category (refer **Table 4; page #26**) and provided guidance on addressing the potential risks and impacts. All sub-projects identified as high risk will constitute the negative list and will not be financed under the project.

1.3   Objectives of the ESMF

13. ***Projects financed under the World Bank's Investment Policy Financing (IPF) need to comply with the Environmental and Social Standards (ESSs) of the World Bank's Environmental and Social Framework (ESF).*** Therefore, all investment packages eligible for funding under the India COVID-19 Emergency Response and Health Systems Preparedness Project (P173836) are required to satisfy the World Bank's ESF in addition to conformity with environmental and social legislation of the Government of India (GoI) and that of the States where implemented. The ESMF will serve as the basis in the preparation of recommended sub-project specific instruments, such as, Environmental and Social Impact Assessments (ESIA) and/or Environmental and Social Management Plans (ESMPs) etc. as may be required.

14. ***The objectives of this ESMF are:***

    a. To establish clear procedures and methodologies for environmental planning, assessment, review, approval and monitoring of subprojects to be financed under the Project;

    b. To specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring environmental concerns related to subprojects;

    c. To determine training, capacity building and technical assistance needed to successfully implement the provisions of the ESMF; and

    d. To provide for resources necessary for implementing the ESMF.

3.   Policy, Legal and Regulatory Framework

3.1   National Policy and Legislations

15. ***India has specific policy, legal and regulatory provisions directly relevant to the activities being carried out in the project.*** **Table 1** lists legal instruments that manage the biomedical and other wastes, pollution prevention, labor related aspects relevant to the project. To deal with the emerging shortages of required medical supplies, including PPE, medicines etc., GOI has recently waived certain regulatory requirements under the Environment (Protection Act) to encourage private sector set up manufacturing units for producing these. These may have some impacts on the environment however, these fall outside the purview of the project investments. **Table 2** outlines World Bank Environmental and Social Standards (ESSs) relevant to the project. It also lists other relevant international and regional conventions to which India is a signatory.

16. ***The provisions of the existing environmental legal and regulatory framework are adequate but require enabling institutional and technical capacity to comply with.*** While the provisions of the Biomedical Waste Management & Handling) Rules, 1998 – as amended up to March 2018 are being implemented, provisions of other relevant environmental Acts, such as, hazardous, solid, plastic and E-waste Rules 2016 require additional capacity building efforts. Efforts are required to improve the monitoring of the management of different kinds of wastes.

17. ***The existing legislative framework is adequate to ensure social sustainability of the protection of interest of marginalized and vulnerable population including women, the elderly, the differently abled, ST, SC, women headed households, patients with chronic diseases informal sector workers (including domestic workers, laborers, and construction workers).*** It ensures (a) protection of the interest of all the vulnerable population as mentioned above, (b) non-discrimination based on religion, race, caste, and gender, and (c) transparency with right to information.

Table 1: Environmental and Social Laws, Regulations and Policies that are relevant to the proposed program

S. No.	Applicable Act/ Regulation/ Policy	Objective and Provisions	Relevance to the Project and key Findings
1	The Constitution of India (especially, Articles 15,16 and 46)	The Indian Constitution (Article 15) prohibits any discrimination based on religion, race, caste, sex, and place of birth. Article 16 refers to the equality of opportunity in matters of public employment. Article 46 directs the state to promote with special care the educational and economic interests of the weaker sections of the people, particularly of the Scheduled Castes and the Scheduled Tribes and also directs the state to protect them from social injustice and all forms of exploitation.	Relevant to the overall Program
2	Bio-medical Waste Management (Amendment) Rules, 2018	Schedule 1: Categorization and Management Schedule 2: Standards for treatment and disposal of BMW Schedule 3: Prescribed Authority and duties Schedule 4: Label of containers, bags and transportation of Bio-Medical waste The provisions under the rules provide for both solid and liquid medical wastes. Liquid waste should be treated with 1% hypochlorite solution before discharge into sewers.	Highly relevant -As per Accreditation requirements, healthcare facilities are required to develop Standard Operating Procedures (SOPs) in the handling of medical solid, liquid and radioactive wastes. On solid BMW there is good overall capacity and compliance. On liquid BMW, there are significant gaps in

S. No.	Applicable Act/ Regulation/ Policy	Objective and Provisions	Relevance to the Project and key Findings
		Hospitals not connected to municipal Waste Water Treatment Plants (WWTPs) should install compact on-site sewage treatments (i.e. primary and secondary treatment, disinfection) to ensure that wastewater discharges meet applicable thresholds	treatment and disposal of wastewater from hospitals. -The requirements in MOEFCC Notification- G.S.R.234 (E), dated 28th March, 2016 are found to be equivalent to the WBG EHS Guidelines for Healthcare Facilities as they cover good international industry practice (GIIP) such as labeling and symbols for hazardous materials and waste, waste reduction, segregation, storage, transportation (manifest), treatment and handling (with autoclave, incineration), health workers occupational health and safety and public health and safety. The effluent standards are also equivalent or better than the World Bank Group (WBG) EHS Guidelines for Health Care Facilities (Performance Monitoring); for example, 100mg/L for COD (India) and 250 mg/L (WBG Guidelines).
3	Construction and Demolition Waste Management Rules, 2016	Waste comprising of building materials, debris and rubble resulting from construction, re-modeling, repair and demolition of any civil structure	Relevant as there will be construction waste generated. CPCB guidelines on Environmental Management of C&D Waste Management in India (2017) will be applicable.
4	E-Waste (Management and Handling) Rules 2011as Amendment up to 2018	To address leakage of e-waste to informal sector at all the stages of channelization. The 2016 Amendment brought health care facilities (with turnover over INR 20 crores or more than 20 employees).	Relevant as it is applicable for consumers or bulk consumer. The disposal of E-wastes to be done at the specified collection centers and reported annually.
5	Plastic Waste Management Rules 2016	All institutional generators of plastic waste, shall segregate and store the waste generated by them in accordance with the Solid Waste Management Rules, and handover segregated wastes to authorized waste processing or disposal facilities or deposition centers, either on its own or through the authorized waste collection agency	Relevant as hospitals are generators of large quantity of plastics, including non-reusable types.
6	Water (Prevention and Control of Pollution) Act 1974 Air (Prevention and Control of Pollution) Act 1981 Environment Protection Act (and Rules), 1986 & 1996	Provisions are largely to prevent air and water pollution by not releasing untreated effluents and harmful emissions. Most provisions are already discussed under the Bio-Medical Waste Rules	Relevant and largely complied with; gaps exist in disposal of liquid wastes from healthcare facilities
7	Environment Impact Assessment 2006	The schedule of the Act lists investment activities under two categories 'A' and 'B', including expansion of existing ones and sets up State EIA Authority. All investment activities listed under 'A' require approval from the Expert Appraisal	Applicable if project finances: a) Common Hazardous Waste Treatment facility having landfill with incineration or incineration alone; b) Common Effluent Treatment Plant; and c)

S. No.	Applicable Act/ Regulation/ Policy	Objective and Provisions	Relevance to the Project and key Findings
		Committee of the Ministry of Environment, Forests and Climate Change.	building with built up area $\geq 20,000$ sq.m. and $< 1,50,000$ sq.m.
8	Indian Penal Code (IPC)	Section 278 (making atmosphere noxious to health) and Section 269 (negligent act likely to spread infection or disease dangerous to life, unlawfully or negligently	Relevant Although individuals would require providing evidence
9	The Indian Medical Council Act 1956 The Indian Medical Council Professional Conduct, Etiquette and Ethics Regulations 2002)	Provisions are applicable to practicing doctors and medical professionals to provide quality service to the patients or healthcare seekers.	Relevant
10	Right to Information Act, 2005	Provides a practical regime of right to information for citizens to secure access to information under the control of Public Authorities. The act sets out (a) obligations of public authorities with respect to provision of information; (b) requires designating of a Public Information Officer; (c) process for any citizen to obtain information/disposal of request, etc. (d) provides for institutions such as Central Information Commission/State Information Commission	Relevant as all documents pertaining to the Program requires be disclosed to public.
11	The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013	An act that aims at providing a sense of security at the workplace that improves women's participation in work and results in their economic empowerment. It requires an employer to set up an "Internal Complaints Committee" (ICC) and the Government to set up a 'Local Complaints Committee' (LCC) at the district level to investigate complaints regarding sexual harassment at workplace and for inquiring into the complaint in a time bound manner. The ICC need to set up by ever organization and its branches with more than 10 employees.	Relevant and applicable to all health directorates and most of the health care facilities
12	Criminal Law (Amendment) Act, 2013: Sexual Offences	The Act recognizes the broad range of sexual crimes to which women may fall victim, and a number of ways in which gender based discrimination manifests itself. It also acknowledges that lesser crimes of bodily integrity often escalate to graver ones and offences such as acid attack, sexual harassment, voyeurism, stalking has been incorporated into the Indian Penal Code (IPC). It seeks to treat cases as "rarest of the rare" for which courts can award capital punishment if they decide so. The Act clarifies and extends the offense of sexual assaults or rape as a result of abuse of position of trust. As per the Act, the police will also be penalized for failing to register FIRs – this will make it easier for rape victims to report their cases.	Relevant and applicable to deal with GBV including SEA/ SH issues.
13	The Street Vendors (Protection of Livelihood and	The act aims at providing social security and livelihood rights to street vendors. It provides protection of legitimate street vendors from	Relevant as it becomes applicable if the squatters to be removed comes under the preview of this act

S. No.	Applicable Act/ Regulation/ Policy	Objective and Provisions	Relevance to the Project and key Findings
	Regulation of Street Vending) Act, 2014	harassment by police and civic authorities, and demarcation of "vending zones" on the basis of "traditional natural markets", proper representation of vendors and women in decision making bodies, and establishment of effective grievance redressal and dispute resolution mechanism.	
14	Fifth and Sixth Schedule Areas in the Constitution of India	The scheduled areas under the Constitution has special provisions for the administration of the tribal dominated areas and autonomous regions with certain legislative and judicial powers. In the Scheduled Areas, involvement of tribal councils and communities, incorporating their views and culture specific needs will enhance their participation in the Program.	Relevant to the overall Program for enhancing access to services in tribal areas and participation of tribal population in the program
15	The Panchayat (Extension to the Scheduled Areas) Act, 1996	The Act mandates for the Fifth Schedule areas to make legislative provisions in order to give wide-ranging powers to the tribes on matters relating to decision-making and development of their communities. The PESA Act empowers the Gram Sabha (the council of village adults) and the Gram Panchayat to take charge of village administration. Under the Act, Government of India stipulates to conduct consultations and obtain consent for the development Program from the tribal advisory council (TAC), Gram Sabha and the Gram Panchayat under the Fifth Schedule Areas.	Relevant to the Program – All Tribal Sub Plan (TSP) districts as 'High Priority Districts' under National Rural Health Mission. Also, the Gram Sabha have control over local institutions and functionaries including the Health Sub-centres and Anganwadi centres. Gram Panchayat is also implementing many development schemes of government including for livelihood and employment generation.
164	The Building and Other Constructions Workers (Regulation of Employment and Conditions of Service) Act, 1996 and the associated Central Rules, 1998	This is a social welfare legislation that aims to benefit workers engaged in building and construction activities across the country and regulates the employment and conditions of service of building and other construction workers and to provide for their safety, health and welfare measures and for other matters connected therewith or incidental thereto.	Relevant to the program and applicable for sub-projects involving any construction.

18. *India has also issued several national policies and guidelines specific to COVID-19 pandemic.* Since the outbreak of COVID19, India has proactively taken several measures for containing the disease which are in line with guidance form WHO, CDC and other international best practices guidance and learning. While many of these policies are evolving based on the COVID19 pandemic situation in India, some of the guidance relevant to environmental and social measures are as below:

i. Advisory on Social Distancing – March 2020 – MOHFW
ii. Advisory on Mass Gatherings – March 2020 – MOHFW
iii. Guidelines for home quarantine – March 2020 – MOHFW
iv. Guidelines for handling, treatment and disposal of waste generated during treatment, diagnostics and quarantine of COVID19 patients – March 2020 and April 2020 – Central Pollution Control Board
v. Strategy of COVID19 Testing in India – March 17, 2020, from Indian Council of Medical Research
vi. Standard Operating Procedures for Passenger Movement Post Disembarkation (including SOP for Quarantine) – March 2020 – MOHFW

vii. Guidelines for Notifying COVID19 Affected Persons by Private Institutions – March 2020 – MOHFW
viii. Gazette Notification – Essential Commodities Order 2020 – with regards to masks and hand sanitizers
ix. National Pharmaceutical Pricing Authority (NPPA) Order regarding Masks, Hand Sanitizers and Gloves
x. COVID19 Guidelines on Dead Body Management – March 15, 2020 – Director General of Health Services (DGHS), MOHFW (EMR Divisions)
xi. Office Memorandum on Preventive Measures to be taken to contain the spread of Novel Coronavirus (COVID19) – March 16, 2020 – Department of Personnel and Training), Ministry of Personnel, Public Grievances and Pensions
xii. Guidance document on appropriate management of suspect/confirmed cases of COVID-19 - Types of Covid-19 dedicated facilities
xiii. Guidelines for Quarantine facilities COVID-19
xiv. Guidance for COVID-19 & Pregnancy & Labour Management
xv. Guidance document on appropriate management of suspect/confirmed cases of COVID-19 - Types of Covid-19 dedicated facilities
xvi. Advisory issued by Ministry of Rural Development to the State Rural Livelihoods Missions on actions to be taken to address the COVID 19 outbreak
xvii. Norms of assistance from State Disaster Response Fund (SDRF) in wake of COVID-19 outbreak
xviii. Containment Plan for Large Outbreaks of COVID-19
xix. Model Micro plan for containment of local transmission of COVID19
xx. Advisory for quarantine of migrant workers
xxi. Various mass awareness generation activities and guidance
xxii. Various audiovisuals and print material on Psycho-Social support along with setting up toll free helpline-08046110007
xxiii. Ordinance to protect healthcare workers form abuse and assault
xxiv. Guidelines on preventive measures to contain spread of COVID-19 in workplace settings
xxv. Advisory for managing Health care workers working in COVID and Non-COVID areas of the Hospital
xxvi. Guidance note for Immunization services during and post COVID outbreak

3.2 World Bank Environmental and Social Framework (ESF)

19. The World Bank Environmental and Social Framework (ESF) sets out the World Bank's commitment to sustainable development, through a Bank Policy and a set of ten Environmental and Social Standards (ESS) that are designed to support projects in a sustainable manner for the benefit of the environment and their citizens. Depending on the project implementation, the relevance of these Standards could vary. Based on the environmental and social risks assessed at this stage, the relevance of ESS are given in **Table 2** below:

Table 2: World Bank Environment and Social Standards and their Relevance to the Project

Environment and Social Standard	Relevance	Justification
ESS1: Assessment and Management of Environmental and Social Risks and Impacts	Relevant	Given 'substantial' risk rating for environment and social impacts, the project needs to undertake an assessment and prepare an ESMF with adequate mitigation actions.
ESS2: Labor and Working Conditions	Relevant	Even though most activities under the project will be carried out by the healthcare, laboratory workers and public servants, there will be

Environment and Social Standard	Relevance	Justification
		involvement of hired/contractual/daily wager in the form of labor and consultants.
ESS3: Resource Efficiency and Pollution Prevention and Management	Relevant	It will be critical to prevent spread of infection through pollution management in the form of better handling and disposal of biomedical wastes.
ESS4: Community Health and Safety	Relevant	Chances of infection caused due to project supported activities cannot be ruled out, especially while creating facilities, testing for COVID-19.
ESS5: Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant	Project will not support any sub projects involving land requirement or involuntary resettlement.
ESS6: Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant	Planned activities are unlikely to have any impact on natural resources and/or biodiversity.
ESS7: Indigenous Peoples	Relevant	Indigenous people are present in several project locations and are an important stakeholder in terms of accessing medical facilities for COVID-19.
ESS8: Cultural Heritage	Not Currently Relevant	The project will unlikely support activities that require large-scale earthwork or cause damage to existing cultural heritage.
ESS9: Financial Intermediaries	Not Currently Relevant	FIs are not involved.
ESS10: Stakeholder Engagement and Information Disclosure	Relevant	Consultations and public outreach is critical in designing interventions that are well-informed through feedback from a diverse set of stakeholders for addressing the pandemic. Ensuring transparency and disclosure will be key to better manage the emerging situation.

3.3 World Health Organization (WHO) Guidelines

20. *Several WHO resources are available for reference and adoption during project implementation.* To help countries navigate through the challenges of COVID-19, WHO has updated operational planning guidelines in balancing the demands of responding directly to COVID-19 while maintaining essential health service delivery and mitigating the risk of system collapse. This includes a set of targeted immediate actions that countries should consider at national, regional, and local level to reorganize and maintain access to high-quality essential health services for all. In response to COVID-19 India has also updated several national guidelines that are aligned with those of the WHO. The WHO is maintaining a website specific to the COVID-19 pandemic with up-to-date country and technical guidance. Some of the technical guidance available are: (i) laboratory biosafety, (ii) infection prevention and control, (iii) rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, (iv) water, sanitation, hygiene and waste management, (v) quarantine of individuals, (vi) rational use of PPE, (vii) oxygen sources and distribution for COVID-19 treatment centers. A list of all relevant guidelines is presented in Annex-VIII. As the situation remains fluid it is critical that those managing both the national response as well as specific health care facilities and programs keep abreast of guidance provided by the WHO. The dedicated WHO website can be accessed at https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance.

3.4 World Bank Group Environment, Health and Safety Guidelines (EHSG)

21. The EHSG are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP) and are referred to in the ESF. The EHSG contain the performance levels and measures that are normally acceptable to the World Bank Group (WBG), and that are generally considered to be achievable in new facilities at reasonable costs by existing technology. The WBG requires borrowers to apply the relevant levels or measures of the EHSG. When host country regulations differ from the levels and measures presented in the EHSG, projects will be required to achieve whichever is more stringent. In the case of the present Project the General EHSG will apply. The Implementing Agency (IA) will pay particular attention to EHS 1.5 Hazardous Materials Management; EHS 2.5 Biological Hazards; EHS 2.7 Personal Protective Equipment (PPE); EHS 2.8 Special Hazard Environments; EHS 3.5 Transportation of Hazardous Materials; and EHS 3.6 Disease Prevention. A separate EHSG on Health Care Facilities will also apply to this Project intervention. It illustrates waste management, air quality and wastewater disposal guidelines related to HCFs.

4.   Environmental and Social Baseline

22. The risk of spread of COVID-19 in India is substantial, given its population density, socio-economic structure. While no particular environmental parameters are associated with the spread of COVID-19, India is varied in terms of its biogeographical as well as seasonal variations. India is the second most populated country in the world with 1.38 billion people. The scheduled tribe (ST) population is about 104.2 million (8.6 percent). In addition to the North eastern states with about 25% ST population, Madhya Pradesh, Maharashtra, Orissa, Gujarat, Rajasthan, Jharkhand, Chhattisgarh, Andhra Pradesh, West Bengal, and Karnataka are the states with large ST populations. The overall areas inhabited by the tribal population constitute a significant part of the underdeveloped, mostly rural and forested, areas of the country. About 75 tribes are known as Particularly Vulnerable Tribal Groups (PVTGs), who are characterized by (a) pre-agriculture level of technology; (b) stagnant or declining population; (c) extremely low literacy; and (d) subsistence level of economy.

23. India has made substantial improvements in health outcomes since 1990, yet, challenges in health care access, quality, and utilization remain. Between 1990 and 2016, infant mortality rates fell by half, deliveries in health facilities tripled, and maternal mortality ratios fell by more than 60 percent. Quality of care is a significant and complex challenge varying across states. India's demographic and epidemiological transition calls for an aggressive response to persisting communicable diseases and a burgeoning burden of non-communicable diseases (NCDs). The private sector plays an important role in providing services in both rural and urban areas and can play a key role in responding to disease outbreaks and pandemics. India has recently faced disease outbreaks, such as, NIPAH and SARS and has started putting in place a coordination mechanism for strengthening the One Health approach (also supported under this project). The National Centre for Disease Control (NCDC) has a center for arboviral and zoonotic diseases responsible for the Inter-Sectoral Coordination for Prevention and Control of Zoonotic Diseases.

24. Government health spending in India is just over 1 percent of GDP, less than the average among comparable middle-income countries. Over 60 percent of total health spending is paid out-of-pocket by households. Over the past decade or more, major health financing reforms have been initiated with a focus on government-sponsored health insurance schemes for the poor, including the Pradhan Mantri Jan Arogya Yojana (PM-JAY) launched in September 2018. Considering that 70% of the out of pocket expenditure in India is on account of drugs and diagnostics, the Government under the NHM has been providing the states support for free drugs and diagnostics in the health facilities. The PM-JAY insurance scheme provides more than 500 million people (i.e., the bottom 40 percent of the population) with free secondary and tertiary hospital care at over 20,000 empaneled hospitals nationwide, of which about half are in the private sector. Government has further decided to make the testing and treatment for COVID-19 available under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PM JAY) free in the public facilities leading to more than 500 million citizens, eligible under the Government of India's health assurance scheme will be able to avail free testing through private labs and treatment for COVID-19 in empaneled hospitals.

25. The overall health care delivery services are categorized as primary, secondary and tertiary care services and at state level being managed by different Directorates of the State Health Department. While the primary health care services by Sub-Centre (SC), and Primary Health Centre (PHC) are largely preventive and promotive, the Community Health Centre (CHC) works as the first referral unit for curative services. The District hospitals, sub-divisional hospitals form the core of the secondary services, which the Medical college hospitals and super specialty hospitals forms part of the tertiary health services. The table below further details out the key functions of district hospital, CHC, PHC and SC. For the treatment of COVID cases it will be largely the secondary and tertiary health care institutions and associated laboratories.

Type of Health Facility	Typology and Geographic Distribution	Human Resources	Numbers and Compliance
District Hospital (DH)	One in each district. District Hospital serves as secondary referral unit and provides comprehensive secondary health care services to the people in the district at an acceptable level of quality. Based on population size district are graded and varies from 100 bedded to 500 bedded hospitals] services include OPD, indoor and Emergency Services and will have OT and ICUs.	DH is manned by 11-23 Medical Officers based on number of beds along with minimum of Medicine, Surgery, Obstetric & Gynae, Paediatrics, Anaesthesia, Ophthalmology, Orthopaedics, Radiology, Pathology, ENT, and Dental specialists along with 45 to 225 Staff Nurses and other support staffs based on number of beds.	Every district has at least one District Hospital and there are more than 1,000 DH in the country. All DHs are mandated to comply with the BMW Rules (2018); most DHs are having tie-up with Common Treatment Facilities (CTF) for collection and disposal of BMW; while solid BMW is being managed, there are gaps in treating liquid wastes from DHs.
Community Health Centres (CHCs) or Sun-Divisional Hospitals	CHCs are being established and maintained by the State government. It also works as a First Referral Unit (FRU). The standard norm for a CHC is at every 120,000 population in plain areas and every 80,000 population in hilly areas. In urban areas it is at 250,000 population.	CHC is manned by four medical specialists i.e. surgeon, physician, gynaecologist and paediatrician supported by 21 paramedical and other staffs. It has 30 in-door beds with one OT, X-ray, labour room and laboratory facilities. It serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations.	As on 31st March, 2019, there are 5,335 CHCs in the country and 1,255 Sub-Divisional Hospitals. Compliance with BMW Rules 2018 is generally satisfactory with respect to segregation of wastes, collection in colored bins and final disposal. Liquid wastes are generally untreated. Staff trainings on BMWM is provided bur often refresher trainings are missing.
Primary Health Centres (PHCs)	PHC is the first contact point between village community and the medical officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The standard norm for a PHC is at every 30,000 population in plain areas and every 20,000 population in hilly areas.	PHC is manned by a medical officer supported by about 14 paramedical and other staff (1- Pharmacist, 3 Staff Nurse including from NRHM, 1 ANM, 1 Laboratory Technician, and other staffs). It acts as a referral unit for 6 Sub Centres and has 4-6 beds for patients. The activities of PHC involve curative, preventive, promotive and family welfare services.	As on 31st March, 2019, there are 24,855 PHCs (i.e 16,613 PHCs and 8,242 PHCs upgraded to Health Wellness Centre HWC-PHCs) functioning in the country. Volumes of BMW are generally low and disposal is done through deep burial pits located on site. BMW segregation is practiced but better training and monitoring is required at PHCs.

Type of Health Facility	Typology and Geographic Distribution	Human Resources	Numbers and Compliance
Sub – Centre (SC)	The Sub Centre (SC) is the most peripheral and first contact point between the primary health care system and the community. The standard norm is one SC at every 5,000 population in plain areas and every 3,000 population in hilly areas.	Each Sub-centre is manned by at least one auxiliary nurse midwife (ANM)/ female health worker and one male health worker.	As on 31st March, 2019, there are 157,411 numbers of rural SCs functional in the country. Generation of BMW is meager and disposal is done on site; disinfection is carried out subject to availability of disinfectants.
Source: MOHFW, 2019			

26. The biomedical waste management (BMW) has steadily improved in the country, though some gaps remain. Overall, compliance with the BMWM Rules 2018 is good. Most medium to large-sized hospitals have elaborate systems to address BMW, including waste segregation, collection in colored bins, on site storage, sharps management and tie-up with CTFs. While many states have outsourced CTFs to private operators, there remain some gaps in terms of the number of CTFs, frequency of BMW collections etc. The NHM provides financing for managing BMW and the budget allocation has been increasing over the years. This allocation also covers providing training on BMWM to all levels of healthcare workers across all levels of healthcare facilities. There is good awareness (and often knowledge) on procedures and practices on BMWM across all levels of healthcare staff and facilities, though refresher training are required more frequently. Almost all states have good communication materials, posters and required materials (colored bins, disposable bags, deep-burial pits, sharp kits etc.) In general, solid BMW is managed satisfactorily, including when on-site disposal is practices in deep burial puts. One gap in BMW is the treatment and disposal of the liquid wastes from hospitals and other healthcare facilities, where substantial investments and efforts are required.

27. As on 28 August 2020, a total of 33,87,500 COVID positive cases reported of which 742,023 cases are active, 25,83,948 cured/discharged and 61,529 deaths reported across the country. Top five state with active/treated cases reported are Maharashtra 178,561 active/531,563 discharged), Tamil Nadu (52,364 active/343,930 discharged), Andhra Pradesh (94,209 active/295,248 discharged), Karnataka (85,006 active/219,554 discharged), Uttar Pradesh (52,389 active/152,893 discharged), Delhi (13,208 active//150,027 discharged).

28. A number of relevant parameters are identified for developing the environmental and social baseline for the project, which is given in **Table 3** below. The COVID-19 response project is nation-wide and include project-supported activities involving Point of Entry (POE) and border areas[2], transport hubs, quarantine centers and healthcare facilities. Some of these interventions will be implemented in remote, rural, vulnerable or fragile situations, for example, in predominantly tribal districts in heavily forested areas where connectivity is poor and access to healthcare services limited. The data however for these parameters is not currently available, nor the MoHFW is in a position to collate these details given current 'expanding emergencies throughout the country.' The MoHFW, however, will attempt to collect and furnish these details earliest possible, during early stages of project implementation, and will be evaluated at the end of project to verify the achievements during the project implementation.

Table 3: Environmental and Social Baseline

S. No.	Baseline Parameter	Unit	As on Jan 01, 2020	Increased during Project Implementation
Environmental				
1.	Dedicated COVID-19 healthcare facilities	Number	00	
2.	Expenditure of Project funds on COVID-19 infection prevention [3] (PPE, Masks, Sanitizers, Hygiene and Disinfection)	INR Million	00	
3.	Persons trained on handling COVID-19 waste	Number	00	
4.	Aggregate volume of COVID-19 biomedical waste generated	Tons/Year	00	
5.	BSL3 laboratories	Number	04	
6.	No. of passenger coaches converted to isolation coaches	Number	00	
Social				
7.	People tested for COVID-19 (all India)	Number	00	
7.1	Women	Number	00	
7.2	In Urban area	Number	00	
7.3	In Rural area	Number	00	

29. ***Testing for COVID-19:*** The initial shortage of testing kits has been overcome and indigenously developed test kits authorized by ICMR are also available now. Health being the State subject, and for uniformity of multifaceted response to COVID19 emergency which required response from various other Ministries and Departments both at national level and at state and district level, the GOI invoked the powers of National Disaster Management Act for the first time in the country to take effective measures to prevent the spread of COVID19 across the country. The COVID testing levels in the country have increased steadily over the past few months. As on 28 August 2020, India has cumulatively tested 39.5 million samples for COVID. On a daily basis an average of 900,000 samples are being tested and the tests per million population is 28,607 (as on 28 August 2020).

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[2] The activities at point of entry and border areas are limited to health screening and some emergency support. In case of detection of symptoms, the person is sent for quarantine to the facilities available in that city/town. The screening at entry points usually involve contact-less procedures. However, masks and gloves etc. and/or any additional medical waste needs to be treated as per BMW Rules 2018.

[3] Including biomedical waste management

5.   Potential Environmental and Social Risks and Mitigation

30. Based on the assessment of the potential environmental and social risks posed due to planned investments, the E&S risk rating for the project is considered as 'Substantial'. The potential E&S risks and impacts could be due to planned investments on testing, construction of new hospitals, wards and laboratories, occupational and community health hazards etc. The ESMF has pre-categorized investments into different risk categories (low, moderate, substantial and high) and have suggested appropriate mitigation approach against each of the risk category (see **Table 4**). All activities listed under 'Negative List category are ineligible under the project. The purpose of Table 4 is to provide guidance on overall mitigation approach to facilitate quick decision-making during implementation for addressing the emergency situation. Specific mitigation measures and actions are provided in Table 6 in the next chapter.

Table 4: Environmental and Social Risk categorization of Planned Activities and Suggested Mitigation Approach

S. No	Proposed Sub-Project Activities	Risk Category	Suggested Mitigation Approach
1	▪ Training(s) including on biomedical waste handling, COVID-19 testing, communications ▪ Printing of awareness, information, communication and knowledge materials, training manuals, posters, guidance note on preventive measures etc. ▪ Procurement of medicines, linen and mattresses, pillows etc. for hospitals, especially for use in COVID-19 wards/facilities and for quarantine facilities	Low	▪ No specific mitigation requirement ▪ General supervision by the agency responsible for activities ▪ Waste papers etc. to be disposed as municipal waste ▪ IEC measures to be used for awareness building among the poor and vulnerable of the risk of infection along with potential measures and mechanisms that are put in place for accessing health services
2	▪ Procurement of medical equipment, hospital beds, COVID-19 testing kits, PPE, ventilators etc. ▪ Procurement of tents for establishing new isolation areas	Moderate	▪ All COVID-19 equipment to be properly labelled ▪ Precautions not to mix COVID-19 materials with other medical supplies ▪ Disposal of COVID-19 and other Biomedical Waste as per relevant Rules (*refer Figure 2*) ▪ Procurement management of equipment, chemicals, PPE kits, medicines and Biomedical waste management. ▪ Occupational hazards and risk of infection to HCWs when handling and using reusable material such as linen etc. and PPEs during HCF operations.

S. No	Proposed Sub-Project Activities	Risk Category	Suggested Mitigation Approach
3	▪ All new construction works (civil works) ▪ All temporary set up for isolation and quarantine areas (tented and/or pre-fabricated) ▪ All reconstruction or expansion within existing hospitals for establishing wards, isolation areas, pathological laboratories ▪ All new and upgrading of existing laboratories, especially upgrading to BSL3 ▪ Ensuring access to services to poor and vulnerable including women, the elderly, the differently abled, scheduled tribes [ST], scheduled castes [SC], and communities in remote and hilly locations, women headed households, especially single mothers with underage children, unemployed youth, patients with chronic diseases, informal sector workers including domestic workers, laborers, and construction workers. ▪ Site selection for the facilities (risk can be substantial if meaningful consultation is not held) ▪ Conversion of passenger coaches for use as isolation coaches ▪ Sanitization of coaches and railway premises (platforms/stations etc.)	Substantial	▪ Environmental impacts such as dust, noise, occupational health and safety associated with civil works. Ensuring no child labor is involved as per government norms. And ensuring community health and safety measures are in place and followed. ▪ Construction waste and other general waste management as per available guidelines ▪ Biomedical waste management as per BMW guidelines ▪ Suitable PPEs to healthcare workers ▪ Additional clauses for bid documents for construction contracts (Annex IV) ▪ Health and hygiene training and orientation for all ▪ E&S screening for identifying and avoiding/minimizing social and environmental issues ▪ Ensuring adequate health care services in each of the districts, and in municipal areas based on its risk profile with specifically targeting poor and vulnerable population including migrants and urban poor population groups. ▪ Health care providers including doctors, nurses, midwives, multipurpose health workers and other staff at the health facilities to be sensitized by HCF management/ CMO under the guidance of State nodal E&S specialist towards services to poor and vulnerable including providing psychosocial support where needed ▪ Ensuring safety of vulnerable population especially women in quarantine and isolation centers from any sexual exploitation and abuse (SEA) and sexual harassment (SH) with sensitization of health care

S. No	Proposed Sub-Project Activities	Risk Category	Suggested Mitigation Approach
			staffon SEA/SH along with adequate security measures and setting up gender-sensitive infrastructure such as segregated toilets and well-lit quarantine and isolation centers, and mechanism to access redressal services including linkages to services provided by One Stop Centre[4] (OSC) where available (see Annex-IX). ■ Addressing social tension and conflicts associated with handling medical isolation of individuals with quarantine interventions and using dignified quality treatment of patients and building awareness about these services ■ Refer to ESMF (Table 5) for mitigating potential risks/impacts of rail isolation coaches and sanitization of railway premises.
4	■ Upgradation of existing BSL2 and/or construction of new BSL3 laboratories	High	■ This will require undertaking an environmental assessment and preparation of an environmental management plan for construction phase and for the operational phase.
5	■ Activities requiring diversion of forest land to non-forestry purposes (or infringement in eco-sensitive areas) ■ Activities requiring land acquisition and involuntary resettlements	Negative List	■ Ineligible for financing under the project

31. Most of the activities supported by the project will be conducted by health professionals and associated health staff and laboratory workers who are employed/ contracted by the government (Center/ State) or by Ministry of Railways using their own staff and/or hiring of additional staff. The activities by these staff encompass surveillance, sample collection and testing as well as treatment of patients at the hospitals/ health care facilities and quarantine facilities. In addition, any expansion of services will also involve contracted labor. Both the health service providers and contracted labor are at enhanced risk of

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[4] Ministry of Women and Child Development (WCD), Government of India had initiated setting up One Stop Center (OSC) to deal with women facing sexual harassment and till June 2019, there were 462 OSC were functional against the planned 728 OSC at least one for each district. One Stop Centers (OSCs) are intended to support women affected by violence, in private and public spaces, within the family, community and at the workplace.

exposure to the outbreak of COVID-19. The Labor Management Procedure (LMP) (Annex VII) for the project illustrates the provision for both direct and contract labor associated with the project.

32. The Ministry of Health and Family Welfare (MOHFW) recognizes the issue of sexual exploitation and abuse (SEA)/ sexual harassment (SH) in the society at large and in COVID19 emergency situation, and recognizes the critical role to be played by the health professionals and health systems in preventing and caring for survivors/victims of sexual violence. MoHFW had come out with 'Guidelines and Protocols for Medico-legal care for survivors/victims of sexual violence' to provide guidance to health sector services in this regard (https://main.mohfw.gov.in/sites/default/files/953522324.pdf) and at the same time recognizes the need for multisectoral approach in dealing with SEA/ SH issues. In addition, 'The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013' which replaced the erstwhile Vishaka Guidelines, provides for measures such as Internal complaint committees (ICC) to be constituted at the workplace and has been a mandatory measures for all public and private sector institutions. Also, Ministry of Women and Child Development (WCD), Government of India had initiated setting up One Stop Center (OSC) to deal with women facing sexual harassment and are intended to support women affected by violence, in private and public spaces, within the family, community and at the workplace. Women facing physical, sexual, emotional, psychological and economic abuse, irrespective of age, class, caste, education status, marital status, race and culture will be facilitated with support and redressal. Annex-IX provides the details mitigation measures with SEA/SH issues.

33. The project does not intend to finance any land acquisition and/or restrictions on land use connected to construction of healthcare facilities or waste management facilities. Also, the project does not support any involuntary resettlements and/or any informal/illegal occupants in case of land being encroached and is needed for any expansion and/or new construction of HCF/ laboratory. To ensure this screening of subprojects will be conducted to ensure that any infrastructure expansion or construction will be supported only on HCF's/ laboratory's own land or on government land free from any encumbrances. The screening done at the sub project level, will be verified and certified by the state level Environmental and Social nodal officers. This will also be checked by the PMU/nodal officer at MoHFW level and the Bank will also monitor and cross verify the screening exercise on sample basis.

34. Government of India has also taken several measures to reduce the risk and vulnerability of people in general and especially for the vulnerable groups of the population. In order to ensure that all aspects of emergency are being adequately addressed with synchronized efforts cutting across various Ministries/ Departments, GoI through Ministry of Home Affairs (MHA) setup eleven (11) Empowered Groups under the Disaster Management Act 2005 keeping in view for comprehensive response in an integrated manner. These groups were empowered to identify problem areas and effective solutions, including delineate policy, formulate plans, strategize operations, and take all necessary steps of effective and timebound implementation of these plans/ policies/ strategies/ decisions. These Empowered Groups were for:

i. Medical Emergency Management Plan
ii. Availability of Hospitals, Isolation & quarantine facilities, Disease surveillance &Testing and Critical care Training
iii. Ensuring availability of essential medical equipment such as PPE, Masks, Gloves, Ventilators; Production, procurement, import and distribution
iv. Augmenting Human Resource and Capacity Building
v. Facilitating Supply Chain & Logistic Management for availability of necessary items such as Food and Medicines

vi.   Coordinating with Private Sector, NGOs, and International Organizations for response related activities

vii.   Economic and Welfare Measures

viii.   Information, Communication and Public Awareness

ix.   Technology and Data Management

x.   Public Grievance and Suggestions

xi.   Strategic Issues Related to Lockdown

35. ***Component 6 of the project is a Contingent Emergency Response Component** (**CERC**).* The project ESMF will be updated as soon as the scope of contingency component becomes better defined during project implementation. In addition, a CERC operations Manuel will be prepared during project implementation to govern the operation of the component, this document will be aligned with the ESMF at the time of preparation and include provisions to ensure environmental and social due diligence in line with the requirements of the ESF. A list of typical positive and negative activities associated with CERC implementation will also be developed and included in the updated ESMF and the CERC manual.

6. Environment and Social Management Plan (ESMP)

36. The project will involve various stages of planning and design, construction, implementation and/or operational stages and finally decommissioning stage in certain cases. The ESMP (**Table 5**) discusses the risks and impacts and required mitigation measures as well as provides the responsibilities and timelines for applying the mitigation suggested measures.

Table 5: Environmental and Social Management Plan

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
Planning and Design Stage				
Location of healthcare facilities (HCF)	▪ Damage to natural environment due to construction debris disposal, discharge of untreated sewage and effluents etc. ▪ Risk of infection to nearby residential areas and schools in proximity if visitor circulation is not controlled	▪ For construction of new hospitals, conduct an Environmental and Social Impact Assessment (ESIA) and prepare a standalone ESMP ▪ For new healthcare facilities, site selection should not impact natural habitats, such as, wetlands, ponds etc. ▪ Plan new hospitals away from schools and residential areas ▪ Chose sites where access to municipal services (public water supply, sewage and waste collection) are easy	Design Agency (architect), ESIA Agency and HCF Management	Before start of construction
Scale up healthcare and other facilities (including isolation wards at Railway Hospitals)	▪ A large hospital with multi-bed capacity will generate biomedical wastes. ▪ Dedicated COVID-19 facility or housed within an existing hospital will generate infections waste with high risk of exposure to others ▪ Temporary isolation wards/quarantine facilities (tented or in rented buildings) will also pose high risk of infection spread ▪ Accessibility to built infrastructure ▪ Constructing a new BSL3 laboratory	▪ Proper design and functional layout of healthcare facilities, which may involve several aspects: i) structural and equipment safety, universal access[5]; ii) nosocomial infection[6] control ▪ Consider the waste, including biomedical, segregation, storage, processing and transportation arrangements, operational procedures and working practices, and the required capacity of the type of disposal facility needed for the volume of the wastes generated ▪ Ensure universal access to the building and its various sections (cafeteria/OPD etc.) ▪ The design, set up and management of will take into account the advice provided by WHO	Design Agency (architect), ESIA Agency and HCF Management MOR E&S Nodal Officer of MOR	Before start of construction

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[5] Refer to ESS 4 Community Health and Safety

[6] Nosocomial infection can be described as an infection acquired in hospital by a patient who was admitted for a reason other than that infection. Also called "hospital acquired infection".

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
	▪ Require any informal/illegal occupants' removal in case of land being encroached and is needed for any expansion and/or new construction of HCF/ laboratory	guidance for <u>Severe Acute Respiratory Infections Treatment Center</u> ▪ Isolation rooms should be designed for single occupancy with attached toilet/bath and as far as possible should be negative pressure rooms ▪ Design to include negative pressure rooms and disinfecting of air conditioning ducts and vents; entry/exits to be properly controlled and all visitors to be routinely screened ▪ Requirements on food, water, fuel, hygiene, infection prevention and control, and monitoring the health of quarantined persons should be considered in temporary facilities ▪ The project does not support any resettlement including removal of informal/illegal occupants. And hence, an alternate site or design to be explored without disturbing the existing occupants. ▪ Screening to be conducted for finding any informal/illegal occupants on the land available for expansion/ new construction (as per Annex-III)		
Ensuring Free and Prior Informed Consent (FPIC) provisions if the construction is being undertaken in tribal areas.	▪ Since being the national project, Indigenous Peoples (IPs), in the form of Scheduled Tribes (ST), are present in various states including in the areas designated under Schedule V and Schedule VI areas as per the Constitution. ▪ As some of these areas are governed by tribal institutions with special provisions and rights to the ST population. The provisions of FPIC will help enhance acceptance and participation of ST population to the program.	▪ Prior information about intervention planned shall be provided to tribal community and their institutions (on going IEC measures can also be used for this) ▪ Site specific consultations with respective community groups to be conducted illustrating detailed scope of the intervention (virtual method of consultations will be used) ▪ Incorporating tribal community's feedback and suggestions and taking their consent on going ahead with intervention as agreed upon (virtual method of consultations and agreement can be used)	ESIA Agency and HCF Management	Before start of construction
Hiring of existing assets such as hiring of buildings	▪ Hiring of an existing asset such as a hotel or stadium for quarantine, isolation or treatment purposes could	▪ Ensure that access to the hired facility is restricted ▪ Ensure that the facility is connected to municipal disposal network	Design Agency (architect), works contractor,	Before start of construction

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Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
as temporary measures	pose risk to local habitation, other visitors, expose staff to infection risk	▪ Complete and regular disinfection of the hired facility, especially before vacating and allowing the facility to remain in lock for at least one week after vacating ▪ Training and orientation of staff of the hired facility	material supplier and HCF Management NPMU	
Healthcare staff and other workers / labors, including healthcare staff at COVID designated Railway hospitals and isolation/ quarantine coaches and other associated staffs/ workers engaged	▪ Risk of COVID-19 infection ▪ Altercation with resident communities ▪ Risk of workplace and/or sexual harassment	▪ Estimate numbers and type of project workers ▪ Assess whether temporary accommodation and/or labor camp will be required ▪ Select suitable location for labor camp ▪ Prepare gender sensitive work plans ▪ Ensure parity with respect to usage of PPE among all workers irrespective of being regular or contracted ▪ Ensure early payout of INR 50 Lakh per health worker fighting COVID-19 under Insurance Scheme announced by the Government ▪ No child labor, forced or conscripted labor used ▪ Ensure proper site-specific grievance redress management plan ▪ Setting up gender-sensitive infrastructure such as segregated toilets and well-lit quarantine and isolation centers and other mitigation measures addressing SEA/ SH issues (see Annex-IX). ▪ Labor Management Plan (LMP) for the project to be referred for further details.	Design Agency (architect), ESIA Agency and HCF Management and MOHFW MOR ES& Nodal Officer of MOR Station Master	Throughout project implementation
Use of materials and resource efficiency	▪ Risk of high resource consumption (energy and water)	▪ Plan for installation of solar water heating, LED lighting and use natural elements in design of the building (large windows for natural light, proper air ventilation and circulation, landscaping with canopy trees)	Design Agency (architect), ESIA Agency and HCF Management	Before start of construction
Waste management, including biomedical wastes	▪ Inadequate biomedical waste management capacity ▪ Risk of mixing of Covid-19 biomedical waste with other medical and general waste	▪ Waste disposal, including biomedical waste, facilities to be part of design of the healthcare facility, including temporary storage. ▪ Plan waste transport routes within and outside facility as part of design	Design Agency (architect), ESIA Agency and HCF Management MOR	Before start of construction

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
		▪ Setting up a waste disposal/treatment unit within healthcare facility should be subject to local laws (for example incinerator)		
Other Risks including Occupational Health & Safety (OHS) and Community Health & Safety	▪ Inadequate entry and exit route may clog traffic posing accident hazard for nearby residential/commercial areas ▪ Risk of fire, earthquake, waterlogging etc. ▪ Lack of or inadequate mortuary capacity	▪ Ensure road safety in and around healthcare facility through a traffic circulation plan while designing entry/exit points ▪ Provide ample parking space within healthcare facility ▪ Ensure that building design comply with earthquake specifications, fire escapes and other fire prevention requirements, have proper drainage etc. ▪ Include adequate mortuary arrangements in the design (refer to <u>WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19</u>)	Design Agency (architect), ESIA Agency, NPMU and HCF Management	Before start of construction
Access to services for the poor, vulnerable and marginalized social groups	▪ Risk of inadequate access to healthcare services for people below poverty and in remote locations ▪ Limited testing due to lack of availability of kits and trained personnel at remote locations ▪ Lack of accessibility for persons with special needs in existing healthcare facilities	▪ Wide media campaign for informing about the services made available across healthcare facilities, including dedicated COVID-19 facilities ▪ Set up help lines for vulnerable groups ▪ Ensuring adequate health care services in each of the districts, and in municipal areas based on its risk profile with specifically targeting poor and vulnerable population including migrants and urban poor population groups. ▪ Health care providers sensitized towards services to poor and vulnerable including providing psychosocial support where needed ▪ All healthcare facilities to be compliant with universal access provisions through retrofitting ▪ Mechanism for provision of health services in an inclusive manner that addresses the differential needs of the vulnerable population including risk of receiving a disparity on the basis of financial or social characteristics such as age, race, gender, ethnicity, sexual orientation, spirituality, disability, or socioeconomic or insurance status. Also, wherever possible linkages with other government	MOHFW in coordination with MOR and other departments	Throughout project implementation

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
		departments and schemes to be done to address the differential needs of the vulnerable groups. ▪ Ensuring safety of vulnerable population especially women in quarantine and isolation centers from any sexual exploitation and abuse (SEA) and sexual harassment (SH) and mechanism to access redressal services including services provided by One Stop Centre (OSC) along with other measures as mentioned in Annex-IX. ▪ Addressing social tension and conflicts associated with handling medical isolation of individuals with quarantine interventions and using dignified quality treatment of patients and building awareness about these services. ▪ This will be part of Stakeholder Engagement Plan (SEP) and will also be guided by the GOI Empowered Group on Information, Communication and Public Awareness.		
Addressing behavioral risks induced by livelihood related issues	▪ Informal sector and daily wage earners whose livelihoods are at stake in the short and medium term may tend to flout the health advisories posing higher risk of being infected and/ or infecting others. ▪ potential risk of social tension and conflict within communities due to the adverse impacts of containment strategies on people's livelihoods and health seeking behavior particularly when it comes to marginalized and vulnerable groups	▪ In addition to using all administrative mechanism to ensure prescribed norms of maintaining social distancing, using masks, washing hands at frequent intervals etc. among others, Government of India also tried providing interim financial and food support during lockdown/ containment to the informal sector workers, daily wage laborers, migrants and their family members, and also issued additional packages such as by the Ministry of Finance (MOF) for INR1.7 Lakh crore and Pradhan Mantri Garib Kalyan Package (PMGK) for the poor and vulnerable section of the society, and furthermore packages to support employment generation in agriculture, manufacturing and other sectors to address the challenges of livelihood for informal sector workers. Though these initiatives are outside the MOHFW's domain it indirectly helps in reducing the adverse behavioral risks of getting infected. .	MOHFW	Throughout project implementation

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
		▪ To support GOI's initiative in enhancing livelihood and social protection measures, another World Bank program "Accelerating India's COVID-19 Social Protection Response Program (PMGKY) (P173943)" has been planned and being implemented. ▪ The Social and Behavioral Change Communication (SBCC) to take cognizance of this situation and associated behavioral risks in design of appropriate communication plans and activities. ▪ Communication activities targeting behavioral health along with psychosocial support addressing social stigma associated with COVID19		
Construction Stage				
Clearing of vegetation and trees	▪ Risk to natural environment due to construction activities near ecologically sensitive areas/spots	▪ Minimize disturbance to natural environment by managing debris, noise dust and encroachment on natural habitat ▪ Ensure tree plantation at designated spaces and parks within healthcare facility and outside where possible	Contractor E&S Specialist HCF Management	During construction
Waste Management	▪ Hazardous wastes and materials management ▪ Provisioning for biomedical wastes inside rooms/wards and within facility	▪ Use Good International Industry Practices for managing construction waste, including reuse at site to the extent possible ▪ Ensure good housekeeping and clean operations always/immediately removing rubble strewn outside construction areas ▪ Build biomedical waste holding area near separate service exit ▪ Use of Asbestos is prohibited ▪ Fine earth materials (sand, murram) should be covered during haulage to facilities under renovation to prevent spillage	Contractor Construction Supervision Consultant(s) E&S Specialist HCF Management MOR Hospitals	During construction
Pollution management during construction	▪ Risk of pollution from construction solid waste, dust, wastewater, noise, lubricants and oils, air emissions from heavy equipment and diesel generators	▪ Use screens or nets to avoid flying debris and dust and use of regular water sprays to suppress dust ▪ Hazardous waste separated from nonhazardous waste on site and disposed off to designated sites ▪ Measure and report noise (decibel) levels regularly ▪ Manage oil leaks/spills from heavy machinery	Contractor E&S Specialist HCF Management MOR Hospitals	During construction

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
Material use and resource efficiency	▪ Risks and impacts associated with resource efficiency and material supply	▪ Adopt installation of solar panels and LED lighting wherever possible for ensuring energy efficiency ▪ Use adequate insulation for ambient temperature control and reducing the energy requirement for heating and cooling	Contractor E&S Specialist HCF Management MOR Hospitals	During construction
Labor employment	▪ Workers coming from infected areas ▪ Co-workers becoming infected ▪ Workers introducing infection into community/general public ▪ Social issues, including in relation to labor influx, GBV/ Sexual Exploitation and Abuse/ Sexual Harassment (SEA/SH) risks, gender or disability ▪ Arrangements for employment and accommodation of workers to be engaged in project activities, and issues relating to working conditions (including in relation to periods of sickness and quarantine), particularly if these are impacted by emergency legislation ▪ Involvement of child labor and/or forced labor ▪ Labour influx	▪ Include additional clauses for contractors in bid document (refer **Annex IV**) for all construction contracts which also prohibits employment of child labor and/or forced labor in construction in line with government norms. ▪ Labour influx is not foreseen given widespread small size construction activities. However, in case any such occurances, will be addressed and monitored through ESIA/ESMP measures (Annexure III). ▪ Refer to COVID-19 LMP ▪ Adequate hand washing and sanitization facilities provided during construction ▪ Consider ways to minimize/control movement in and out of construction areas/site. ▪ 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 ▪ 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 ▪ Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering ▪ Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures. ▪ Require workers to self-monitor for possible symptoms (fever, cough) and to report to their	Contractor E&S Specialist HCF Management MOR Hospitals	During construction

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
		supervisor if they have symptoms or are feeling unwell ▪ 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 ▪ The process of screening, investigation, resolution of grievances, documentation, and reporting of grievances to follow existing MOHFW mechanism. The respective State Health and Family Welfare department will also address the grievances through their existing channels including the COVID-19 helplines and nominate a key official for COVID-19 related grievances ▪ Sensitization construction workers and health care staffs involved ▪ Setting up gender-sensitive infrastructure such as segregated toilets and well-lit living areas/ camps (if any). ▪ Ensuring safety of women from any sexual exploitation and abuse (SEA) and sexual harassment (SH), sensitizing health care staffs on SEA/ SH, and mechanism to access redressal services including building linkages to Ministry of women and Child Development's (MoWCD) initiative of One-stop center for addressing violence against women in districts where it is operational (see Annex-IX). ▪ services provided by One Stop Centre (OSC) etc.		
Occupational Health & Safety (OHS) and Community Health & Safety	▪ Health and safety risks to construction workers and others Sanitary related problem ▪ Traffic and road safety due to increase in number of heavy vehicles	▪ The contractor (in cases of civil works) shall prepare a site specific COVID19 Action Plan. ▪ Provide relevant PPE to all workers with onsite toilet and washing facilities ▪ Cordon off areas under construction and provide signage to warn of ongoing construction works	Contractor E&S Specialist HCF Management Staff/workers/ drivers	During construction

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
	▪ Risk of traffic related accidents and incidents on and off site	▪ Ensure drivers respect speed limits through built areas and urban centers ▪ Employ safe traffic control measures, including road signs and flag persons to warn of dangerous conditions and children crossings ▪ Road safety awareness training for staff, workers and nearby communities ▪ Create water trough for disinfecting vehicle tyres as they exit	MOR	
Operational Stage				
Biomedical, including, COVID-19 waste generation from testing and treatment of COVID-19 patients (including in Railway hospitals)	▪ Delivery and storage of goods, including samples, pharmaceuticals, reagents and other hazardous materials ▪ Healthcare treatment practices, including provision and use of PPE, appropriate cleaning procedures, testing for COVID-19, and transportation of samples to testing facilities ▪ Generation of biomedical waste, specifically COVID-19 infectious waste ▪ Chance of infection to other wards from COVID-19 treatment areas	▪ Prepare a facility specific Biomedical Waste Management Plan for healthcare facilities (*refer Figure 1*) ▪ Prepare a COVID-19 Biomedical Waste Management Plan for healthcare facilities (*refer Figure 2*) ▪ Strict segregation of COVID-19 biomedical waste from other biomedical and general solid wastes ▪ Have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope for COVID-19 treatment areas ▪ Ensure an anteroom for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment ▪ Designate separate areas for holding biomedical wastes ▪ Use onsite disinfection when possible, such as through an autoclave ▪ Adopt waste minimization, reuse and recycling best practices ▪ Develop capacity of onsite disinfection and waste handling equipment such as autoclave ▪ Onsite treatment facilities may include small-scale incinerator and wastewater treatment works, should comply with local laws and necessary statutory approvals to be obtained	Health & Community Safety Expert Social Development Specialist HCF Management E&S Nodal Officers (including of MOR) MOR Hospitals	Throughout implementation

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
		• Proper capacity assessment of the Common Treatment Facility (CTF) disposal facilities, where healthcare wastes will be transported and disposed • The adequacy and compliance with transport and disposal regulations and licensing for the transport vehicles and the offsite disposal facilities should be assessed and verified • Driver training on responding to accidents • Waste bags and containers should be labeled with the date, type of waste and point of generation to allow them to be tracked through to disposal (bar coding if possible)		
Hazardous waste, chemicals, biological samples etc., including Radioactive material used in labs	• Risk of mixing of hazardous and nonhazardous waste (also with COVID-19 waste)	• Ensure segregation, transportation and disposal of hazardous wastes separately • Regularly monitor ambient air and water quality including testing of sewage samples for presence of Corona virus • Prepare and make workers/staff aware of an emergency response protocol	Health & Community Safety Expert Social Development Specialist HCF Management E&S Nodal Officers	Throughout implementation
Healthcare facility capacity for biomedical waste management and infection control	• Inadequate capacity may increase spread of COVID-19 and expose healthcare staff to risk of infection	• Regularly assess capacity of the healthcare facility using *Checklist 1 and Checklist 2* given in *Annex V*.	All Implementing Agencies at HCF level	Throughout implementation
Biosafety Level 3 laboratory	• Risk of accidental escape of hazardous pathogens and exposure of laboratory personnel and public	• Follow proper SOPs for constructing BSL3 laboratories with proper access and exit procedures • Refer to *Annex VI* for additional guidance on minimum required mitigation measures	MOHFW ICMR NCDC NPMU	Throughout implementation
Conversion of coaches into isolation coaches	• Spread of infection from COVID-19 related waste • Untreated disposal of biomedical waste • Exposure to COVID-19 pathogen for service providers	• Building mechanism for segregating biomedical waste at source • Apply MOHFW guidelines for isolation coaches • Biomedical waste, particularly COVID-19 waste to be properly segregated and disinfected before final disposal	MOHFW MOR Station Master SPCB CTF operator	Throughout project implementation

Key Activities	Potential E&S Risks and Impacts		Proposed Mitigation Measures		Responsibilities	Timeline
	▪ Spread of COVID-19 within coaches between suspect and confirmed patients ▪ Risk of other vector-borne diseases from mosquitos when coaches are stationed areas prone to mosquito breeding ▪ Unhygienic conditions with overused bedding		▪ Tie-up with CTF for picking up biomedical waste wherever coaches are stationed ▪ Ensure access to coaches only for the authorized personnel ▪ Proper PPE for all staff/paramedics/ service providers/cleaning workers in relation to isolation coaches ▪ Ensure social distancing – not more than 2 per cabin in an isolation coach ▪ Ensure general cleanliness and remove water logging near caches ▪ Provide mosquito nets on coach windows and other mosquito repellants ▪ Ensure regular washing and cleaning of beddings, linens and towels ▪ Regular disinfection and deep-sanitization of coaches ▪ Coaches to have separate duty room for paramedic staff and separate store for medicines and other supplies ▪ Adequate fire extinguishers in each coach ▪ Follow Labor Management Procedure (LMP) for the project (Annex VII of the main ESMF)			
Procurement of medicine, consumables, and paramedics for railway trains and premises for COVID-19 activities	▪ Exposure of paramedic staff to COVID-19 infection ▪ Accidental use of expired medicines ▪ Exposure of passengers with asymptomatic staff		▪ Proper PPE for all paramedics working in isolation coaches ▪ Dispose expired medicines as per Biomedical Waste Rules ▪ Ensure minimum exposure of railway staff and paramedics with passengers		MOHFW MOR	Throughout implementation
Sanitization of Railway Premises and Trains	▪ Chance contact of people with chemical sprays ▪ Risk of food material contamination at station canteens/stalls/restaurants and train pantry cars ▪ Traffic and people management		▪ Proper PPE for all staff/service providers/cleaning workers in relation to isolation coaches ▪ Ensuring traffic flow during sanitization of outside areas (parking, driveway, entry/exit gates etc.) ▪ Manage people with social distancing norms during sanitizing station platforms, waiting rooms etc.		MOR Station Master RPF	Throughout implementation

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
	▪ Use of Railway Protection Force (RPF)	▪ Ensuring that all food materials and utensils etc. are adequately covered and protected from chemical sprays during sanitization ▪ Sensitization and training of security forces (RPF) on code of conduct in managing COVID-19 patients		
Workers/staff and visitors	▪ Risk of infection for staff in pathological laboratory testing for COVID-19 ▪ Social issues such as labor influx, GBV/ Sexual Exploitation and Abuse/ Sexual Harassment (SEA/SH) risks, gender or disability	▪ Best practice in avoiding or minimizing the spread of infectious diseases, specifically about cross-infection between healthcare facilities and the community ▪ Adequate PPE for professionals responsible for testing to be provided ▪ Labor Management Plan (LMP) to include OHS and labor and working conditions ▪ Ensuring establishing Internal Complaints Committee (ICC) at the facility level and the 'Local Complaints Committee' (LCC) at the district level to investigate complaints regarding sexual harassment at workplace and for inquiring into the complaint in a time bound manner as perceived under the 'The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013'. ▪ Sensitization of health care providers on SEA/ SH along with other mitigation measures as mentioned in Annex-IX. ▪ Sensitization and capacity building of the health care staffs and others associate with COVID19 operations. ▪ Setting up gender-sensitive infrastructure such as segregated toilets and well-lit quarantine and isolation centers. ▪ Building linkages to Ministry of women and Child Development's (MoWCD) initiative of One-stop center for addressing violence against women in districts where it is operational.	Health & Community Safety Expert Social Development Specialist HCF Management E&S Nodal Officers (including of MOR) MOR Hospitals	Throughout implementation

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline
Cleaning and maintenance of healthcare facility	▪ Risk of exposure to COVID-19 for cleaning staff and workers	▪ Provide 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 ▪ Training of cleaners in proper hygiene (including hand washing) 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) ▪ Test cleaning staff for COVID-19 when symptoms appear	Health & Community Safety Expert Social Development Specialist HCF Management E&S Nodal Officers (including of MOR) MOR Hospitals	Throughout implementation
Indigenous people	▪ Risk of indecent behavior and inadequate attention towards tribal	▪ Prepared guidance and provide orientation/ training towards sensitization of health care providers on providing services with respect to the dignity, aspirations, identity, culture of the ST and other vulnerable population	MOHFW with Ministry of Tribal Affairs	
Decommissioning Stage				
Decommissioning of temporary facilities (isolation, quarantine, screening and treatment etc.)	▪ Risk of spread of infection from non-disinfected materials, PPE, bed linen and other fabrics and clothing ▪ Generation of plastic and disposable wastes, expired medicines, disposable kits and food articles etc.	▪ Prepare a decommissioning plan accounting for all disposable items to be sent to respective disposable sites – municipal landfill, biomedical waste disposal facility, and/or as required ▪ All reusable items to be thoroughly disinfected and left unused for up to a week after decommissioning the facility ▪ Expired equipment and/or PPE to be decommissioned and disposed properly	Health & Community Safety Expert Social Development Specialist Local Administration E&S Nodal Officers	After facility is no longer in use

Figure 1: Procedure for Biomedical Waste Management at Healthcare Facility (non-COVID-19)

Color Coded Waste Segregation at Heath Care Facility					
General Waste	**Infectious Waste**	**Body Parts / Medicines / Pharmaceutical Waste**			**Sharp Waste** **Translucent** **(puncture, temper & leak proof)**	**Cardboard Boxes with Blue Color**
Food waste, paper, disposable cups, Mineral water bottles, plates, spoons, Uninfected disposable towel, gowns, shoe covers, cap, masks, covers of sterile items such as syringes, Sterillium used bottle etc	Infected Gown, apron, gloves, shoe cover, mask, dressing, Urine bags, I.V. tubes /BT sets, central line, PICC line Catheters, normal saline, Ostomy bags, DNS, Ringer lactate plastic bottled, All plastic and rubber infected waste generated from laboratories	Human tissues, organs or fluids; body parts; fetuses; unused blood products	Pharmaceuticals that are expired or no longer needed; items contaminated by or containing pharmaceuticals	Discarded linen, Nappies , mattresses, beddings contaminated with blood or body fluid, Bandages	Used or unused sharps (needles; auto-disable syringes; syringes with attached needle; infusion sets; scalpels; pipettes; knives; blades), Suture needles, Cannula and biopsy needle stilette	**Glassware** Infected broken glass bottles, broken and unbroken glassware and vials, Ampoules (except cytotoxic waste)
1. Collect in black bag 2. Close and tie when 2/3rd full 3. Label (Name of the facility, Date and time) 4. Incinerate OR burn (away from households and HCF	1. Collect in small Autoclavable bio hazard bags 2. Close and tie lose when 2/3rd full 3. Label (Name of the HCF, Date and time) 4. Autoclave 5. Put in black bag and tie properly 6. Transport out to common treatment facility (CTF)	1. Collect in autoclavable bio hazard bags 2. Close and tie lose when 2/3rd full 3. Label (Name of the facility, date and time) 4. Autoclave 5. Plasma pyrolysis or deep burial 5. Put in yellow bag and tie properly 6. Transport out for incineration to common treatment facility (CTF)			1. Autoclave 2. Put in white bag and tie 3. Label (Name of the facility, Date and time) 4. Label as "TREATED SHARP WASTE" 5. Transfer out for Incinerating or burning to Common treatment facility (CTF)	Disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium hypochlorite treatment) or through autoclaving or microwaving or hydroclaving and then sent for recycling.

Figure 2: Procedure for COVID-19 related Biomedical Waste Management at Healthcare Facility

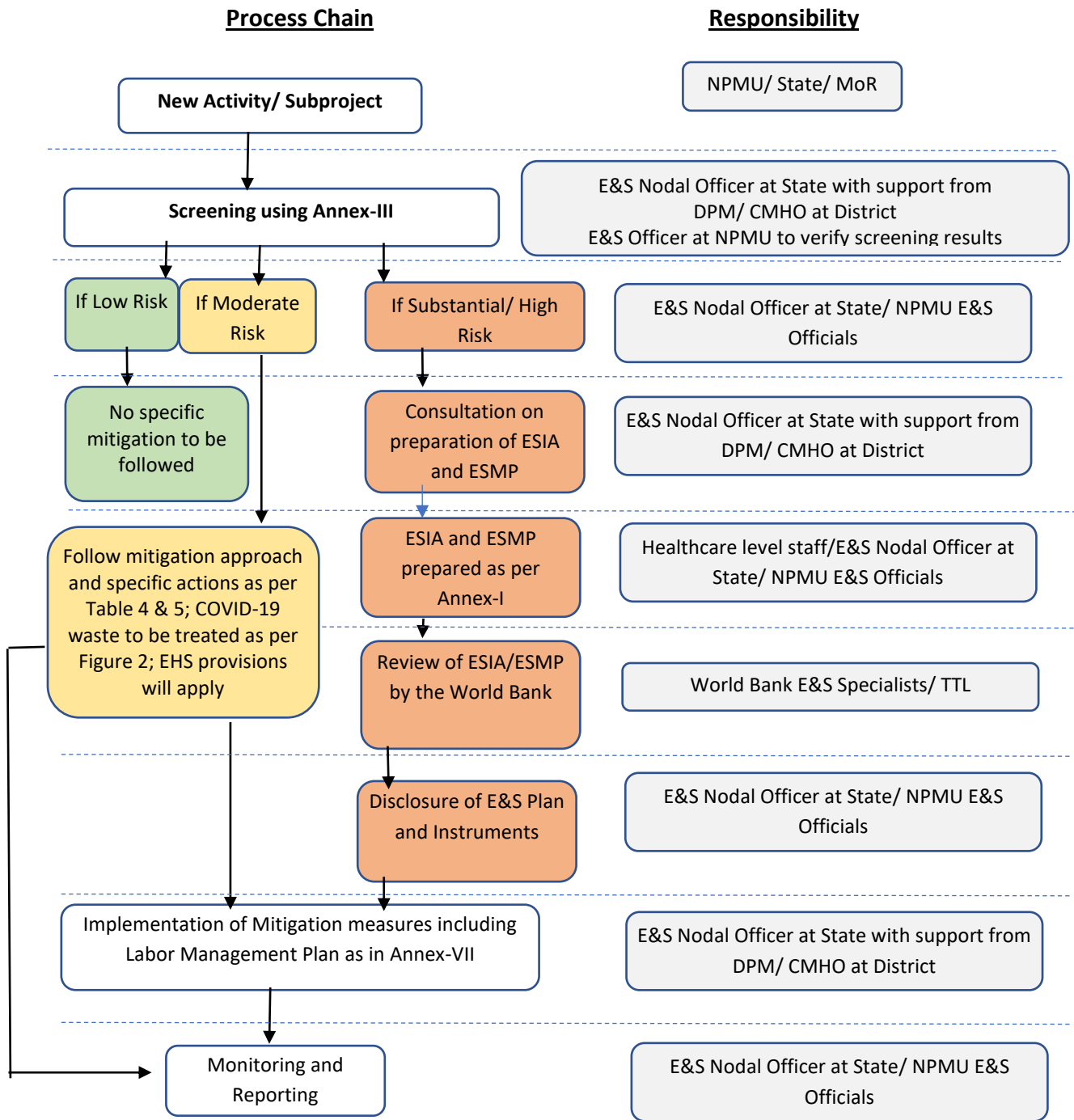| Color Coded Waste Segregation at Heath Care Facility during Diagnosis/Treatment/Quarantine for COVID-19					
General Waste	**Infectious Waste**	**Body Parts / Medicines / Pharmaceutical Waste**			**Sharp Waste** Translucent **(puncture, temper & leak proof)**	**Cardboard Boxes with Blue Color**
All health care waste of COVID-19 patients must be considered as infectious and should be collected safely in designated containers and bags, treated and then safely disposed (WHO)	Infected PPE kits, goggles, Gown, apron, gloves, shoe cover, dressing, Urine bags, I.V. tubes /BT sets, central line, PICC line Catheters, normal saline, Ostomy bags, DNS, Ringer lactate plastic bottled, All plastic and rubber infected waste generated from laboratories	Human tissues, organs or fluids; body parts; fetuses; unused blood products	Pharmaceuticals that are expired or no longer needed; items contaminated by or containing pharmaceuticals waste	Discarded linen, Nappies mattresses, beddings contaminated with blood or body fluid, Bandages, used masks (including triple layer, N95), head cover/cap, shoe-cover, disposable linen Gown, non-plastic or semi-plastic cover	Used or unused sharps (needles; auto-disable syringes; syringes with attached needle; infusion sets; scalpels; pipettes; knives; blades), Suture needles, Cannula and biopsy needle stilette	**Glassware** Infected broken glass bottles, broken and unbroken glassware and vials, Ampoules (except cytotoxic waste)
1. Collect in double black bag 2. Close and tie when 2/3rd full and shift by dedicated trolley to collection Van or storage area 3. Label as "Covid 19" waste (Name of the facility, date, time) 4. Incinerate /burn. 5. Transport out to CTF	1. Collect in small autoclavable biohazard bags (double layer) 2. Close and tie lose when 2/3rd full 3. Label COVID 19 waste (Name of the HCF, Date, time) 4. Autoclave 5. Put in Red bag and tie properly 6. Transport out to common treatment facility (CTF)	1. Collect in autoclavable bio hazard bags (double layered) to prevent leakage 2. Close and tie lose when 2/3rd full 3. Label as COVID 19 waste (Name of the facility, date and time) 4. Autoclave 5. Plasma pyrolysis or deep burial 5. Put in yellow bag and tie properly 6. Transport out for incineration to common treatment facility (CTF)			1. Autoclave 2. Put in white double layered bag and tie 3. Label as (Name of the facility, Date and time) 4. Label as "TREATED SHARP WASTE" 5. Transfer out for Incinerating or burning to Common treatment facility (CTF)	Disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium hypochlorite treatment) or through autoclaving or microwaving or hydroclaving and then sent for recycling.

7.   Procedures to Address Environmental and Social Issues

37. Given that the project is implemented throughout India with varying degree of sub-projects to be taken up by the relevant State Health Departments, Medical colleges and other sub-national agencies, it is important to streamline the procedures for addressing environmental and social issues. The ESMF provides the responsible agencies for ensuring specific mitigation actions and Section 10 on Institutional Arrangements, Responsibilities and Capacity Building lists out specific tasks of the E&S related personnel across agencies.

38. The following procedures given in **Table 6** are to be followed in identifying, preparing and implementing the subprojects. In combination with **Figure 3** it describes the step-by-step procedure for apply environmental and social due diligence and approval steps.

Table 6: Procedures to Address Environmental and Social Issues

Identified Activity	Procedure	Responsibility
All pre-screened and risk categorized activities	Follow mitigation guidance and apply mitigation actions as per ESMF	Health & Safety Expert, NPMU, Social Development Specialist E&S Nodal Officers MOR Nodal Officers for E&S
Any new activity/sub-project (not yet identified)	Screen for potential E&S risks and impacts and classifying each subproject according to risk (Annex 3, Screening Form)	Chief Medical Officer, NPMU, TSU, Health & Safety Expert, NHM Social Development Specialist, MOR Nodal Officers for E&S
All new construction related sub-projects, including upgrading existing infrastructure	These are categorized as 'Substantial' and in case of BSL3 it is categorized as 'High', will be subject to a standalone ESIA and an ESMP will be prepared as per **Annex I**	Project Director Health & Safety Expert, NHM Social Development Specialist Contracted ESIA Agency MOR Nodal Officers for E&S
Consultation and Disclosure	All E&S plans and instruments will be consulted with relevant stakeholders periodically and disclosed whenever a new update is available. All consultation will follow the Stakeholder Engagement Plan (SEP) for the project.	Project Director Health & Safety Expert, NHM Social Development Specialist MOR Nodal Officers for E&S
Management of Staffs and workers	All E&S plans involving management of health care facility staffs and/ or construction workers will follow the Labor Management Plan (LMP) for the project.	NMPU, TSU, Chief Medical Officer, NHM Social Development Specialist, Contracted ESIA Agency MOR Nodal Officers for E&S
Review and approval of E&S plans and instruments	All E&S plans and instruments for 'Substantial' risk sub-projects will be approved by the Bank prior to disclosure	Project Director Health & Safety Expert, NHM Social Development Specialist MOR Nodal Officers for E&S, The World Bank
Implementation and monitoring of mitigation measures in ESMF and specific E&S plans and instruments for 'Substantial' risk sub-projects	All mitigation action will be monitored, documented and reported to the Bank World Bank to monitor during regular Implementation Support Missions and using remote approaches	Project Director Health & Safety Expert, NHM Social Development Specialist MOR Nodal Officers for E&S The World Bank

Figure 3: Flowchart depicting Process Chain with Responsibility to be followed in addressing the Environmental and Social Issues

Process Chain	Responsibility

New Activity/ Subproject — NPMU/ State/ MoR

Screening using Annex-III — E&S Nodal Officer at State with support from DPM/ CMHO at District; E&S Officer at NPMU to verify screening results

If Low Risk | If Moderate Risk | If Substantial/ High Risk — E&S Nodal Officer at State/ NPMU E&S Officials

No specific mitigation to be followed

Consultation on preparation of ESIA and ESMP — E&S Nodal Officer at State with support from DPM/ CMHO at District

Follow mitigation approach and specific actions as per Table 4 & 5; COVID-19 waste to be treated as per Figure 2; EHS provisions will apply

ESIA and ESMP prepared as per Annex-I — Healthcare level staff/E&S Nodal Officer at State/ NPMU E&S Officials

Review of ESIA/ESMP by the World Bank — World Bank E&S Specialists/ TTL

Disclosure of E&S Plan and Instruments — E&S Nodal Officer at State/ NPMU E&S Officials

Implementation of Mitigation measures including Labor Management Plan as in Annex-VII — E&S Nodal Officer at State with support from DPM/ CMHO at District

Monitoring and Reporting — E&S Nodal Officer at State/ NPMU E&S Officials

8.   Public Consultation and Disclosure

39. *Public consultation and disclosure will be consistent with the requirements for stakeholder engagement.* It will take into account COVID-19 related quarantine and lockdown measures and will follow the guidance provided in the <u>Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings</u>. All ESF related documents (ESCP, SEP, ESMF) will be disclosed publicly on the website of the implementing agencies and will be made available at select healthcare facilities. Following the SEP, stakeholders will be kept informed.

40. *As part of the COVID19 emergency operation, Government of India, through MOHFW, ICMR and other departments and agencies have been engaging with various stakeholders and public at large.* The engagement has been on almost at daily basis during the lockdown period to build awareness and sensitize communities on the risks of COVID-19 and measures that are being taken by the national and state government to mitigate emerging risks and dealing with COVID19 spread. This has been taken at the highest level whereby the Prime Minister at national level and some of the Chief Minister's at the state level have also made attempts to engage and communicate with various stakeholders and public at large.

41. *Given the COVID19 situation and related travel restrictions, to the extent possible most of the consultations during preparation of ESMF were conducted in a virtual manner.* The public consultation during the preparation of sub-projects followed the stakeholder engagement plan (SEP) for the project. The feedback received contributed to the drafting of the ESMF. Apart from consulting with key officials of all implementing agencies including MOHFW, ICMR, NCDC and MoR at national level, consultations were also held with select group of healthcare workers and representatives of some civil society organizations. These consultations covered aspects of handling the pandemic, use of technology, nature and scale of emergency response, One Health aspects and testing for COVID-19. Note that face-to-face consultations will be held when situation normalizes, and travel restrictions are eased and the outputs of those consultations will be documented and presented separately. Table 7 gives a summary of the consultations held so far.

Table 7: Summary of Feedback Received during Stakeholder Consultation conducted by The World Bank

Date of Consultation	Nature of Consultation	Participating Stakeholders	Summary of Feedbak Recieved
April 17, 2020	Integration of Wildlife Issues in the One Health Approach in India	Nature Conservation Foundation, Institute of Public Health, Ashoka Trust for Research on Environment & Ecology (Karnataka), Wildlife Trust of India (Delhi), Dept. of Animal Husbandry (Kerala),	• Better coordination for research on novel viruses and Animal Husbandry Department. • Need to shift focus from disease management to on One Health surveillance with investments on pathogen discovery; also need to broaden coverage from around protected areas to other areas • Having a One Health Agency and/or Platform is needed but decentralized working models will be essential for implementation

Date of Consultation	Nature of Consultation	Participating Stakeholders	Summary of Feedbak Recieved
		Michigan State University (USA)	• Need to boost training on One Health approaches • Need better monitoring of wet markets and illegal trade
June 12, 2020	One Heath and Livestock	International Livestock Research Institute (ILRI)	• Livestock hygiene and reducing interaction with wildlife is critical • Need to increase livestock vaccination coverage
July 17, 2020	One Health Strategy and Approach	FAO (Rome/India), Indian Council of Agriculture Research (ICAR)	• Need to build on the existing committee on One Health mandated under NCDC • Good to use existing resources – One Health Metrics and Tripartite Zoonoses Guide • FAO could be a good technical partner

42. **Consultations will continue during implementation, including face-to-face when COVID-19 situation normalize.** With support from MOHFW/NCDC/ICMR, a series of consultations are planned during implementation covering a range of stakeholders. These will especially focus on indigenous and vulnerable community groups, including women, healthcare staff, community members residing near hospitals and laboratories proposed as BSL3. The feedback received will help subproject design and implementation and ensure its post-project sustainability.

43. *Disclosure of environmental and social related risks and mitigation is paramount.* NPMU will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. All communications directed to public at large and to various stakeholders are being disclosed at the MOHFW website and through mass media channels including Newspaper, TV, FM/AM radio and through social media channels. The practice will continue to ensure that information on disclosures also reaches to various states and local communities through regional media channels.

44. *Measures will also be taken to ensure that the vulnerable groups as outlined earlier will have the chance to participate and take benefits of the project.* This will include, among other things, household outreach through various channels including social media and through SMS, telephone calls, etc., depending on the social distancing requirements, the use of different languages (Hindi, English and other regional languages to target local areas), the use of verbal communication, audio visuals or pictures instead of text, etc. will be used. The country-wide awareness campaigns will be conducted as being done so far since the beginning of COVID19 pandemic in India. Travel (intra-state, interstate, and international), geography, and local context specific communication as well as information about availability of COVID19 treatment specific hospitals, laboratories and quarantine centres will be timed according to need and be adjusted to the specific local circumstance.

45. A preliminary strategy for information disclosure is given in **Table 7** below:

Table 8: Preliminary Strategy for Information Disclosure for the Project

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation of ESMF	Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others	Project documents, ESMF, SEP, other relevant E&S documents, GRM procedure, regular updates on Project development	Dissemination MOHFW websites and World Bank website
Preparation of social distancing and Social and Behavior Change Communication (SBCC) strategy	Government entities; local communities; vulnerable groups; school children and their parents, NGOs and academics; health workers; media representatives; health agencies; others	Project documents, SBCC Strategy document	Dissemination MOHFW and State health department websites; hard copies at designated public locations; Information leaflets and brochures
Implementation of public awareness campaigns	Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities	Update on project development; the social distancing and SBCC strategy	Public notices – at MOHFW website, Electronic publications and press releases; Press releases in the local media; Information leaflets and brochures; audio-visual materials, social media and other direct communication channels such as mobile/ telephone calls, SMS, etc.
Site selection for local isolation units and quarantine facilities	People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; island councils; civil society organizations	Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development	Public notices; Electronic publications and press releases on the MOHFW website; Press releases in the local media; Help desk mechanism
During project implementation	COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, resorts and workers, workers at construction sites of quarantine centers and screening posts, public health workers, MoH, airline and border control staff, government entities, island councils	SEP, relevant E&S documents; LMP, GRM procedure; regular updates on Project development	Public notices; Electronic publications and press releases on the MOHFW website; Press releases in the local media; Consultation with vulnerable groups using mobile/ telephone calls, SMS, etc.; Help desk mechanism

9.   Stakeholder Engagement

46. *The Stakeholder Engagement Plan (SEP) prepared for the project is to ensure consultations under the project to be carried out mainly on two fronts*.: First, consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and complaints about the project and any activities related to the project; and second, building awareness and sensitizing communities on the risks of COVID-19 as per the Component 4 of the project. The SEP has been disclosed at the MOHFW website and once updated the revised SEP will also be disclosed on the MOHFW website.

47. *Design of the project's communication strategy is innovative.* The SEP outlines the need to conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels, and based on that prepare a comprehensive Social and Behavior Change Communication (SBCC) strategy for COVID-19, including details of anticipated public health measures. Based on SBCC strategy, communication messages are prepared in local languages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations. Also, identifying trusted community groups (e.g., celebrities, elected representatives, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

48. *Given health is a state subject, states will establish a nodal communication cell to anchor the SBCC implementation*. Developed materials will be translated in local language for timely dissemination of messages by the State level communication cell. This will involve engaging with existing health and community-based networks, media, local NGOs, self-help groups, schools, local governments and other sectors such healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication. National and State specific help desks will be used for utilizing the two-way "channels" for community and public information sharing. Also, the responsive social media, TV and radio shows, with systems will be used to detect and rapidly respond to and counter misinformation.

49. *A large-scale community engagement strategy for social and behavior change approaches will be undertaken as defined in the SBCC.* This is to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, print and broadcast media, etc.

50. *The NMPU along with State level E&S nodal officer will systematically establish community information mechanisms for learning and feedback.* The mechanism will be using national and state specific help desks and through social media monitoring, community perceptions, knowledge, attitude, and practice surveys, and direct dialogues and consultations. In the current context, these will be carried out virtually to prevent COVID-19 transmission. PMU will also ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic and document lessons learned to inform future preparedness and response activities.

51. ***For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized.*** Policymakers and influencers will be reached through small engagement or virtual meetings with religious, administrative, youth, and women's groups. Individual communities might be reached through theatre performance meetings with women and youth groups. For public at large, identified and trusted media channels including, television and radio, print media (newspapers, magazines), trusted organizations' websites, social media (Facebook, Twitter) etc. will be used. Text messages for mobile phones, hand-outs and brochures in community and health centers, municipal forums, community health boards, billboards plan, will also be utilized.

52. ***The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved.*** Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

   - Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
   - Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
   - Avoids the need to resort to judicial proceedings (at least at first).

53. The Grievances will be handled at the MOHFW and State level by the concerned official designated for the GRM and using the Centralized Public Grievance Redress and Monitoring System at the MOHFW. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse. The numbers and contacts of the GRM will be detailed in the final SEP. The construction site-specific GRM is presented in LMP. The GRM includes the following steps:

   Step 0: Raising and registering the grievances using various mechanism including through Help desk, online using internet, email, Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/ hospitals
   Step 1: Grievance raised is screened and forwarded to respective administrative/ facility level for redressing
   Step 2: Grievance discussed at the respective administrative/ facility level, and addressed
   Step 3: If not addressed in stipulated period it is escalated to next level and finally the MoHFW level
   Step 4: Once addressed, feedback sent to the complainant
   Step 5: If not satisfied, appeal to the other public authorities

10.   Institutional Arrangements, Responsibilities and Capacity Building

10.1 Institutional Arrangements and Responsibilities of Key Personnel

54. The institutional arrangements for preparation and consultation in relation to the assessment and identification of mitigation measures for subprojects, review, clearance and disclosure of documentation and instruments, and monitoring the implementation of the ESMF, ESMP, RAP, etc., including the screening of subprojects for environmental and social risks and impacts, follow the procedure described in **Table 6**. Adequate and qualified staff are proposed covering the key roles for infection control and waste management. A clear delineation of responsibilities is spelled out below in **para(s)**.

55. The National Project Management Unit (NPMU) will ensure that the project is implemented in accordance with the provisions of the ESMF. This would include, but not limited to:

    a. Providing technical and operational support to states on implementing the mitigation measures included in the ESMF;
    b. Documenting and reporting the progress on the implementation of the ESMF, including monitoring the civil construction contracts, environment and social indicators and any grievances raised during implementation;
    c. Assessing the requirements and monitoring the biomedical waste management systems, particularly related to waste generated through COVID19 treatment;
    d. Supporting the training and capacity building actions included in the ESMF; and
    e. Ensuring close coordination within NPMU and with the States on budget, technical resources etc. for implementing the ESMF requirements.

56. *Health and Safety Expert (Environment Specialist) in NPMU* will support the implementation of the provisions of the ESMF and provide oversight to civil construction sub-projects for ensuring compliance with clauses for safeguarding environment and social risks and impacts. In addition, S/he will help prepare monitoring reports and document the implementation of ESMF performance. S/he will also support training and capacity building of relevant stakeholders on environmental issues, including bio-medical waste management.

57. *Social Specialist in NPMU* will support in planning, implementation and monitoring of social safeguard measures including implementing the SEP and LMP. S/he will undertake Situation Analysis of social issues and impacts associated with the project and support development and implementation of strategies addressing social safeguard concerns, including collection, collation and reporting of social safeguard measures.

58. *Technical Specialist (One Health) in NPMU* will support the wildlife dimension of the One Health approach, including supporting better surveillance and response against potential zoonotic diseases, and collaboration amongst various agencies for strengthening the One Health approach.

59. *Technical Specialist Biomedical Waste Management in TSU (NHM)* will support the States in assessing the current status of biomedical waste management in states, prepare and support the implementation of a comprehensive biomedical waste management plan, including liquid waste management and monitor the relevant mitigation measures included in the ESMF.

60. *Technical Specialist Laboratory Strengthening in TSU (ICMR)* will provide specific guidance on disinfection and disposal of COVID-19 related waste generated during testing and treatment and will

also conduct bio safety risk assessment in all laboratories and build systems. S/he will help develop a comprehensive bio-risk management system.

61. *E&S Nodal officer at State level* **will be designated within state NHM Directorate in each of the state and UTs in India to support implementation of the provisions of the ESMF** with support from NHM District Program Manager (DPM) and/or Chief Medical and Health Officer (CMHO) at district level and provide oversight to ESMF implementation along with civil construction sub-projects for ensuring compliance with clauses for safeguarding environment and social risks and impacts. In addition, S/he will help prepare monitoring reports and document the implementation of ESMF performance in the state. S/he will also support training and capacity building of relevant stakeholders on environmental issues, including bio-medical waste management in the state.

62. *Health & Safety officer in MOR* will support the implementation of the provisions of the ESMF and provide oversight to coach conversion and civil construction sub-projects for ensuring compliance with clauses for safeguarding environment risks and impacts. In addition, S/he will help prepare monitoring reports and document the implementation of ESMF performance of facilities under MOR COVID19 emergency operations. S/he will also support training and capacity building of relevant stakeholders on environmental issues, including bio-medical waste management.

63. *Social Development Specialist in MOR* will support in planning and implementation of social safeguard measures including implementing the ESMF and associated SEP and LMP where relevant. S/he will undertake Situation Analysis of social issues and impacts associated with the project and support development and implementation of strategies addressing social safeguard concerns, including collection, collation and reporting of social safeguard measures. In addition, S/he will help prepare monitoring reports and document the implementation of ESMF performance of facilities under MOR COVID19 emergency operations. S/he will also support training and capacity building of relevant stakeholders on environmental issues, including bio-medical waste management.

64. *In addition to the above specific roles and responsibilities, the ESMF also assigns specific responsible agencies/individuals for the operational stage* in implementing the procedures and mitigation measures that have been adopted to avoid or minimize the spread of COVID-19. The Chief Medical Officer (CMO) of healthcare facilities will be responsible for 'cradle-to-grave' infection control and for biomedical waste management. As the implementation progresses, the need for additional staff with what qualifications and training will be assessed and the required expertise will be contracted/deputed.

10.2 Training and Capacity Building

65. *The project will provide a range of training and capacity building support on managing environmental and social risks associated with the project.* Several training and capacity building programs/modules would be provided to medical workers, waste management workers and cleaners, as well as third-party waste management service providers, including those involved in transporting the biomedical wastes on specific requirements for handling the COVID-19 wastes. Given that the project is being implemented nation-wide, the project will work with the existing training and capacity building provisions of the central and state governments to mainstream training and capacity building opportunities. The training provided under NHM on biomedical waste management will continue and a training calendar will be developed for each healthcare facilities covering all the States and provision for refresher training will be made. Awareness and orientation on World Bank's ESF may be provided separately. A list of potential training and capacity building efforts are given below.

a. BMWM arising out of COVID19 testing, treatment, quarantine, COVID-19 Infection Prevention and Control for the safety of healthcare workers across all healthcare facilities. This will done primarily by including a module in the ongoing national and state managed training programs.

b. Laboratory biosafety guidance related to the COVID-19, including specimen collection and shipment

c. Preventing GBV, SEA and SH trainings to healthcare workers

d. Orientation training on implementing the various provisions of ESMF, including an introduction to the World Bank's ESF

e. Training on OHS/Community Health and Safety, use of PPE etc. including for contractors and the labors/workers engaged with civil works

f. Training of trainers for the environment and social specialists at the central and state level implementing entities and project management units, on monitoring of compliances with ESMF

10.2 Monitoring Indicators

66. ***The ESMF will track few important parameters as monitoring indicators.*** Based on the baseline (refer Table 3), important parameters, such as, COVID-19 related biomedical waste generated, expenditure incurred in handling it, persons trained in handling such waste, persons tested, including number of women in urban and rural areas etc. will be monitored.

10.3 Indicative Budget

67. ***An indicative budget is prepared for implementing the ESMF.*** Given the emergency nature and extremely short timeline for preparing the project in responding to the emerging COVID-19 situation, only an indicative budget is developed that covers the cost of human resources and capacity building and training requirements (refer **Table 9** below). Mitigation actions to be deployed during construction of buildings etc. will be part of the detailed project reports and their specific ESMPs.

Table 9: Indicative Budget[7] for Implementing the ESMF

S. No.	Implementation Requirements as per ESMF	Indicative Budget (US$ Million)
1.	Human Resources across all Implementing Agencies MOHFW/ICMR/NCDC/MOR)	1.0
2.	Capacity building and training(s)[8] For BMWM, Social inclusion, SEA/SH etc.	1.0

68. ***The project's GRM process will be supported both by a traditional and technology-based approach, for early resolution of complaints.*** Other social accountability measures such as social audit or citizen scorecard, and report card will be used for acquiring feedback on performance and recording citizens' recommendations. A simple mobile-based feedback system will be used to capture and feed data into the MIS of the Project Management Unit (PMU). Additionally, nongovernmental organizations (NGOs) or community-based organizations (CBOs) will facilitate the beneficiaries' access to the GRMs.

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[7] This is purely an indicative budget for supporting the planning of activities. A final budget will be worked out later by MOHFW, following their internal processes.

[8] This budget is in addition to the financial resources already being deployed by the Government of India through its various implementing agencies and existing institutional and financing mechanisms, such as, the National Health Mission (NHM)

Annex I: Environmental and Social Management Plan (ESMP) Template

Introduction

The Borrower will need to develop an Environmental and Social Management Plan (ESMP), setting out how the environmental and social risks and impacts will be managed through the project lifecycle. This ESMP template includes several matrices identifying key risks and setting out suggested E&S mitigation measures. The Borrower can use the matrices to assist in identifying risks and possible mitigations.

The ESMP should also include other key elements relevant to delivery of the project, such as institutional arrangements, plans for capacity building and training plan, and background information. The Borrower may incorporate relevant sections of the ESMF into the ESMP, with necessary updates.

The matrices illustrate the importance of considering lifecycle management of E&S risks, including during the different phases of the project identified in the ESMF: planning and design, construction, operations and decommissioning.

The issues and risks identified in the matrix are based on current COVID-19 responses and experience of other Bank financed healthcare sector projects. The Borrower should review and add to them during the environmental and social assessment of a subproject.

The WBG EHS Guidelines, WHO technical guidance documents and other GIIPs set out in detail many mitigation measures and good practices and can be used by the Borrower to develop the ESMP. Proper stakeholder engagement should be conducted in determining the mitigation measures, including close involvement of medical and healthcare waste management professionals.

The Infection Control and Waste Management Plan forms part of the ESMP. The ESMP should identify other specific E&S management tools/instruments, such as the Stakeholder Engagement Plan (SEP), labor management procedures (LMP), and/or Medical Waste Management Plan.

Table AI.1- Environmental and Social Risks and Mitigation Measures during Planning and Designing Stage

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
Identify the type, location and scale of healthcare facilities (HCF)						
Identify the need for new construction, expansion, upgrading and/or rehabilitation						
Identify the needs for ancillary works and associated facilities, such as access roads, construction materials, supplies of water and power, sewage system						
Identify onsite and offsite waste management facilities, and waste transportation routes and service providers	Inadequate facilities and processes for treatment of waste	➢ Estimate potential waste streams ➢ Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through construction, expansion etc. ➢ Specify that the design of the facility considers the collection, segregation, transport and treatment of the anticipated volumes and types of healthcare wastes ➢ Require that receptacles for waste should be sized appropriately for the waste volumes generated, and color coded and labeled according to the types of waste to be deposited. Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance Design training for staff in the segregation of wastes at the time of use				
Identify needs for transboundary movement of samples, specimen,						

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
reagent, and other hazardous materials						
Identify needs for workforce and type of project workers		➢ Identify numbers and types of workers ➢ Consider accommodation and measures to minimize cross infection ➢ Use the COVID-19 LMP template to identify possible mitigation measures				
Identify needs for using security personnel during construction and/or operation of HCF						
HCF design – general	- Structural safety risk; - Functional layout and engineering control for nosocomial infection					
HCF design - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (the elderly, those with preexisting conditions, or the very young) and those with disabilities	Some groups may have difficulty accessing health facilities					
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.				

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
		➢ 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 flow meter 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	Insufficient capacity 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)				

Table AI.2 - Environmental and Social Risks and Mitigation Measures during Construction Stage

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
Clearing of vegetation and trees; Construction activities near ecologically sensitive areas/spots	- Impacts on natural habitats, ecological resources and biodiversity					
General construction activities Foundation excavation; borehole digging	- Impacts on soils and groundwater; - Geological risks					
General construction activities	- Resource efficiency issues, including raw materials, water and energy use; - Materials supply					
General construction activities – general pollution management	- Construction solid waste; - Construction wastewater; - Nosie; - Vibration; - Dust; - Air emissions from construction equipment					
General construction activities – hazardous waste management	- Fuel, oils, lubricant					
General construction activities – Labor issues	- Workers coming from infected areas - Co-workers becoming infected - Workers introducing infection into community/general public	- Refer to COVID-19 LMP - Consider ways to minimize/control movement in and out of construction areas/site. - 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 - Implement procedures to confirm workers are fit for work before they start work, paying special to					

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
		workers with underlying health issues or who may be otherwise at risk - Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering - Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures. - Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell - 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				
General construction activities – Occupational Health and Safety (OHS)						
General construction activities – traffic and road safety						

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
General construction activities – security personnel						
General construction activities – land and asset	Acquisition of land and assets	The project will not finance any land acquisition and/or resettlement including squatter removals. In case there are informal/ illegal settlers/ squatters being there on the land, alternate site or design to be explored in order not to disturb or remove them.				
General construction activities	GBV/SEA issues	Refer Annex-IX				
General construction activities – cultural heritage	Cultural heritage	Chance-finds procedure				
General construction activities – emergency preparedness and response						
Construction activities related to *onsite* waste management facilities, including temporary storage, incinerator, sewerage system and wastewater treatment works						
Construction activities related to demolition of existing structures or facilities (if needed)						
To be expanded						

Table AI.3- Environmental and Social Risks and Mitigation Measures during Operational Stage

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater and air emissions					
General HCF operation – OHS issues	- Physical hazards; - Electrical and explosive hazards; - Fire; - Chemical use; - Ergonomic hazard; - Radioactive hazard					
HCF operation – Labor issue		- Refer to COVID-19 LMP -				
HCF operation - considerations for differentiated treatment for groups with different needs (e.g. the elderly, those with preexisting conditions, the very young, people with disabilities)						
HCF operation – cleaning		• Provide 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 cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, provide appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If				

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
		appropriate PPE is not available, provide best available alternatives. • Train 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).				
HCF operation - Infection control and waste management plan						
Waste minimization, reuse and recycling	Use of incinerators results in emission of dioxins, furans and particulate matter	➤ Where possible avoid the use of incinerators ➤ If small-scale incineration is the only option, this should be done using best practices, and plans should be in place to transition to alternative treatment as soon as practicable (such as steam treatment prior to disposal with sterile/non-infectious shredded waste and disposed of in suitable waste facilities) ➤ Do not use single-chamber, drum and brick incinerators ➤ If small-scale incinerators are used, adopt best practices to minimize operational impacts.				
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies						
Storage and handling of specimen, samples, reagents, and infectious materials						

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
Waste segregation, packaging, color coding and labeling						
Onsite collection and transport						
Waste storage						
Onsite waste treatment and disposal						
Waste transportation to and disposal in offsite treatment and disposal facilities						
Transportation and disposal at offsite waste management facilities						
HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infectious materials						
Operation of acquired assets for holding potential COVID-19 patients						
Emergency events	- Spillage; - Occupational exposure to infectious disease; - Exposure to radiation; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities - Fire; - Other emergent events	➢ Emergency Response Plan				
Mortuary arrangements	- Arrangements are insufficient - Processes are insufficient	➢ Implement good infection control practices (see WHO Infection				

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
		Prevention and Control for the safe management of a dead body in the context of COVID-19) ➢ Use mortuaries and body bags, together with appropriate safeguards during funerals (see WHO Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19)				

Table AI.4- Environmental and Social Risks and Mitigation Measures during Decommissioning

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
Decommissioning of interim HCF						
Decommissioning of medical equipment						
Regular decommissioning						
To be expanded						

Annex II: Biomedical Waste Management Plan (BMWMP) Template

1. **Introduction**

1.1 Describe the project context and components

1.2 Describe the targeted healthcare facility (HCF):

- Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory, quarantine or isolation centers;

- *Special type of HCF in response to COVID-19: E.g. existing assets may be acquired to hold yet-to-confirm cases for medical observation or isolation;*

- Functions and requirement for the level infection control, e.g. biosafety levels;

- Location and associated facilities, including access, water supply, power supply;

- Capacity: beds

1.3 Describe the design requirements of the HCF, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave, and waste management facilities.

2. **Infection Control and Waste Management**

2.1 Overview of infection control and waste management in the HCF

- Type, source and volume of biomedical waste generated in the HCF, including solid, liquid and air emissions (if significant)

- Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid and non-hazardous) following WBG EHS Guidelines for Healthcare Facilities and pertaining GIIP.

- *Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. It's likely the volume of waste will increase considerably given the number of admitted patients during COVID-19 outbreak. Special attention should be given to the identification, classification and quantification of the healthcare wastes.*

- Describe the healthcare waste management system in the HCF, including material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment works

- Provide a flow chart of waste streams in the HCF if available

- Describe applicable performance levels and/or standards

- Describe institutional arrangement, roles and responsibilities in the HCF for infection control and waste management

2.2 Management Measures

- Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations.

- Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: HCF should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of hazardous medical goods.

- Waste segregation, packaging, color coding and labeling: HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.

- Onsite collection and transport: HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.

- Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.

- Onsite waste treatment and disposal (e.g. an incinerator): Many HCFs have their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended. For new HCF financed by the project, waste disposal facilities should be integrated into the overall design and ESIA developed. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerators can be found in pertaining EHS Guidelines and GIIP.

- Transportation and disposal at offsite waste management facilities: Not all HCF has adequate or well-performed incinerator onsite. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or the private sector is probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.

- Wastewater treatment: HCF wastewater is related to hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases where HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.

3. Emergency Preparedness and Response

Emergency incidents occurring in a HCF may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, communities, the HCF's operation and the environment.

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).

4. Institutional Arrangement and Capacity Building

A clearly defined institutional arrangement, roles and responsibilities should be included. A training plan with recurring training programs should be developed. The following aspects are recommended:

- Define roles and responsibilities along each link of the chain along the cradle-to-crave infection control and waste management process;

- Ensure adequate and qualified staffs are in place, including those in charge of infection control and biosafety and waste management facility operation.

- Stress the chief of a HCF takes overall responsibility for infection control and waste management;

- Involve all relevant departments in a HCF, and build an intra-departmental team to manage, coordinate and regularly review issues and performance;

- Establish an information management system to track and record the waste streams in HCF; and

- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

5. Monitoring and Reporting

Many HCFs in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. HCF should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. The HCF is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the HCF chief takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the HCF. Internal reporting and filing systems should be in place.

Externally, reporting should be conducted per government and World Bank requirements.

Table AII.1: BMWMP

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater and air emissions					
General HCF operation – OHS issues	- Physical hazards; - Electrical and explosive hazards; - Fire; - Chemical use; - Ergonomic hazard; - Radioactive hazard.					
HCF operation - Infection control and waste management plan						
Waste minimization, reuse and recycling						
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies						
Storage and handling of specimen, samples, reagents, and infectious materials						
Waste segregation, packaging, color coding and labeling						
Onsite collection and transport						
Waste storage						
Onsite waste treatment and disposal						
Waste transportation to and disposal in offsite treatment and disposal facilities						
HCF operation – transboundary movement of specimen, samples, reagents,						

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Proposed Monitoring Measures	Responsibilities	Timeline	Budget
medical equipment, and infectious materials						
Emergency events	- Spillage; - Occupational exposure to infectious; - Exposure to radiation; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities; - Fire; - Other emergent events	Emergency response plan				
Operation of acquired assets for holding potential COVID-19 patients						
To be expanded						

Annex III: Screening Form for Potential Environmental and Social Issues

This form is to be used by the Project Implementation Unit (PIU) to screen for the potential environmental and social risks and impacts of a proposed subproject. It will help the PIU in identifying the relevant Environmental and Social Standards (ESS), establishing an appropriate E&S risk rating for these subprojects and specifying the type of environmental and social assessment required, including specific instruments/plans. Use of this form will allow the PIU to form an initial view of the potential risks and impacts of a subproject. ***It is not a substitute for project-specific E&S assessments or specific mitigation plans.***

A note on *Considerations and Tools for E&S Screening and Risk Rating* is included in this Annex to assist the process.

Subproject Name	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

Questions	Answer		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?			ESS1	ESIA/ESMP
Does the subproject involve additional land for expansion and/ or new construction of HCF/ laboratory through land acquisition or direct purchase and/or restrictions on land use?			ESS5	Not supported by the project. Alternative options to be explored.
Does the subproject involve additional land for expansion and/ or new construction of HCF/ laboratory through transfer from another government department			ESS5	ESIA/ ESMP, Follow government norms for transfer
Does the subproject require any informal/illegal occupants' removal in case of any expansion and/or new construction of HCF/ laboratory			ESS5	Not supported by the project; Alternative options to be explored
Does the subproject involve hiring of assets for quarantine, isolation or medical treatment purposes?			ESS1, ESS 10	ESIA/ ESMP

Questions	Answer		ESS relevance	Due diligence* / Actions
	Yes	no		
Does the subproject involve transportation of potentially infected specimens from healthcare facilities to testing laboratories			ESS3	ESMP
Does the subproject upgrade an existing BSL2 laboratory to BSL3 level and/or establish a new BSL3 lab?			ESS1, ESS3, ESS6, ESS10	ESIA/ESMP
Does the subproject use security personnel for guarding/protecting temporary or permamnent infrastructure assets and human resources			ESS1, ESS2	ESIA/ Stakeholder Consultations
Does the subproject set up a quarantine center and/or a BSL2/3 laboratory close to human habitation			ESS1, ESS3	ESIA/ESMP/ Stakeholder Consultations
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3	ESIA/ESMP
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ESIA/ESMP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?			ESS3	ESIA/ESMP
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			ESS2	ESIA/ESMP; and follow LMP for labor management
Does the sub projects involve any labour influx [9]?			ESS2	ESIA/ESMP; and follow LMP for labor management
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?			ESS2	ESIA/ESMP
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?			ESS2, ESS10	ESIA/ESMP; and follow LMP
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?			ESS3	ESIA/ESMP

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[9] Given the scale of operation in highly dispersed locations across the country to undertake any repair, renovation, upgradation and/or new construction, it does not attract any large labor influx.

Questions	Answer		ESS relevance	Due diligence* / Actions
	Yes	no		
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS4	ESIA/ESMP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP
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?			ESS7	ESIA/ESMP
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS4	ESIA/ESMP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			*OP7.60 Projects in Disputed Areas*	Governments concerned agree
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways[10]?			*OP7.50 Projects on International Waterways*	Notification (or exceptions)

* Due Diligence Measures: Given the potentially dispersed location of the subprojects, it is expected that the NHM-DPM/ CMHO at district level will conduct the screening with guidance from State level E&S officer and ensure that activities that are part of negative list are not financed or supported by the project including land acquisition, direct land purchase or land donation and/or any involuntary resettlement or removal of illegal/ informal settlers on the land. Any infrastructure expansion or construction will be supported only on HCF's/ laboratory's own land or on government land free from any encumbrances. This is verified by the E&S officer at the state level and further verified by E&S officials at MOHFW and World Bank on random basis.

Conclusions:

Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.

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[10]International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

Annex IV: India COVID-19 Project – Clauses for Inclusion in Civil Works Contracts

➢ Clauses already part of contract/bidding documents being used need not be duplicated.
➢ The primary/main contractor will be responsible for ensuring these, even if one or more sub-contractors are used for completing the civil works.
➢ The contractor to put in place measures to avoid or minimize the spread of the transmission of COVID-19 and/or any communicable diseases that may be associated with the influx of temporary or permanent contract-related labor.
➢ Any suspect case of COVID19 should be tested as per the national/state guidelines issued by the Health and Family Welfare Ministry/Departments and precautions/protocol to be followed for the infected worker and his/her co-workers.

1.	General Obligations of the Contractor
▪	To take all necessary precautions to maintain the health and safety of the Contractor's Personnel.
▪	To depute a health and safety officer at site, who will have the authority to issue directives for the purpose of maintaining the health and safety of all personnel authorized to enter and or work on the site and to take protective measures to prevent accidents, including spread of COVID19.
▪	To ensure, in collaboration with local health authorities, access to medical help, first aid and ambulance services are available for workers/labors, as and when needed.
2.	**Labor**
▪	No child labor and/or forced labor at construction site for all works.
▪	Equal pay/wage for men and women labors.
▪	Provide health and safety training/orientation on COVID19 to all workers and staff and other employees of the sub-contractor (tips on cough etiquette, hand hygiene and social distancing).
▪	Prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations, confirmed addresses of the labor and any underlying health conditions that increases the risk of severe infection, to facilitate tracking of workers in case of COVID-19 exposure.
▪	All laborers to be provided with photo ID cards for accessing the construction site.
▪	All laborers engaged at construction site to be provided with the required Personal Protection Equipment (PPE) – safety helmet and shoes, secured harness when working at heights, electrical gloves, eye protection for welding etc., without which entry to the construction site shall not be allowed.
▪	In relation to COVID19, masks, adequate hand washing/ sanitization, clean drinking water and sanitation facilities to be provided at construction site.
▪	All workers/labor to be regularly checked for symptoms before allowing entry to the work site.
▪	Paid leave to be mandatorily given if labor contacts COVID-19 and/or any other contagious disease while working at the construction site or in the labor camp.
▪	Steps necessary to prevent labor harassment, including sexual harassment, gender-based violence and any discrimination based on religious, political and/or sexual orientation.
3.	**Labor Camps (only when labor camps are established)**
▪	Contractor to provide hygienic living conditions and safe drinking water.
▪	Separate toilets for male and females and adequate hand washing/sanitization facilities.
▪	Small creche and/or play areas for children with helper, when labor is away at work.
▪	Fireproof wiring and good quality electricals to be used inside the camp.
▪	Cooking gas and/or electric/induction plate to be provided for each labor household.
▪	Monthly/weekly health check up to be organized at the camp for all labors/family.
▪	Organize awareness campaign for social distancing and general health and hygiene.
4.	**Involuntary Resettlement Related (Only When Relevant)**
▪	No forced eviction of any squatter and/or encroacher at the construction site.
▪	Such matter to be informed in writing to the concerned authorities and the World Bank for appropriate action as per the environment and social standard (ESS5).
5.	**Greenfield/New Constructions – Permits / Environment and Social Management Plan (ESMP)**
▪	No use of Asbestos or components/fixtures having asbestos.

- Comply with all applicable national/state permits.
- For greenfield projects involving construction of new buildings and/or adding new floors and/or constructing a new section/wing in an existing building (hospitals, laboratories, isolation wards and quarantine facilities), an ESMP to be prepared by the contractor, as per works specifications.

6.	**Construction Management in Upgrading of Existing Buildings**

- For all contracts involving upgrading of existing buildings (adding rooms, wards, halls, treatment and isolation areas, medication rooms, operation theaters, intensive care units, laboratories etc.), follow the Construction Management Framework prepared for the India COVID-19 Project and included in the project's Environmental and Social Management Framework (ESMF), along with following various guidelines issued by the Government of India, WHO best practices etc.
- Maintain a roster of workers/staff at work site indicating their health condition and symptoms and ensure screening procedures (non-physical temperature measurement) at work sites.
- Depute and assign monitoring and reporting responsibilities on environmental management, health and personnel safety.
- Preventing a worker from an affected area or who has been in contact with an infected person from returning to the site for 14 days or (if that is not possible) isolating such worker for 14 days.
- Place posters and signages at/around the site, with images and text in local languages relating to personal safety, hygiene and on COVID-19 symptoms and guidelines.
- 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.
- Segregate lunch hours at worksite of workers to maintain social distancing.
- Designated separate space for storing construction material.
- Securing the construction site with entry only for authorized personnel and disinfecting of the worksite to be undertaken at close of work every day or as may be required.
- Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., Biomedical Waste Rules-2018, WHO).

7.	**Grievance Redress Mechanism (GRM)**

- Contractor to establish and widely advertise (within labor camps and at construction site) a GRM. Workers to be informed of their rights for reporting a workplace condition that is not safe or healthy for them and poses imminent risk of contracting COVID-19 without any reprisal/penalty.
- GRM to have provisions for receiving, registering, following up and resolution system for any complaint/grievance received during the construction period.
- A complaints register will always be maintained at the site office and responsibilities allotted to a sufficiently senior official for complaint redress.
- Quarterly report on the grievances received at each of the subproject is submitted to the contracting authority
-

Annex V: Institutional Capacity Assessment Tool for Biomedical Waste Management and Infection Control at Healthcare Facility

Checklist 1: Assessment of healthcare facility capacity to manage biomedical waste

S. No	Questions/Description	Yes	No
1	Does the occupier has authority to set up its own treatment facility or having any other alternative option	Yes	No
2	Is the segregation of waste being done at the point of generation	Yes	No
3	Is Biomedical waste mixed with other waste	Yes	No
4	Are waste collection containers available	Yes	No
5	Are containers color coded as per the rule	Yes	
6	Does the waste marked for incineration have plastic waste mixed in it	Yes	No
7	Does the institution has system for waste classification	Yes	No
8	Are the containers in good condition	Yes	No
9	Is institution taking steps for Biomedical waste management as per the recommended method of treatment and disposal for the particular category	Yes	No
10	Is the used **COVID 19 test Kit** or biomedical waste of COVID 19 patients managed and buried/ incineration properly and separately	Yes	No
11	Is spill treatment kit available	Yes	No
12	Is institution has standard operating procedure for mercury spill management	Yes	No
13	Is liquid waste being treated with 1% sodium hypochlorite solution before discharge into sewers	Yes	No
14	Are needle destroyers available in sufficient number	Yes	No
15	Are needle destroyers in Good working condition	Yes	No
16	Is there proper storage and internal and external transport facility available	Yes	No
17	Are these facilities as per BMWM rules 1998	Yes	No
18	Do employees wear protective barrier (PPE) while on the job	Yes	No
19	Is there any incidence of occupational injury	Yes	No
20	Is the record of such injury with sufficient details available	Yes	No
21	Is daily record of generation of waste available as per the category	Yes	No
22	Is there any accessibility of unauthorized person to waste storage	Yes	No
23	Is separate facility for treated and untreated waste storage available	Yes	No
24	Is there any separate route for waste transport	Yes	No
25	Does the institution have recorded policy on the waste type, collection time and weighing of waste	Yes	No
26	Is medical record of waste handlers available	Yes	No
27	Is the vehicle which is carrying waste from institution to offsite authorized for such specialized work	Yes	No
28	Is the training manual for staff available	Yes	No
29	Is record of employees training available	Yes	No
30	Are colored plastic bags in good condition	Yes	No
31	Is waste generation aware of difference between soiled and unsoiled waste	Yes	No
32	Are Doctors, Nurses, Housekeeping staff and BMW handler and ambulance driver test/screen for COVID-19, if suspect any infection	Yes	No
33	Is any record of accidental transmission infection in Doctors & other staff during treatment of corona patients	Yes	No
34	Is record available of treatment for Doctor & other staff infected during the treatment of corona patients	Yes	No

Checklist 2: Assessment of Healthcare facility capacity to manage infection and prevention

S. No	Questions/ Description	Yes	No
1.	**Decontamination of instruments**		
a.	Is sterilizer available	Yes	No
b.	Is it in good working condition	Yes	No
c.	Are clean instruments stored in cupboards under lock	Yes	No
d.	Are instruments rust free	Yes	No
2.	**Handling of sharps**		
a.	Is puncture proof container available	Yes	No
b.	Are sharps pepping out of containers	Yes	No
c.	Are sharps lying outside containers	Yes	No
d.	Is there any recapping of needles/ syringes	Yes	No
e.	Is needle cutter available	Yes	No
f.	Is it in good working condition	Yes	No
3.	**Close of protective barrier**		
a.	Are protective barriers available	Yes	No
b.	Are they in good condition	Yes	No
c.	Are they of good quality	Yes	No
d.	Are they being used by staff having the risk of exposure	Yes	No
4	**Availability of Personal Protective Equipment (PPE)**		
a.	availability of appropriate personal protective equipment (PPE) for all personnel at the point-of-care to apply standard, contact and droplet precautions	Yes	No
b.	Is surgical Mask available for the patients	Yes	No
c.	Is the patients wearing mask in the hospital	Yes	No
d.	Is surgical cap available for covering the head of staff	Yes	No
e.	Is surgical gloves available as per the standard quality	Yes	No
f.	Is the FFP2/FFP3 Respirators (N95/N99 mask) available for Doctors, Paramedical staff and Nursing staffs involve in treatment of Corona patients	Yes	No
g.	Is the COVID -19 protective suit/gown available for Doctors and Nursing staff involve in treatment of Corona patients	Yes	No
h.	Is the COVID -19 protective suit /gown available for Housekeeping staff and ambulance driver involve in Corona patients treatment and transportation	Yes	No
i.	Is COVID-19 protective suit/ gown, as per the standard quality to protect from infection /transmission of disease	Yes	No
j.	Are the Doctor, Nurse, Housekeeping staff and ambulance drivers wearing mask	Yes	No
k.	Is the goggles adapted for clinical assessment of suspected COVID-19 case by Doctor and Nurses	Yes	No
l.	Is the use of heavy-duty gloves and boots considered for the BMW handler	Yes	No
5.	**Hand washing practices**		
a.	Is liquid soap and clean water available	Yes	No
b.	Is paper towel/ clean towel available	Yes	No
c.	Is staff aware of hand washing practices	Yes	No
d.	Are staff members washing their hands properly (more than 20 second)	Yes	No
e.	Are list of universal precautions available	Yes	No
f.	Is the poster of hand washing instruction pasted near facility	Yes	No
6.	**Hand Sanitizing practices**	Yes	No
a.	Is Hand sanitizers available	Yes	No
b.	Is the hand sanitizer with 60% Isopropyl alcohol based	Yes	No

c.	Are the Doctor, staff, Nurses and Patients using hand sanitizer regularly	Yes	No
d.	Are staff and patient taking care as the sanitizer highly flammable	Yes	No
e.	Is BMW handler using sanitizer regularly before and after the work	Yes	No
f.	Is the Housekeeping staff using sanitizer regularly before and after the work	Yes	No
g.	Is the ambulance driver using sanitizer regularly	Yes	No
7.	**Social distancing**		
a.	Is dedicated separate ward and isolation centre for COVID 19 patients	Yes	no
b.	Is the healthcare workers performing the first assessment without direct contact	Yes	No
c.	Is the patients following social distance while consult Doctor	Yes	No
d.	Is the social distance following during the treatment	Yes	No
e.	Is the distance between the patients and staff (3 - 6 ft)	Yes	No
f.	Is the social distance marked with some sign/ color/shape/symbol	Yes	No
g.	Are suspected cases of COVID-19 isolated, or at least separated from other patients	Yes	No
h.	Is dedicated toilet facilities available for COVID-19 patient	Yes	No
I	Non-essential contacts between suspected cases and other persons minimized	Yes	No
8.	**Waste management**		
a.	Is waste being managed as per rule	Yes	No
b.	Is there any contaminated waste littered around	Yes	No
c.	Are the container in good condition	Yes	No
d.	Does staff handle the waste with bare hands	Yes	No
e.	Are containers color coded as per rules	Yes	No
f.	Is the COVID 19 patient waste managed separately as the infection spreads through any objects also	Yes	No
g.	Are the isolation ward, separate hospital ward of COVID 19 patients being sanitized regularly	Yes	No
h.	Are the waste storage area, containers and vehicles being sanitized regularly	Yes	No

Annex VI: Biosafety Laboratories and required Mitigation Actions

As per the guidelines of the Ministry of Environment & Forests, India, various animal pathogens and plant pests are classified and defined in G.S.R. 1037(E) conferred by sections 6, 8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986) with a view to protect the environment, nature and health, in connection with the application of gene-technology and microorganisms. Therefore, relevant environmental safety and mitigation measures are required while setting up a biosafety level laboratory, particularly BSL2 and above.

Biosafety Level	Indicative Activities	Suggested Mitigation Measures
BSL1	Teaching and research laboratory involving *biological agents not known to cause disease* in immunocompetent adult humans and pose minimal potential hazard to laboratory personnel and environment	▪ Work can be performed on open-bench with good laboratory practices, aseptic techniques ▪ Proper waste disposal is required
BSL2	Involves working with agents that pose *moderate hazards* to personnel and the environment. Usually non-respiratory, non-lethal agents are handled in BSL-2 laboratory	▪ Restricted access and containment during certain processes (*i.e.* aerosols, large volumes, *etc.*) ▪ Use autoclaves and biological safety cabinets ▪ Use of good laboratory practices, safe waste disposal measures, and aseptic techniques are mandatory
BSL3	Applicable to clinical, diagnostic, teaching, research, or production facilities where work is performed with *agents that may cause serious or potentially lethal disease* through inhalation, to the personnel, and may contaminate the environment	▪ laboratory personnel receive specific training in handling pathogenic and potentially lethal agents ▪ Supervised by scientists competent in handling infectious agents and associated procedures ▪ All work is performed in biocontained environments using appropriate engineering controls ▪ Laboratory protocols should be developed to identify the areas where biosafety can be breached or compromised using existing standard operating procedures (SOP), administrative and personal protective equipment (PPE) control, or engineering control of existing laboratory ▪ unidirectional air flow using room pressure gradients of negative pressure, exhaust air being HEPA (high efficiency particulate air) filtered (capable of filtering 0.3-micron air-borne particles with an efficiency of 99.97%) and proper procedures for disposal of biomedical waste ▪ Personal decontamination procedures and provisions, including soaps, hand washing, showers should be available ▪ Protective clothing should be provided to laboratory personnel ▪ Solid biomedical waste generated from laboratories which includes gloves, soiled gauze pads, cotton, *etc.* should be soaked in 2.5 per cent solution of sodium hypochlorite and 0.25N NaOH for 16 h or more. Also if the laboratory has an autoclave facility, the biohazardous laboratory waste should be autoclaved at 121°C at 15 psi pressure for 20 min for complete decontamination; it can then be disposed off in

Biosafety Level	Indicative Activities	Suggested Mitigation Measures
		accordance with the State/local pollution control bodies requirements ▪ Toxic liquid effluents generated from the BSL-3 laboratories should be decontaminated with a 1:1 (v/v) mixture of 2.5 per cent sodium hypochlorite and 0.25N NaOH, mixed well and kept for 8 h. Also, if the laboratory has an autoclave facility, the liquid effluent can be autoclaved at 121°C at 15 psi pressure for 20 min through a specific liquid cycle in the autoclave. This decontaminated effluent can then be disposed off in accordance with the State/local pollution control bodies requirements. ▪ Equipment/Work surfaces must be cleaned. For most toxins and chemicals, 0.5 per cent sodium hypochlorite solution is an effective decontaminant. Additionally, one should read carefully the Material Safety Data Sheet (MSDS) for the appropriate decontaminant for a particular toxin/chemical used ▪ All the contaminated glasswares should be soaked in a mixture of 2.5 per cent sodium hypochlorite and 0.25N NaOH solution for 8 h. Alternatively, glasswares can also be soaked in 5 per cent sodium hypochlorite solution for 8 h
BSL4	Working with ***dangerous and exotic infectious agents that pose a high individual as well as environment risk of life-threatening disease***, aerosol transmission, or a related agent with unknown risk of transmission	▪ All BSL3 mitigation measures ▪ Laboratory personnel receive specific training in handling pathogenic and potentially lethal agents ▪ mandatorily work wearing positive pressure BSL-4 suits ▪ All laboratory wastes must follow strict disinfecting procedures using autoclaves and bioseals

For a detailed account of step-wise mitigation measures to be followed for BSL3 laboratory, refer to – Devendra T. Mourya, Pragya D. Yadav, Triparna Dutta Majumdar, Devendra S. Chauhan, and Vishwa Mohan Katoch. Establishment of Biosafety Level-3 (BSL-3) laboratory: Important criteria to consider while designing, constructing, commissioning & operating the facility in Indian setting. Indian J Med Res. 2014 Aug; 140(2): 171–183.

Annex VII: Labor Management Procedures

OVERVIEW OF LABOR USE ON THE PROJECT

Type of Workers

1.   The ESS2 (Labor and Working Conditions) categorizes workers into direct workers, contracted workers, community workers, and primary supply workers. However, only the two categories of workers are expected for this project i.e. Direct Workers and Contracted Workers.

2.   **Direct Workers**: The project will be implemented by the Ministry of Health and Family Welfare (MOHFW). The project will be managed by three entities within the MOHFW namely: The National Health Mission (NHM), the National Center for Disease Control (NCDC) and the Indian Council of Medical Research (ICMR). In addition, Ministry of Railway's will be involved in developing and providing railway coaches for quarantine and isolation facilities. The National Project Management Unit (NPMU) set up for the project will have about 12-14 officials as the core team at MOHFW and about 6 officials each at the three Technical Support Units (TSUs) for NHM, NCDC and ICMR.

3.   Direct workers will comprise project staff hired by MOHFW, civil servants and other government employees at various Ministries and Departments at National and at State level associated with COVID19 operations, health care workers (including Doctors, Nurses, Paramedics, Hygiene workers, Technicians, Auxiliary Nursing Midwifes (ANMs) etc) at the designated COVID19 facilities including at quarantine and isolation facilities across the country and those working in Railway Coaches which was converted as COVID Care Centres, State Government officials, Police personnel, and other officials/ workers associated with COVID19 operations including community health workers such as Multi-purpose health workers and Accredited Social Health Activist (ASHA) who also help support some of the contact tracing activities for COVID19. These employees are as per the employment norms set by the government and confirming to prevailing employment regulations and labor laws in India.

4.   **Contract Workers**: Site specific contract workers will be employed as deemed appropriate by contractors, sub-contractors, and other intermediaries under the project that may involve construction, expansion, rehabilitation and/or operation of healthcare facilities in response to COVID-19 amongst other activities. The contract workers are of two types: (a) contract staffs at the health facility which may include Doctors, Nurses, Paramedics, Hygiene workers, Technicians etc., and (b) contract workers for civil work.

5.   The contract worker for functioning of health care facility are generally a long term contract workers with periodic renewal of their employment terms and providing day-to-day services often because of increased patient load in particular hospital(s)/ health facility(ies) or to temporarily fill the vacant position till the time proper recruitment is conducted by the respective state government which may vary anywhere from one year to more than a decade in some cases. These workers also meet the necessary employment eligibility for the particular position that they are filling in absence of permanent employee. The civil work on the other hand is undertaken by the civil contractor/ sub-contractor for repair, refurbishing, upgrading and/or building new healthcare facilities and often employing small number of labor given the scale of operation expected under the project. The civil construction will be undertaken need based to enhance

services as necessary for COVID19 operation in particular area and will be dispersed at various locations across the country.

ASSESSMENT OF KEY POTENTIAL LABOR RISKS

6.   **Labor Risk associated with Health Care Workers**: The potential risk to the health care workers (both regular employee and contracted staff) is associated with treatment of COVID-19 patients. This risk to health care workers is largely related to risks of exposure to pathogen. The occupational health and safety issues related to shortage of PPE for health care and other workers in the COVID-19-related logistical supply chains, PPE not being appropriately used by the laboratory technicians and medical staff; and risk related to handling, transportation, and disposal of health care waste from hospitals and laboratories, COVID-19 screening posts and quarantine centers are the key risks.

7.   **Labor Risk associated with Contract workers for civil works:** For civil construction workers risk are again the occupational health and safety risks in dealing with construction activities and risk of exposure to pathogen given working in health facilities designated for COVID operations.

8.   Given the civil work related to repair, refurbishing, upgrading will require small number of labor employed locally, hence no labor influx is expected as the scale of civil work being small. However, in case of construction of new healthcare facilities which likely to be very few in numbers (if at all), and based on size of the facility, risk of labour influx does exist for such operations. The civil construction will be undertaken need based to enhance services as necessary for COVID19 operation in particular area and will be dispersed at various locations across the country.

BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

9.   The terms and conditions of employment/ engagement for the direct and contract workers is presented below.

Type of Worker	Terms and Condition
Direct Workers	The direct workers are governed by the employment terms and condition as defined by the Central/ State government under the Department of Personnel and Training. A detailed rules and regulations governing the employment is available at https://dopt.gov.in/ais-rules. The state specific rules generally follow the central services rules with some state specific amendments. They are guided by the occupational health and safety norms set for all employees and further guidance by MOHFW in adhering to COVID situation. The employment code, wages, working hours, overtime, leave and benefits, disputes and grievances are all governed by the above rules.
Contract staffs at Health Facilities (include Doctors, Nurses, Paramedics, Hygiene workers, Technicians etc.)	The contract staffs are governed by the terms set out in their contractual appointment for their employment. These contracts are regulated by The Indian Contract Act 1872 and its Amendments (last updated in December 2018) and provisions of Payment of Wages Act, 1936; Minimum Wages Act, 2020; Employer's Liability Act, 1938; the Workmen Compensation Act,1923 and The Employees' Compensation (Amendment) Act, 2017; Industrial Disputes Act, 1947; Maternity Benefit Act, 2017 and other relevant Acts. In case of contract staffs at the health facilities, employment code, wages, working hours, overtime, leave and benefits, disputes and grievances are all governed by the

	contractual obligations as set out in the contracts. However, the contractual staffs at the health facilities are also guided by the same occupational health and safety norms as set for all employees and further guidance by MOHFW in adhering to COVID situation.
Contract workers for civil work	Labour and employment laws are listed under the Concurrent List in the Constitution. There are hundreds of legislations relating to labour and employment in India, including around 50 legislations enacted by the Union Parliament. Most of these legislations concern blue-collar employees or workmen, owing to the historical emphasis on improving working conditions for these employees. However, the key legislation governing the contract worker for civil work is 'The Building and Other Constructions Workers (Regulation of Employment and Conditions of Service) Act, 1996' and 'The Building and Other Construction Workers (Regulation of Employment and Condition of Services) Central Rules, 1998'. This is a social welfare legislation that aims to benefit workers engaged in building and construction activities across the country and regulates the employment and conditions of service of building and other construction workers and to provide for their safety, health and welfare measures and for other matters connected therewith or incidental thereto. In addition, Annex IV of this document also mentions that clauses for inclusion in Civil Works Contracts.

BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

10.   As mentioned earlier in section 2 and further , the occupational health and safety risks is one of the main labor risks under the project. The key occupational health and safety guidelines specific to dealing with COVID19 pandemic issued by the MOHFW in line with guidance form WHO, CDC and other international best practices guidance and learning includes:

i.   Advisory on Social Distancing – March 2020 – MOHFW
ii.   Standard Operating Procedure (SOP) for transporting a suspect/confirmed case of COVID-19
iii.   Revised National Clinical Management Guidelines for COVID-19
iv.   Guidelines for handling, treatment and disposal of waste generated during treatment, diagnostics and quarantine of COVID19 patients – March 2020 and April 2020 – Central Pollution Control Board
v.   COVID19 Guidelines on Dead Body Management – March 15, 2020 – Director General of Health Services (DGHS), MOHFW (EMR Divisions)
vi.   Office Memorandum on Preventive Measures to be taken to contain the spread of Novel Coronavirus (COVID19) – March 16, 2020 – Department of Personnel and Training), Ministry of Personnel, Public Grievances and Pensions
vii.   Guidelines for Quarantine facilities COVID-19
viii.   Ordinance to protect healthcare workers form abuse and assault
ix.   Guidelines on preventive measures to contain spread of COVID-19 in workplace settings
x.   Advisory for managing Health care workers working in COVID and Non-COVID areas of the Hospital
xi.   Guidelines for Dental Professionals in Covid-19 pandemic situation
xii.   Video on use of PPE in different areas of the hospital
xiii.   Guidelines on rational use of Personal Protective Equipment

xiv.   Updated Additional guidelines on rational use of Personal Protective Equipment (setting approach for Health functionaries working in non-COVID areas)

 xv.   SOP for allocation of Residents/PG Students and Nursing Students as part of hospital management of COVID-19

xvi.   Advisory for Exemption to mark biometric attendance in AEBAS

RESPONSIBLE STAFF

11.   The overall responsibility of LMP implementation rests with the NPMU at MOHFW. The Social Development Specialist at the NPMU will oversee the LMP implementation including coordinating with the three TSUs, Department of Personnel and Training at national level and/or respective states for addressing any issues, and report to Team Leader for necessary guidance. At the State level the E&S Nodal Officers will oversee the LMP implementation and report to NPMU.

12.   The Social Development Specialist at the NPMU and the E&S Nodal Officer at state level will be responsible for the following:

- Implement this labor management procedure
- Ensure that civil works contractors comply with these labor management procedures, and also adhere to occupational health and safety measures
- Ensure the contracts with the contractors are developed in line with the provisions of this LMP and the project's ESMF
- Monitor to verify that contractors are meeting labour and OHS obligations toward contracted and subcontracted workers
- Monitor contractors and subcontractors implementation of labor management procedures.
- Monitor compliance with occupational health and safety standards at all health care facilities and all workplaces
- Monitor and implement training on LMP and OHS for project workers.
- Ensure that the grievance redress mechanism for the project is established and implemented and workers are informed of its purpose and how to use it.
- Have a system for regular monitoring and reporting on labor and occupational health and safety performance
- Monitor implementation of the Worker Code of Conduct

13.   The Contractors will be responsible for the following:

- To obey requirements of the national and state legislation and this labor management procedure;
- Maintain records of recruitment and employment process of contracted workers;
- Communicate clearly job description and employment conditions to contracted workers;
- Have a system for regular review and reporting on labor, and occupational safety and health performance.

14.   In addition, the Project Implementation Manual (PIM) and ESMF includes the standard clauses for inclusion in civil works contracts and includes LMP, OHS aspects, and the contractor's role and obligations towards them. This includes (but not limited to):

- The general obligations of the contractor with respect to maintaining the health and safety of the workers
- Ensuring no child labor and/or forced labor at the construction site for any works
- Equal pay/wage for men and women labors
- Providing health and safety training/orientation on COVID19 to all workers and staffs
- All laborers engaged at construction site to be provided with the required Personal Protection Equipment (PPE)
- In relation to COVID19, masks, adequate hand washing/ sanitization, clean drinking water and sanitation facilities to be provided at construction site
- Adherence to MOHFW advisories and all workers/labor to be regularly checked for symptoms before allowing entry to the work site. Paid leave to be mandatorily given if labor contacts COVID-19 and/or any other contagious disease while working at the construction site or in the labor camp
- Steps necessary to prevent labor harassment, including sexual harassment, gender-based violence and any discrimination based on religious, political and/or sexual orientation
- Basic facilities at labor camps (in case any labor camp is setup)
- Establishing Grievance Redress Mechanism (GRM) with GRM having provisions for receiving, registering, following up and resolution system for any complaint/grievance received during the construction period. And, ensuring workers awareness about GRM.

POLICIES AND PROCEDURES

Policy and Procedure for Direct Workers

15.   For proper functioning of health facilities, MOHFW has issued various guidance and procedures to be followed across the country by the health care workers since March 2020 in line with WHO, CDC, and international best practices. These includes guidance on Social Distancing; SOP for transporting a suspect/confirmed case of COVID-19; Guidelines on Clinical Management for COVID-19; Guidelines for handling, treatment and disposal of waste generated during treatment, diagnostics and quarantine of COVID19 patients; Guidelines on Dead Body Management; Preventive Measures to contain the spread of Coronavirus; Ordinance to protect healthcare workers form abuse and assault; Guidelines on preventive measures to contain spread of COVID-19 in workplace settings; Advisory for managing Health care workers working in COVID and Non-COVID areas of the Hospital; and Guidelines on rational use of Personal Protective Equipment (PPE) etc.

16.   In addition, some of the key procedure emphasized in this LMP is ensuring
   (a) Sufficient PPE kits for health facility staffs
   (b) Parity with respect to usage of PPE among all workers irrespective of being regular or contracted;
   (c) Early pay out of INR 50 Lakh per health worker (both regular and contractual) fighting COVID-19 under Insurance Scheme announced by the Government;
   (d) Health and hygiene training and orientation for all;
   (e) Safety of women from any sexual exploitation and abuse (SEA) and sexual harassment (SH) and mechanism to access redressal services such as services provided by One Stop Centre (OSC) among others (see Annex-IX).

Policy and Procedure for Contract Workers for Civil Work

17.   The key procedure at the construction site includes as follows:

    (i)   Equal pay/wage for men and women labors.

    (ii)   No child labor and/or forced labor at construction site for all works

    (iii)   Prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations, confirmed addresses of the labor and any underlying health conditions that increases the risk of severe infection, to facilitate tracking of workers in case of COVID-19 exposure.

    (iv)   Provide health and safety training/orientation on COVID19 to all workers and staff and other employees of the sub-contractor (tips on cough etiquette, hand hygiene and social distancing).

    (v)   Place posters and signages at/around the site, with images and text in local languages relating to personal safety, hygiene and on COVID-19 symptoms and guidelines.

    (vi)   All laborers to be provided with photo ID cards for accessing the construction site.

    (vii)   All laborers engaged at construction site to be provided with the required Personal Protection Equipment (PPE) – safety helmet and shoes, secured harness when working at heights, electrical gloves, eye protection for welding etc., without which entry to the construction site shall not be allowed.

    (viii)   In relation to COVID19, masks, adequate hand washing/ sanitization, clean drinking water and sanitation facilities to be provided at construction site.

    (ix)   Limiting the number of workers on site at any one time

    (x)   Adequate hand washing and sanitization facilities provided during construction

    (xi)   Health and hygiene training and orientation for all;

    (xii)   Consider ways to minimize/control movement in and out of construction areas/site

    (xiii)   All workers/labor to be regularly checked for symptoms before allowing entry to the work site.

    (xiv)   Maintain a roster of workers/staff at work site indicating their health condition and symptoms and ensure screening procedures (non-physical temperature measurement) at work sites.

    (xv)   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

    (xvi)   Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures.

    (xvii)   Segregate lunch hours at worksite of workers to maintain social distancing.

    (xviii) Securing the construction site with entry only for authorized personnel and disinfecting of the worksite to be undertaken at close of work every day or as may be required.

    (xix)   Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering

    (xx)   Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell

    (xxi)   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

    (xxii)   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

    (xxiii) Paid leave to be mandatorily given if labor contacts COVID-19 and/or any other contagious disease while working at the construction site or in the labor camp.

(xxiv) 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

(xxv) Steps necessary to prevent labor harassment, including sexual harassment, gender-based violence and any discrimination based on religious, political and/or sexual orientation.

(xxvi) Depute and assign monitoring and reporting responsibilities on environmental management, health and personnel safety.

18.   The key procedure to be followed at the labor camp (if setup):
- Contractor to provide hygienic living conditions and safe drinking water.
- Separate toilets for male and females and adequate hand washing/sanitization facilities.
- Small creche and/or play areas for children with helper, when labor is away at work.
- Fireproof wiring and good quality electricals to be used inside the camp.
- Cooking gas and/or electric/induction plate to be provided for each labor household.
- Monthly/weekly health check up to be organized at the camp for all labors/family.
- Organize awareness campaign for social distancing and general health and hygiene
- Limit labor dormitory occupancy to ensure social distancing norms
- Labor camps to be cleaned and disinfected on daily basis
- Adequate hand washing and sanitization facilities provided in common areas
- Social gathering to be restricted and recommended protocols for health hygiene to be maintained
- Place posters and signages at/around the site, with images and text in local languages relating to personal safety, hygiene and on COVID-19 symptoms and guidelines.
- Providing cleaning staff with adequate cleaning equipment, materials and disinfectant
- Contractor shall include security measures to be provided at the camps which may include fencing, locks, alarms, pass card systems, badge and pass system, access points, safe transport of personnel as appropriate.
- In addition, Health advisories of MOHFW and State Government to be followed

AGE OF EMPLOYMENT

19.   In accordance with the Constitution of India, no child below the age of fourteen years shall be employed to work in any factory or mine or engaged in any other hazardous employment. Employment of child under 14 years of age is strictly prohibited in any establishment. Adolescents between the age of 14 – 18 years cannot be employed in any hazardous occupation as per the Child Labour (Prohibition and Regulation) Amendment Act, 2016. Given the nature of occupation in health care settings and risk to infections, the minimum age of employment is 18 years.

20.   Contractors will be required to verify and identify the age of all workers. This will require workers to provide official documentation, which could include a birth certificate, ratio card, Aadhar card and other national identification cards, passport, or medical or school record. If a minor under the minimum labour eligible age is discovered working on the project, measures will be taken to immediately terminate the employment or engagement of the minor in a responsible manner, taking into account the best interest of the minor.

TERMS AND CONDITIONS OF EMPLOYMENT

21.   The terms of employment of the direct project workers of regular category is governed by the All India Service rules or the State specific service rules, the terms of employment of the contractual staffs at the health facilities is governed by their terms of contract as mentioned in Section 2 and in all cases the principles of non-discrimination and equal opportunity apply.

22.   The terms of employment of the contract workers for civil work is also based on the terms of contract and governed by the larger policies laid down by the government specifically 'The Building and Other Constructions Workers (Regulation of Employment and Conditions of Service) Act, 1996' and 'The Building and Other Construction Workers (Regulation of Employment and Condition of Services) Central Rules, 1998'. The act specifies that no worker employed in building or construction work shall be required or allowed to work for more than nine hours a day or forty-eight hours a week. Over that s/he shall, in respect of overtime work, be entitled to wages at double the ordinary rate of wages.

GRIEVANCE MECHANISM FOR LABOR ENGAGED IN CONSTRUCTION WORK

23.   The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Construction Site Specific Grievance Mechanism to be setup by the contractor/ sub-contractor. It shall include site specific Grievance Focal Point (GFP) assigned by the Contractor who will file the grievances and appeals of contracted workers and will be responsible to facilitate addressing them. If the issue cannot be resolved at contractor's level within 7 working days, then it will be escalated to HCF Management and then to CMO at district level and finally to the contract issuing authority. Worker can also register grievances using the GRM system setup by MOHFW and State Health Department.

24.   The GEPGFP will register the grievances in a formal manner in register or in electronic format to be easily tracked for its resolution. The GRM will include the process of screening, investigation, resolution of grievances, documentation, and reporting of grievances as the steps mentioned below.

> *Step 0*: Raising and registering the grievances using various mechanism including through written or verbal complaints and registered in grievance logbook at the construction site at healthcare facility; or using the MOHFW mechanism as mentioned in Section 9.
> *Step 1*: Grievance raised is screened by the GFP and based on its severity/ jurisdiction forwarded to respective contractor/ sub-contractor for redressing
> *Step 2*: Grievance discussed at the GFP/ respective contractor/ sub-contractor level, and addressed
> *Step 3*: If not addressed in stipulated period it is escalated to next level at HCF Management, and then to CMO and finally to contract issuing authority
> *Step 4*: Once addressed, feedback is given/ sent to the complainant
> *Step 5*: If not satisfied, appeal to the other public authorities

25.   Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

26.   Quarterly report on the grievances received at each of the subproject is submitted to the contracting authority at the state level and a compiled summary of the same by the State E&S Nodal Officer to NPMU on quarterly basis.

CONTRACTOR MANAGEMENT OF CIVIL WORKS

27.   While the appropriate contact issuing authority will oversee the implementation of contract as per the terms and clauses mentioned in the contract. The E&S Nodal Officer at the state level in association with NHM District Program Manager (DPM)/ Chief Medical and Health Officer (CMO) at district level will manage and monitor the E&S performance of contractors in relation to contracted workers, focusing on compliance by contractors with their contractual agreements (obligations, representations, and warranties) and labor management procedures. This may include periodic audits, inspections, and/or spot checks of the sub-project locations and work sites as well as of labor management records and reports compiled by the contractors.

28.   Contractors' labor management records and reports that may be reviewed would include representative samples of employment contracts or arrangements between third parties and contracted workers, records relating to grievances received and their resolution, reports relating to safety inspections, including fatalities and incidents and implementation of corrective actions, records relating to incidents of non-compliance with national law and the labor management procedures, and records of training provided for contracted workers to explain occupational health and safety risks and preventive measures.

Annex VIII: Resource List: COVID-19 Guidance

Given the COVID-19 situation is rapidly evolving, a version of this resource list will be regularly updated and made available on the World Bank COVID-19 operations intranet page (http://covidoperations/).

WHO Guidance

Advice for the public

- WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

Technical guidance

- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected, issued on March 19, 2020
- Recommendations to Member States to Improve Hygiene Practices, issued on April 1, 2020
- Severe Acute Respiratory Infections Treatment Center, issued on March 28, 2020
- Infection prevention and control at health care facilities (with a focus on settings with limited resources), issued in 2018
- Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19), issued on March 18, 2020
- Laboratory Biosafety Manual, 3rd edition, issued in 2014
- Laboratory testing for COVID-19, including specimen collection and shipment, issued on March 19, 2020
- Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios, issued on March 21, 2020
- Infection Prevention and Control for the safe management of a dead body in the context of COVID-19, issued on March 24, 2020
- Key considerations for repatriation and quarantine of travelers in relation to the outbreak COVID-19, issued on February 11, 2020
- Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings, issued on April 17, 2020
- Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, issued on March 18, 2020
- Oxygen sources and distribution for COVID-19 treatment centers, issued on April 4, 2020
- Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response, issued on March 16, 2020
- Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), issued on March 19, 2020
- Operational considerations for case management of COVID-19 in health facility and community, issued on March 19, 2020
- Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19), issued on February 27, 2020
- Getting your workplace ready for COVID-19, issued on March 19, 2020
- Water, sanitation, hygiene and waste management for COVID-19, issued on March 19, 2020
- Safe management of wastes from health-care activities, issued in 2014
- Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (COVID-19) outbreak, issued on March 19, 2020

- [Disability Considerations during the COVID-19 outbreak](#), issued on March 26, 2020

WORLD BANK GROUP GUIDANCE

- [Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings](#), issued on March 20, 2020
- [Technical Note: Use of Military Forces to Assist in COVID-19 Operations](#), issued on March 25, 2020
- [ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects](#), issued on April 7, 2020
- [Technical Note on SEA/H for HNP COVID Response Operations,](#) issued in March 2020
- [Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace](#), issued on April 6, 2020
- [Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19](#), issued on April 6, 2020
- [IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic](#), issued on April 6, 2020
- [WBG EHS Guidelines for Healthcare Facilities](#), issued on April 30, 2007

ILO GUIDANCE

- [ILO Standards and COVID-19 FAQ](#), issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19)

MFI GUIDANCE

- [ADB Managing Infectious Medical Waste during the COVID-19 Pandemic](#)
- [IDB InvestGuidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework](#)
- [KfW DEG COVID-19 Guidance for employers](#), issued on March 31, 2020
- [CDC Group COVID-19 Guidance for Employers](#), issued on March 23, 2020

MOHFEW, GoI's GUIDANCE

India has also issued several national policies and guidelines specific to COVID-19 pandemic. Since the outbreak of COVID19, India has proactively taken several measures for containing the disease which are in line with guidance form WHO, CDC and other international best practices guidance and learning. While many of these policies are evolving based on the COVID19 pandemic situation in India, some of the guidance relevant to environmental and social measures are as below:

 i. Advisory on Social Distancing – March 2020 – MOHFW
 ii. Advisory on Mass Gatherings – March 2020 – MOHFW
 iii. Guidelines for home quarantine – March 2020 – MOHFW

iv. Guidelines for handling, treatment and disposal of waste generated during treatment, diagnostics and quarantine of COVID19 patients – March 2020 and April 2020 – Central Pollution Control Board

v. Strategy of COVID19 Testing in India – March 17, 2020, from Indian Council of Medical Research

vi. Standard Operating Procedures for Passenger Movement Post Disembarkation (including SOP for Quarantine) – March 2020 – MOHFW

vii. Guidelines for Notifying COVID19 Affected Persons by Private Institutions – March 2020 – MOHFW

viii. Gazette Notification – Essential Commodities Order 2020 – with regards to masks and hand sanitizers

ix. National Pharmaceutical Pricing Authority (NPPA) Order regarding Masks, Hand Sanitizers and Gloves

x. COVID19 Guidelines on Dead Body Management – March 15, 2020 – Director General of Health Services (DGHS), MOHFW (EMR Divisions)

xi. Office Memorandum on Preventive Measures to be taken to contain the spread of Novel Coronavirus (COVID19) – March 16, 2020 – Department of Personnel and Training), Ministry of Personnel, Public Grievances and Pensions

xii. Guidance document on appropriate management of suspect/confirmed cases of COVID-19 - Types of Covid-19 dedicated facilities

xiii. Guidelines for Quarantine facilities COVID-19

xiv. Guidance for COVID-19 & Pregnancy & Labour Management

xv. Guidance document on appropriate management of suspect/confirmed cases of COVID-19 - Types of Covid-19 dedicated facilities

xvi. Advisory issued by Ministry of Rural Development to the State Rural Livelihoods Missions on actions to be taken to address the COVID 19 outbreak

xvii. Norms of assistance from State Disaster Response Fund (SDRF) in wake of COVID-19 outbreak

xviii. Containment Plan for Large Outbreaks of COVID-19

xix. Model Micro plan for containment of local transmission of COVID19

xx. Advisory for quarantine of migrant workers

xxi. Various mass awareness generation activities and guidance

xxii. Various audiovisuals and print material on Psycho-Social support along with setting up toll free helpline-08046110007

xxiii. Ordinance to protect healthcare workers form abuse and assault

xxiv. Guidelines on preventive measures to contain spread of COVID-19 in workplace settings

xxv. Advisory for managing Health care workers working in COVID and Non-COVID areas of the Hospital

xxvi. Guidance note for Immunization services during and post COVID outbreak

Annex IX: GBV, Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) Guidance

Given the COVID19 situation where government has been setting up a large number of quarantine facilities for medical isolation of individuals along with isolation units. It poses the risk of gender based violence (GBV), sexual exploitation and abuse (SEA) and sexual harassment (SH), and hence the following mitigation measures to address SEA/ SH risks are put in place. Most of these mitigation measures are already mandated by the Government of India for application across the country and covering all states and UTs and all Ministries and Departments including MOHFW. The key measures include:

1. **Sensitization of Health care staffs** on preventing GBV, SEA/ SH.

2. **Orienting health care staffs mainly doctors, nurses, and para medics** and using 'Guidelines and Protocols for Medico-legal care for survivors/victims of sexual violence' by MOHFW (https://main.mohfw.gov.in/sites/default/files/953522324.pdf) illustrating the need to play the dual role of responding to the survivors of sexual assault, by providing required medical treatment and psychological support, and at the same time assist survivors in their medico-legal proceedings by collecting evidence and ensuring a good quality documentation.

3. **Setting up gender-sensitive infrastructure** such as segregated toilets for men and women; and well-lit quarantine and isolation centers, with adequate human resource deployment and security measures.

4. **Implementation of measures as mandated by Government of India as provided under 'The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (also known as POSH Act)** by establishing 'Internal Complaints Committee (ICC)' at health facility level (as applicable) and setting up of a 'Local Complaints Committee (LCC)' at the district level to investigate complaints regarding sexual harassment at workplace.

5. **Building linkages to services addressing the larger need of the victim of GBV, SEA/SH** such as One-stop center initiatives by Ministry of women and Child Development's (MoWCD) for establishing integrated response services to victim of GBV in each district, where it is operational or National or State Commission for Women, or civil society organizations working on GBV.

6. **Monitoring GBV, SEA/ SH cases** in project facilities by the State E&S nodal officers and reporting to NPMU at MOHFW in a periodic manner i.e. six monthly/ annual.

The key measures applicable at the facility level and at subprojects will include as below.

Sl. No.	Facilities/ Subproject sites	Key Measures Applicable	Responsibility
1	Designated Health Facility including designated Railway hospitals for treatment of COVID patients	a. Ensuring establishment of ICC as mandated by GoI under POSH Act b. Sensitization of Health care staffs on GBV, SEA/ SH c. Orienting health care staffs on Protocols for Medico-legal care for survivors/ victims of sexual violence by MOHFW d. Building linkages to services addressing the needs of the victim of GBV, SEA/SH	State E&S Nodal officer from NHM with the help of DPM/ CMHO at districts; MoR E&S Nodal officer
2	Designated quarantine/ Isolation centers including isolation/ quarantine coaches by MoR for COVID patients	a. Setting up gender-sensitive infrastructure b. Sensitization of Health care staffs on GBV, SEA/ SH	State E&S Nodal officer from NHM with the help of DPM/ CMHO at districts; MoR E&S Nodal officer

Sl. No.	Facilities/ Subproject sites	Key Measures Applicable	Responsibility
		c. Orienting health care staffs on Protocols for Medico-legal care for survivors/ victims of sexual violence by MOHFW d. Building linkages to services addressing the needs of the victim of GBV, SEA/SH	
3	Subprojects/ construction sites for expansion or new construction of hospitals/ laboratories	a. The contract clauses as mentioned in Annex-IV details out instituting measures for GBV, SEA/ SH. b. Setting up gender-sensitive infrastructure for laborers especially where labor camp is set-up c. Sensitization of contractor's key staffs on prevention of GBV, SEA/ SH	Contractor; with supervision from DPM/ CMHO