



Lao People's Democratic Republic

Peace Independence Democracy Unity Prosperity

Ministry of Health

Department of Planning and Corporation

Lao PDR COVID-19 Response Project (P173817)

**ENVIRONMENTAL and SOCIAL
MANAGEMENT FRAMEWORK (ESMF)**

Final

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Section 1. Background

1. Lao PDR is a land-locked lower-middle-income country that shares borders with countries affected with outbreaks of COVID-19, such as Thailand, Vietnam, Cambodia, Myanmar and especially China. The majority of its population of 7.1 million live in rural and remote areas with challenges in communications, transport, and service provision. According to the latest survey results, 18.3 percent of the total population are living below poverty¹. The global COVID-19 outbreak will have a significant negative impact on Lao PDR's economy, which already suffers from structural vulnerabilities. Most Lao businesses are small and medium-sized enterprises, which are especially vulnerable to economic disruptions. Given the current outbreak worldwide of the COVID-19 pandemic, the returning Laos migrant workers and students from other countries, including highly effected neighboring countries such as Thailand, China, and Europe, there is increased vulnerability to the already weak healthcare system in Lao PDR. During the preparation of this Environmental and Social Management Framework (ESMF), there were 19 confirmed cases of people with COVID-19 in Lao PDR.
2. The World Bank Group (WBG) has created a dedicated, COVID-19 Fast Track facility to help developing countries address emergency response of the outbreak. The Government of Laos (GOL) has requested USD 18 million from this facility to combat the COVID-19 pandemic in Lao PDR. The Project is part of the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA)² which was approved by WB Board on 17 March 2020.
3. This document is developed to support the environment and social due diligence for activities financed under the Lao PDR COVID-19 Response Project (LCRP or the Project) being financed by the World Bank (WB) (P173817). The Project was approved by WB Board on 06 April 2020 and is effective on 07 April 2020. The GOL through the Ministry of Health (MOH) is implementing the Project in close coordination and cooperation with the Prime Minister Office (PMO), the Ministry of Finance (MOF), Ministry of Planning and Investment (MPI), and provincial authorities especially the Provincial Health Offices (PHO), District Health Offices (DHO), and Health Centers (HC).
4. The WB's Environment and Social Framework (ESF) has been applied to the Project. Of the ten Environment and Social Standards (ESSs)³ six standards are found to be relevant to the Project (ESS1, ESS2, ESS3, ESS4, ESS7, and ESS10). As part of the Environment and Social Commitment Plan (ESCP) of the Project, MOH through its Department of Planning and Coordination (DPC) committed to prepare an ESMF as well as update the draft Stakeholder Engagement Plan (SEP) within 30 days after Project effectiveness. This ESMF is thus prepared in compliance with the ESCP requirement to provide guidance and principle to identify Environmental and Social risks and mitigation measures.

¹ The poverty rate from the latest Lao Consumption and Expenditure Survey has yet to be made publicly available.

² This Project is part of the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) with a financing envelop of \$US2.7 billion IBRD and \$1.3 billion from IDA Crisis Response Window approved by the Board on March 17, 2020. The MPA Program development objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

³ The ESF ten ESSs 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), ESS5 (Land Acquisition, Restrictions on Land Use and Involuntary Resettlement), ESS6 (Biodiversity Conservation and Sustainable Management of Living Natural Resources), ESS7 (Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities), ESS8 (Cultural Heritage), ESS9 (Financial Intermediaries), and ESS10 (Stakeholder Engagement and Information Disclosure).

5. Main objectives of the ESMF is to guide the MOH identify possible environment and social (E&S) risks and develop and implement mitigation measures during project implementation, including the relevant subproject-specific plans that would be developed in compliance with the WB's ESS. Specifically, the ESMF aims to: (a) assess the potential E&S risks and impacts induce from proposed Project activities (both positive or negative), and propose mitigation measures which will effectively address these risks/impacts; (b) establish clear procedures for the E&S planning, review, approval, implementation, and monitoring and reporting of activities/subprojects, technical assistance, and other activities to be financed under the Project; (c) describe specific mechanisms for public consultation and disclosure of E&S documents as well as redress of possible grievances; and (d) specify roles and responsibilities of agencies responsible for implementation of the proposed E&S measures including identification of priority training, capacity building, technical assistance, and the ESMF budget.
6. Scope of the ESMF includes an E&S screening to determine eligibility and activities/subprojects with E&S risks and identify potential E&S issues and subproject-specific instruments (plans) to be prepared and submitted to WB for clearance and/or to GOL approval as needed. The ESMF also provides guidance for preparation of an Environment and Social Management Plan (ESMP) focusing on mitigating the risks due to infectious and hazardous wastes through the application of the infectious control and waste management as well as infection prevention in line with the recent guidelines provided by the WBG in response to COVID-19. Due consideration has also been given to ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project. This ESMF is connected to the SEP, the ESCP, and other specific plans to be prepared during implementation of the Project. This ESMF will be applied to all activities (works, goods, and services including technical assistance and research activities) to be financed by the Project and/or its subprojects.
7. Section 2 provides project description while Sections 3 and 4 respectively present policy and legal and institutional setting and E&S background relevant to the Project. Section 5 describes the potential risks and impacts of Project activities/subproject and proposed mitigation and management measures while Section 6 provides procedures on infection control and waste management plan (ICWMP), infection prevention and control protocol (IPCP), environment code of practice (ECOP) and social code of conduct on gender-based violence and violence against children (COC on GBV and VAC), and labor management procedure (LMP), with more details are provided in annexes. Sections 7 and 8 provide guidance on consultation, disclosure, and stakeholder engagement including Grievance Redress Mechanism (GRM) and on implementation arrangement and capacity building, respectively. More details are provided in annexes.

Section 2. Project Description

8. The Project development objective is *to respond to the COVID-19 outbreak and strengthen national systems for public health emergency in Lao PDR*. It has been designed to support preparedness and emergency response activities to address immediate gaps for COVID-19 response in Lao PDR as well as to strengthen response capacity of the health system and Project Components are described below. The specific set of responses and/or mitigation actions required at any given stage will depend on the extent of geographic spread of COVID-19 within the country and GOL policy, priority, and actions to address them.
9. *Component 1. Emergency COVID-19 Response [US\$12.83 million]*: This component supports preparedness and emergency response activities to address immediate gaps for COVID-19 response in Lao PDR, focusing on the following areas: (i) response coordination; (ii) infection prevention and control; (iii) case detection, confirmation, and contact tracing; (iv) case management; and (v) risk communication and community engagement. Goods, works and services to be financed by this component include: (i) Personal Protective Equipment (PPE), (ii) medical equipment, (iii)

laboratory equipment and consumables, (iv) minor civil works, supplies and other commodities for infection prevention and control including improvements in safe water and sanitation and in medical waste management and disposal systems, and (v) establishment of hotlines to reach communities on COVID-19 information and respond to enquiries from the public and health care providers. In addition, this component also finances operating cost including per diem, transportation and accommodation for medical and non-medical personnel for intensified case detection, confirmation and contact tracing, food and basic supplies for quarantined populations as well as cost of contractual staff and overtime payment for existing health workers to respond to a surge in demand for services. Enhanced capacity for case detection, confirmation and contact tracing as well as home-care support is supported through training of health workers and surveillance workers and better reporting by frontline health workers through existing information system. The component also allows for flexibility to allocate resources to purchase essential pharmaceutical (medicines and vaccines) to fill in gaps in supplies of essential medicines and goods to ensure continuity of essential health service delivery.

10. *Component 2. Strengthening System for Emergency Response [US\$3.67 million]:* This component strengthens the capacity of the health system to respond to public health emergencies by supporting clinical response, laboratory, isolation and case management capacity of health facilities at central and provincial levels, including supporting medical supplies, furniture, virtual conference facilities and network installation to manage COVID-19 cases. The activities include minor civil works and retrofitting of isolation rooms and treatment centers in the existing health facilities. Also, this component strengthens clinical care capacity through the development and training of medical lab technicians on molecular diagnostics and health personnel on treatment guidelines and hospital infection control interventions. The component also strengthens the national health information system for enhanced surveillance capacity by rolling out a District Health Information System version 2.00 (DHIS2) module for COVID-19 surveillance at central and provincial levels and finances the hardware and capacity building of health personnel for the use of DHIS2 module for COVID-19 surveillance as well as the operating cost related to these activities.
11. *Component 3. Project Management and Monitoring and Evaluation [US\$1.5 million]:* This component finances activities related to project management and monitoring, including the project management unit, and project monitoring and evaluation. Key activities include: (i) recruitment of project management unit and technical consultants; (ii) support for procurement, financial management, environmental and social sustainability, monitoring and evaluation, and reporting; and (iii) operating expenses. The monitoring and evaluation will be implemented in coordination with technical departments responsible for implementing activities using the agreed monitoring and evaluation tools. Collection, use and processing (including transfers to third parties) of any personal data collected under this project will be done in accordance with best practice ensuring legitimate, appropriate and proportionate treatment of such data.
12. *Key Activities and Estimated Budget.* Table 2.1 identifies key activities and cost estimate for the Project activities in the Table 2.2 The Project will not finance any activity that is considered by the World Bank as “High” E&S risk especially those expected to cause significant loss or degradation of critical natural habitats; adversely affect forest and forest health or sites with physical cultural resources; and/or create adverse impacts on involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households’ use of land and livelihoods. Under Components 1 and 2, the Project will finance only minor physical civil works and retrofitting of isolation rooms and treatment centers in the existing healthcare facilities (HCF).

Table 2.1: Components and key activities by cost estimates [per PAD]

PROJECT COMPONENT AND KEY ACTIVITIES		BUDGET (US\$)
Component 1. Emergency COVID-19 Response (71.5%)		12,830,000
1.1	Coordination - EOC coordination at central and provincial levels	475,000
1.2	Infection prevention and control	1,022,880
1.3	Case detection, confirmation, contact tracing	1,838,000
1.4	Environmental cleaning and disinfection activities	1,800,000
1.5	Case management and isolation	4,324,120
1.6	Quarantine	360,000
1.7	Risk communication	200,000
1.8	Essential health service delivery	1,810,000
1.9	Contingencies	1,000,000
Component 2. Systems Strengthening for Emergency Response (20%)		3,670,000
2.1	Capacity building and training of health personnel on treatment guidelines, and hospital infection control interventions	1,120,000
2.2	Laboratory capacity	250,000
2.3	Strengthening information system for surveillance	250,000
2.4	Logistic management, warehouse management, distribution	200,000
2.5	Treatment centers	1,850,000
Component 3. Project Management, Monitoring and Evaluation (8.5%)		1,500,000
3.1	Project management	1,300,000
3.2	Monitoring and evaluation	200,000
TOTAL		18,000,000

Table 2.2: Positive list of goods, service and works

Item
Goods
<ul style="list-style-type: none"> • Medical equipment and supplies, including but not limited to rehydration fluids, antibiotics, antivirals, ventilators, respiratory care equipment, IV pumps, referral equipment, isolation area equipment; air filter for waste incineration. • Cleaning supplies including hand hygiene and disinfectants. • Personal Protective Equipment (PPE) stockpiles, including masks, gowns and gloves • Morgue Packs • Non-perishable foods, bottled water and containers

- Tents for advanced medical posts, temporary housing, and classroom/daycare substitution
- Equipment and supplies for temporary housing/living (gas stoves, utensils, tents, beds, sleeping bags, mattresses, blankets, hammocks, mosquito nets, kit of personal and family hygiene, etc.) and school
- Gasoline and diesel (for air, land and sea transport) and engine lubricants
- Spare parts, equipment and supplies for engines, transport, construction vehicles
- Lease of vehicles (Vans, trucks and SUVs)
- Equipment, tools, materials and supplies for search and rescue (including light motorboats and engines for transport and rescue)
- Tools and construction supplies (roofing, cement, iron, stone, blocks, etc.)
- Equipment and supplies for communications and broadcasting (radios, antennas, batteries)
- Water pumps and tanks for water storage
- Equipment, materials and supplies for disinfection of drinking water and repair/rehabilitate of black water collection systems
- Temporary toilets
- Groundwater boreholes, cargos, equipment to allow access to affected site, storage units
- Any other item agreed on between the World Bank and the Recipient (as documented in an Aide-Memoire or other appropriate formal Project document)

Civil works

Under Components 1 and 2, the Project will finance minor physical civil works and retrofitting of isolation rooms and treatment centers in the existing healthcare facilities (HCF).

Services

- Consulting services related to emergency response including, but not limited to, urgent studies and surveys necessary to assess the needs and capacity gaps in the HCF and to develop and update the readiness and response plan, and support to the implementation of emergency response activities.
- Feasibility study and technical design related to COVID-19 emergency responses.
- Technical Assistance in developing TORs, preparing Technical Specifications and drafting tendering documents (Bidding Documents, ITQ, RFP) related to COVID-19 emergency responses.
- Non-consultant services including, but not limited to, infectious and sharp waste management services, drilling, aerial photographs, satellite images, maps and other similar operations, information and awareness campaigns.

Training

- Under Components 1 and 2, training related to ICWMP and ICPP will be conducted. Under Component 3, priority training will be conducted to ensure effective implementation of the ESMF and other related E&S measures, especially those related to emergency responses, infectious and other hazardous hospital wastes, and infection and prevention control measures related to COVID-19.
- Training on rapid needs assessment and other related assessments

Emergency Operating Costs

- “Operating costs” means reasonable costs required for the day-to-day coordination, administration, operation and supervision of Project activities, including routine repair and maintenance of office equipment, facilities and office premises, fuel, office supplies, consumables, communication expenses (including postage, telephone and internet costs), translation, minor printing and photocopying expenses, bank charges, advertising expenses, Project-related meeting expenses, Project-related travel, subsistence and lodging expenses, insurance for project staffs, overtime payment to government health workers, salary for additional health workers; per diem and accommodation for volunteers, food and basic supplies for quarantined populations and other administrative costs directly related to the Project.

13. *Project Area and Beneficiaries.* The Project will be supported and implemented throughout the country, including people living near borders and in the areas with high population density e.g. Vientiane Capital, Savannakhet, Louang Prabang, and Champasack Provinces as well as those groups who may be at particular risk with COVID 19 (i.e. returning from affected countries) and vulnerable groups such as elderly people; children, particularly those that are malnourished; those with underlying health conditions (e.g. diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others); persons with disabilities including physical and mental health disabilities; single parent headed households, male and female; poor, economically marginalized, and disadvantaged groups; and ethnic minorities.
14. In total, it is expected that the Project beneficiaries will be the entire population of Lao PDR while the immediate beneficiaries will be people with COVID-19, at-risk populations, frontline medical and emergency personnel, and all people working in or dependent on testing facilities and health agencies including staff of the key technical departments within MOH, medical facilities and provinces.

Section 3. Policy, Legal and Regulatory Framework

15. **National Environmental and Social Legislation and Institutional Setting.** In Lao PDR, based on the Environmental Protection Law (EPL, 1999, 2012), an Environmental Impact Assessment Decree was issued outlined a process and step for development of an Environmental Impact Assessment (EIA) and Initial Environmental Examination (IEE) for all investment projects. The decree was first promulgated in 2010 and updated twice in 2013 and 2019. A number of follow-up regulations and technical guidelines have been prepared and/or updated to enhance effective implementation of the EIA and IEE processes.
16. On pollution control and waste management, under the 2012 EPL, in 2015, the Ministry of Natural Resources and Environment (MONRE) issued a regulation on hazardous waste management and others related to national environmental quality standards and emission control standards in 2017 while developing new regulations and/or guidelines related to pollution control, waste management, and toxic chemicals and hazardous substances. MONRE and provincial and local agencies responsible for natural resources and environment (PONRE/DONRE, Vientiane Capital, and Cities/Municipalities) are the lead ministry/agencies responsible for management of water resources, EIA/IEE processes, and pollution control and waste management. However other sector ministries⁴ and their provincial and districts offices (including Vientiane capitals and other cities) have also issued regulations and/or guidelines (under other laws) related to pollution control, waste management, health, and safety. Nonetheless, implementation of these laws, regulations, and/or guidelines are ineffective due to limited budget and human resources.

⁴ Such as Ministry of Public Health (MOH), Ministry of Industries and Commerce (MOIC), Ministry of Public Works and Transport (MPWT), Ministry of Labor and Social Welfare (MLSW), Ministry of Energy and Mines (MEM), and Ministry of Planning and Investment (MPI).

17. Lao PDR is also a member of the 1989 Basel Convention on Transboundary Movements of Hazardous Wastes and their Disposal (effective in May 1992) as well as the 2001 Stockholm Convention on Persistent Organic Pollutants (POPs)(effective in May 2004), and the 2013 Minamata Convention on Mercury (effective in 2017) aiming to control the use and disposal of mercury and mercury compound.
18. **Laws, Regulation and Institutional setting in the Public Health Sector.** For health sector, as part of the Public Sector Health Care Strategy aiming to increase capacity on modern health care services, GOL updated the 2005 Law on Health Care (LOHC) in 2014 (No. 58/NA, dated 24 December 2014). The 2014 LOHC describes the principles, regulations and different measures relating to the organization, activities, management and control of health care activities, in order to ensuring that all citizens, societies and communities have access to equal, full, equitable and quality health care services while protecting the rights and interests of health care professional. According to the law, the healthcare administrative agencies consist of (1) the MOH at the National level; (2) the PHO at the provincial level, and (3) DHO at the district level. There is also a health center (small hospital) established at the cluster (Khum Ban) level and dispensary in some villages. A special Taskforce was also set up at national, provincial, district and village levels for the emergency case such as COVID-19 pandemic. The National Assembly is approving for implementation of the related laws while the MOH is leading and coordinating the line ministries at all levels including other sectors and relevant local administrative authorities to implement all health-and COVID-19 related activities.
19. Some regulations issued by MOH for implementation of health care specific issues include (a) Sharp Waste Management Guidelines, issued by the Director General of the Department of Planning and Coordination (DPC/MOH), dated 10 October 2019, (b) Law on Preventive Vaccination (immunization) approved by the National Assembly on 09 August 2018, (c) Law on Prevention and Control of Communicable Disease, approved by the National Assembly on 19 December 2017, (d) Law on Health Care, approved by the National Assembly on 22 January 2015.
20. **Laws, regulations, and institutions setting in labor sector.** National Assembly approved on December 2013 a Labor Law which superseded a labor law adopted on December 27, 2006. The new labor law defines the principles, regulations and measures on administration, monitoring, labor skills development, recruitment, and labor protection in order to enhance the quality and productivity of work in society, so as to ensure the transformation to modernization and industrialization aimed at safeguarding the rights of employees and employers, as well as the legitimate interests and the continual improvement of their livelihoods, while contributing to the promotion of investment, national socio-economic development, and regional and international links. This labor law applies to all employers, registered and unregistered employees, Lao employees working for foreign organizations, and foreign employees working within the Lao PDR.
21. Section VIII of the 2013 labor law provides a mandatory obligation for all parties on Labor Occupational Health and Safety (OHS) to protect labor health and safety, and labor accident and occupational diseases. It sets out an obligation of all levels to take care of labor occupational health and safety include the obligation of employer, obligation of employee, obligation of the designing and supplying entity, and obligation of responsibility parties. The Ministry of Labor and Social Welfare (MLSW) at the national level, the Department of Labor and Social Welfare at the provincial level, the Division of Labor and Social Welfare at the district level and the unit of Labor and Social Welfare at the village level have the responsibility to implement the provision of this labor law.
22. In November 2016, MLSW issues a regulation identifying type of work with hazardous condition not be hired for workers younger than 18-years old.
23. In addition, existing national legislations including Law on Civil Servants (2016) and Decree on Code of Conduct for Civil Servants (2019), Law on Preventing and Combating Violence Against Women and Children (2006) and Panel Law (2017) contain provisions which are largely consistent

with ESS2 and ESS4. These legislations provide regulations and measures to manage, prevent and address potential misconduct among civil servants including health workers and outsourced volunteers, community health and safety issues and risks associated with Sexual Exploitation and Abuse (SEA), Gender-based Violence (GBV) and Violence Against Children (VAC) that may occur under project. The Lao government has also ratified a number of ILO conventions, including on forced labor, child labor, minimum age and equal remuneration.

24. **GOL Policy and Procedure to combat COVID-19.** In March 2020, considering the outbreak of COVID-19 pandemic in neighboring countries such as China, Thailand, Vietnam, and others, the GOL took strict actions to prevent infection within Lao PDR. Three policy and guideline were issued on 13 March 2020 to control COVID-19 transmission and infection i.e. (a) guideline on prevention of the transmission and infection of COVID-19 at international airport, land border, and transportation stations; (b) guideline on prevention of the transmission and infection of COVID-19 at suspected to be infected area or temporary quarantine center; and (c) guideline on prevention of the transmission and infection of COVID-19 at public place (hotel, guesthouse, offices, schools, and others). On 29 March 2020, the Prime Minister issue an Order on Reinforcement Measures on Containment, prevention and full response to the COVID-19 pandemic (No. 06/PM, Vientiane Capital). This policy orders the restriction of people travelling and allows GOL officers to work from home during 1-19 April 2020. Concerned ministries and local authorities also issue follow up instructions to reinforce the PM's Order to suspend all types of hospitality and entertainment venues, alcohol and brewery shops and social gathering in observance of Lao New Year and other traditional festivities. With the outbreak situation evolving, a new PM Decree No 481 on April 15 was launched to extend the lockdown until May 3, 2020. It is expected that considering the COVID-19 contagion situation in Lao PDR as well as in other countries, the order will be adjusted as needed.
25. **GOL/MOH Capacity and E&S Implementation Experience.** The WB and other development partners (ADB, US Center for Disease Control (US CDC) through WHO, UNICEF, Save the Children, Korea, China etc.) have been providing technical and financial support to build GOL capacity to address pandemic and health issues during the past 15 years and recently for the response to COVID-19. The MOH is responsible for coordination and implementation of these projects and has experience implementing several WB financed projects including the application of WB safeguard policies including the on-going Health Governance and Nutrition Development Project (HGNDP, P151425), and Health and Nutrition Service Access Project (HANSA, P166165). The staff previously assigned by MOH for the implementation of the current projects will also be responsible for the preparation and implementation of the ESMF and other ESF measures for the proposed Project.
26. MOH is responsible for ensuring that Project activities are in compliance with the WB's ESF requirements. There are 18 people assigned by MOH assigned on April 9, 2020 including two Director General, two Deputy Director Generals, technical staff and consultants from the Department of Planning and Cooperation, Department of Health Care and Rehabilitation, Department of Communicable Disease and Control, National Health Insurance Bureau, Health Promotion Unit, Mother and Child Health Center, HIV/AIDS and Sexually Transmitted Infection (STI) Control Center, and Consultant to support E&S risk management under the project. Eighteen (18) staff were appointed as part of obligations and actions agreed under the ESCP by MOH to upgrade its project implementation arrangements and ensure that dedicated ESF focal points are appointed within 30 days of project effectiveness. Training will be provided by WB staff to ensure adequate capacity of the implementing agencies to identify potential E&S risks and impacts and prepare and implement the ESSs instruments.
27. **WB's ESSs Relevant to the Project.** The E&S risk is classified as 'Substantial' for the Project. The six ESSs that have been screened as relevant to the Project are ESS1, ESS2, ESS3, ESS4, ESS7, and ESS10. The screening of social risks and impacts is based on discussion with the task team and consultations with MOH. The ESMF has also taken into account the national requirements as

well as the application of an international protocols for infectious disease control and medical waste management.

28. As defined in the Project's ESCP and SEP, monitoring of ESMF implementation will be through 6-month and annual ESF monitoring reports submitted to the World Bank, while consultations and public information disclosure will be made throughout the entire project cycle. It is expected that the SEP will be revised periodically and incorporate the evolving WHO guidance on Risk Communication and Community Engagement and on preventing and addressing social stigma associated with COVID-19. GRM operations will be integrated into the revised SEP taking into account the results from further communication to affected and interested stakeholders. The SEP and ESCP were disclosed through the website of Department of Food and Drugs (FDD) of MOH: www.fdd.gov.la. Updated versions of the SEP, as well as this ESMF, will be disclosed on the same website and on the World Bank Group (WBG) website during project implementation.
29. The WBG's Environmental, Health, and Safety (EHS) Guidelines, such as those related to Community Health and Safety will apply to the extent relevant. The Project will also rely on standards set out by WHO and the WBG in relation to COVID-19. Beyond this immediate concern, Project implementation needs to also be responsive to the needs of marginalized and vulnerable social groups who may be unable to access facilities and services designed to combat the disease. To mitigate this risk MOH, in the ESCP, is committed to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases.
30. **WBG Response to COVID-19.** During the past 2-3 months, in response to COVID-19 outbreak, WBG has developed a number of guidelines in response to COVID-19 including, but not limited to, a guideline for the preparation of a Contingency Plan for Project Sites, a Technical Note on Public Consultations and Stakeholder Engagement to be applied to projects under implementation and those under preparation, a template for ESMP preparation and a template plate for ICWMP. For ESS1, the WBG also identifies risks and mitigations measures for the transactions involving specific project finance activities (i.e. works, goods, services, technical assistance, and research activities). The guidance has been considered during the preparation of this ESMF and the preparation of technical guidelines provided in annexes.

Section 4. Environmental and Social Baseline

Environmental Baseline

31. **Locations, natural resources, and population.** Lao PDR is a landlocked and lower-middle-income country that shares borders with countries highly affected with COVID-19 outbreaks, such as Thailand, Vietnam, Cambodia, Myanmar, and China. Majority of the country area (236,800 km²) is mountainous and rich in water, forest, and other natural resources and biodiversity and 24 conservation forest areas. Majority of the total population of about 7.1 million live in rural and remote areas with limited access to communications, transport, health, and education services. Lao PDR's gross domestic product (GDP) grew over 7 percent per year over the past decade but experienced a historical low of 5.2 percent in 2019, owing mainly to natural disasters (floods, droughts, a caterpillar infestation) which mainly affected the agricultural sector. Economic growth has been heavily concentrated in urban areas while in rural areas and among ethnic minorities, high levels of poverty and inequality prevail.
32. Water, soil, and air quality in Lao PDR is generally considered good, except in some specific areas and/or seasons. In Vientiane Capital and other large urban areas (such as Savannakhet, Pakxe, and some specific areas affected by water pollution due to untreated waste discharge and air pollution mostly due to dust from construction and transport. In Lao PDR, waste management capacity is very limited and becoming problematic due to economic development and population increase and urbanization. As seen in Table 4.1 below, 87% of health centers in 14 project provinces have

existing running water or water container to use for cleaning facilities and disinfecting medical equipment. Over ninety percent (93%) of health centers have at least 1 latrine, and in Bokeo, Luangprabang and Huaphan provinces all health centers have latrine.

Table 4.1: Water and sanitation in health facilities at 14 HGNDP provinces

Province name		Phongsaly	Luangnamtha	Oudomxay	Bokeo	Luangprabang	Huaphanh	Xayabury	Xiengkhuang	Savannakhet	Saravane	Sekong	Champasack	Attapeu	Xaysomboun	Total
Water supply	Running water available or at least 20 litres for each delivery	26	36	40	36	75	70	58	47	112	62	20	55	26	13	676
	% per total HC	57%	88%	74%	90%	91%	95%	74%	84%	72%	87%	71%	73%	72%	72%	79%
	Facility has running water or water containers available	36	38	49	36	76	72	66	50	128	67	27	60	26	16	747
	% per total HC	78%	93%	91%	90%	93%	97%	85%	89%	82%	94%	96%	80%	72%	89%	87%
	Facility has water chlorine treated	4	23	17	13	16	15	21	24	50	34	7	39	19	2	284
% per total HC	9%	56%	31%	33%	20%	20%	27%	43%	32%	48%	25%	52%	53%	11%	33%	
Latrine	HC has at least 1 toilets/latrines	39	38	51	40	82	74	69	52	141	66	27	65	31	16	791
	% per total HC	85%	93%	94%	100%	100%	100%	88%	93%	90%	93%	96%	87%	86%	89%	93%
	Toilets/latrines can be flushed with running water or sufficient quantity of water in container with scoop	29	37	43	39	75	70	59	51	117	64	23	61	31	16	715
	% per total HC	63%	90%	80%	98%	91%	95%	76%	91%	75%	90%	82%	81%	86%	89%	84%
Total number of HC		46	41	54	40	82	74	78	56	156	71	28	75	36	18	855

Source: HGNDP, downloaded from the District Health Information Software (System) version 2 (DHIS2)

33. Urban population and solid waste management. According to the Solid Waste Management in Vientiane report issue in 2018 by the Global Green Growth Institute (GGGI), about 820,900 people (2015) live in Vientiane, the capital of Lao PDR. Roughly, about 600 tons per day of waste are generated in Vientiane capital (2017). There are no policies or regulations, either at the national or city level, in support of waste-to-resource approaches or the principles of Reduce, Reuse, Recycle (3R). There are two main ministries responsible at the National level for solid waste management that are the Ministry of Natural Resources and Environment (MONRE) and Ministry of Public Work and Transport (MPWT). In Vientiane, the main government body responsible for solid waste management is the Vientiane City Office for Management and Service (VCOMS). VCOMS oversees the collection, transport and disposal of solid waste generated in Vientiane. No precise figures exist on waste collection coverage, but it is estimated that 30-50% of the waste generated in the city is collected by VCOMS or any of the eight private collection companies contracted by VCOMS. At present, VCOMS is collecting 40-50% of total generated waste and the rest are collected by eight private local companies.
34. The medical waste is considered as an urban waste and MOH is responsible for handling it including collection and storage. According to a decree No. 1706 /MOH, 2/7/2004, waste generated in health care facilities needs to be separated into three types including infectious, sharp and general waste. The European Union provided disinfection facilities to various healthcare facilities. There is an incinerator installed in the landfill at kilometer 32 (KM 32) outside of Vientiane. The medical waste from healthcare facilities will be segregated, disinfected and then transfer to the incinerator at KM 32 for disposal. However, the system needs to be assessed and strengthened, especially, at the provinces for treatment of healthcare waste generated as resulted from COVID-19 outbreak.
35. Table 4.2 shows that 89% of health centers in 14 project provinces have no medical waste and dangerous objects in courtyard, however, there only 24% of health centers which have incinerators to burn medical and non-medical waste. Table 4.3 indicates three indicators related to infection control at health facilities being collected for HGNDP. For other HANSA project, the sharp waste management guideline is used as a tool for infectious control.

Table 4.2: Health care waste management at the facility level

Province name	Phongsaly	Luangnamtha	Oudomxay	Bokeo	Luangprabang	Huaphanh	Xayabury	Xiengkhuang	Savannakhet	Saravane	Sekong	Champasack	Attapeu	Xaysomboun	Total
Availability of a garbage bin with lid in courtyard for patients and visitors – not full	33	36	36	33	63	66	54	44	107	63	18	61	25	13	652
% per total HC	72%	88%	67%	83%	77%	89%	69%	79%	69%	89%	64%	81%	69%	72%	76%
Evacuation of waste water in sewage system or sanitary pit	35	38	43	35	76	71	53	49	118	61	25	60	27	15	706
% per total HC	76%	93%	80%	88%	93%	96%	68%	88%	76%	86%	89%	80%	75%	83%	83%
Facility drains water on city sewage system or has waste water collection system	27	37	40	32	56	71	28	47	76	61	20	47	22	12	576
% per total HC	59%	90%	74%	80%	68%	96%	36%	84%	49%	86%	71%	63%	61%	67%	67%
Incinerator to burn medical, non-medical waste is functional and clean	4	7	9	12	30	17	17	16	31	22	4	14	14	7	204
% per total HC	9%	17%	17%	30%	37%	23%	22%	29%	20%	31%	14%	19%	39%	39%	24%
Incinerator to burn medical, non-medical waste with well-built fence around with door locked	4	8	6	8	12	17	7	15	21	10	1	12	6	4	131
% per total HC	9%	20%	11%	20%	15%	23%	9%	27%	13%	14%	4%	16%	17%	22%	15%
No medical waste and dangerous objects in courtyard such as needles, syringes, gloves, used compresses, etc.	40	38	51	36	78	73	63	53	126	64	28	63	30	16	759
% per total HC	87%	93%	94%	90%	95%	99%	81%	95%	81%	90%	100%	84%	83%	89%	89%
Total number of HC	46	41	54	40	82	74	78	56	156	71	28	75	36	18	855

Source: HANSA, Health and Nutrition Services Access Project. ESMF.

Table 4.3: Infection control at the facility level

Province name	Phongsaly	Luangnamtha	Oudomxay	Bokeo	Luangprabang	Huaphanh	Xayabury	Xiengkhuang	Savannakhet	Saravane	Sekong	Champasack	Attapeu	Xaysomboun	Total
Non-contaminated objects w aste pit fenced	9	19	9	23	31	46	13	10	48	17	7	23	9	6	270
% per total HC	20%	46%	17%	58%	38%	62%	17%	18%	31%	24%	25%	31%	25%	33%	32%
Non-contaminated objects w aste pit minimum 3 meter deep	21	30	31	29	56	47	21	31	85	45	11	39	19	13	478
% per total HC	46%	73%	57%	73%	68%	64%	27%	55%	54%	63%	39%	52%	53%	72%	56%
Non-contaminated objects w aste pit w/ without infected non-decomposable objects	29	37	37	32	60	66	21	40	83	47	20	40	22	12	546
% per total HC	63%	90%	69%	80%	73%	89%	27%	71%	53%	66%	71%	53%	61%	67%	64%
Total number of HC	46	41	54	40	82	74	78	56	156	71	28	75	36	18	855

Source: HANSA, Health and Nutrition Services Access Project. ESMF.

36. **Use of small-scale incinerators for healthcare waste treatment.** Lao PDR is a signatory of Stockholm Convention on Persistent Organic Pollutants (POPs). The national implementation plan under Stockholm Convention is approved but actions for reducing and eliminating the release of unintentionally proceeded POPs have not yet been implemented. Assessment for HANSA Project confirmed that the existing healthcare waste incinerator design, which is described in the MOH's Agreement No 480/MH dated 14/2/2014 on community hospital standard, no longer meets modern emission standards. Assessment conducted by MONRE confirmed also that hospital/medical waste incineration is the 2nd largest source of emission of dioxins and furans to the air in Lao PDR.

Social Baseline

37. About two thirds of Lao's population lives in rural and remote areas without, or limited access to, social services, particularly health facilities. On average, Lao people are approximately 40km from a health center and may spend 2.5 hours trying to get there in the dry season, or over 3 hours in the

wet season. The coverage and quality of health services is a persistent problem, disproportionately affecting women, children and the poor. This poses a big challenge in terms of COVID-19 response.

38. COVID-19 prevention also faces the challenge that nearly half the population does not have access to soap. Although the proportion of household members using improved sources of drinking water has reached 84 percent, households with a handwashing facility, where water and soap or detergent are present, remains low at 54 percent. Therefore, messages around handwashing – key for COVID-19 prevention – clearly have limitations. What is more, about 25 percent of health centers and more than 50 percent of district hospitals have no access to safe water supply. This is a big challenge as high standards of sanitation and waste management are necessary in hospitals treating COVID-19 patients, in order to prevent the risk of infection to medical staff, other non-health personnel and other patients. Women in particular may be at risk, given that they are disproportionately represented in the health sector (in particular as nurses, cleaning and support staff). In addition, 60 percent of health centers and 70 percent of hospitals in Lao suffer from interruptions of power supply, another challenge given that respirators are key in COVID-19 treatment.
39. Lao PDR is made up of 49 ethnic groups, with the Lao Tai comprising about 65 percent of the population while the other three ethnic families (Mon-Khmer, Hmong-Mien and Chino-Tibet) make up the remaining 35 percent. These ethnic minority communities are particularly vulnerable and poor as most of them are located in rural and remote upland areas. Often due to their geographical location, these populations have comparatively less access to public services, productive land and markets. In addition, cultural and linguistic differences may contribute further to their isolation. As such, the higher incidence of poverty makes upland, remote, ethnic minority populations particularly vulnerable socially and economically.
40. Remoteness, as is social isolation, could be a form of protection, if managed correctly, or devastating if not. For instance, as of April 2020, the few countries not reporting COVID-19 cases are remote islands, mostly in the Pacific Ocean. However, for remoteness to be effective protection, clear quarantine measures and migration controls need to be in place. In the case of Lao PDR, remote communities could be protected from the virus due to their remoteness, but only if there were quarantine or other measures for people coming in/out of a remote community. On the other hand, if remote communities experience cases of the virus, they face difficulties in accessing health care and potentially devastating consequences.
41. The low levels of education in remote communities, particularly some ethnic groups, as well as language barriers, could also pose a challenge in terms of having in place effective communication messages that are followed and understood about the COVID-19 pandemic, especially prevention methods. It is likely that ethnic groups will have their own beliefs about the pandemic, how to prevent it and treat it, which may be at odds with WHO recommendations. It will therefore be important to get the buy-in and support of influential leaders in communities and helping them spread factual information about COVID-19 prevention, symptoms and treatment.
42. A considerable segment of the population in Lao PDR migrate in/out of Thailand on a regular basis. These border crossings also pose a considerable risk in the spread of the virus. Vulnerable populations would be the most at risk of virus transmission, including: elderly people; children, particularly those that are malnourished; those with underlying health conditions e.g. diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others; persons with disabilities including physical and mental health disabilities; single parent headed households, male and female; poor, economically marginalized, and disadvantaged groups; and ethnic groups.
43. Based on an understanding of key determinants of violence against women Gender-Based Violence (GBV) and Violence Against Children (VAC) in Laos, risks may be exacerbated by the economic, social and mental strains of the pandemic as well as social isolation and lockdown measures. Social services may also be focused on the COVID-19 outbreak and unable to respond. An effective

mechanism that may promptly respond to women's grievances regarding GBV, VAC or child labor should be initiated in consultation with government departments and/or CSOs that support these areas.

Section 5. Potential Environment and Social Risks and Mitigation

44. The Project will finance minor renovation civil works, goods, services, technical assistance, and incremental cost considered necessary for responding to COVID-19 outbreaks. Potential environmental and social risks and impacts are briefly described below (Table 5.1) while details are provided in [Annex III](#). Based on subproject screening ([Annex II](#)), the mitigation measures will be updated and finalized when locations, types, and nature of the Project activities/subproject have been identified and confirmed. Issue related to Life and Fire Safety (L&FS) will also be included as a potential risk when carried out renovation work for healthcare facilities (HCFs). The L&FS risk assessment and management effort will also cover at the institutional isolation facilities.
45. ***Potential impacts due to minor renovation activities.*** The Project will not finance new construction activity but some small physical renovation and refurbishing health care facilities (HCF) including quarantine facilities and isolation rooms, and laboratory that may be done in the same existing buildings, without any requirement for land acquisition. These activities are considered minor civil works which may generate limited adverse environmental impacts such as dust, noise, vibration, waste, solid waste and safety issues. These impacts are assessed to be of small scale, localized, in short-term period and manageable if good design and construction practices are followed. In the case of physical renovation work to be financed, the ECOP and COC on GBV and VAC will be prepared and implemented to avoid any possible impacts during the execution of the renovation works. ESMPs (see [Annex III](#)) may also need to be prepared. A contractor may be hired to implement the renovation works, and the staff assigned by MOH responsible for the ESF implementation will ensure that the works is in compliance with the ECOP and COC on GBV and VAC and/or ESMP. A generic ECOP and COC on GBV and VAC is provided in [Annex VI](#) and a template for ESMP and E&S risk and mitigations are also provided in [Annex III](#).
46. ***Potential impacts due to goods and services.*** Delivery of these goods and services may increase the transmission of the disease if proper measures are not being in place and implemented. The imported materials may be contaminated and handling during transportation may result in spreading of diseases, incorrect standard or quality of PPE, inadequate handwashing facilities while transporting goods, and generated wastes from imported goods, vaccination and/or treatment activities could be leading to further infection and spreading of diseases. Careful planning and implementing of specific measures for delivery of goods and services has been integrated into the IPCP (see [Annex IV](#)).
47. ***Potential impacts to the health of workers during the project operations.*** Health care of workers, most of whom are women, play a critical role in outbreak response and are the backbone of a country's defenses to limit or contain the spread of disease. They face higher risks of potential COVID-19 infection in their efforts to protect the greater community and are exposed to hazards such as psychological distress, fatigue and stigma. This also includes other hospital staff that may be particular at risk, including ambulance drivers and hospital cleaners. Activities will include detecting and monitoring of virus, assessing of sample and treating of patients. The key risk is infection with COVID-19 resulting from visiting suspected cases in a quarantine centers, testing in a laboratory, improper manage of infectious waste, taking care of patients can lead to illness and death of those workers and close to them, stigma and discrimination and mental burnout, among others. Careful planning and implementing of specific measures for health care of workers has been suggested and integrated in the IPCP (see [Annex IV](#)) and the ESMP ([Annex III](#)).
48. ***Potential impacts as a result of exclusion of vulnerable or disadvantaged groups.*** These groups, including ethnic minorities, may not be able to access project benefits as readily due to a lack of

targeted information, lack of services in their area, discrimination in accessing services, or stigma if they test positive for COVID-19. Vulnerable groups may also face indirect impacts, particularly women, ethnic minorities and those with disabilities, if focus is redirected on COVID-19 and they don't get needed support on reproductive health, vaccination for children, ongoing treatments, etc. ESMPs will need to take the needs of these groups in mind and ensure they can adequately access services and benefit from the project, and that information provided to these groups is relevant, understandable and culturally appropriate.

49. In particular, ethnic groups and remote communities need to have access to concise and easily understandable information about how to i) avoid contracting COVID-19 and good hygiene; ii) COVID-19 symptoms; iii) what to do/what medical facilities to call or visit if experiencing COVID-19 symptoms. A focus for remote ethnic communities should also be on steps to take when traveling outside of their area, and potential measures for self-isolation for members that have been in areas with documented COVID-19 cases, in order to protect remote communities. User and audience-friendly IEC materials must be developed with the needs of ethnic groups in mind, to be used during the visit to these communities. Project workers must take extreme cautionary measures while visiting remote and/or ethnic communities as they could risk bringing the virus to very remote areas. Medical attention to ethnic groups must be sensitive to their needs. These measures may need to be addressed through ESMPs and further detail is provided in Annex III.

50. **Potential impacts from the health care waste generated during the project operations.** The Project will support the process that is dealing with the operation of laboratory, quarantine facilities and isolation rooms where potentially to support the generation of medical wastes including the highly infected waste with COVID-19. The medical waste management including transportation and disposal- of is a concern. Infectious and biohazard waste possibly be generated from labs, quarantine facilities, detection and controlling centers, isolation centers and hospitals could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets etc.) will require special capacity and management technique to handle. An ICWMP for the HCF will be developed and implemented to address issues related to infection control and waste management within the HCF. The Project will continue to promote good practices on Infection Prevention and Control Protocol (IPCP) and on Healthcare Waste Management Practice (HCWMP) given its risks to environment and health as well as public sensitivity. The IPCP and HCWMP may be prepared and implemented as a standalone measure or be considered as part of the ICWMP and/or part of ESMPs.

Table 5.1: Project Risk and Impact and Mitigation Identified in the ESMF

Project activities	Risk and Impacts	Mitigation Instruments to be Developed
(1)	<ul style="list-style-type: none"> The design of HCFs including laboratory, quarantine, isolation and treatment centers does not meet technical requirements, increasing risk of spreading COVID-19 to those are working and close to attending in healthcare facilities. The design that does not meet technical requirements on fire prevention and safety may increase the risk on life 	<ul style="list-style-type: none"> MOH⁵ will plan and implement all required measures as part of the ICWMP and/or ESMP as relevant and ensure effective management of contractor⁶ (see

⁵ The implementing agencies (IA) of MOH is the Project Coordination Office (PCO) of the Department of Planning and Cooperation and the technical departments of MOH and related departments at national and provincial levels including hospitals.

⁶ To ensure effective mitigation of potential impacts during construction, PCO and the responsible IAs will also update the generic ECOP and include it in bidding and contract documents (BD/CD) and closely supervise the

Small renovation civil works to improve healthcare facilities (HCF) under Components 1 and 2	<p>and fire safety (L&FS) during operations of the HCF. When possible, it would be preferable to ensure that health facilities take into account universal access so that they can be accessed by persons with disabilities.</p>	<p>more details in Annexes III, IV, V, VI and VII)</p>
	<ul style="list-style-type: none"> • Dust, noise and vibration generated from rehabilitation or minor civil works; Solid waste generated from rehabilitation or minor civil works; Asbestos containing materials (ACM) generated from renovation or minor civil works; Life and Fire Safety (L&FS) risk during renovation works. • Safety risks during works, health staff, patients and their relatives; Close working and poor living conditions in labor camps may create conditions for the easy transmission of COVID-19 and the infection of large numbers of people; Labor camps could create a risk of GBV, SEA and VAC; Employment of workers; Workers do not receive the care needed if infected with COVID-19. 	<ul style="list-style-type: none"> • Contractors will be required to comply with the ECOP and any site-specific mitigation as required in <u>the</u> ECOP and COC on GBV and VAC (see Annex III, V, VI and VII).
	<ul style="list-style-type: none"> • Possible non-compliance with the 2013 labor law and WB ESS2 	<ul style="list-style-type: none"> • MOH will ensure the LMP is included in bidding documents for (Third Party) contractors and that all workers, and managers, sign COC on GBV and VAC (see Annex V)
(2) Operations of existing and new HCFs and other emergency response (ER) services to be implemented under C1 and C2	<ul style="list-style-type: none"> • Increase hazardous waste generated and chemicals in the hospitals and health care centers may pose safety risks to health personnel and workers. • Medical waste generated during the provision of COVID-19 diagnosis, care and treatment services is contaminated with COVID-19 virus; Improper collection, transport, treatment and disposal of infectious waste can become a vector for the spread of the virus. • Poor sanitation and improper management of wastewater related to COVID-19 diagnosis and treatment services transmit diseases to communities and pollute environment. • Improper collection of samples and testing for COVID19 and appropriate laboratory biosafety could result in spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples. • Weak compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases spreads COVID-19 infections in healthcare facilities. • Some vulnerable groups (especially the poor, elderly or those with pre-existing medical conditions and religious 	<ul style="list-style-type: none"> • MOH, especially all hospitals and laboratories, will plan and implement mitigation measures identified as suggested in ICWMP/IPCP and/or ESMP (Annex III, IV and VII). • When the vulnerable ethnic groups ⁷ are present in the subproject area, this will be managed through the ESMP (Annex III) and ICWMP and IPCP (Annex IV) as well as through communication

contractor performance. The ECOP will also address social issues related to workers behavior and community health and safety.

⁷ In Lao PDR, the vulnerable ethnic groups are belonging to the Mon-Khmer, Hmong-Iu or Iew Mien and Chino-Tibet ethnic family groups

	<p>minority groups), who may be severely affected by COVID-19, lack additional support to access diagnosis and excluded from the quarantine, isolation, treatment services.</p> <ul style="list-style-type: none"> • There is possible social discrimination/ stigmatization against some vulnerable groups (the poor, the elderly, those with preexisting conditions, and religious minority groups) in the delivery of identification and diagnosis services. <hr/> <ul style="list-style-type: none"> • Specific social risks and mitigation identified (see Annex III) on Occupational & Community Health and Safety: (1) Health risk of staff/worker during operations. There is a risk that lack of hygiene measures, poor sanitation protocols or non-well set isolation and/or treatment centers in health facilities may expose health care workers and hospital staff, including cleaners, and other patients or hospital visitors, or other workers, to COVID-19; (2) Community health and safety: due to inappropriate management (transport of hazardous waste/samples, etc. (3) Labor rights, gender and child labor; and (4) Gender-Based Violence (GBV) and/or Violence to Children (VAC). <hr/> <ul style="list-style-type: none"> • There is possible social discrimination/ stigmatization against some vulnerable groups (the poor, the elderly, those with preexisting conditions, and religious minority groups) in the delivery of identification and diagnosis services. Given scarce resources available, some vulnerable groups (the poor, the elderly, those with preexisting conditions, and religious minority groups) may be excluded from the quarantine, isolation, treatment services. • Additional Social risks identified include (see Annex III): (1) Social stigma; (2) Indirect Impacts to vulnerable groups, such as a lack of health services available as preference is given to COVID-19 response; (3) Impacts to Ethnic Groups and remote communities; (4) Stakeholder Engagement and Grievance Redress; (5) Additional Gender impacts; 	<p>strategies and methods developed in the SEP.</p> <ul style="list-style-type: none"> • MOH will plan and implement mitigation measures identified in Annexes III and IV <ul style="list-style-type: none"> • MOH will plan and implement mitigation measures identified in Annexes III and IV as well as the Labor Management Procedures (Annex V) <ul style="list-style-type: none"> • MOH will plan and implement mitigation measures identified in Annexes III and IV as well as measures in the SEP
<p>(3) Procurement of goods under the Project</p>	<ul style="list-style-type: none"> • Surfaces of imported materials may be contaminated and handling during transportation may result in COVID-19 spreading; Incorrect standard or quality of PPE leads to spread of infection to healthcare workers and cleaners; Inadequate handwashing facilities are provided for handling; Alcohol-based hand rubs may not be as affective at controlling infection as hand washing with soap and water. • A non-transparent and poorly managed distribution system and practice could worsen the current shortage situation, affecting the maximum and efficient use of resources. The disadvantaged and vulnerable population groups, and IP communities could face disproportionate difficulties in accessing 	<ul style="list-style-type: none"> • MOH will plan and implement mitigation measures identified in Annexes III and IV.

	the available resources, exposing them to greater risks.	
	<ul style="list-style-type: none"> • Wastes from vaccination programs or treatment are not properly dealt with and lead to further infection. • Hazardous materials used and generated during the provision of COVID-19 diagnosis, care and treatment services. Hazardous chemicals in the hospitals and health care centers are limited to small volumes of laboratory reagents, chemicals, solvents, medicinal gases etc. 	<ul style="list-style-type: none"> • MOH will plan and implement mitigation measures identified in Annexes III and IV.
(4) TA & Capacity Building under the Project	<ul style="list-style-type: none"> • Information, advice, guidance and training are not updated regularly as more becomes known about how the virus responds to treatment and is transmitted; • Provision of support to the disadvantaged vulnerable groups does not meet the needs of these group, does not reach them, is not well targeted, culturally appropriate, accessible or in a manner that is understandable to disadvantaged or vulnerable groups 	<ul style="list-style-type: none"> • MOH will plan and implement mitigation measures identified in Annexes III and IV. • The SEP should be a guiding document in terms of communication and outreach strategies and consultations

Section 6. Procedures to Address Environment and Social Issues

51. This Section provides guidance on procedures to implement the ESMF as well as those related to WB review and clearance of E&S documents and/or GOL approval of an IEE. This ESMF procedure comprises 5 steps: (1) E&S screening form and ineligible activities (Annex II); (2) preparation of ESS instruments and plans including consultation and information disclosure; (3) WB review and clearance of ESS documents and/or GOL approval of an IEE (as needed); (4) Information disclosure of ESS documents; and (5) Implementation, monitoring and reporting (M&R). The Project will not finance any activity that is considered by the WB as “High” E&S risk especially those expected to cause significant loss or degradation of critical natural habitats; adversely affect forest and forest health or sites with physical cultural resources; involve the involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households’ use of land and livelihoods. All site-specific measures (ICWMP, IPCP, HCWMP, ECOP/COC on GBV and VAC, LMP, ESMP, etc.), will require WB review and clearance before implementation of the Project activities/subprojects.
52. Prior to the implementation of Project activities, especially the renovation and/or refurbishment of any HCFs, MOH will ensure to prepare and review the design for such proposed works. An E&S screening process (see Annex II) will be conducted to ensure that proposed activities are in the eligible list for Project financing. This screening process will also be needed for activity is planning to finance in the form of a subproject with a separate Implementing Agency (IA) where E&S risks are anticipated, and separate mitigation measures are required. Based on the screening, the subproject/activities owner or the IA in consultation with the Project Coordination Office (PCO) of the Department of Planning and Cooperation (DPC) will (a) ensure that the activities in the “ineligible list” will not be financed by the Project; (b) sign the E&S screening form; and (c) prepare and implement the specific E&S instrument/plan as needed. Guidance for the preparation of the follow-up E&S instruments such as the ESMP, ICWMP, LMP, and ECOP/COC on GBV and VAC are provided in Annexes III, IV, V, and VI, respectively. Annex IV also provide information related

to infection prevention and control protocol (IPCP) and healthcare waste management procedure (HCWMP) related to COVID19. Consultation with WB specialists are recommended during these processes.

53. The designs for Project activities, especially the renovations will be approved by MOH or related management agencies. During the implementation of renovation works the related assigned ESF focal point at the MOH will be responsible for following the compliance of ECOP and the Code of Conduct on GBV and VAC or ESMP. A generic ECOP and COC on GBV and VAC (Annex VI), as well as generic ESMP (Annex III), has been developed and it will be finalized and applied to the small rehabilitation of existing hospitals, laboratories, HCFs, and other existing GOL buildings and public facilities necessary for the quarantine and isolation purposes at both central and local levels. The ECOP and COC on GBV and VAC and other site-specific required for contractor will then be incorporated into the bidding and contract documents, and the implementing agency will ensure that the contractor is aware and committed to comply with the E&S obligations in the ECOP and COC on GBV and VAC. The implementing agency will also assign the construction supervision consultant or field engineer to be responsible for day-to-day monitoring of the renovation civil works and maintain close consultation with local community as deems necessary. If appropriated, MONRE/PONRE/DONRE and other local authorities and local communities will also monitor the implementation of the E&S measure during implementation of the physical renovation works.
54. Based on the information of the Project activities, GOL policy regarding to COVID-19 response, and the E&S risks and mitigation measures identified in Annex III, if a project activity requires a specific ESMP to be prepared and implemented, the ESMP template provided in Annex III will be updated and adjusted for implementation. The ICWMP will also be updated and adjusted for implementation accordingly. Scope of the updated ICWMP will follow the template provided in Annex IV. All the ESS documents including the updated ICWMP will be cleared by WB before implementation. Monitoring and reporting to WB will also be required.

Section 7. Consultation and Stakeholder Engagement

55. A Stakeholder Engagement Plan (SEP) has been prepared under the Lao PDR COVID-19 Response Project. The SEP defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It also outlines a communication strategy with the project stakeholders, and offers mechanisms for them to raise concerns, provide feedback, or complaints about the project. While Component 1 of the project specifically deals with communication materials and reaching out to communities, Stakeholder Engagement deals with all project components as it seeks to ensure stakeholders are consulted and well-informed about the project and have avenues to provide their feedback.
56. The SEP is a living document. The objectives of the SEP are:
 - a. To identify all project stakeholders including their priorities and concerns, and ensure the project has ways to incorporate these;
 - b. Identify strategies for information sharing and communication to stakeholders in ways that are meaningful and accessible;
 - c. To specify procedures and methodologies for stakeholder consultations, documentation of the proceedings and strategies for feedback;
 - d. To establish an accessible, culturally appropriate and responsive grievance mechanism, and
 - e. To develop a strategy for stakeholder participation in the monitoring of project impacts.

In general, there are two kinds of stakeholders, affected and interested stakeholders:

57. **Affected stakeholders.** Those who will be likely impacted by the project positively or negatively. They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way. A guiding principle is that engagement with these stakeholders will be commensurate with the level of impacts they suffer. In line with the SEP, the affected parties include:

- a. Individual, household and communities that are identified as vulnerable to COVID-19, including those individuals, households or communities which may be considered disadvantaged or vulnerable as defined by the project due to social or economic status (elderly people; children, particularly those that are malnourished; those with underlying health conditions e.g. diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others; persons with disabilities including physical and mental health disabilities; single parent headed households, male and female; poor, economically marginalized, and disadvantaged groups; and ethnic groups);
- b. People with COVID-19, their families and communities and those in quarantine if different from this group;
- c. Workers coming back to Lao PDR from neighbouring countries;
- d. Health workers at all levels particularly those on the frontline;
- e. Workers supporting the renovation and rehabilitation of health care facilities; and
- f. Business entities and individual entrepreneurs supporting supplying of key goods and services for prevention of and response to COVID 19.
 - i. Municipal waste collection and disposal workers;
 - ii. Ministry of Health (MOH) through Public Health Emergency Operation Center (EOC), led by Minister of Health and composed of representatives from concerned departments (including Department of Communicable Disease and Control (DCDC), which will lead the implementation of Component 1: Emergency COVID-19 response, in collaboration with Department of Hygiene and Health Promotion (DHHP), Department of Health Care and Rehabilitation (DHR), and the Cabinet), and Project Coordination Office (PCO), led by the Director General of Department of Planning and Cooperation (DPC) with two deputies: (i) Director General of Department of Finance (DOF) and (ii) Deputy Director General of DPC. PCO, who will directly report to the EOC, is responsible for day to day management of the project;
 - iii. Health workers and physicians from the laboratory, hospitals, provincial and district health offices, community and village cluster (kumban) health centers;
 - iv. Public and local authorities who may be directly working in the project, such as law enforcement officials working on screening or local authorities working on communications and outreach.

58. **Interested Stakeholders.** Those who are not impacted by the project but who may be interested in the Project outcomes and who may have an influence in the project. Interested stakeholders are identified are as follows:

- a. Lao population, at household and village level who are interested in understanding the Governments prevention and response to COVID-19;
- b. People living near borders and in the areas with high population density e.g. Vientiane Capital, and Savannakhet, Luangprabang, and Champasack Provinces. These groups may be at particular risk from any people with COVID-19 that may be returning from affected countries.
- c. Government officials, permitting and regulatory agencies at the national, regional, and community levels, including environmental, technical, social protection and labour authorities;
- d. Mass organisations (Lao Women's Union, Lao Youth, Lao Front) and civil society groups, representatives of ethnic groups, and NGOs at the regional, national and local levels that

- may become partners of the project;
- e. Business owners and providers of services, goods and materials within the project area that will be involved in the project's wider supply chain or may be considered for the role of project's suppliers in the future; and
- f. Mass media and associated interest groups, including local, regional and national printed and broadcasting media, digital/web-based entities, and their associations.

59. **Consultations during Project Preparation.** Initial public consultations were conducted by MOH's Project Coordination Office (PCO) with representatives of the above listed stakeholders on April 13-20, 2020 on the SEP and ESCP. The consultations were to inform stakeholders of the Project as well as to seek their feedback, views and suggestions regarding the project environmental and social risks and suggested mitigation measures. Given ongoing restrictions, consultations were conducted remotely by setting up a WhatsApp group in addition to the Ministry's website where project information was shared and discussed with stakeholders. During consultations, stakeholders expressed their positive view and support for the project as it will play an important role in reducing the spread of COVID-19 and protecting community and people's health and minimizing risks associated with the outbreak. Stakeholders also said the project is instrumental to strengthen MOH' capacity to respond to the public health emergency, contribute to reducing economic impacts and enhance the people's trust in the public health system. For the public health sector and workers, the main concerns raised are centered around management of medical waste which may result in contaminating the environment, spreading the virus and thus increasing risks for community and health workers as well officials working around quarantine's facilities and possible discrimination attitude towards health professionals in the community. Other points of concern relate to limited knowledge among some health professionals on how to use medical equipment, particularly frontline staff working on sample testing in laboratories and ability to understand foreign languages used in instructions for medical equipment and chemicals, as well as their mental health status which needs to be assessed and supported on a regular basis.
60. For the local community and citizens, suggestions from stakeholders were on the need to raise their awareness on spread and impacts of the COVID-19 virus and basic measures to prevent and protect themselves from virus through personal hygiene, social distancing and safeguarding their community. It is also crucial for people's participation in the project through providing their feedback and suggestions, and thus the project should set up a mechanism where their feedback can be received, addressed and reflected in the project design and implementation. To reach out to the local community, health professionals and concerned officials should work in close collaboration with local authorities. One of the effective tools used to disseminate information is loudspeakers and mobile speakers. Special attention should be paid to the vulnerable groups of people who are isolated with limited access to health care services and quarantine facilities which need be provided with resources and services required to meet human basic needs and consumption. The above discussed concerns and suggestions are reflected in the ESMF, ESCP and SEP which will be updated, consulted and disclosed before submission to the World Bank for approval.
61. The mitigation measure reflected in the Environmental and Social Management Framework (ESMF) were introduces and consulted with stakeholders during April 23 to May 4 using the same method carried out earlier for ESCP and SEP (conducted remotely by setting up a WhatsApp group and website). Only few feedbacks received when the deadline for receiving comments was due on May 4 and general comments was positive with the proposed project. The full report on consultations is provided in Annex VIII for both ESCP and SEP, and ESMF consultation.
62. **Consultations During Project Implementation.** It is expected that consultations and information disclosure will be an ongoing process for the Project and that more traditional means of consultation may be allowed once certain restrictions are lifted. This would allow for better reach and targeting of stakeholders, in particular remote ethnic minorities. Consultation will be periodically conducted for the SEP, and ESCP and ESMF in case of revisions, with project affected/interested stakeholders

including ethnic groups, relevant ministries working or having interest in the health sector, relevant CSOs, as needed, using various commonly used means of communication as appropriate and consistent with ongoing restrictions, including using WhatsApp/Facebook, phone calls and, wherever and whenever permitted face-to-face consultations with a certain social distancing practice observed. It is important that stakeholders are consulted to get their feedback and suggestions on the information being disseminated, best ways to reach stakeholders (in particular the vulnerable), etc.

Table 7.1: Implementation of SEP throughout the project cycle

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation prior to effectiveness	The project, its activities and locations, potential impacts and mitigation measures Introduce the project's ESF instruments Present the SEP and the Grievance Mechanism	National Consultations conducted virtually via MOH's Website and WhatsApp given restrictions on public gatherings, April 13-17, 2020. Outcomes of the consultations will be reflected in the ESMF to be finalized and submitted for clearance.	Affected people and other interested parties as appropriate. Relevant Ministries, local agencies, hospitals working in, or with an interest in health sector and COVID-19. CSOs may also be included.	MOH through PCO with support from consultants
Project Implementation	Updated project's ESF instruments Feedback of project consultations Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement	Consultations (face to face and/or virtual consultations) Project website Correspondence by phone/email Letters to local, provincial and national authorities Consultations with IPs groups, or their representatives, (when applicable) in a culturally appropriate and accessible manner Outreach activities	Affected people and other interested parties as appropriate. Relevant Ministries working in, or with an interest in health sector and COVID-19. CSOs may also be included	MOH through PCO with support from consultants Mass media

63. **Reporting Back to Stakeholders.** Consultations with stakeholders will be the main mechanism to inform them of the project and to get their feedback. PCO will prepare notes of project meetings and consultations with comments and feedback incorporated into project and ESF documents when applicable. Stakeholders who provide specific suggestions will be followed up with after consultations with feedback on how their comments were considered. For instance, an email, message and/or official letter will be sent after workshops (in person or virtual) on how comments/suggestions were considered and appreciated.

64. **Grievance Redress Mechanism.** Under the project, a grievance redress mechanism (GRM) will

be established building on the existing country system to receive and resolve complaints and grievances in a timely and effective manner that satisfies all parties involved. Grievances can be submitted if someone believes the Project is having an adverse impact on the community, the environment, or on their quality of life. Stakeholders may also submit comments and suggestions to strengthen project design and implementation. Specifically, the GRM:

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

65. Grievances will be handled at each municipal/provincial referral hospitals and from the village up to national levels through the existing Village Mediation Unit or Committee (VMU/C and fiduciary structures/agencies from district to national level). A dedicated hotline will be established with focal points assigned to PCO to handle, monitor and report on the status of grievances received and addressed. The GRM includes the following steps:

- a. Step 1: Submission of grievances either orally through hotline 166 or in writing to DPC, through provincial and local level structure, or inbox of the Facebook page of the Center of CCEH. Complainant discusses project-related grievance with the GRM focal staff to be appointed to receive and address grievances and report on the status of grievances addressed in respective central/provincial referral hospitals or VMU being supported by the project. For instance, a grievance may be related to the upgrading works of the facility, the availability of medical equipment, treatment of patients with COVID-19, performance or conduct of health workers, etc.
- b. Step 2: Recording of grievance and providing the initial response within 24 hours. If the Complainant is not satisfied with how the grievance is handled, or if the grievance is not specific to a hospital, the grievance can be escalated by VMU or the hospital to either DHO or PHO depending on the level of the hospital and concerned fiduciary agencies including Provincial/District Justice Office (P/DJO) and Provincial/District Governor Office (P/DGO). The grievance can also be raised directly with the PCO and/or hotline# 166 which has a team of focal staff and consultant on board to be responsible for the intake, categorization and consolidation of the information and grievances received. Pending grievances is investigated and addressed by the PCO led by the Project Manager and Project Director. Consultation and guidance from MOH leaders may be required for the grievance redress. Grievances and feedback received and addressed are documented in logbook and ESF monitoring reports and project progress reports. Main relevant points are reflected in project design, POM and ESF instruments to be updated and resubmitted to the World Bank for review and clearance.
- c. Step 3: Investigating the grievance and Communication of the Response within 7 days. Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to National Committee for Emergence Operation for COVID-19 Response.

The above steps are at no cost to the complainant. 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. Following engagement and feedback, the GRM and its operationalization takes into account the needs of various affected groups including from ethnic groups and their representatives to ensure on methods are culturally appropriate and accessible and take account their customary dispute settlement mechanisms. Some sensitive cases of grievances e.g GBV and VAC may require a professional to be engaged to help investigate and resolve. Confidentiality shall be preserved for anonymous complaints.

Section 8. Institutional Arrangements, Responsibilities and Capacity Building

66. This chapter describes the implementation arrangement, monitoring, reporting, training, and technical assistance as well as the budget for ESMF implementation. This is to ensure effective implementation of this ESMF. The ESMF implementation arrangement and responsibilities of key agencies and bodies as discussed below.
67. Arrangement for project oversight, coordination and Implementation. GOL through the Emergency Operation Committee (EOC) has an overall role to oversight and coordinate COVID-19 response. In response to COVID-19, GOL has established a national taskforce led by a Deputy Prime Minister and composed of representatives from government agencies concerned including MOH responsible for providing policy and strategic advice to all government agencies in response to COVID-19. The EOC led by Minister of Health and composed of representatives from concerned departments, has been activated since January 2020 with a mandate to providing strategic advice and overseeing the implementation of measures in combating COVID-19. The EOC directly reports to the government taskforce committee and responsible for facilitating overall coordination among the government agencies and development partners. The EOC is providing regular updates through meetings, with participation from all development partners and government agencies and press in regard to the progress of COVID-19 response. The Project will continue to strengthen and support existing mechanism. WHO is taking the lead in providing technical assistance to the EOC in preparing a common COVID-19 response framework, which will be a basis for collaboration among development partners in providing support to the government for COVID-19 responses. Already, several development partners have provided support to Lao PDR including USAID, USCDC, WHO, ADB, UN agencies and the Government of China.
68. **Project Implementation.** The Project will receive policy and strategic guidance from EOC, which is responsible for overseeing overall project implementation, including coordination among development partners and government agencies. To facilitate effective and timely implementation of the Project, MOH will establish a Project Coordination Office (PCO), led by the Director General of Department of Planning and Cooperation (DPC) with two deputies: (i) Director General of Department of Finance (DOF) and (ii) Deputy Director General of DPC. Key responsibilities are as follows:
- a. PCO of DPC (PCO), who will directly report to the EOC, is responsible for day-to-day management of the Project, including financial management, procurement, safeguard preparation, consolidation of workplan and budget, financial audit, environment and social safeguards, and monitoring and evaluation. Individual consultants with specific skill sets will be recruited to provide support to the PCO as needed.
 - b. MOH technical departments concerned will be involved in Project implementation based on their functional capacities and institutional mandates and assignments from the EOC. PCO will provide support to these departments in implementing project activities in line with the national preparedness and response plan for COVID-19, including procurement of medical supplies, commodities and equipment, and other activities in the procurement plan. Each Department will assign a full-time focal point to work with PCO in implementation of the project activities and M&E.
 - c. Key technical agencies include, but not limited to, the following:
 - i. Department of *Communicable Disease and Control (DCDC)* will lead the implementation of *Component 1* (Emergency COVID-19 response) in collaboration with Department of Health Care and Rehabilitation (DHR), Department of Hygiene and Health Promotion (DHHP), and the Cabinet.
 - ii. Department of Health Care and Rehabilitation (DHCR) will lead *Component 2* (Health System Strengthening) with the DPC, Medical Product and Supply Center

(MPSC), and Food and Drug Department (FDD) supporting the implementation.

- iii. PCO will be responsible for the implementation of Component 3 (Project Management and Monitoring and Evaluation). Individual consultants with specific skill sets will be recruited to support each department concerned as needed. Some activities may be outsourced to third parties through contract agreements acceptable to the World Bank Group (WBG).
- iv. The Provincial Health Departments (PHO), District Health Offices (DHO), Central and Provincial Hospitals, media, border crossing management authorities, and local authorities will also be involved in the implementation of the Project activities.

69. **ESMF Implementation.** MOH is responsible for coordination and implementation of the Project and will ensure that Project activities comply with the Project ESCP, SEP, and other specific E&S instruments as described in this ESMF. On April 9, 2020, MOH has assigned the following personnel to be the focal points for implementation of project E&S related activities:

- a. On strategic and management aspect, the focal points are:
 1. Dr. Founkham Rattanavong, Director of Department of Planning and Cooperation.
 2. Dr. Somphone Phangmanixay, Director of Department of Finance.
 3. Dr. Chansaly Phommavong, Deputy Director of Department of Planning and Cooperation.
 4. Dr. Bounseuth Keopasith, Deputy Director of Cabinet Office, Ministry of Health.

- b. On technical aspects, the focal points are:
 1. Dr. Haikham Keokenchanh, Acting Head of Administration Division, Department of Communicable Diseases and Control (DCDC).
 2. Dr. Nouansy Keovanhpheng, Head of Quality assurance of education Division, Department of Health Profession and Education (DHPE).
 3. Dr. Thepphouthone Sorsavanh, Head of National Reference Tuberculosis Laboratory Division, National Tuberculosis Center (NTC).
 4. Dr. Dasavanh Manivong, Head of Health Insurance Management System Division, National Health Insurance Bureau (NHIB).
 5. Mr. Sinthala Pathammavong, Deputy Head of Administration Division, Department of Planning and Coordination (DPC).
 6. Mrs. Bounthanom Phimmasone, Deputy Head of Hygiene Management Division, Department of Hygiene and Health Promotion (DHHP).
 7. Dr. Chanthasouk Bansalith, Head of Planning and Cooperation Division, Center of HIV/AIDS and STI.
 8. Dr. Vatthana Chanthakumman, Head of Inspection Division, Center of Namsaad and Environmental Supply.
 9. Dr. Khammany Phommachanh; Deputy Head of Planning Division, Center of Mother and Child Health.
 10. Mrs. Khamla Boubphapanya; Deputy Head of Research and Personnel Health Development Division; Center of Communication and Education for Health.
 11. Dr. Vixayyang Chayvongmanh, Technical officer, Division of Prevention and Control, Department of Health Care and Rehabilitation (DHR).
 12. Dr. Khonesavanh Inthavong, Technical Procurement Officer, Center of Drug and Medical Supply (CDMS).
 13. Dr. Khounthavy Phetsiboun, Technical officer, National Center of Laboratory and Epidemiology (NCLE).
 14. Dr. Amphone Keouodom, Consultant of Health Governance and Nutrition Project, National Project Coordination Office, Department of Planning and Cooperation.

70. Responsibility of key agencies for the ESMF implementation will be as follows (see Table 8.1.):
- a. PCO (through the Component 3) will be responsible for the Project E&S coordination, providing technical support, and facilitating timely and effective implementation of this ESMF including monitoring and reporting to the WB. PCO will assign at least 2 qualified staff (E&S staff) or individual consultants to be responsible for these functions including those relates to consultation, information disclosure, and monitoring of GRM. TORs of the consultants will be prepared and submitted to WB for clearance before mobilization.
 - b. The Department of Communicable Disease and Control (DCDC) will be responsible for implementation of the E&S activities related to Component 1 (Emergency COVID-19 response) while the Department of Health Care and Rehabilitation (DHCR) will be responsible for implementation of the E&S activities related to Component 2 (Health System Strengthening). DCDC and DHCR will work with other agencies, PHOs, DHOs, Central and Provincial Hospitals, media, border crossing management authorities, and local authorities including PONRE/DONRE.
71. **Monitoring and Reporting (M&R).** ESMF monitoring, supervision, and reporting is an integral part of the Project implementation and the E&S staff of PCO will also be responsible for these activities. The WB E&S specialists will also supervise and monitor the implementation of E&S activities as part of the WB implementation support mission. Details on M&R responsibility of agencies are described as follows:
- a. PCO will be responsible for overall M&E of the Project, including those related to M&R on the implementation progress of the ESMF and other E&S activities to MOH and GOL as well as to the WB. The agencies responsible for implementation of the Project activities will prepare and submit their E&S implementation and quarterly M&R to PCO. Specific forms and submission date can be discussed and agreed between PCO and the implementing agencies.
 - b. PCO will prepare and submit a 6-month and an annual E&S monitoring report as identified in the ESCP to the WB. E&S progress monitoring reports may be included as part of the project progress report unless there is an emerging critical issue or incidence, which requires a separate assessment report. The report will provide information on the progress of all E&S plans and measures including the environmental, social, health and safety (ESHS) performance of the Project, stakeholder engagement activities and grievances log. The report will be submitted within 45 days after end of the 6th and 12th month.
72. **Consultation and information disclosure.** In line with the SEP prepared for the Project, consultation and information disclosure is considered part of the implementation of commitment in the ESCP and M&R process, as it is a way to reporting back to stakeholder groups. As part of preparation, ESCP and SEP have been consulted and disclosed. Results from the consultation process will be used for the SEP update to ensure that the information used in the SEP is most recent, and that the identified methods of engagement remain appropriate and effective in relation to the Project context and specific phases of the development. Consultation and disclosure processes are being progress for the ESMF, any feedback will used for further improvement of the ESMF. Any major changes to the Project related activities and to its schedule will be duly reflected in the updated ESCP, SEP and ESMF. Effective consultation and information disclosure will be further discussed and agreed during Project implementation.
73. **WB Implementation Support.** To support the challenges during the implementation of this Project where many of the activities will be front loaded and uncertainties regarding the scope, nature and extent of the COVID-19 outbreaks, a group of WBG in-country team on health, operational, fiduciary, and ESF specialists will provide day-to-day implementation support to the MOH with additional support from staff from other WBG offices and technical specialist consultants. WB's

implementation support missions will be carried out at least two times per year with a series of meetings (virtual, if necessary) with PCO and/or the implementing agencies as needed. Additional technical supervision mission and advice will be provided by the WB task team upon requested.

74. Table 8.1 below identifies the implementing agency (IA) roles and responsibility for implementation of the ESMF which will be applied to all subproject/activities to be conducted under Components 1 and 2 of the Project. The implementing agency for Component 1 will be the Department of Communicable Disease and Control (DCDC) while that for Component 2 will be the Department of Health Care and Rehabilitation (DHCR) and they will work closely with other key agencies and the provinces and districts. The PCO will coordinate with provincial Emergency Operation Committee for COVID-19 who will be responsible for overall coordination and support the Provincial Department of Health and District Division of Health of the E&S obligations and activities under project Components 1 and 2 implementations at both provincial and district levels.

Table 8.1: Responsibility of key agencies for ESMF implementation

ESMF Activities	Responsible Agencies/ Entities	Application	Remarks
E&S Screening (Close consultation with WB is encouraged)	The Implementing Agency (IA) in consultation with PCO	All activities	See form in Annex II
Preparation of ICWMP including IPCP and HCWM, LMP including consultation, disclosure, and securing WB clearance and/or approval of GOL	The IA assisted by consultants (to be provided by PCO)	When Project activities/subproject will involve physical works, goods and services, technical assistance and research related to COVID-19	See guidance in Annexes II, III, IV, V and VI
Finalize the ECOP and COC on GBV and VAC, and to include them in the bidding and contract document and monitor the compliance	The IA assisted by consultants (to be provided by PCO)	If the activity or subproject involve physical civil works	
Implementation of the approved E&S plans including GRM	The IA assisted by consultants (to be provided by PCO)	All activities/ subprojects	
Monitoring and reporting	*PCO (E&S staff). *If an IEE is required, PONRE and other local authorities and local communities will also monitor compliance with the Environment and Compliance Certificate (ECC)	All activities/ subprojects	

75. **Training and Technical Assistance.** Experience in many countries demonstrates that country capacity to manage the risks associated with COVID-19 are extremely challenged especially when the country and people are not well prepared and/or have limited capacity and resources for identification of infected population, isolation/quarantine, and treatment let alone the fact that available PPE, equipment, and chemicals necessary to ensure disinfection, cleanliness, and high level of hygienic conditions. Additionally, the communication process with the public or in

handling social concerns around COVID-19 (social stigma) as well as the serious impacts on people income and employment as well as normal tradition and practices can also be very challenging therefore the “learning by doing” approach will have to be adopted during the implementation of the Project.

76. In 2004-2010, GOL had some implementation experience with WB operations related to virus outbreaks and infection prevention and control through the implementation of the Avian and Human Influenza Control and Preparedness Project while MOH has also gained some capacity and experience on infection prevention and control, healthcare waste management, communication and public awareness for emergency situations. At present, MOH is implementing two WB-financing projects (HGNDP and HANSA) and these staff have been assigned by MOH to also be responsible for the implementation of the ESMF for the proposed Project. Nonetheless, given that application of the ESF is relatively new in Lao PDR (compared to the application of safeguard policies) as well as the urgent need to mitigate potential negative impacts of the Project in light of COVID-19 contagion, it is necessary to provide training and technical assistance as well as necessary equipment as discussed in sections below.
77. **Treatment and disposal facilities and equipment.** Hazardous and infectious waste management in Lao PDR has to be strengthened all in terms of availability of safe and reliable treatment and disposal facilities, equipment, knowledge and capacity of staff and workers on good practices especially those related to occupational health and safety (OHS), waste management, and public/community knowledge and awareness on toxic and hazardous waste. At present, there are few cities that have landfills and open dumping areas and most of waste collection is made by private sector while there is one incinerator (capacity 80 kg/day) in Vientiane Capital (KM 32) which is being used to handle hazardous and infectious waste from the hospitals. In light of COVID-19 outbreaks, it is necessary in the short term to ensure that adequate measures are in place to at least separate and dispose sharps and infectious wastes effectively. During the COVID-19 outbreak MOH will consider acquiring a professional local firm to provide waste management services if necessary to ensure safety of hospital and healthcare staff and workers. It is also expected that the Project will also provide PPE, equipment, and chemicals necessary for the hospitals and HCF especially in the main cities to ensure adequate and safe treatment and disposal of infectious and sharp wastes. Although MOH has recently established a guideline on management and disposal of sharp wastes from hospital in October 2019, ensuring effective implementation of the guideline, trainings, treatment and disposal facilities should be provided in long term to build up a system for infectious waste management at all National and Provincial hospitals.
78. Preparation of ESF documents, mitigating, supervising, and monitoring of E&S risks/impacts for the project require a team of experienced expertise and adequate time to provide implementation support with a good understanding of the cultures and operating processes in Lao PDR. Special emphasis will be given to ensure that hazardous and infectious wastes are separated, treated, and disposed-off properly and safely and that adequate attention is also given to mitigate the social risk especially those related to the (i) monitoring of the participation of ethnic groups, (ii) strengthening of the GRM, and (iii) other feedback loops to solicit feedback and grievances from beneficiaries.
79. During Project implementation, E&S training and TA will be provided to the implementing agencies both at the central and local levels. Key staff of PCO, the implementing agencies, and the provincial health offices will be trained on the concept of ESF and ESSs and the preparation and implementation of the ESMF, ICWMP, IPCP, HCWMP, SEP, LMP, ECOP/COC on GBV and VAC. During the first 6 months after Project effectiveness, PCO will mobilize ESF consultants and conduct at least 1 safeguard training workshop as agreed with the WB safeguard specialists. Capacity building and training of key target groups will be planned and conducted as needed and the following, but not limited to, priorities will be considered:
 - a. The ESMF process and guidelines for preparation, implementation, and supervision of ESF

instruments focusing on mitigating E&S risks (ICWMP, IPCP, HCWMP, and ECOP/COC on GBV and VAC when works is involved) and social risks (SEP, LMP, and GRM that could be effective in responding to local complaints);

- b. Training on the management and disposal of healthcare waste management, particularly focus on infectious and biohazard wastes to health care workers, volunteers, interns, and social workers involved in the Project at all levels;
- c. Specific training on supervision and monitoring of contractor performance, including forms and reporting process and basic knowledge on health, safety, and good construction practices for reducing potential impacts on local environment and local peoples, COC on GBV and VAC and communication and GRM procedures and other social issues related to HIV/AIDs and other communication diseases, etc.; and
- d. Development, production, and distribution of the IEC materials on management and disposal of infectious wastes, COVID-19 prevention, etc.

80. Table 8.2 identifies specific target groups for the ESMF implementation should include the following:

Table 8.2 ESF training for the Project

No	Contents	Target Groups for Training
1	ESMF process, implementation, monitoring, and reporting	PCO, the implementing agencies, and the provincial and district health offices (PHO/DHO)
2	ESMP, ICWMP, IPCP, HCWM, SEP, LMP preparation and monitoring including contract management and capacity improvement including on finalize ECOP and COC on GBV and VAC requirements)	PCO, the implementing agencies, and the provincial and district health offices (PHO/DHO)
3	Environmental and society monitoring skills improvement	PCO, the implementing agencies, the provincial and district health offices (PHO/DHO), PONRE, and other local authorities
4	Training on waste management, ESHS, etc.	PCO, the implementing agencies, the provincial and district health offices (PHO/DHO), PONRE, and other local authorities
5	Training on ECOP and COC on GBV and VAC compliance and environmental health and occupational safety measures, prevention of communicable diseases, infectious	PCO, the implementing agencies, the provincial and district health offices (PHO/DHO), PONRE, and other local authorities, CSC/field engineer, Contractor, and local communities.
6	Training on IEC materials	PCO, the implementing agencies, and the provincial and district health offices (PHO/DHO)

81. A TOR for mobilization of the TA (local firm) for waste management and 1-2 qualified individual (national) consultants will be prepared and submit to WB for clearance.

82. **ESMF Implementation Budget.** The ESMF implementation budget comprises of (a) cost for development and revision and/or update of E&S documents (ESMP, ICWMP, ECOP/COC on GBV and VAC, SEPs, LMPs) of the activities/subprojects including consultation with local authorities and communities; (b) cost for implementation of the ICWMP and IPCP through a consultant services; (c) cost for supervision, monitoring, and training workshops on E&S issues, including supervision of works and monitoring of ICWMP, ECOP/COC on GBV and VAC, SEPs, LMPs (if requested by WB); (d) cost for hiring of qualified national (individual or firm) consultants to assist PCO and the implementing agencies to coordinate and implement the ESMF including training and preparation of reports; and (e) cost for implementation of ECOP and COC for GBV ad VAC and site specific measures. Cost for these activities (except those for (e)) will be provided under the Project Component 3 as the ESMF implementation budget (see [Table 8.3](#)). Cost for (e) will be included as part of the contract for civil works.

83. Indicative costs for the ESMF implementation of about \$0.23 (M) will be allocated for the Project and PCO will be responsible for management of this budget.

Table 8.3: Estimated ESMF implementations budget

Activities	USD	Remarks
Training, workshops and Consultations		
1. MOH/PCO with support from ESF Consultants (to be recruited) to provide training on ESF good practice rolling out first 12 months at national and provincial level and monitor ESMF implementation and prepare ES monitoring reports.	50,000	The list of training topics is provided in Table 8.2.
2. Inclusive consultation with ethnic and vulnerable groups for preparation updating the ESMF, SEP and ESCP during the project implementation	15,000	Means of consultation to be tailored depending on the evolving outbreak situation and restriction measures in place
Development of ES Due Diligence Measures and other Instruments		
1. Recruitment of national ES consultants to support MOH/PCO to prepare ESS Standards due diligence, instruments for site specific upgrades/renovation/checklists (specific ESMPs, LMPs, ICWMP, ECOP/COC GBV and VAC), etc.	55,000	
2. Production, translation, printing and dissemination of the above	10,000	

documents/instruments for ES due diligence		
Information and Communication		
(Production and dissemination of communication materials targeting the ethnic and vulnerable groups)	20,000	For some ethnic and vulnerable groups including people with disability who face difficulty in communication, appropriate audio and video tools/products will be developed and used for information dissemination and awareness raising.
Supervision, monitoring, and reporting		
1. Travel to provinces for training and conducting monitoring including site supervision for civil work and reporting	30,000	
2. ESF focal staff and consultants to conduct monitoring and prepare semi-annual and annual ES Standards monitoring reports for World Bank	40,000	
3. MOH through Public Health Emergency Operation Center (EOC) and PCO to conduct site visit to provide guidance and resolve critical grievances and issues that may be raised affected people or complainants.	10,000	
TOTAL	\$230,000	

Annex I. Abbreviations and Acronyms

ACM	Asbestos containing materials
ADB	Asia Development Bank
AFB	Acid-Fast Bacilli
AMR	Antimicrobial Resistance
BMBL	Biosafety in Micro Biological and Biomedical Laboratories
BMW	Bio Medical Waste Management
BSC	Biological Safety Cabinets
BSL	Biosafety Level
C&R	compensation and resettlement (C&R)
CDC	Centre for Disease Control and Prevention
CoC	Code of Conduct
COVID 19	Coronavirus Disease 2019
CSO	Civil Society Organizations
DAFO	District Agriculture and Forestry Office
DCDC	Department Communicable Disease and Controlled
DHHP	Department of Hygiene and Health Promotions
DHIS2	District Health Information System version 2
DHO	District Health Office
DHPE	Department of Health Professions and Education
DHR	Department of Health Care and Rehabilitation
DONRE	District Office of Natural Resources and Environment
DPC	Department of Planning and Corporation
E&S	Environment and Social
ECOP	Environmental Code of Practices
EGDF	Ethnic Group Development Framework
EHS	Environmental, Health and Safety
EIA	Environmental Impact Assessment (EIA)
EOC	Emergency Operating Centre
EPL	Environmental Protection Law (EPL)
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
ESSs	Environmental and Social Standards
FDD	Food and Drug Department
GBV	Gender Based Violence
GDP	Gross Domestic Product
GGGI	Global Green Growth Institute
GOL	Government of Lao People's Democratic Republic (Lao PDR)

GRM	Grievance Redress Mechanism
GRS	Grievance Redress System
HANSA	Health and Nutrition Services Access Project
HC	Health Center
HCF	Health-Care Facility
HCW	Health-Care Waste
HEPA	High Efficiency Particulate Air filter
HGNDP	Health Governance and Nutrition Development Project
HIV	Human Immunodeficiency Virus
HVAC	Heating, Ventilation and Air Conditioning
HWMS	Healthcare Waste Management System
ICWMP	Infection Control and Waste Management Plan
ICPP	Infection Control and Prevention Protocol
IDA	International Development Association
IEE	Initial Environmental Examination
IPC	Infection and Prevention Control
Lao PDR	Lao People's Democratic Republic
LCRP	Lao PDR COVID-19 Response Project
LMP	Labor Management Plan
LOHC	Law on Health Care
MAF	Ministry of Agriculture and Forestry
MEM	Ministry of Mining and Energy
MLSW	Labor and Social Welfare
MOF	Ministry of Finance
MOH	Ministry of Health
MOIC	Ministry of Industries and Commerce
MONRE	Ministry of Natural Resources and Environment
MPA	Multiphase Programmatic Approach
MPI	Ministry of Planning and Investment
MPWT	Ministry of Public Works and Transport
NCLE	National Center for Laboratory and Epidemiology
NTC	National Tuberculosis Center
OHS	Occupational Health and Safety
PAFO	Provincial Agriculture and Forestry Office
PCO	Project Coordination Office
PHO	Provincial Health Office
PM	Prime Minister
POM	Project Operation Manual
PONRE	Provincial Office of Natural Resources and Environment
POP	Persistent Organic Pollutants (POPs)(
PPE	Personal Protective Equipment
RAP	Resettlement Action Plan
RPF	Resettlement Policy Framework

SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
SPRP	COVID-19 Strategic Preparedness and Response Program
STI	Sexual Transmitted Illness
TA	Technical Assistance
TB	Tuberculosis
UNICEF	United Nations Children's Fund
USCDC	United States, Center for Disease Control and Prevention
VAC	Violence Against Children
VCOMS	Vientiane City Office for Management and Service
WBG	World Bank Group
WHO	World Health Organization
WWTP	Wastewater Treatment Plant

Annex II. Screening Form for Potential Environmental and Social Issues

1. This form (Section 2.1) is to be used by the Project Implementation Unit (PIU) to screen for the potential environmental and social (E&S) 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 the proposed subproject (if applied) 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 and identify proportioned mitigation measure. ***It is not a substitute for project-specific E&S assessments or specific mitigation plans.*** **The completed ESS screening form (Table A2.1) with signing of the responsible persons, will be kept in the Project file for possible review by WB.**

2. This Annex also provide a note on *Considerations and Tools for E&S Screening and Risk Rating* (Section 2.2) as well as a list of non-eligible activities for Project financing (Section 2.3). **No land acquisition of any type can take place under the project.**

Section 2.1 ESS screening form (Table A2.1)

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	ICWMP, ESMP, SEP. New construction is not eligible (see Section 2.3)
Does the subproject involve land acquisition and/or restrictions on land use?			ESS5	If yes, not eligible (see Section 2.3)
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?			ESS5	If yes, not eligible (see Section 2.3)
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	ICWMP, ESMP, LMP (see Section 2.3)
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ICWMP, ESMP, LMP

Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			ESS2	LMP, SEP
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	ICWMP, ESMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS4	ESMP, SEP, LMP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	If yes, not eligible (see Section 2.3)
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	Measures addressing issue on vulnerable groups, including IPs, will be part of ESMP, ICWMP/ ECOP
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	If yes, the project should follow the Chance Find Procedures provided in section 1.6 of Annex VI
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESMP, LMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			<i>OP7.60 Projects in Disputed Areas</i>	Governments concerned agree
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways ⁸ ?			<i>OP7.50 Projects on International Waterways</i>	Notification (or exceptions)

⁸ 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.

Conclusions:

1. Proposed E&S Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.

-
-

2. Proposed E&S Instruments:

Remarks.

.....

3. Eligibility: I confirm that the Project activities/subproject is eligible for Project financing (i.e. not fall in the list identified in Table A2.2).

Sign by Subproject/activities owner:

Position:Date

Sign by PCO of DPC:

Position:Date:.....

Section 2.2 Infection Control: *Considerations and Tools to Assist in E&S Screening and Risk Rating*

3. In the context of global COVID-19 outbreak, many countries have adopted a containment strategy that includes extensive testing, quarantine, isolation and treatment either in a medical facility or at home.

4. A COVID-19 response project may include the following activities:

- Construction of and/or operational support to medical laboratories, quarantine and isolation centers at multiple locations and in different forms, and infection treatment centers in existing healthcare facilities;
- Procurement and delivery of medical supplies, equipment and materials, such as reagents, chemicals, and Personal Protective Equipment (PPEs);
- Transportation of potentially infected specimens from healthcare facilities to testing laboratories;
- Construction, expansion or enhancing healthcare waste and wastewater facilities;
- Training of medical workers and volunteers; and
- Community engagement and communication.

I. Screening E&S Risks of Medical laboratories

5. Many COVID-19 projects include capacity building and operational support to existing medical laboratories. It is important that such laboratories have in place procedures relevant to appropriate biosafety practices. WHO advises that non-propagative diagnostic work can be conducted in a Biosafety Level 2 (BSL-2) laboratory, while propagative work should be conducted at a BSL-3 laboratory. Patient specimens should be transported as Category B infectious substance (UN3373), while viral cultures or isolates should be transported as Category A “Infectious substance, affecting humans” (UN2814). The process for assessing the biosafety level of a medical laboratory (including management of the laboratory operations and the transportation of specimens) should consider both biosafety and general safety risks. Occupational Health and Safety (OHS) of workers in the laboratory and potential community exposure to the virus should be considered.

6. The following documents provide further guidance on screening of the E&S risks associated with a medical laboratory. They also provide information for assessing and managing the risks.

- [WHO; Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios](#)
- [WHO Covid-19 Technical Guidance: Laboratory testing for 2019-nCoV in humans:](#)
- [WHO Laboratory Biosafety Manual, 3rd edition](#)
- [USCDC, EPA, DOT, *et al*; Managing Solid Waste Contaminated with a Category A Infectious Substance \(August 2019\)](#)

II. Screening E&S Risks of Quarantine and Isolation Centers

6. According to WHO:

- **Quarantine** is the restriction of activities of or the separation of persons *who are not ill but who may have been exposed to an infectious agent or disease*, with the objective of monitoring their symptoms and ensuring the early detection of cases
- **Isolation** is the separation of *ill or infected persons* from others to prevent the spread of infection or contamination.

7. Many COVID-19 projects include construction, renovation and equipping of quarantine and isolation centers at Point of Entry (POE), in urban and in remote areas. There may also be circumstances where tents are used for quarantine or isolation. Public or private facilities such as a stadium or hotel may also be acquired for this purpose.

8. In screening for E&S risks associated with quarantine and isolation, the following may be considered:

- contextual risks such as conflicts and presence or influx of refugees
- construction and decommissioning related risks
- land or asset acquisition
- use of security personnel or military forces
- availability of minimum requirements of food, fuel, water, hygiene
- whether infection prevention and control, and monitoring of quarantined persons can be carried out effectively
- whether adequate systems are in place for waste and wastewater management
- L&FS risk and management
- wastewater issue and management

9. The following documents provide further guidance regarding quarantine of persons.

- [WHO; Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#)
- [WHO; Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV](#)
- [WHO; Preparedness, prevention and control of coronavirus disease \(COVID-19\) for refugees and migrants in non-camp settings](#)

III. Screening E&S Risks of Treatment Centers

10. WHO has published a manual that provides recommendations, technical guidance, standards and minimum requirements for setting up and operating severe acute respiratory infection (SARI) treatment centers in low- and middle-income countries and limited-resource settings, including the standards needed to repurpose an existing building into a SARI treatment center, and specifically for acute respiratory infections that have the potential for rapid spread and may cause epidemics or pandemics.

- [WHO Severe Acute Respiratory Infections Treatment Centre](#)
- [WHO Covid-19 Technical Guidance: Infection prevention and control / WASH](#)
- [WBG EHS Guidelines for Healthcare Facilities](#)

VI. Screening E&S Risks Relating to Labor and Working Conditions

11. A COVID-19 project may include different types of workers. In addition to regular medical workers and laboratory workers who would normally be classified as direct workers, the project may include contracted workers to carry out construction and community workers (such as community health volunteers) to provide clinical support, contact tracing, and data collection, etc. The size of the workforce engaged could be considerable. Risks for such a workforce will range from occupational health and safety to types of contracts and terms and conditions of employment. Further details relevant to labor and working conditions for COVID-19 projects are discussed in the [LMP template for COVID-19](#).

Section 2.3 List of the Non-Eligible Activities

12. Table A2.2 provides a list of ineligible activities. PIU will ensure that WB clearance of all E&S documents will be obtained before the activities begin on the ground. In close consultation with WB, other arrangement can be made depending on the potential risks of the proposed activity/subproject.

Table A2.2: Prohibited Activities for the Project (Ineligible Activities)
<ul style="list-style-type: none">• Activities that involve land acquisition or resettlement.• Activities of any type classifiable as “High” risk pursuant to the World Bank's Environment and Social Standard 1 (ESS1) of the Environment and Social Framework (ESF)• Activities that are considered by the World Bank (a) to have potential to cause significant loss or degradation of critical natural habitats whether directly or indirectly or those that could adversely affect forest and forest health; (b) that could affect sites with archaeological, paleontological, historical, religious, or unique natural values; and (c) that will involve the involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households’ use of land and livelihoods.• Use of goods and equipment as considered by the World Bank on meet the following conditions: (a) lands abandoned due to social tension/conflict, or the ownership of the land is disputed or cannot be ascertained; (b) to demolish or remove assets, unless the ownership of the assets can be ascertained, and the owners are consulted; (c) involving forced labour, child labour, or other harmful or exploitative forms of labour; (d) activities that would affect indigenous peoples, unless due consultation and broad support has been documented and confirmed prior to the commencement of the activities; and/or (e) other paramilitary purposes.

Annex III. Potential Environmental and Social Risks and Mitigation Measures and Preparation of Environment and Social Management Plans (ESMPs) LAO PDR COVID-19

1. This Annex outlines potential environmental and social risks and mitigation measures related to Project activities, including physical renovation civil works, procurement of goods, capacity building and technical assistance, and operations of all healthcare facilities (HCFs) including quarantine and isolation centers, hospitals and laboratories.
2. Based on subproject screening (Annex II), if a project activity requires a specific ESMP to be prepared and implemented, the ESMP template provided in Table A3.a will be followed along with the guidance of potential risks, impacts and mitigation measures outlined in Tables A3.1-A3.4. E&S risks under the project may also be addressed through site specific infection control and waste management plan (ICWMP) as per guideline provided in Annex IV including an infection prevention and control protocol (IPCP) and guideline on healthcare waste management procedures (HCWMP), Labor Management Procedure (LMP) in Annex V, and an Environmental Code of Practice (ECOP) and Social Code of Conducts (COC) for small renovation civil work in Annex VI.
3. Box A3 provides guidance on how to prepare an ESMP while Table A3.a presents the template for the ESMP. The ESMP is not just necessary to be prepared for a physical renovation civil work which maybe already covered by ECOP and COC (Annex VI) but needed to address potential environmental and social risks associated with delivery of goods, operation of HCFs, capacity building and other technical assistance etc.
4. Table A3.1 until Table A3.4 provide guidance on potential environment and social risks, impacts, and mitigation measures for Project activities, including civil works (Table A3.1), procurement of goods (Table A3.2), capacity building and technical assistance (Table A3.3), and operations of HCF (Table A3.4).
5. Once prepared, the documents mentioned in the paragraph 4 above will be submitted to WB for review and clearance before implementation of project activities. Monitoring and reporting to WB will also be required.

Box A3 Guidance on How to prepare ESMP template

- Based on subproject screening (Annex II), the implementing agency (IA) will develop an Environmental and Social Management Plan (ESMP), setting out how the environmental and social (E&S) risks and impacts will be managed through the project lifecycle. The IA can use the template in Table A3.a and be guided by information Tables A.3.1-A3.4 on the potential social risks and mitigations for the specific activities.
- 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, legal framework, consultations, grievance redress and budget. The IA may incorporate relevant sections of the ESMF into the ESMP, with necessary updates.
- 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 IA should review and add to them during the environmental and social assessment of a subproject.
- The WBG’s Environment, Health, and Safety (EHS) Guidelines, WHO technical guidance documents, and other Good International Industry Practice (GIIPs) also set out in detail many mitigation measures and good practices, and can be used by the IA 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 (ICWMP) 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), etc.

Table A3.a: ESMP Template

Table A3.a presents the template of ESMP. As mentioned, ESMP will also include other detailed information such as the description of the activities/subproject, consultation and information disclosure, monitoring of GRM, training and capacity building, and an estimated budget, among others.

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget

Table A3.1: Measures to mitigate environmental and social risks and impacts associated with physical renovation civil works		
Risks and Impacts	Mitigation Measures	Responsibilities
(1) The design of the HCF does not meet technical requirement on fire prevention and safety may increase the risk related to life and fire safety (L&FS) during operations of the HCF.	In Lao PDR there is a law on Fire Prevention and Fighting, No. 09/NA, dated 24 December 2007. The law (article 18) requires that the fire prevention for a hospital will comprise of the plan and system for fire prevention, danger alarm system, escape plan, forces advising the emergency exit, helping the persons who are unable to escape the fire by themselves, having the plan to coordinate with the fire prevention and fighting force. The fire prevention and fighting plan will be approved by the Fire Prevention and Fighting Brigade. The HCF owner is responsible to ensure that the HCF meets these national requirements. Approval of the detailed design of the HCF will be required per the Government regulations.	Ministry of Health (PCO and related departments at national and provincial levels including hospital)
(2) The design of the isolation and treatment centers does not meet technical requirements, increasing risk of spreading COVID-19 in health facilities	<p>For patients with possible or confirmed COVID-19, isolation rooms should be provided and used at medical facilities. Isolation rooms should:</p> <ul style="list-style-type: none"> ✓ 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 (areas used by many people) 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), but should avoid excess equipment or soft furnishings; ✓ 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. <p>An operation manual should be prepared prior to the opening of isolation rooms to describe the working procedures to be taken by healthcare workers to protect themselves and prevent infection escape while providing treatment. The</p>	Ministry of Health (PCO and related departments at national and provincial levels including hospital)

	<p>operational procedures should be of a standard to meet National guidelines for IPC in healthcare facilities and guidance from WHO and/or CDC on infection control:</p> <ul style="list-style-type: none"> ➤ WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected; ➤ WHO technical brief water, sanitation, hygiene and waste management for COVID-19; ➤ WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources); ➤ WHO interim practical manual for improving infection prevention and control at the health facility; ➤ CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings; and CDC guidelines for environmental infection control in healthcare facilities. 	
<p>(3) Dust, noise and vibration generated from rehabilitation or minor civil works</p>	<ul style="list-style-type: none"> - The contractor(s) is responsible for compliance with relevant national legislation with respect to ambient air quality, noise and vibration - The contractor(s) undertaking works shall ensure that the generation of dust is minimized and implement a dust control plan to maintain a safe working environment and minimize disturbances for patients, staff and surrounding community - The contractor(s) undertaking works shall implement dust suppression measures (e.g. water paths, covering of material stockpiles, etc.) as required. Materials used shall be covered and secured properly during transportation to prevent scattering of soil, sand, materials, or generating dust. Exposed soil and material stockpiles shall be protected against wind erosion - The contractor(s) shall ensure onsite latrine be properly operated and maintained to collect and dispose wastewater from those who do the works - The contractor(s) should not carry out construction activities generating high level of noise during healthcare activities, especially when services are being delivered to the clients. 	<p>Contractor(s)</p>

<p>(4) Solid waste generated from rehabilitation or minor civil works</p>	<ul style="list-style-type: none"> - The contractor(s) shall develop and follow a brief site-specific solid waste control procedure (storage, provision of bins, site clean-up, bin clean-out schedule, etc.) before commencement of any financed rehabilitation works; - The contractor(s) shall use litter bins, containers and waste collection facilities at all places during works. - The contractor(s) may store solid waste temporarily on site in a designated place prior to off-site transportation and disposal through a licensed waste collector. Transport management plan in line with WBG good practice should be developed. - The contractor(s) shall dispose of waste at designated place identified and approved by local authority. Open burning or burial of solid waste at the hospital premises shall not be allowed. It is prohibited for the contractor(s) to dispose of any debris or construction material/paint in environmentally sensitive areas (including watercourse). - Recyclable materials such as wooden plates for trench works, steel, scaffolding material, site holding, packaging material, etc. shall be segregated and collected on-site from other waste sources for reuse or recycle (sale). 	<p>Contractor(s)</p>
<p>(5) Asbestos containing materials (ACM) generated from renovation or minor civil works</p>	<ul style="list-style-type: none"> - The asbestos audit will be undertaken as required prior to/at the beginning of refurbishment. - Safe removal of any asbestos-containing materials or other toxic substances shall be performed and disposed of by specially trained workers in line with the WBG guidelines on asbestos management. - If ACM at a given hospital is to be removed or repaired, the MOH will stipulate required removal and repair procedures in the contractor's contract. - Contractors will remove or repair ACM strictly in accordance with their contract. Removal personnel will have proper training prior to removal or repair of ACM. - All asbestos waste and products containing asbestos is to be buried at an appropriate landfill and not to be tampered or broken down to ensure no fibers are airborne. Disposal of waste containing asbestos should be agreed with MOH. - No ACM will be used for renovation works. 	<p>Contractor(s)</p>

<p>(6) Safety risks during works, health staff, patients and their relatives during construction, including those related to life and fire safety risk</p>	<ul style="list-style-type: none"> - The contractor(s) shall comply with all national and good practice regulations regarding workers' safety and those related to fire prevention and fighting. - The contractor(s) shall prepare and implement a simple action plan to cope with risk and emergency (e.g., fire, earthquake, floods, COVID-19 outbreak). Due attention will be given to (a) comply with the Government law and regulations related to fire prevention and fighting as well as the World Bank Group's requirements regarding Life and Fire Safety (L&FS) (see Section 3.3 of the WBG's EHS guideline on Community Health and Safety. A minimum requirement for ensuring compliance with L&FS guideline are included in the generic ECOP (Section 1.5) of Annex VI of this ESMF. - The contractor(s) shall have or receive minimum required training on occupational safety regulations and use of personal protective equipment as well as those related to L&FS. - The contractor(s) shall provide safety measures as appropriate during works such as installation of fences, fire extinguishers, first aid kits, restricted access zones, warning signs, overhead protection against falling debris, lighting system to protect hospital staff and patients against construction risks. 	<p>Contractor(s)</p>
<p>(7) Employment of workers. Close working and poor living conditions in labor camps may create conditions for the easy transmission of COVID-19 and the infection of large numbers of people. Risk GBV/SEA</p>	<p>Develop contingency plans with arrangements for accommodation, care and treatment for:</p> <ul style="list-style-type: none"> • Workers self-isolating • Workers displaying symptoms • Getting adequate supplies of water, food and supplies <p>Contingency plans also should consider arrangements for the storage and disposal arrangements for medical waste, which may increase in volume and which can remain infectious for several days (depending upon the material).</p> <p>Ensure medical facilities are stocked with adequate supplies of medical PPE, as a minimum:</p> <ul style="list-style-type: none"> ✓ Gowns, aprons 	<p>Contractor(s)</p>

	<ul style="list-style-type: none"> ✓ Medical masks and some respirators (N95 or FFP2) ✓ Gloves (medical, and heavy duty for cleaners) ✓ Eye protection (goggles or face screens) <p>Medical staff at the facilities should be trained and be kept up to date on WHO advice and recommendations on the specifics of COVID19</p> <p>The medical staff/management should run awareness campaigns and posters on site advising workers:</p> <ul style="list-style-type: none"> • how to avoid disease spread (cough/sneeze in crook of elbow; keep 1m or more away, sneeze/cough in tissue and immediately through tissue away, avoid spitting, observe good hygiene) • the need to regularly wash hands with soap and water – many times per day • to self-isolate if they think they may have come in contact with the virus • to self-isolate if they start to display any symptoms, but alert and seek medical advice <p>Wash stations should be provided regularly throughout site, with a supply of clean water, liquid soap and paper towels (for hand drying), with a waste bin (for used paper towels) that is regularly emptied.</p> <p>Wash stations should be provided wherever there is a toilet, canteen/food and drinking water, or sleeping accommodation, at waste stations, at stores and at communal facilities. Where wash stations cannot be provided (for example at remote locations), alcohol-based hand rub should be provided.</p> <p>Enhanced cleaning arrangements should be put in place, to include regular and deep cleaning using disinfectant of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, communal areas, including door handles, floors and all surfaces that are touched regularly (ensure cleaning staff have adequate PPE when cleaning consultation rooms and facilities used to treat infected patients)</p>	
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Worker accommodation that meets or exceeds [IFC/EBRD worker accommodation requirements](#) (e.g. in terms of floor type, proximity/no of workers, no ‘hot bedding’, drinking water, washing, bathroom facilities etc.) will be in good state for keeping clean and hygienic, and for cleaning to minimize spread of infection.

To minimize pressure on PPE resources: WHO advice on the effectiveness and use of PPE by general public should be followed to ensure that the supplies are not exhausted through ineffective use – this is equally important on construction sites.

Other measures (such as working water sprinkling systems at crushers and stock piles, covered wagons, water suppression or surfacing of haul roads etc.) should be used for dust suppression on site before relying upon the use of dust masks (which could unnecessarily reduce the availability of N95/FFP2 masks for use by medical staff performing some duties).

Contractors and MOH should ensure that contracted workers and MOH and other relevant project staff, have medical insurance and/or are able to receive free treatment of Covid-19.

Worker accommodation and sanitation facilities to be separate for male/female as needed.

Training on community interaction and GBV/SEA to be provided for all teams, staff (civil servants and outsources staff/contractors) to ensure the teams respect local communities and their culture and will not involve in misconduct. Signing of Code of Conduct.

Any medical or other hospital staff (including cleaners) experiencing symptoms of COVID-19 or a respiratory illness (fever + cold or cough) must remain at home/isolated and report symptoms immediately to supervisors. Training on community interaction and GBV/SEA to be provided for all teams, staff (civil servants and consultant).

Table A3.2: Measures to mitigate potential environmental and social risks and impacts associated with goods

Risks and Impacts	Mitigation Measures	Responsibilities
<p>(1) Surfaces of imported materials may be contaminated and handling during transportation may result in spreading.</p>	<p>Projects should ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available. Alcohol-based hand rub should be provided where handwashing facilities cannot be accessed easily and regularly.</p> <p>Also ensure awareness campaigns and reminder signs are regularly posted around site to encourage workers regularly wash hands when handling goods, and that they do not touch their face. The awareness campaigns and signs should be designed different languages and in a manner that is culturally appropriate, and accessible to ethnic minorities groups, vulnerable groups and elderly.</p> <p>If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) a surface or equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand rub</p> <ul style="list-style-type: none"> ➤ A label containing information on how materials/medical facilities/equipment should be safely handled should be available on site. 	<p>Ministry of Health (PCO and related departments at national and provincial levels including hospital)</p>
<p>(2) Incorrect standard or quality of PPE leads to spread of infection to healthcare workers and cleaners</p>	<p>The healthcare workers shall be provided with medical personal protective equipment (PPE) includes: Medical mask, Gown, Apron, Eye protection (goggles or face shield), Respirator (N95 or FFP2 standard), Boots/closed work shoes</p> <p>WHO interim guidance on rational use of PPE for coronavirus disease 2019 provided further details on the types of PPE that are required for different functions.</p> <p>The project health facilities should establish and apply procedures for use of PPE in line with WHO guidelines and National guidelines for Infection Prevention and</p>	<p>Ministry of Health (PCO and related departments at national and provincial levels including hospital)</p>

	<p>Control healthcare facilities Information/instruction on how PPE should be used safely handled should be made available on site. (See Annex V)</p> <p>Contractors and MOH should ensure that contracted workers and MOH and other relevant project staff, have medical insurance and/or are able to receive free treatment of Covid-19.</p>	
(3) Inadequate handwashing facilities are provided for handling.	<p>Project health facilities should ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying (warm air driers may be an alternative), plus closed waste bin for paper towels are available. If water and soap handwashing facilities are not possible, alcohol-based hand rubs may be provided.</p> <p>The project health facilities should establish and apply procedures for hand hygiene in line with WHO guidelines and National guidelines for Infection Prevention and Control healthcare facilities Sign boards on how to do proper hand wash should be stick at each hand wash stations.</p>	Ministry of Health (PCO and related departments at national and provincial levels including hospital)
(4) Alcohol-based hand rubs may not be as affective at controlling infection as hand washing with soap and water.	<p>Alcohol-based hand sanitizers are not considered as effective as hand washing with soap and water, and should therefore only be used in locations where full hand washing facilities cannot be provided. Advice should be provided to remind users where full handwashing facilities can be found. The project health facilities should establish and apply procedures for hand hygiene by alcohol in line with WHO guidelines and National guidelines for Infection Prevention and Control healthcare facilities Sign boards on how to do proper hand wash should be stick at each hand wash stations.</p>	Ministry of Health (PCO and related departments at national and provincial levels including hospital)
(5) Wastes from vaccination programs or treatment are not properly dealt with and lead to further infection.	<p>The treatment of healthcare wastes produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated and then safely disposed.</p>	Ministry of Health (PCO and related departments at national

	<p>Open burning and incineration of medical wastes can result in emission of dioxins, furans and particulate matter, and result in unacceptable cancer risks under medium (two hours per week) or higher usage. Single-chamber, drum and brick incinerators do not meet the BAT requirements under Stockholm Convention. Small-scale incineration should be viewed as a transitional means of disposal for health-care waste. If small-scale incinerators are the only option available, the best practices possible should be used, to minimize operational impacts on the environment.</p> <p>Alternative treatments should be designed into longer term projects, such as steam treatment methods. Steam treatment should preferably be on site, although once treated, sterile/non-infectious waste may be shredded and disposed of in suitable waste facilities.</p> <p>The project health facilities should establish and apply procedures for healthcare waste management in line with WHO guidelines for Safe management of wastes from health-care activities and National guidelines for Infection Prevention and Control healthcare facilities.</p>	and provincial levels including hospital)
<p>(6) A non-transparent and poorly managed distribution system and practice could worsen the current shortage situation, affecting the maximum and efficient use of resources.</p> <p>The disadvantaged and vulnerable population groups, and IP communities could face disproportionate difficulties in accessing the available resources, exposing them to greater risks.</p>	<p>Attention should be given to the distribution system, to ensure effective and efficient use of the goods and services and avoid capturing of the rich, powerful and privileged, particularly at this time of short supply.</p> <p>Particular attention and efforts should be given to the disadvantaged and vulnerable groups and ethnic IP communities to make sure that they have equal if not better access to these resources.</p>	Ministry of Health (PCO and related departments at national and provincial levels including hospital)

Table A3.3: Measures to mitigate potential environmental and social risks and impacts associated with technical assistance and capacity building

Risks and Impacts	Mitigation Measures	Responsibilities
(1) Open burning of solid waste and use of small-healthcare incinerators may increase the emission of dioxins and furans causing risk to human health	<ul style="list-style-type: none"> • Given that existing facilities are considered inadequate, the technical assistance (TA) to be mobilized during the implementation of the ESMF will assess and propose to MOH and other entities responsible for ensuring effective management of solid waste in Lao PDR and/or locality a set of cost-effective mitigation measures in respect to waste incineration that can address the issues related to dioxins and furans emission. • Details will be included in a TOR to be submitted to WB for clearance. 	Ministry of Health (PCO and related departments at national and provincial levels including hospital)
(2) Information, advice, guidance and training are not updated regularly as more becomes known about how the virus responds to treatment and is transmitted.	<p>TORs to include specific requirement for regular review of information and guidance, including WHO, CDC and other governmental websites.</p> <p>➤ Refer to WHO, CDC websites and other locations as necessary to remain up to date on causes of spread and treatment of infected patients.</p>	Ministry of Health (PCO and related departments at national and provincial levels including hospital)
(3) Provision of support to the disadvantaged vulnerable groups is not included in the technical assistance and capacity building program	<p>TORs should require specific actions to be identified to ensure disadvantaged and vulnerable groups have effective identification, diagnosis and treatment, whether in medical facilities or in the community, and how they can best access support and treatment and other related services</p> <p>Similarly, where IP communities are involved, need to follow ESS7 and IPF policy Para 12 on emergency provision.</p>	Ministry of Health (PCO and related departments at national and provincial levels including hospital)
(4) Planning and design of measures to screen people for COVID-19 and information materials developed could exclude the most vulnerable, who are also less likely to have access or be active on social media.	<p>Planning of containment measures and social restrictions need to take into account the livelihood impact it will have for the population, in particular the most vulnerable. MOH and the Lao government may need to develop specific mitigation measures for this, such as social safety nets with cash transfers to specific population groups, ensuring that it does not exclude informal workers, the</p>	MOH

<p>Restrictions on travel, general movement, etc. have the potential to enhance negative impacts to the vulnerable groups, who may have lower incomes, lose jobs, have childcare duties, and may also be the most vulnerable to contracting COVID-19.</p> <p>Communication materials may not reach the most vulnerable.</p> <p>General population may lack of understanding in about how COVID-19 is contracted.</p> <p>Vulnerable groups, in particular women, may have difficulties in accessing clean water, in particular during the dry season.</p>	<p>poor, home-based workers, ethnic groups, etc. May also include food grants, essential basket of goods, child care support for women, etc.</p> <p>When developing communication materials it is important to ensure that they are clear and concise, and that they are in a format/language that is understandable to all people, in particular the most vulnerable. This includes ensuring there is access to pictorial materials that can be understandable to ethnic groups, as well as materials for those with disabilities (audio for the blind, for example, or sign language for the deaf). Messages should be clear and concise, focusing on (i) hygiene measures and how to protect against COVID-19 (hand washing, coughing, social distancing), (ii) symptoms of COVID-19, (iii) what to do if suspect have COVID-19, as well as (iv) restrictions if applicable (for instance specific guidelines on social-distancing). There should be a dedicated hotline for people to call for questions and recommendations on what to do if they suspect they may have COVID-19.</p> <p>Different media needs to be used (social media, radio, tv) plus engaging existing formal and informal public health and community-based networks (schools, healthcare service providers at local level, etc.). Social influencers should be utilized, such as religious monks, ethnic group chiefs, celebrities, NGOs, or other people with influence, who can help to disseminate the information messages.</p> <p>A focus of information materials should be on women, as they tend to be the best venue of communication for children and the elderly in the household.</p> <p>Communication materials must stress that these normal services are still being provided, and explain measures taken in health centers to avoid COVID-19 risks as there may be apprehension from community members to go to health facilities.</p>	
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	<p>Hand washing messages should be clearly promoted in all provinces/districts. Those with restrictions in accessing water or soap should be assisted by district and/or village chiefs.</p>	
<p>(5) Ethnic groups may be at heightened risk if they contract COVID-19 due to their remoteness in accessing treatment (though their remoteness may protect them from contracting the virus).</p> <p>Their location may also make the diagnosing and treatment of the virus more difficult.</p> <p>They may also be unable to access reliable information materials, or in a manner that they understand them, or may have traditional beliefs that are in conflict with medical information.</p>	<p>Communication materials must be developed with the needs of ethnic groups in mind, including making information available in pictorial manner as described in other sections in this Table. It would be important to consult with ethnic groups/organizations when developing these materials.</p> <p>In particular, ethnic groups and remote communities need to have access to concise information about how to i) avoid contracting COVID-19 and good hygiene; ii) COVID-19 symptoms; iii) what to do/what medical facilities to call or visit if experiencing COVID-19 symptoms. A focus for ethnic group and remote communities should also be on steps to take when traveling outside of their area, and potential measures for self-isolation for members that have been in areas with documented COVID-19 cases, in order to protect remote communities.</p> <p>Project workers must take extreme cautionary measures if visiting remote and/or ethnic communities as they could risk bringing the virus to very remote areas.</p> <p>Medical attention to ethnic groups must be sensitive to their needs.</p>	<p>MOH, HCFs and Contractors</p>
<p>(6) Quarantine measures, together with fears over COVID-19, livelihood impacts as a result of any restrictions in movement, social isolation and increased economic pressures and loss of jobs (informal or formal sector) may exacerbate household tensions and lead to an increase in GBV and VAC.</p>	<p>Communication materials should be focused not only on hand washing and hygiene, but on how to cope with social and mental aspects of the COVID-19 pandemic, including loss of jobs and quarantine measures. For instance there should be information on how to cope with stress and anxiety, recommendations on how to talk to children, etc. Information materials should provide links to resources/organizations that can provide support.</p>	<p>MOH and Contractors</p>

<p>School closures would mean children are at home and this could increase risk of VAC and GBV, in particular if family members are stressed, drinking or violent. Young females may be in particular risk.</p> <p>Women are more likely to be informal or self-employed workers than men, and may lose income as a result of containment restrictions to prevent COVID-19.</p> <p>Women may also have increased pressures in the home to look after the elderly and young children, especially if there are school closures.</p> <p>Women who are single heads of households may be under increase strains if they lose jobs.</p>	<p>Engage social influencers, such as religious leaders, who can help communicate accurate messages.</p> <p>Stakeholder Engagement Plan (SEP) should ensure consultations with CSOs, women, women’s groups and other stakeholders that can provide recommendations on how to communicate information with vulnerable groups, how to support women, and on topics such as GBV and VAC.</p> <p>There is a need to ensure that GBV-resolution mechanisms and GBV and other mental health services continue to be well resourced as there may be increased demand for their services</p> <p>Apply the WHO Code of Ethics and E&S COP attached in this ESMF for all workers in the quarantine/isolation facilities, as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers.</p> <p>E&S COP included in the letter of PCO’s staff appointment and contracts (for contracted workers) in line with relevant national laws and legislations and the project’s Labor Management Procedures (LMP), including for those working on contact tracing or any other in contact with local communities.</p> <p>Training on community interaction and GBV/SEA to be provided for all teams, staff (civil servants and outsources staff/contractors) to ensure the teams respect local communities and their culture and will not involve in misconduct. Signing of Code of Conduct.</p> <p>Lao government may need to consider ways it can support women during the COVID-19 pandemic, in particular female health workers, ensuring continuity of care for sexual and reproductive health, and potential for additional support to</p>	
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	<p>women losing income, in particular if in the informal sector (this could be in the form of cash grants, food support or other support).</p> <p>Lao government may need to think about measures to support informal workers if they experience significant livelihood losses. While women are a big part of the informal workforce, men must also be considered</p>	
<p>(7) If stakeholders are not properly consulted, information is not disclosed and people are not informed about their rights, options for grievance redress or project timelines, there could be misunderstandings, conflict, stigma, false rumors or loss of confidence in the community regarding the project.</p>	<p>Ensure consultations on SEP and this ESMF include relevant government agencies, NGOs and other organizations working on health and gender, including GBV, as well as ethnic groups.</p> <p>Ensure messages relating to COVID-19 reach all groups of people, in particular the most vulnerable (as defined in this Table). This may include having a multi-faceted approach to consultations and disclosure of information and information sharing, such as by loudspeaker (by district health authorities), Facebook, SMS, You Tube videos, social influencers/religious leaders, etc.</p> <p>Ensure communication materials not only focus on COVID-19 symptoms and hygiene, but also on coping strategies if there is social isolation, avenues (materials, organizations, hotline) available for mental health, GBV, etc. that may be available.</p> <p>Also see other recommendations on communications materials and messages outlined in this Table.</p>	MOH
<p>(8) Risk of fear and/or stigma towards the virus, which may make people hide symptoms, avoid getting tested and even reject hygiene measures or wearing PPE equipment (or masks if recommended)</p>	<p>When developing communication messages about COVID-19, it is important to have social stigma issues in mind and choose language that does not exacerbate stigma. It is best to not refer to people with the disease as “COVID-19 cases”, “victims” “COVID-19 families” or “the diseased”. It is better to refer as “people who have COVID-19”, “people who are being treated for COVID-19”, or “people who are recovering from COVID-19”. It is important to separate a person from</p>	MOH

<p>Health workers may suffer stigma, in particular when coming back to their communities, as they may be seen as potential “carriers”</p> <p>Some groups may be particularly vulnerable to stigma, such as IP groups, people coming back from Thailand and foreigners.</p>	<p>having an identity defined by COVID-19, in order to reduce stigma. This language should be used <u>throughout all communication materials</u>.</p> <p>Engage social influencers, such as religious leaders, who can help communicate accurate messages and help to reduce social stigma as well as support those who may be stigmatized.</p> <p>Ensure accurate information about the virus is widely disseminated, and that there is also a focus on people recovered. One way to do this could be through District health officials and/or village chiefs. They could be trained or provided accurate information on the basics of COVID-19 prevention (good hygiene, frequent hand washing, avoid touching face, social isolation measures) and be provided with simple materials in Lao language as well as pictorial.</p> <p>Communication materials must reinforce the positive contribution of health care workers and steps they are taking to protect themselves against the virus and their use of PPE.</p>	
<p>(9) Screening of people entering the country, in particular land borders as well as contact tracing, confirmation of cases or enforcement of any community movement restrictions or quarantine/lockdown or social restriction measures, could lead to abuse of power by law enforcement, fear from community members (especially the elderly, ethnic and marginalized groups), a potential for GBV, Sexual Exploitation and Abuse (SEA) and/or VAC.</p>	<p>Law enforcement personnel must adhere to highest professional standards when carrying out their duties.</p>	<p>MOH</p>

Table A3.4: Measures to mitigate potential environmental and social risk and impacts during the operation of laboratories, isolation and treatment centers

Risks and Impacts	Mitigation Measures	Responsibilities
(1) There are risks due to life and fire safety (L&FS) to the HCF	<ul style="list-style-type: none"> • Open burning of solid waste at the HCF site is prohibited. • Ensure that the HCF is operated according to the Fire Prevention and Fighting law (2007) and the HCF personnel are properly trained periodically. The law requires the preparation of the fire prevention and fighting plan as well as an emergency plan to be approved by the agency responsible for fire prevention and fighting (Fire Prevention and Fighting Brigade). 	Laboratories and HCFs at the National and provincial level
(2) Open burning and incineration of medical wastes can result in emission of dioxins, furans and particulate matter, and result in unacceptable cancer risks under medium (two hours per week) or higher usage.	<ul style="list-style-type: none"> • Open burning of solid waste at the HCF site is prohibited. • The project health facilities should establish and apply procedures for healthcare waste management in line with WHO guidelines for Safe management of wastes from health-care activities and National guidelines for Infection Prevention and Control healthcare facilities <i>Healthcare Waste Management Guidelines 2011</i> and <i>National Injection Safety Guidelines 2014</i>. • Since at present small-scale incinerators are the only option available in Lao PDR and they are considered as a transitional means of disposal for health-care waste. During the implementation of the ESMF, the technical assistance (TA) to be mobilized for preparation of waste management will also assess and propose to MOH and other entities responsible for ensuring effective management of solid waste in Lao PDR and/or locality a set of cost-effective mitigation measures that can address the issues related to dioxins and furans emission. 	Laboratories and HCFs at the National and provincial level

<p>(3) Improper collection of samples and testing for COVID19 and appropriate laboratory biosafety and/or infectious waste could result in spread of disease to medical workers or laboratory workers, other non-medical staff, patients or population during the transport of potentially affected samples.</p>	<p>Collection of samples, transport of samples and testing of the clinical specimens from patients meeting the suspect case definition should be performed in accordance with WHO interim guidance Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. Tests should be performed in appropriately equipped laboratories (specimen handling for molecular testing requires BSL-2 or equivalent facilities) by staff trained in the relevant technical and safety procedures.</p> <p>National guidelines on laboratory biosafety should be followed. There is still limited information on the risk posed by COVID-19, but all procedures should be undertaken based on a risk assessment. For more information related to COVID-19 risk assessment, see specific interim guidance document: WHO interim guidance for laboratory biosafety related to 2019-nCoV.</p> <p>Samples that are potentially infectious materials (PIM) need to be handled and stored as described in WHO document Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses (PIM Guidance).</p> <p>For general laboratory biosafety guidelines, see the WHO Laboratory Biosafety Manual, 3rd edition.</p> <p>Procedures for entry into health care facilities, such as minimizing visitors and visitor hours, taking temperature checks and having separate area (including entry area) for patients presenting with COVID-19 symptoms/ respiratory illness, who should be taken to a different area and given a face mask. All persons visiting hospitals should wash hands before entering and before leaving, and there should be a simple poster/signane (can be A4 paper) in Lao language explaining entry procedures.</p>	<p>Laboratories and HCFs at the National and provincial level</p>
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Use of Personnel Protection Equipment (PPE) at all times for medical staff and cleaners as needed (particularly facemask, gowns, gloves, eye protection and potentially face shield) when in contact with someone who may have COVID-19/ who is presenting with a respiratory illness, including for those caring directly for patients, cleaners entering patient's room, or where patient has been treated, and lab technicians handling blood samples. Train staff on how to use the PPE, especially the less educated workers (such as cleaners). Put reminders in hospitals (paper/signane) in Lao language.

General cleaning strategies: (i) proceed from cleaner to dirtier areas to avoid spreading dirt and microorganisms; (ii) proceed from top areas to bottom areas to prevent dirt and microorganisms from dripping or falling down and contaminating already cleaned areas (for example clean mattress first, then clean bed legs); (iii) proceed in a methodical, systematic manner to avoid missing areas (for example, proceed from left to right or clockwise). Provide training to cleaning staff on these procedures, as well as on the use of PPE equipment, and put signage of reminders throughout health centers.

Labor personnel needs to be trained and acquainted with key provisions in Labor Management Plan (LMP), in particular Occupational Health and Safety (OHS) aspects.

Adequate facilities for hand washing available. If hand washing is not possible, appropriate antiseptic hand cleanser and clean cloths / antiseptic towelettes should be provided. Hands should then be washed with soap and running water as soon as practical. Reminders should be placed throughout the health care facility, including pictorial on how to properly hand wash.

Hospitals/health centers will also need to develop procedures and facilities for handling dirty linen and contaminated clothing, and preparing and handling food. Dirty linen and clothing from patients with COVID-19 should be washed separately, ensuring staff doing the washing are also practicing hand washing

	measures and wearing needed PPE equipment (such as masks, gowns, gloves, eye protection and close shoes). Linen and clothing should be washed in hot water.	
(4) Weak compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases spreads COVID-19 infections in healthcare facilities.	<p>Special considerations need to be made to vulnerable groups in delivering these services.</p> <p>Health facilities should establish and apply Standard Precautions including:</p> <ul style="list-style-type: none"> - Hand Hygiene (HH); - Respiratory hygiene/cough etiquette. - Use of personal protective equipment (PPE); - Handling of patient care equipment, and soiled linen; - Environmental cleaning; - Prevention of needle-stick/sharp injuries; - Appropriate Health Care Waste Management; <p>(See Annex V: Standard Precautions)</p> <p>In addition, health facilities should establish and apply Transmission based precautions (contact, droplet, and airborne precautions) as well as specific procedures for managing patients in isolation room/unit.</p> <p>(See Annex V: transmission-based precautions and specific measures for managing patients in isolation room/unit)</p>	All HCFs
(5) Hazardous materials used and generated during the provision of COVID-19 diagnosis, care and treatment services Hazardous chemicals in the hospitals and health care centers are limited to small volumes of	<p>The hospitals and laboratories should develop a hazardous material management procedure that defines: inventory of hazardous materials in the health care facilities, proper labeling of hazardous materials, safe handling, storage and use of hazardous materials, use of protective equipment procedure for managing spill, exposures and other incidents, procedure for reporting of incidents.</p> <p>Hazardous materials should be handled in accordance with the accepted</p>	Laboratories at the National and provincial level

<p>laboratory reagents, chemicals, solvents, medicinal gases etc.</p>	<p>practices. Only trained personnel should handle the materials and precautions taken when handling materials by using required protection equipment such as ventilation hoods and personal protective equipment. (See Annex IV and V)</p>	
<p>(6) Workers, in particular females (the brunt of the health sector), do not receive the care needed if infected with Covid-19, or fear not getting it and continue to show up to work even with symptoms. Workers may be asked to work overtime to respond to the COVID-19 pandemic. It is important that these personnel are able to access overtime pay as needed. Women may in particular need to be provided with extra support if they are single heads of household and also have child-care duties.</p> <p>Health workers may face mental issues or burnout as result of an outbreak.</p> <p>Minor risk of underage workers working as cleaners in medical facilities or transporting medical supplies or equipment. Labor law prohibits anyone under 18 years to be involved in hazardous work.</p> <p>Risk of GBV/SEA to workers and community</p>	<p>Contractors and MOH should ensure that contracted workers and MOH and other relevant project staff, have medical insurance and/or are able to receive free treatment of Covid-19.</p> <p>All workers must be paid for overtime as per Labor Law (December 2013 a Labor Law)</p> <p>Ensure that the staff with lower qualification or less experienced working in the health sector (e.g., cleaners, part-time workers, etc.), often female workers, also have access to the required Personnel Protection Equipment (PPE) and training to make sure they work in a safe environment.</p> <p>Most vulnerable workers should be identified, such as female single heads of household, who may need additional support in order for them to do their job (for instance, female nurses who are single heads of household may need additional support if they have to work overtime). Additional support to consider may include cash grants, access to food support or provision of child care services.</p> <p>Health care workers must be actively supported by their employers and commended for their work, as well as offered psychological, emotional or mental support if possible. This may mean bringing in monks to a hospital for a ceremony, or ensuring health workers have regular breaks and proper food throughout the day.</p> <p>All workers involved in upgrading facilities, health workers, cleaners, etc., must be reassured that they will continue to get paid if they need to self-isolate if they are showing with COVID-19/respiratory symptoms. These provisions must be</p>	<p>Contractors and MOH</p>

	<p>made including for contracted staff and are included in the Labor Management Plan (LMP).</p> <p>Child labor or indentured labor is absolutely prohibited in the project. All medical staff, cleaners, and all others handling equipment, tests, wastes, etc. or involved in the transportation of medical equipment and supplies related to the project must be over 18 years.</p> <p>Any medical or other hospital staff (including cleaners) experiencing symptoms of COVID-19 or a respiratory illness (fever + cold or cough) must remain at home/isolated and report symptoms immediately to supervisors.</p> <p>Training on community interaction and GBV/SEA to be provided for all teams, staff (civil servants and outsources staff/contractors) to ensure the teams respect local communities and their culture and will not involve in misconduct. Signing of Code of Conduct.</p>	
<p>(7) Social exclusion in particular of the most vulnerable and marginalized groups (elderly people; children, particularly those that are malnourished; those with underlying health conditions e.g. diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others; persons with disabilities including physical and mental health disabilities; single parent headed households, male and female; poor, economically marginalized, and disadvantaged groups; and ethnic groups.)</p>	<p>Communication materials and outreach to people must make clear that all treatment for COVID-19 at provincial/referral hospitals is free and accessible for all population. People must also be told about the GRM process to denounce any instance where they are denied medical care.</p> <p>Stakeholder Engagement Plan (SEP) should ensure consultations with NGOs and other stakeholders that can provide recommendations on how to reach vulnerable groups.</p>	<p>MOH and all HCFs</p>
<p>(8) Focus on COVID-19 may redirect staff and resources at health facilities and negatively impact</p>	<p>Hospitals and other health facilities must ensure they still have adequate staff to deal with ongoing medical needs. While non-urgent cases may be deferred, it is</p>	<p>MOH and all HCFs</p>

<p>other areas, such as maternal health check-ups, vaccinations for children and treatment of chronic diseases. This may particularly impact women, young children, those with chronic conditions, HIV/AIDS and the elderly, among others. These groups of people, among others, may also be fearful of going to the hospital/health center for fear of contracting the virus. This may cause children to miss out on needed vaccinations, women not seeking support during pregnancy, etc.</p>	<p>important that childhood vaccinations continue, that women have prenatal and antenatal visits, that sexual and reproductive health services are available and that those with chronic conditions and/or disabilities continue to receive necessary treatments (with adequate measures to separate from patients with COVID-19, as detailed in other sections in this Table).</p> <p>Communication materials must stress that these normal services are still being provided, and explain measures taken in health centers to avoid COVID-19 risks as there may be apprehension from community members to go to health facilities.</p>	
<p>(9) There is possible social discrimination/stigmatization against some vulnerable groups (the poor, the elderly, those with preexisting conditions, and religious minority groups) in the delivery of identification and diagnosis services.</p> <p>Health workers (disproportionally female), may face discrimination and harassment when going back to their communities due to people's fear in contracting the virus, frustrations over medical care or misinformation.</p> <p>Given scarce resources available, some vulnerable groups (the poor, the elderly, those with preexisting conditions, and religious minority groups) may be excluded from the quarantine, isolation, treatment services.</p>	<p>Identification of disadvantaged and vulnerable groups in project areas will be made with a view to provide equitable access to the identification and diagnosis services.</p> <p>Information on how to protect oneself from Covid-19, the symptom of Covid-19 infection, where and how to get tested should be made available and accessible to minority groups, other vulnerable groups and the elderly by using different languages (including sign language and pictorial), and in a manner that is culturally appropriate to their respective groups and specific needs. Also disseminate information related to community health and safety, particularly around social distancing, hand washing, high-risk demographics, self-quarantine, and mandatory quarantine.</p> <p>Communication materials must reinforce the positive contribution of health care workers and make clear the steps health workers and other staff are taking to protect themselves against the virus and their use of PPE.</p>	<p>Ministry of Health (PCO and related departments at national and provincial levels including hospital) and Laboratories at the National and provincial level</p>

Annex IV. Infection Control and Waste Management Plan (ICWMP)

1. This Annex provides technical guidance on the preparation of an Infection Control and Waste Management Plan (ICWMP) in line with the ICWMP Template for COVID-19 suggested by WB (Section A4.1) as well as specific guidance on Infection Prevention and Control Protocol (IPCP) (Section A4.2) and Healthcare Waste Management Procedure (HCWMP) (Section A4.3) recommended by WHO. This ICWMP template, the IPCP, and the HCWMP will be applied in light of the E&S risks and mitigation identified in Annex III when the Project location and activities have been identified and confirmed.

2. The implementing agency (IA), which can be hospital, HCF, and any entities that implement Components 1 and 2 of Lao PDR COVID-19 Project, in coordination with Project Coordination Office (PCO) of Department of Planning and Cooperation (DPC) will submit the ICWMP, IPCP, and HCWMP to WB for review and clearance before the activities can be conducted on the ground.

A4.1 ICWMP Template.

3. The ICWMP template comprises 5 sections: (1) Description of the targeted HCF, (2) Infection Control and Waste Management; (3) Emergency Preparedness and Response; (4) Institutional Arrangement and Capacity Building; and (5) Monitoring and Reporting as shown in Box A4.1. Brief description of the activities/subproject should include, but not limited to, site/locations, nearby protected areas, nearby local communities, beneficiaries, ethnic groups, etc.). The ICWMP should also take into account the related GOL regulations and/or guidelines.

Box A4.1. ICWMP template as suggested by WB
<p>1. Introduction</p> <p>1.1 Describe the project context and components.</p> <p>1.2 Describe the targeted healthcare facility (HCF):</p> <ul style="list-style-type: none">- Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory, quarantine or isolation centers;- <i>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;</i>- Functions and requirement for the level infection control, e.g. biosafety levels;- Location and associated facilities, including access, water supply, power supply;- Capacity: beds <p>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.</p> <p>2. Infection Control and Waste Management</p> <p>2.1 Overview of infection control and waste management in the HCF</p> <ul style="list-style-type: none">- Type, source and volume of healthcare waste (HCW) 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 Environment, Health and Safety (EHS) Guidelines (EHS Guidelines) for HCF and pertaining to Good International Industry Practices (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 are 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-grave infection control and waste management process;
- Ensure adequate and qualified staff 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.

A4.2 Infection Prevention and Control Procedures (IPCP)

4. This section provides technical guidance on (i) Hand hygiene procedure, (ii) Respiratory hygiene, (iii) Personal protective equipment procedures, (iv) Patient-care equipment cleaning and disinfection procedures, (v) Soiled linen management procedures, (vi) Environmental cleaning procedure, (vii) Prevention of needle-stick/sharp injuries, (viii) Contact precautions, (ix) Droplet precautions, (x) Air-borne precautions, and (xi) Specific procedures for managing patients in isolation unit. Section A4.3 provide procedures on healthcare waste management procedures.

A4.2.1 Hand hygiene procedure

5. HCFs staff and care givers should perform hand hygiene, when arriving at work/HCFs and before leaving work/HCFs, as well as before eating and after using the toilet/ latrine. Additionally, for anyone who is providing care to patients, the “Five moments for hand hygiene” must be respected.



Recommendation

Routine Hand Hygiene

Hand hygiene must be performed before and after every episode of patient contact.

- Before touching a patient
- Before a procedure
- After a procedure or body substance exposure risk
- After touching a patient
- After touching patient's surroundings

Note: Hand hygiene **MUST** also be performed after taking off PPE.

1a – Hand Washing with Soap and Water

Hand washing with Soap and Water

Duration: 40-60 seconds



- 1. Wet hands with water**

- 2. Apply adequate soap on palms**

- 3. Rub palm to palm**

- 4. Rub the back of both hands**

- 5. Rub palm to palm interlacing the fingers**

- 6. Rub the back of your fingers by interlocking the hands**

- 7. Rub the thumbs**

- 8. Rub palms with fingertips**

- 9. Clean hands with clean water**

- 10. Dry hands with clean towel**

- 11. Turn off tap faucet using towel**

- 12. Your hand are safe**


1b - Hand Hygiene with Alcohol-based Hand Rub (AHR)

Hand washing with Alcohol-based Hand Rub

Duration:
20-30 seconds

1 Apply AHR on palms

2 Rub palms to palms

3 Rub the back of both hands interlacing the fingers

4 Rub palm to palm interlacing the fingers

5 Rub the backs of fingers by interlocking the hands

6 Rub the thumbs

7 Rub palms with fingertips

8 Once dried, your hands are safe

The infographic is set against a blue background with a white wave-like border at the top. It features a central vertical path of eight circular images, each illustrating a step in the hand hygiene process. The steps are numbered 1 through 8 in large, light blue font. Step 1 shows a hand being dispensed with liquid. Step 2 shows two palms being rubbed together. Step 3 shows the back of a hand being rubbed with interlaced fingers. Step 4 shows the palm of one hand being rubbed against the palm of the other with interlaced fingers. Step 5 shows the backs of the hands being rubbed together with interlocked fingers. Step 6 shows a thumb being rubbed against the palm of the other hand. Step 7 shows the fingertips of one hand being rubbed against the palm of the other. Step 8 shows two hands with sparkling effects, indicating they are clean. To the left of the steps, there is a circular logo with a microscope and the text 'Duration: 20-30 seconds'. The title 'Hand washing with Alcohol-based Hand Rub' is at the top left.

A4.2.2 Respiratory hygiene

6. Respiratory hygiene and cough etiquette is a standard precaution that should be applied by all patients, visitors and HCWs to contain respiratory secretions (e.g. when coughing, sneezing...) to avoid spreading respiratory infections.



Cover nose and mouth when coughing, sneezing with tissue or mask.

If no tissues are available, cough or sneeze into the inner elbow rather than hand.

Do not "spit" in environment (use tissue instead).

Dispose used tissue and/or masks in the nearest bin after use.



Avoid shaking hands when sick. Use «traditional greeting» instead.

Perform hand hygiene after contact with respiratory secretions.



7. HCF should promote respiratory hygiene and cough etiquette by:

- Educating HCF staff, patients, family members, and visitors on the importance of containing respiratory droplet/aerosol and secretions to prevent the transmission of infectious disease (e.g. influenza, tuberculosis, bacterial pneumonia ...).
- Posting signs informing that patients and family members with acute febrile respiratory illness use respiratory hygiene/cough etiquette (e.g. poster).
- Prepare equipment in triage area for patient and family to apply respiratory hygiene. For instance, in Out-Patient-Department (OPD) and Emergency Room (ER), make mask, tissue, rubbish bin, and AHR ava

A4.2.3 Personal protective equipment procedures

8. These procedures will be applied to all healthcare workers

HCWs must select the appropriate PPE after having assessed the risk of contact with body fluid.

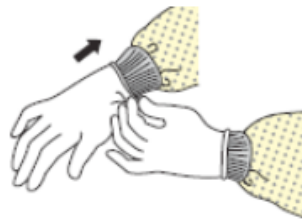
The following is not a sequence of PPE. It is procedure for each PPE item.

It is when the HCW remove the PPE that he/she may contaminate himself/ herself. Therefore wear PPE in a logical order, to be able to take off from the most contaminated item (higher risk) to the less contaminated item (lower risk).

Any PPE procedure must start by performing hand hygiene first.
When removing PPE, the last step is to thoroughly perform hand hygiene.

1. Gloves

Put On



Putting on gloves

Put On

1. Carefully put on disposable gloves (to avoid breaking the gloves)

When wearing long sleeves gown, gloves cover the wrist of the gown

Take Off



Removing gloves

Take Off

! Outside part of gloves is con-taminated!

1. Grasp outside of glove with opposite gloved hand; peel off

2. Hold removed glove in gloved hand or discharge in waste container

3. Slide fingers of un-gloved hand under remaining glove at wrist

4. Peel glove off

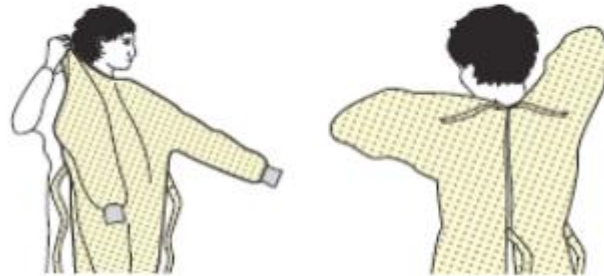
5. Discard gloves in waste container

2. Gown

Put On

1. Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
2. Fasten in back of neck and waist

Put On



Take Off

1. Unfasten ties
2. Gown front and sleeves are contaminated!
3. Pull away from neck and shoulders, touching inside of gown (only if not wearing gloves)
4. Turn gown inside out
5. Fold or roll into a bundle and discard

Take Off



Note: Reusable gown should be clean/ disinfected before being reuse

3. Surgical Mask

Put On

1. Secure ties or elastic bands at middle of head and neck
2. Fit flexible band to nose bridge
3. Fit snug to face and below chin



Put On



Take Off



Take Off

! DO NOT TOUCH with hands the front of mask, it is contaminated!

1. Grasp ties or elastics and take off
2. Discard in waste container

4. Eyes protection (safety glasses, goggles or face shield)

4.1 Procedure for goggle or face shield

Put On



Goggle

face shield

Put On

Place goggle or face-shield over eyes and face, and adjust to fit

Take Off



Take Off

! DO NOT TOUCH, with hands front of the eyes protection, it is contaminated!

1. Take off, by handling the head band, elastics
2. Place in designated receptacle for reprocessing or in waste container for single use (e.g. face shield).

4.2 Procedure for safety glasses

Put On



Put On

Place item over face and eyes and adjust to fit

Take Off

! DO NOT TOUCH with hands front of the eyes protection, it is contaminated!

To take off, handle by ear pieces

Place in designated receptacle for reprocessing or in waste container for single use (e.g. face shield).

Take Off



A4.2.4 Patient-care equipment cleaning and disinfection procedures

9. All medical devices are either single-use or reusable ones. Single-use equipment must be discarded, while all reusable equipment must be properly processed between use and between patients, to prevent infections. For proper reprocessing of equipment, all items need to be cleaned with detergent (liquid soap) and water before disinfection and sterilization, to get rid of the organic matter e.g. blood and mucus that may neutralize chemical disinfectant and affecting the efficiency of the disinfectant.

10. Instruments and other items may be classified based on the risk of transmitting infection into critical, semi-critical or non-critical, depending on the sites.

Category	Application	Type of processing	Example of items
Critical	Sterile tissues or the blood system	Sterilization (by heat or chemicals)	Dressing and suture instruments, surgical instruments, delivery sets, diagnostic catheters, dental instruments, bronchoscopes, cystoscopes, etc.
Semi-critical	Mucous membranes or non-intact skin	High-level disinfection (HLD) & intermediate level disinfection	Laryngoscope blades, vaginal specula, instruments for MVA, respiratory therapy and anaesthesia equipment. dental impressions, endoscopes, gastroscopes, etc.
Non-critical	Intact skin	Cleaning, low level Disinfection (depending on contact with the type of patient)	bedpans, toilets, urinals, blood pressure cuffs, ECG leads, thermometers, stethoscopes, beds, bedside tables

Patient-care equipment cleaning procedure

- Prepare all cleaning and disinfecting equipment and solution
- Cleaner wear PPE: rubber gloves and boots, impermeable apron. when there is a risk of splash in the face, staff must wear eyes protection and surgical mask.
- Take off any gross soiling on the instrument by rinsing in clean water
- Take instrument apart – fully and immerse all parts in detergent solution, and clean all channels and bores of the instrument
- Ensure all visible soil is take off from the instrument – follow manufacturers’ instructions,
- Rinse thoroughly with clean water

- Dry the instrument (let it dry to– on a clean rack or hang if tubing or items with lumens, away from other dirty items)
- Inspect to ensure the instrument is cleaned

Patient-care equipment disinfecting procedure

- Prepare disinfectant solution according to the volume of medical instruments, following notice of disinfectant, cleaner wearing PPE. The following table shows the most common sources of chlorine in Lao PDR, and the amount of water to add to obtain a 0.5% or 0.05% solution.

Product	Available Chlorine	How to dilute 0.5%	How to dilute 0.05%
Sodium hypochlorite 5% (liquid bleach) If % is different to this, adjust recipe accordingly	5%	1 part bleach to 9 parts water	1 part bleach to 99 parts water
Sodium hypochlorite 6% (liquid bleach)	6%	1 part bleach to 11 parts water	1 part bleach to 119 parts water
Chloramine tablets (1 g liberates 250 mg chlorine) If amount of chlorine liberated is different to this, adjust % and hence recipe accordingly)	25%	20 grams to 1 liter water (20 tablets)	2 grams to 1 liter water (2 tablets)
Tablets that release 100 mg of chlorine	100 mg	50 tablets per 1 liter of water	5 tablets per 1 liter of water
Tablets that release 250 mg of chlorine	250 mg	20 tablets per 1 liter of water	2 tablets per 1 liter of water

- Immerse the cleaned equipment completely in the disinfectant solution. Soak in the solution, duration will depend on the disinfectant recommendations and dilutions. For example: Sodium hypochlorite 0.05%: soak during 30 minutes
- Rinse thoroughly with clear or sterile water (depending on the required level of disinfection and the use of the equipment)
- Sterile water for semi-critical instrument (HLD)
- Clean water for non-critical instrument (low level of disinfectant)
- Let it dry (on a rack)
- Pack the disinfected equipment and store in a clean area

A4.2.5 Soiled linen management procedures

11. Soiled linen, from patients and HCWs should be cleaned, and disinfected/sterilised when necessary in HCF laundry. To ensure a safe and sanitary environment for laundry staff, PPE should be available, as well as the supply of clean water, and hygienic laundry place.

12. **The basic principles of linen management are as follows:**

- In laundry room, the staff should be protected and wear at least: gloves, surgical mask, and impermeable apron, and close shoes or rubber boots. Where there is no laundry machine, and staff is washing by hands, the staff need to wear eyes protection (e.g. safety glasses)
- Place used linen in bag for linen at the point of generation. Do not rinse in patient care area.
- Any linens soiled with blood/bodily fluid are considered infectious.
- Separate infected linen from non-infected linen and put it in a bag for infectious linen (e.g. yellow impermeable bag). Keep it separated during transport.
- Handle all linen with minimum agitation to avoid aerosolization of patho-genic microorganisms.
- Mattresses and pillows should be covered with plastic and be wiped over with a neutral detergent (refer to environment cleaning). If there is no plastic cover, wash them by hands.

13. **Principles for reprocessing soiled linen:**

	Non-infectious linen	Infectious linen	Infectious drapes from operating room
Overview	Linen from non-infectious patient and without blood/body fluid	All linens from infectious patients and/ or with blood/body fluid	All drapes from operating room are infectious.
PPE required when handling linen	Disposable gloves	Disposable gloves (Other PPE may be required depending on route of trans-mission.	Rubber gloves (Other PPE may be required depending on route of trans-mission)
Sorting used linen	Place in bag for linens. Separate linens soiled with bodily fluid and put in infectious linens bag.	Place all used linen in bag for infectious linen (e.g. yellow impermeable bag) at the point of generation	Place all drapes in bag for infectious linen (e.g. yellow impermeable bag) at the point of generation.
PPE required in laundry room, when using laundry machine	Gloves Surgical mask; Impermeable apron; Close shoes or rubber boots	Rubber gloves; Surgical mask Eye protection; Impermeable gown or non-impermeable gown with impermeable apron; Rubber boots	Rubber gloves; Surgical mask; Eye protection; Impermeable gown or non-impermeable gown with impermeable apron; Rubber boots
PPE required in laundry room, for hand washing	Rubber gloves, eyes protection, surgical mask, impermeable apron rubber boots,	MUST NOT be hand washed. If not laundry machine available, wash by hands with caution Always wear eyes protection as using disinfectant	MUST NOT be hand washed. If not laundry machine available, wash by hands with caution Always wear eyes protection as using disinfectant

Washing process with hot water (at least 70°C)	Detergent (Laundry liquid or powder) Rinse Dry (dryer or sun & iron)	Detergent (Laundry liquid or powder) Rinse Dry (dryer or sun & iron)	Detergent (Laundry liquid or powder) Rinse Dry (dryer or sun & iron) Bring clean and dried drapes to the central of sterilization
Washing process with warm or cold water (less than 70°C)	Wash with detergent (Laundry liquid or powder), Rinse Dry (dryer or sun & iron)	Detergent (Laundry liquid or powder) Rinse Soak in clean water with sodium hypo-chlorite 0.5% for 30 minutes Wash again with detergent and water, and dry (dryer or sun & iron)	Detergent (Laundry liquid or powder) Rinse Soak in clean water with sodium hypo-chlorite 0.5% for 30 minutes Wash again with detergent and water, and dry (dryer or sun & iron) Bring dried drapes for packaging and sterilization.
Note		If there is no other option (no laundry machine), for infectious linen/ surgical drape, before being wash by hand, they need to be decontaminated at first (soak in disinfectant solution e.g. bleach 0.05% or autoclaved), then they MUST be cleaned rinsed and disinfecting, and sterilisation for sterile drapes, to avoid contamination of patient	

A4.2.6 Environmental cleaning procedure

14. Most areas of HCFs, are low risk zone (non-infectious zone), these areas should be cleaned daily, with detergent solution (soapy water) to remove dirt and organic material and dissolve or suspend grease, oil, and other matter so it can easily be removed by scrubbing. In high-risk areas where heavy contamination is expected and risk of cross-contamination by the staff and other patients, surfaces need to be cleaned with soapy water, rinsed, and let it dry, before being disinfected (e.g. sodium hypochlorite (chlorine) solution 0.05%). High risk are areas are for instance, operating rooms, pre- and postoperative recovery areas, intensive care units (ICUs), isolation room, laboratory, toilets and latrines; or area with blood/ body fluid spills. When cleaning, cleaners are at risk and need to be properly trained. They also must wear appropriate PPE, at least rubber gloves, rubber boots, uniform or apron. When there is risk of splash in the face, wear surgical mask and eyes protection.

15. Key procedures are as follows:

Principles of Environmental Cleaning

- Apply hand washing / hygiene and wear appropriate PPE (at least rubber gloves, rubber boots, uniform or apron. When risk of splash in the face, wear surgical mask and eyes protection).
- Prepare fresh cleaning and household solution once a day; and change solution whenever they appear to be dirty.
- Perform cleaning and disinfecting patient environment at least once a day.
- Clean first with detergent (soapy water), rinse with water, let it dry in non-patient area (e.g. including corridor, laundry room etc.)
- In high risk area (patient care area), following cleaning procedure, disinfect surface by using household disinfectant (e.g. bleach 0.05% solution, alcohol 70% for small object, or follow manufacture recommendations).
- Every day clean all patients' rooms, units, cleaner's rooms
- Cleaning with a moistened cloth helps to avoid contaminating the air and other surfaces
- Clean from the less contaminated to the most contaminated area (e.g. start from corridor, then patient' room, and last finish to clean bathroom and toilet)
- After patient discharge, clean and disinfect patient room very well, including all equipment that has been in contact with patient (e.g. bed, bed table...) as soon as possible
- After use, all cleaning equipment (e.g. mop, brush, bucket, cloth...) must be cleaned, disinfected and dried before storage, and be reused.
- In general, do not spray (i.e. fog) occupied or unoccupied clinical areas with disinfectant. This is a potentially dangerous practice that has no proven disease control benefit.

Cleaning up Spills

- Clean up spills of potentially infectious fluids immediately, to preventing the spread of the infection and also prevents accidents.
- Small spills of blood of other body fluids should be wiped with paper towel (staff using disposable gloves), then clean with soapy water, rinse and disinfect.

Appropriate handling of bedding

- Mattresses and pillows with plastic covers should be cleaned with deter-gent, after departure of each patient.
- In isolation unit and intensive care unit, as well as infectious wards (e.g. TB.) disinfecting should follow cleaning procedure.

A4.2.7 Prevention of needle-stick/sharp injuries

16. In healthcare settings, injuries from needles or other sharp instruments are the number-one cause of occupational exposure to blood-borne infections. All staff that come in contact with sharps - from doctors and nurses to those who dispose of the trash - are at risk of infections. Improper disposal of sharps also poses a great threat to members of the community.

17. The term *sharps* refer to any sharp instrument or object used in the delivery of healthcare services - including hypodermic needles, suture needles, scalpel blades, sharp instruments, intravenous (IV) catheters, and razor blades. Needle stick/sharp injury means the skin is accidentally punctured by a used needle/ sharp (e.g. scalpel). The injury is a port of entry for blood-borne diseases, such as hepatitis B (HBV) and hepatitis C (HCV), HIV etc. Exposure to patient's body fluid also put HCWs at risk of infection. Therefore, they are encouraged to strictly comply with IPC precautions related to body fluid.

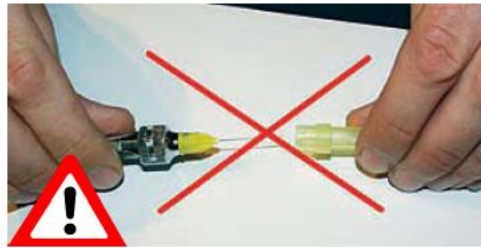
18. Key procedures are as follows:

The main causes of needle stick/sharp injury include:

- Recapping of needles (identified as the most common cause)
- Unsafe handling of sharp waste (identified as the second most common cause)
- Reuse of safety box
- Manipulation of used sharps (bending, breaking, or cutting needles).
- Unnecessary injections
- Lack of supplies: disposable syringes, sharps-disposal container/safety box
- Failure to place needles in sharps containers immediately after injection
- Passing sharps from hand to hand (e.g. during surgery)
- Lack of management of sharp wastes
- Lack of awareness of the problem
- Lack of training for staff

Principle of the disposal of used needles/sharps

- Never recap needle/sharp



- Dispose of needles and syringes immediately after use in the safety box.
- Close the safety box, whenever the containers become $\frac{3}{4}$ full.
- Safely dispose the safety box (e.g. via incinerator with temperature at least of 800o Celsius)
- When it is not immediately disposed, keep safety boxes in appropriate storage, for infectious waste.

Refer to “Healthcare Waste Management Guidelines 2011” and “National Injection Safety Guidelines 2014”, for more information.

Safety Box or Sharp disposal container

- Safety boxes **MUST** be puncture and leak resistant. They should be conveniently located in any area where sharp objects are frequently used (such as injection rooms, treatment rooms, operating theatres, labour and delivery rooms, and laboratories).



Figure 52
Disposal of needles:
incorrect (left) and correct
(right) disposal of needles

A4.2.8 Contact precautions

19. Procedures are as follows:

Requirements	Contact Precautions
Single Room	Yes, or Cohort with patient with same pathogen in consultation with infection prevention and control focal point.
Negative Pressure	No
Hand Hygiene	Yes Hand cleaning with soap and water or AHR
PPE for staff/ visitor	
Gloves	Yes, If there is direct contact with the patient or their environment Rubber gloves, when cleaning, disinfecting
Gown/Apron	Yes, If there is direct contact with the patient or their environment.
Mask	Standard Precautions Use to protect face if splash or aerosol likely
Protective eyewear	Standard Precautions Use to protect eyes if splash likely to be generated
Rubber boots	Standard precautions When risk of infected liquid on the foot, walking where contaminated floor
Patient Equipment	Designated equipment (1 equipment/ 1 patient) Or if not possible clean and disinfect before to use to the next patient. To avoid infection of other patients (nosocomial infection) via contaminated equipment.
Transport of Patients (inside and outside of hospital)	<ul style="list-style-type: none"> • limit transport, only when necessary • Notify the area receiving patient. • choice un-crowded way to transport patient inside of hospital • transport staff need to wear PPE for contact precautions • PPE for patient: <ul style="list-style-type: none"> ◦ Put a drape on top of the patient (to avoid risk of contamination of the environment during the transport)

	<ul style="list-style-type: none"> ◦ If patient has also respiratory symptoms, patient should wear surgical mask during the transport • Clean and disinfect transport material or vehicle
After leaving the isolation room	<ul style="list-style-type: none"> • when transferring patient from outside to isolation unit, use the dedicated entrance for infectious patient, if available • Take off PPE in the ante-room (if ante-room is not available, in the dedicated area – e.g. corridor) and perform hand hygiene
Room Cleaning	<ul style="list-style-type: none"> • Refer to Annex 15 and Hospital Cleaning Procedure • Cleaner staff wear PPE for contact precaution plus rubber gloves, rubber boots and impermeable apron • May require additional cleaning with a disinfectant solution depending on the pathogen.
Remarks	<ul style="list-style-type: none"> • Everyone entering in the isolation room or unit, need to record their name and contact in the logbook. • Patient Medical Records/document, pen, mobile phone... must not be taken into the room. • Put a sign contact precaution room.


CONTACT PRECAUTIONS	
<p>Staff, Visitors, Family, must report to nursing desk before entering</p>	
<p>Staff, Visitors, Family, must</p> <ul style="list-style-type: none"> • Perform hand washing before entering and when leaving • Wear disposable gloves and gown/ apron before enter • Leave patient care equipment, food in the room and inform unit staff • When leaving the isolation room, take off PPE (in anteroom or designated area) and • Perform hand hygiene 	

A4.2.9 Droplet precautions

20. Procedures are as follows:

Requirements	Droplet Precautions
Single Room	<p>Yes or</p> <p>Cohort with patient with same pathogen (in consultation with infection control professional, or infectious diseases physician).</p> <p>It is recommended that single patient rooms be fitted with ensuite facilities. In the advent of no ensuite facilities, a toilet and bathroom should be dedicated for individual or cohort patient use.</p>
Negative Pressure*	No
Hand Hygiene	<p>Yes</p> <p>Hand cleaning with soap and water or water-free alcohol based skin cleanser.</p>
PPE for staff/ visitor	
Gloves	<p>Standard Precautions</p> <p>Use to protect for anticipated contact with blood and body substances.</p>
Gown/Apron	<p>Standard Precautions</p> <p>Use to protect where soiling or splashing are likely.</p>
Mask	<p>Yes</p> <p>Surgical Mask</p> <p>Take off mask after leaving patients room.</p>
Protective Eyewear	Yes
Handling of Equipment	<p>Standard Precautions</p> <p>Avoid contaminating environmental surfaces and equipment with used gloves.</p>
Transport of Patients	<ul style="list-style-type: none"> Respiratory hygiene for coughing and sneezing patients suspected of having an infectious respiratory illness. Surgical mask for patient when they leave the room.

	<ul style="list-style-type: none"> Patients on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (if medical condition allows). Advise transport staff of level of precautions to be maintained (droplet precautions). Notify area receiving the patient. Clean and disinfect transport material or vehicle.
Alert	<ul style="list-style-type: none"> When cohorting patients, they require minimum of one metre of patient separation. Visitors to patient room must wear a surgical mask and protective eyewear (if unable to maintain 1 meter distance) and perform hand hygiene. Patient Medical Records must not be taken into the room. Signage of room.
Room Cleaning	<ul style="list-style-type: none"> Refer to Annex 15 and Hospital Cleaning Procedure May require additional cleaning with a disinfectant agent depending on organism. Consult with infection control professional.

DROPLET PRECAUTIONS
 <p>Staff, Visitors, Family must report to nursing desk before entering</p>
<p>Staff, Visitors, Family must</p> <ul style="list-style-type: none"> Perform hand washing before entering and before leaving the room Wear at least surgical mask and eyes protection when entering room Leave patient care equipment in the room and inform unit staff When leaving the isolation room, take off PPE (in anteroom or designated area) Perform hand washing


A4.2.10 Air-borne precautions

21. Procedures are as follows:

Requirements	Airborne Precautions
Single Room	<p>Yes</p> <p>Door closed</p> <p>It is recommended that single patient rooms be fitted with ensuite facilities. If no en-suite facilities, a toilet and bathroom should be dedicated for individual patient use.</p>
Negative Pressure*	Yes, if available otherwise single room with door closed and window open
Hand Hygiene	<p>Yes</p> <p>Hand cleaning with soap and water or water-free alcohol based skin cleanser</p>
PPE for staff/ visitor	
Gloves	<p>Standard Precautions</p> <p>Use to protect for anticipated contact with blood and body substances</p>
Gown/Apron	<p>Standard Precautions</p> <p>Use to protect where soiling or splashing are likely</p>
Mask	<p>Yes, N95 or P2 Mask (perform fit check each time a mask is worn to ensure it fits the face firmly with no gaps between the mask and the wearers face</p> <p>according to manufacturer instructions prior to entering room)</p> <p>Take off mask after leaving patient room</p>
Protective eyewear	<p>Standard Precautions</p> <p>Use to protect eyes if splash likely or where aerosol may be generated</p>
Handling of Equipment	<p>Standard Precautions</p> <p>Avoid contaminating environmental surfaces and equipment with used gloves</p>
Transport of Patients	<ul style="list-style-type: none"> • Surgical mask for patient when they leave the room • Patients on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (if medical condition allows). • Advise transport staff of level of precautions to be maintained (airborne).

	<ul style="list-style-type: none"> • Respiratory hygiene for coughing and sneezing patients suspected of having an infectious respiratory illness. • Notify area receiving patient. • Clean and disinfect transport material or vehicle.
Alert	<ul style="list-style-type: none"> • Respiratory hygiene for coughing patients • Visitors to patient room must also wear P2 or N95 mask and perform hand hygiene • Signage of room indicating precautions to be applied • Patient Medical Records must not be taken into the room.
Room Cleaning	<ul style="list-style-type: none"> • Refer to Annex 15 and Hospital Cleaning Procedure. • May require additional cleaning with a disinfectant agent depending on the organism. • Consult with infection control professional.

AIRBORNE PRECAUTIONS



Staff, Visitors, Family, must report to nursing desk before entering

Staff, Visitors, Family must

- Perform hand washing before entering
- Wear particulate respirator (N95) before enter
- Leave patient care equipment in the room and inform unit staff
- When leaving the isolation room, take off PPE (in anteroom or designated area) and
- Perform hand washing

A4.2.11 Specific procedures for managing patients in isolation unit

22. **Preparation of isolation Room / unit**

- Isolate infectious patient in a single room
- If there is no single room, isolate in the cohort room. In cohort room, always keep suspected cases separate from confirmed cases
- If single and cohort room, keep the single room for suspected cases and the cohort room for confirmed cases
- Avoid movement of infectious suspected and confirmed patients (only if crucial)
- Limit number of visitor (ideally only one)
- Staff help the visitor select PPE base on route of transmission, visitor must be trained for wearing PPE
- Put a clear sign of restrictive area and fence around isolation room/unit
- Set up isolation room/ unit as per standard
- Prepare the isolation room and ensure refurbishment of PPE/ material.

23. The following items should be kept on the trolley at all times so that PPE is always available for healthcare workers

Equipment	Stock present
Eye protection (visor or goggles)	
Face shield (provides eye, nose and mouth protection)	
Gloves <ul style="list-style-type: none"> • reusable vinyl or rubber gloves for environmental cleaning • latex single-use gloves for clinical care 	
Hair covers (optional)	
Particulate respirators (N95, FFP2, or equivalent)	
Medical (surgical or procedure) masks	
Gowns and aprons <ul style="list-style-type: none"> • single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns • plastic aprons (for use over non-fluid-resistant gowns if splashing is anticipated and if fluid-resistant gowns are not available) 	
Alcohol-based hand rub	
Plain soap (liquid if possible, for washing hands in clean water)	
Clean single-use towels (e.g. paper towels)	
Sharps containers	
Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment	
Large plastic bags	
Appropriate clinical waste bags	
Linen bags	
Collection container for used equipment	

24. **HCWs/staff in the isolation room /unit**

- Apply IPC standard and adequate additional precaution(s) based on route of transmission
- For emerging infectious disease (EID), with unknown route of transmission, apply standard precautions and all additional precautions (contact+ droplet+ airborne), until the route of transmission has been identified (staff will wear FULL PPE, maximum protective personal equipment)
- Exclusively assigned trained staff (medical and non-medical)
 - + If HCW is not trained, he/she must not wear PPE and enter in the isolation room
- Prior entering to the room:
 - + HCW must record their name and contact details
 - + Perform hand hygiene and wear PPE for identify route of transmission (following PPE procedure)
- After contact with isolated patient:
 - + HCW must safely take off PPE, and thoroughly wash hands precautions (following PPE procedure)

25. ***PPE Procedure in Isolation room/ unit***

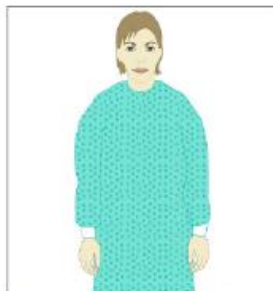
- The PPE to wear will depends on the type of isolation precautions; therefore, several PPE procedures are possible. Keep in mind the steps of removing the PPE (from more contaminated to less), this will guide the step of putting on the PPE.
- Example of PPE procedure when all PPE items are needed (based on assessment of the risk and route(s) of transmission.

A. Putting on PPE (when all PPE items are needed)



1

- Identify hazards and manage risk.
- Gather the necessary PPE.
- Plan where to put on and take off PPE.
- Do you have a buddy? Mirror?
- Do you know how you will deal with waste?



2

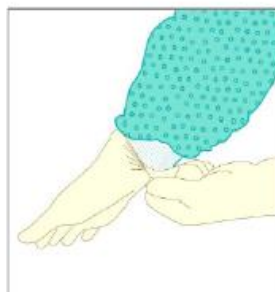
Put on a gown.



3

Put on particulate respirator or medical mask; perform user seal check if using a respirator.

4 Put on eye protection, e.g. face shield/goggles (consider anti-fog drops or fog-resistant goggles). Caps are optional: if worn, put on after eye protection.



5

Put on gloves (over cuff).

B. Taking off PPE



- 1** - Avoid contamination of self, others and the environment
- Remove the most heavily contaminated items first.

Remove gloves and gown:

- peel off gown and gloves and roll inside, out;
- dispose of gloves and gown safely.



- 2** Perform hand hygiene.



- 3** - Remove cap (if worn).
- Remove goggles from behind.
- Put goggles in a separate container for reprocessing.



- 4** Remove respirator from behind.



- 5** Perform hand hygiene.

26. ***Environment Cleaning / Disinfecting***

- Trained staff is wearing PPE depending on route of transmission, adding rubber gloves, impermeable apron, rubber boots.
 - + In isolation room, all surfaces (floor, table...) need to be cleaned, than disinfected once per day.
- When heavy contamination (blood, vomit, faeces) on surface and floor, take off spill, clean with detergent, disinfect with chlorine solution 0.5%.
- Refer to the list of disinfectant to select those that will inactivated the pathogen. The most common hospital disinfectant include:
 - + Sodium hypochlorite (household bleach);
 - + Ethyl alcohol 70%;
 - + Phenolic compounds;
 - + Quaternary ammonium compounds;
 - + Peroxygen compounds.
- Refer to dilution table, to prepare the detergent disinfectant solution.
- Some disinfectant solution, provide the two actions (detergent and disinfectant) in one product, follow instruction for that specific product.

27. ***Reprocessing reusable equipment***

- Clean with detergent, then soak into chlorine solution 0.05% for at least 30 minutes, rinse and let it dry in a clean area.
- If using google or safety glasses, clean with detergent, then soak in chlorine solution 0.05% for 10 minutes (30 minutes can damage the goggle, glasses), thoroughly rinse (avoid irritation of eyes) and let it dry in a clean area, before reusing.
- Refer to the Preparation of Sodium Hypochlorite Solution Procedure.
- Contaminated equipment should be placed in clearly-labelled, leak-proof bags or closed container.
- Transport of equipment bag/container from the anteroom to the cleaning/ utility room
 - + The trained staff wears disposable gloves and mask to transport the bag to the cleaning room.
 - + Place the leak-proof bag into a new bag (double bag)
- or
- + Disinfect the outside part of the container with e.g. chlorine solution 0.05%
 - + Use a wheeled bin with a lid or trolley (covered trolley is preferred) to transport the bag. The staff must not carry the bag/container.
 - + Clean and disinfect all surfaces of the trollies or bins, after each use
- Cleaning staff, like other staff need to check and record their temperature twice a day, and notify to chief of unit or IPC team, if any symptoms.

28. ***Soiled linen:***

- Soiled linen must be proceeding by trained staff wearing PPE (depending on the pathogen route of transmission). At least wear rubber gloves, impermeable apron, and rubber boots (refer to Appendix 1D appropriate handling of soiled linen)
- Wash with detergent and disinfect linen daily.
- If there is any solid excrement such as faeces or vomit,
 - + Remove carefully and flush it down the toilet (if proper sewage) or in the sluice before linen is placed in its bag or container.
 - + If not proper sewage, remove carefully, discharge in waste bag,
 - + or decontaminate with disinfectant solution (concentration depending on the pathogen)
- Soiled linen should be placed in clearly-labelled, leak-proof bags or closed container.
- Transport of linen bag/container from the anteroom the laundry room
 - + Place the leak proof bag into a new bag (double bag) or
 - + Disinfect the outside part of the container with e.g. chlorine solution 0.05%

- + The trained staff wears disposable gloves and mask to transport the linen bag to the laundry
- + Use of a wheeled bin with a lid or trolley (covered trolley is preferred). The staff must not carry the bag/container.
- + Clean and disinfect all surfaces of the trollies or bins, after each use
- In the laundry room, trained staff wear PPE (depending on the pathogen route of transmission, with rubber gloves, waterproof apron and rubber boots), wash infected linen with laundry machine:
 - + In hot water of 70°C: wash with detergent or disinfectant (30 minutes).
 - + In cold water (< 70°C): wash with detergent, then disinfectant that are active in cold water. When using bleach, rinse in clean water, and dry before reuse.
- Laundry staff, like other staff need to check and record their temperature twice a day, and notify to chief of unit or IPC team, if any symptoms

29. ***Management of Infectious Waste***

- Only trained staff, wearing PPE depending on the pathogen route of transmission, with rubber gloves, impermeable apron and rubber boots, must handling infectious waste in the isolation room/ IU (see Appendix 2 Transmission based Precautions)
- Dispose needle/sharps in a sharp-proof container (as per standard precautions), and never re-cap needles and/or separate needle from syringe before disposing in the container.
- Dispose infectious waste in a “biohazard” labelled waste bag, or leak-proof waste bag (refer Appendix 1G HCWM)
- Management of solid infectious waste
- Transport of infectious waste bag from isolation room/ unit to incinerator or designated pit:
 - + Put the waste bag in another clean bag (double bagging) before exiting the isolation area or decontaminate container/bag with the infectious waste, with chlorine solution 0.05%.
 - + Outside the isolation area, staff who is helping for double bagging, transport the decontaminated bags/containers, should wear at least gloves and disposable mask if outside the isolation zone.
- When storing bag/container with infected waste, before being properly manage
 - + Do not stored them more than 24 hours
 - + The store place must be protected by a fence to prevent entry by animals, children, or untrained personnel
- Management of waste bags with infected solid waste
 - + Incinerate bags with infectious wastes (high temperature > 800°C.)
 - + Disinfect infectious waste by autoclave
 - + Bury in a designated pit of appropriate depth (e.g. 2 metres)
- Management of infected liquid waste (blood, faeces, urine and vomit, grey water, etc.)
- With adequate PPE, depending on the pathogen route of transmission, adding eye protection and surgical mask (if not worn)
 - + Flush liquid waste (e.g. urine, liquid faecal waste) into the sewage system, if there is an adequate system in place.
 - + Avoid splashing when disposing of liquid infectious waste to avoid possible generation of aerosols
- When hospital does not have an adequate system
 - + Select adequate disinfectant solution for the pathogen
 - + In general, disinfect liquid waste with chlorine 0.05% or 0.5% depending on the pathogen before disposing (e.g. disinfect cholera with chlorine solution 0.5%)
- Avoid splashing when pouring disinfectant solution

30. ***Handling of dead bodies***

- Discourage any local practices (touching/ being in contact with the corpse) by HCW, family, friends...
- Dead body remains should not be sprayed, washed or embalmed.
- PPE to safely handle dead body. Refer to route of transmission, with at least:
 - + Disposable gown with long-sleeves
 - + Waterproof apron

- + Disposable, non-sterile gloves (over the cuffs of the gown)
- + Surgical mask (wear particulate mask if autopsy)
- + Eyes protection (preferable face-shield, or goggle)
- + Rubber gloves
- + Rubber boots
- Put corpse in waterproof/ impermeable body bag immediately; and transfer to the mortuary as soon as possible after death.
- Bury or incinerate corpse without delay
- Surveillance of staff who handle dead body (need to check and record their temperature twice a day, and notify to chief of unit, IPC team if any symptoms)

31. ***Occupational health***

- Any staff and visitor who is entering in the isolation room/ isolation unit (IU), or has any contact with contaminated equipment, linen, waste, dead body MUST:
 - + Register their name and contact details in the logbook of isolation room/ unit, for contact tracing purpose.
 - + Follow up health status, fever and other symptoms (refer to suspect case definition/ triage form)
 - + Take and record temperature twice daily, for the entire incubation period after the last contact
 - + Notify to chief of unit, IPC team, focal point if any symptoms
- Have a good hygiene, drink plenty of safe drinking water, and rest to avoid mistake due to overwhelmed, severe fatigue.
- Provide supervision and support from chief of IU, IPC focal point and director of hospital
- Promote preventive medicine:
 - + No pregnant women should be working in isolation room/ unit
 - + Provide psychological support to the staff/team who work in isolation room/ unit
 - + Prevent heat illness/ dehydration (serious risk of heat illness while wearing PPE in tropical conditions)
- For HCWs who are developing symptoms
- Stop work immediately or do not report to work
- Limit interactions with others
- Exclude themselves from area,
- Notify the chief of unit or focal point if any fever > 38°C. and/ or other symptoms (refer to case definition)
- Exposed persons must receive follow-up care (e.g. antiviral therapy when available), counselling and psychological support
- Inform supervisor, for contact tracing and follow-up of family, friends, co-workers and other patients, who may have been exposed to the disease through close contact with the infected HCW/staff.

32. ***Managing Blood/ Body fluid Exposure***

- Persons including HCWs with percutaneous or muco-cutaneous exposure to blood, body fluids, secretions, or excretions from a patient with suspected or confirmed infectious disease, should immediately and safely stop any current tasks, and leave the patient care area.
- Safely take off PPE according to the steps in the procedure, in the anteroom
- Treat affected exposed area:
 - + wash the affected skin surfaces or the percutaneous injury site with soap and water
 - + Irrigate mucous membranes (e.g. conjunctiva) with copious amounts of water or an eyewash solution, and not with chlorine solutions or other disinfectants.
- Immediately report the incident to the chief of unit, IPC focal point (following hospital exposure procedure) as soon as the HCF staff exist the isolation room/ unit.
- Exposed persons should be medically evaluated for:
 - + infectious disease (ID) (of isolated patient)
 - + other potential exposures (e.g., HIV, HCV) if sharp/needle-stick injury
- Exposed persons must receive follow-up care, including:
 - + fever monitoring, twice daily

- + period of recording symptoms will depend on the ID
- + Counselling and psychological support
- Immediate consultation with an expert in infectious diseases for any exposed person who develops fever, symptoms after exposure.
- If fever appears and other symptoms, isolate HCF staff, and follow procedure for ID suspected until a negative diagnosis is confirmed.

Or

- People suspected of having infected should be cared for/isolated, and the same recommendations outlined in this document must be applied until a negative diagnosis is confirmed.
- Conduct contact tracing and follow-up of family, friends, co-workers and other patients, who may have been exposed to Ebola virus through close contact with the infected HCW/ staff.

A4.3 Healthcare Waste Management Procedures

33. While approximately 80% of the wastes generated in a HCF are general waste, the remaining 20% comprise wastes that contain harmful microorganisms which can infect hospital patients, HCFs staff and the general public, as well as sharp objects and hazardous substances that can result in injuries, poisoning and pollution.

Categorization of healthcare wastes

34. Healthcare waste is broadly categorized into two main groups, namely medical wastes and general wastes.

1. General wastes or household waste

- Any waste that are solid or semi-solids generated from HCFs that are non-toxic and non-hazardous and are not contaminated with medical wastes. These are the food wastes, paper, plastics, textiles, non-toxic metals, glass and garden wastes.
- In the event that general wastes are contaminated or mixed with any medical wastes, the general wastes shall be classified as medical wastes and managed accordingly.

2. Medical wastes

- Any waste which consists completely or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharps instruments, all wastes that are hazardous or can cause infection to any person coming into contact with it.
- Any other wastes generated from healthcare activities which may be hazardous or toxic.
- The categories of medical wastes are:

- 1) Infectious wastes
- 2) Pathological wastes
- 3) Sharps wastes
- 4) Pharmaceutical wastes
- 5) Genotoxic wastes
- 6) Chemical wastes
- 7) Wastes with high content of heavy metals
- 8) Pressurized containers
- 9) Radioactive wastes



35. **Proper healthcare waste management** includes (1) waste segregation, (2) collection and handling, (3) stock in a safe temporary storage, (4) safe treatment and disposal.

1. Organize waste segregation:

36. All HCFs shall organize waste segregation at sources. Each type of waste should be contained in designated, color coded and labelled bags and containers. These are:

- green bin: general waste or household waste
- yellow bin: infectious waste, main part of the medical waste
- brown bin: chemical and pharmaceutical wastes, wastes with high content of heavy metals
- red bin: genotoxic waste, radioactive waste
- black bin: pressurized containers

2. Handling

- Staff should handle medical waste as little as possible before storage and disposal. The more waste is handled, the greater the chance for accidents.
- Special care must be taken when handling used needles and other sharps, which pose the greatest risk of accidental injury and infection.

Waste Category	Colour of Container & Markings	Proposed Symbol
Infectious waste	Yellow, marked black	
Pathological wastes	Yellow, marked red	
Sharps "safety-box"	Yellow, marked "SHARPS"	
Chemical & pharmaceutical waste	Brown, marked "HAZARDOUS"	
Wastes with high content of heavy metals	Brown, marked with the specific heavy metal content and "HAZARDOUS"	
Genotoxic waste	Red, marked "CYTOTOXIC"	
Radioactive waste	Red	
Pressurized containers	Black	
General waste	Green	

37. **Emptying waste containers**

- Waste containers that are too full also present greater opportunities for accidents. Waste should be removed from operating theatres, procedure rooms, and sluice rooms before the containers become completely full. At the very least, these containers should be emptied once a day. Dispose of sharps containers when they are 3/4 full. (When sharps-disposal containers become too full, people may push sharps into the container, causing injury.)
- Staff should wear utility gloves, heavy duty apron and boots when collecting waste.
- Do not collect medical waste from patient-care areas by emptying it into open carts or wheelbarrows, as this may lead to spills and contamination of the surroundings, may encourage scavenging of waste, and may increase the risk of injury to staff, patients, and visitors.
- Handle medical waste as little as possible.
- Never put your hands into a container that holds medical waste.

3. Stock in a safe temporary storage

38. Following segregation, medical wastes should be placed in a designated, safe (locked) and temporary storage at HCFs. Different health care waste should be streamed separately in standard storage equipment. Storage time of infectious waste should not exceed 48 hours. Anatomical waste should be buried or disposed daily.

39. The central storage area must be:

- Located separately from the general waste storage areas.
- Should be clearly identifiable.
- Away from food preparation, public access and egress route.

- Arranged to store waste for landfill and waste for incineration waste separately.
- Well ventilated and well lit.
- Located on well drained, impervious hard-standing.
- Provided facilities for washing down and disinfection.

4. Treatment and disposal of medical waste

40. General wastes can be removed to the regular community waste-disposal (land field). Infectious waste can be treated by the following methods:

- **Incineration.** Two-chambered incinerators with proper temperature, required chimney heights should be used. The temperature must be at least of 800°C to ensure minimal emission of toxic gases at the primary chamber. Appropriate location and high chimney (higher than nearby roofs) are required. Pressured gas containers, radioactive wastes, radiographic wastes, halogenated plastics like PVC, mercury, cadmium and ampoules of heavy metals should never be incinerated. Several provinces in Cambodia have installed two-chambered incinerators for medical waste treatment in the centralized model. Health centers and district hospitals are recommended to transport sharp waste to these incinerators for treatment.
- Single-chamber, drum and brick incinerators cannot meet the best available technology requirements of the Stockholm Convention on Persistent Organic Pollutants, of which Cambodia is signatory. Emissions of toxic and persistent organic pollutants (dioxin, furans, etc.) from these small-scale incinerators may result in human exposure at levels associated with adverse health risks. The project will not finance new small-scale onsite incinerator. If existing on-site incinerators are used, mitigation measures will be taken to control emissions to air in line with WBG EHS for healthcare facilities and WHO's guidelines for safe management of waste generated from healthcare activities.
- The good practices as follow:
 - + Waste reduction and segregation to minimize quantities of waste to be incinerated;
 - + Siting incinerators away from patient wards, residential areas or where food is grown;
 - + A clearly described method of operation to achieve the desired combustion conditions and emissions; for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers;
 - + Periodic maintenance to replace or repair defective components;
 - + Improved training for operators and improved management including the availability of an operating and maintenance manual, visible management oversight, and regular maintenance schedules.
- **Autoclave.** Autoclave used to decontaminate infectious waste is required for laboratory (Level BS2+ and BSL3). They are available in some laboratories in Cambodia. All laboratory equipment, materials and fluids must be decontaminated in the autoclave, before being discharged out of the laboratory.
- **Sharp pit and Placenta pit:** Placenta and small anatomical waste should be disposed to placenta pit and sharp waste should be disposed to sharp pit where there is no effective incineration.
- **Secured landfill.** This is the minimal approach to sharp waste disposal, which should be used only in remote and underdeveloped areas. Even in difficult circumstance, the health facility should establish the following basic principles:
 - + Locates the burial site away from the groundwater supply sources
 - + Restrict access to the disposal site by unauthorized persons

- + Line the burial site with a material of low permeability, such as clay, dung and river silt, if available, to prevent pollution of shallow groundwater and nearby wells.
- + Bury sharp waste and infectious waste only
- + Each layer of waste should be covered by a layer of soil to prevent odors, rodents and insects.

5. Wastewater collection and treatment

a. Overall requirements

41. Health and environmental workers should always wear heavy utility gloves and shoes when handling or transporting liquid medical waste of any kind. When carrying or disposing of liquid medical waste, they should be careful to avoid splashing the waste on yourself, others, or on the floor and other surfaces.

42. Carefully pour liquid waste down a sink, drain, flushable toilet, or latrine. If this is not possible, bury it in a pit along with solid medical waste. Moderate quantities of mild liquid or semi-liquid pharmaceuticals such as solutions containing vitamins, cough syrups, intravenous solutions, eye drops (but not antibiotics or cytotoxic drugs), may be diluted in a large flow of water and discharged into municipal sewers. Pharmaceutical wastes shall not be disposed of into slow-moving or stagnant water. Pharmaceutical wastes shall not be disposed of into slow-moving or stagnant water.

43. All facilities should have appropriate drainage. If the facility does not link to a treated municipal water drainage system, then all drainage should be treated locally. This includes appropriate septic and filtration systems. Highly infectious waste should be disinfected by proper disinfectants or autoclaved before they are disposed of either by incineration or non-incineration processes. Unless there is an adequate waste-water treatment plant, blood should be disinfected before discharged to a sewer.

b. Management of faecal waste and wastewater in COVID-19 outbreak

44. There is no evidence that the COVID-19 virus has been transmitted via sewerage systems with or without wastewater treatment. Further, there is no evidence that sewage or wastewater treatment workers contracted the severe acute respiratory syndrome (SARS), which is caused by another type of coronavirus that caused a large outbreak of acute respiratory illness in 2003. As part of an integrated public health policy, wastewater carried in sewerage systems should be treated in well-designed and well-managed centralized wastewater treatment works. Each stage of treatment (as well as retention time and dilution) results in a further reduction of the potential risk. A waste stabilization pond (an oxidation pond or lagoon) is generally considered a practical and simple wastewater treatment technology particularly well suited to destroying pathogens, as relatively long retention times (20 days or longer) combined with sunlight, elevated pH levels, biological activity, and other factors serve to accelerate pathogen destruction. A final disinfection step may be considered if existing wastewater treatment plants are not optimized to remove viruses. Best practices for protecting the health of workers at sanitation treatment facilities should be followed. Workers should wear appropriate personal protective equipment (PPE), which includes protective outerwear, gloves, boots, goggles or a face shield, and a mask; they should perform hand hygiene frequently; and they should avoid touching eyes, nose, and mouth with unwashed hands.

• *Sanitation and plumbing*

45. People with suspected or confirmed COVID-19 disease should be provided with their own flush toilet or latrine that has a door that closes to separate it from the patient's room. Flush toilets should operate properly and have functioning drain traps. When possible, the toilet should be flushed with the lid down to prevent droplet splatter and aerosol clouds. If it is not possible to provide separate toilets, the toilet should be cleaned and disinfected at least twice daily by a trained cleaner wearing PPE (gown, gloves, boots, mask, and a face shield or goggles). Further, and consistent with existing guidance, staff and health care workers should have toilet facilities that are separate from those used by all patients.

46. WHO recommends the use of standard, well-maintained plumbing, such as sealed bathroom drains, and backflow valves on sprayers and faucets to prevent aerosolized faecal matter from entering the plumbing or ventilation system, together with standard wastewater treatment.²¹ Faulty plumbing and a poorly designed air ventilation system were

implicated as contributing factors to the spread of the aerosolized SARS coronavirus in a high-rise apartment building in Hong Kong in 2003.²² Similar concerns have been raised about the spread of the COVID-19 virus from faulty toilets in high-rise apartment buildings.²³ If health care facilities are connected to sewers, a risk assessment should be conducted to confirm that wastewater is contained within the system (that is, the system does not leak) before its arrival at a functioning treatment or disposal site, or both. Risks pertaining to the adequacy of the collection system or to treatment and disposal methods should be assessed following a safety planning approach,²⁴ with critical control points prioritized for mitigation.

- *Toilets and the handling of faeces*

47. It is critical to conduct hand hygiene when there is suspected or direct contact with faeces (if hands are dirty, then soap and water are preferred to the use of an alcohol-based hand rub). If the patient is unable to use a latrine, excreta should be collected in either a diaper or a clean bedpan and immediately and carefully disposed of into a separate toilet or latrine used only by suspected or confirmed cases of COVID-19. In all health care settings, including those with suspected or confirmed COVID-19 cases, faeces must be treated as a biohazard and handled as little as possible. Anyone handling faeces should follow WHO contact and droplet precautions and use PPE to prevent exposure, including long-sleeved gowns, gloves, boots, masks, and goggles or a face shield. If diapers are used, they should be disposed of as infectious waste as they would be in all situations. Workers should be properly trained in how to put on, use, and remove PPE so that these protective barriers are not breached.²⁵ If PPE is not available or the supply is limited, hand hygiene should be regularly practiced, and workers should keep at least 1 m distance from any suspected or confirmed cases.

48. If a bedpan is used, after disposing of excreta from it, the bedpan should be cleaned with a neutral detergent and water, disinfected with a 0.5% chlorine solution, and then rinsed with clean water; the rinse water should be disposed of in a drain or a toilet or latrine. Other effective disinfectants include commercially available quaternary ammonium compounds, such as cetylpyridinium chloride, used according to manufacturer's instructions, and peracetic or peroxyacetic acid at concentrations of 500–2000 mg/L.

49. Chlorine is ineffective for disinfecting media containing large amounts of solid and dissolved organic matter. Therefore, there is limited benefit to adding chlorine solution to fresh excreta and it is possible that this may introduce risks associated with splashing.

- *Safely disposing of greywater or water from washing PPE, surfaces and floors.*

50. Current WHO recommendations are to clean utility gloves or heavy duty, reusable plastic aprons with soap and water and then decontaminate them with 0.5% sodium hypochlorite solution after each use. Single-use gloves (nitrile or latex) and gowns should be discarded after each use and not reused; hand hygiene should be performed after PPE is removed. If greywater includes disinfectant used in prior cleaning, it does not need to be chlorinated or treated again. However, it is important that such water is disposed of in drains connected to a septic system or sewer or in a soakaway pit. If greywater is disposed of in a soakaway pit, the pit should be fenced off within the health facility grounds to prevent tampering and to avoid possible exposure in the case of overflow.

Annex V. Labor Management Plan (LMP)

1. The Labor Management Plan (LMP) is a living document to be reviewed and updated throughout development and implementation of the Lao COVID-19 project. The LMP applies to all project workers, irrespective of contracts being full-time, part-time, temporary or casual.

USE OF LABOR IN THE PROJECT

2. The World Bank ESS2 defines four categories of project workers:

- **Direct workers** - people employed or engaged directly by the Borrower (including the project proponent and the project implementing agencies) to work specifically in relation to the project.
- **Contracted workers** - people employed or engaged through third parties to perform work related to core functions of the project, regardless of location. These could be either international or national workers or volunteers.
- **Primary supply workers** - people employed or engaged by the Borrower's primary suppliers. Not included in this project.
- **Community workers** - people employed or engaged in providing community labor, generally voluntarily. There will be no community workers engaged on the Project.
- **Civil Servant**- those employed directly by the Government.

3. The Lao PDR COVID-19 Project is expected to engage a variety of staff and workers listed below.

Project Component	Estimated Number of Project Workers	Characteristics of Project Workers	Timing of Labor Requirements	Contracted Workers
1. Emergency COVID-19 Response: preparedness and emergency activities including purchasing of goods and services, minor civil works related to improvements of infection prevention (including water and sanitation), managing hotline, per diems and accommodation for medical and non-medical personnel involved in case	Unknown at this stage	Contractor may be national or international hired to run minor civil works relating to infection prevention, including improvements in safe water and sanitation and in medical waste management and disposal systems	Construction	Direct worker -- Contractor in charge of minor civil work improvements relating to infection prevention
		Likely national workers who may come from Vientiane or different provinces. It is recommended that workers are hired locally to work on the needed improvements to (i) avoid labor influx from other provinces, (ii) reduce the need to set up labor camps.	Construction	Contracted worker – Laborers to work on improvements relating to infection prevention

<p>detection, payment of overtime for health workers and contractual staff, food and basic supplies for quarantined populations</p>		<p>Workers at MOH in PMU, workers managing hotline, health workers who are being paid overtime, medical and non-medical staff who may receive per diems and accommodation. Law enforcement officials or surveillance workers responsible for contact tracing, case detection helping to disseminate project information. Those distributing food and basic supplies to quarantined populations.</p>	<p>Throughout project cycle</p>	<p>Civil servants – working in MOH or district/provincial hospitals, law enforcement (if doing surveillance) and Direct worker – consultants or additional staff hired to manage hotline, surveillance, work on case detection, distribute food, etc</p>
<p>2. Strengthening System for Emergency Response: supports laboratory, isolation and case management capacity of health facilities, including medical supplies, minor civil works on upgrading isolation centers/ treatment rooms in existing health facilities, training medical lab technicians and health personnel at central and provincial level</p>	<p>Unknown at this stage</p>	<p>Contractor may be national or international hired to run minor civil works related to isolation/ treatment centers</p> <p>Likely national workers who may come from Vientiane or different provinces. It is recommended that workers are hired locally to work on the needed improvements to (i) avoid labor influx from other provinces, (ii) reduce the need to set up labor camps.</p>	<p>Construction</p> <p>Construction</p>	<p>Direct worker -- Contractor in charge of minor civil work improvements relating to infection prevention</p> <p>Contracted worker – Laborers to work on improvements relating to infection prevention</p>

		Lab technicians and health workers being trained at central and provincial level, as well as those conducting the training	Operations	Civil servants – likely lab technicians and health workers, as well as MOH staff conducting training and/or Direct workers hired by MOH to deliver trainings
3. Project Management and Monitoring & Evaluation: including PMU, procurement, safeguards, monitoring, costs for consultants, etc.	Unknown at this stage	Workers at MOH in Vientiane, specifically in the PMU. National or international consultants hired to assist the project.	Throughout project cycle	Civil servants or Direct workers – those working at MOH or consultants hired

4. The project will ensure that no workers of any type is under 18 years.

ASSESSMENT OF KEY POTENTIAL LABOR RISKS

5. People engaged to work in the Lao COVID-19 project may come into contact with hazardous wastes and people diagnosed with COVID-19. It is therefore extremely important that all project workers that are in direct contact with patients and/or medical or any other hazardous waste, follow strict protocols as recommended by the World Health Organization (WHO) and Occupational Health and Safety (OHS) measures highlighted in the ESMF. There are also some general construction-related risks linked to the upgrading or retrofitting of isolation/treatment centers and minor civil works improvements in water and sanitation.

Project Activity	Key Labor Risks
General project administration and implementation (hiring of consultants, monitoring and reporting, financial management, audits, E&S management, project coordination, conducting behaviour and communication	<ul style="list-style-type: none"> • Road travel to provinces (OHS) • Sedentary work (OHS) • Exposure to people who could have COVID-19 without the proper PPE and/or training

campaigns, conducting trainings, M&E)	
Minor civil works and/or construction works to upgrade or retrofit health centers or improvements to water and sanitation	<ul style="list-style-type: none"> • Terms and conditions of employment are not consistent with WB ESF 2 (see more info in section below) • Non-discrimination and equal opportunity is not consistent with WB ESF 2 (see more info in section below) • Child labor • Risks of workplace accidents, particularly when operating construction equipment, when working at height on building construction, and when handling heavy equipment and materials • Risks from exposure to hazardous substances (dust, cement, chemicals used in construction etc.) • Accidents or emergencies (OHS) • Potential employment of migrants or seasonal workers • Sexual Exploitation and Abuse (SEA), GBV and VAC to workers and community
Transportation of medical supplies, equipment	<ul style="list-style-type: none"> • Traffic hazards (OHS) • Road travel to provinces (OHS) • Risks of accidents when handling heavy equipment • Transportation of equipment and supplies is not expected to be a vector of COVID-19
Transportation of medical waste	<ul style="list-style-type: none"> • Traffic hazards (OHS) • Road travel to/from provinces (OHS) • Risks from exposure to hazardous substances (medical waste, contaminated waste)
Running laboratories, treatment facilities, isolation centers, delivering supplies to people being quarantined, etc. that deal directly with COVID-19 patients and/or their waste	<ul style="list-style-type: none"> • Terms and conditions of employment • Non-discrimination and equal opportunity • Risks from exposure to hazardous substances (medical waste, contaminated waste) • Risks from exposure with patients without the proper PPE and/or training, or their bodily fluids/waste, that have contracted COVID-19 • SEA, GBV and VAC to workers and community
Conducting contact tracing, case detection and confirmation	<ul style="list-style-type: none"> • Risks from exposure with people that may be positive for COVID-19 • Abuse of power, discrimination, stigma towards community members, SEA, GBV and VAC risks for community members
Training of medical lab technicians or health workers	<ul style="list-style-type: none"> • SEA, GBV and VAC to workers and community • Spread of sexually-transmitted diseases • Risk of contact with people with COVID-19 without the proper PPE and/or training

BRIEF OVERVIEW OF THE LABOR LEGISLATION

6. Lao PDR has national legislation that outlines worker’s rights. The Labor Law (2013) is the key document governing the regulatory framework for labor in Lao PDR. The Lao government has also ratified a number of ILO conventions, including on forced labor, child labor, minimum age and equal remuneration. These can be found at the following website (https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11200:0::NO::P11200_COUNTRY_ID:103060).

7. The **2013 Labor Law** (Amended) defines non-discrimination in employment and in wages. It establishes the need to abide by at least the government minimum wage. Working hours are limited to 8 hours per day, 6 days a week. However,

for work considered hazardous, including exposure to communicable diseases, dangerous materials or chemicals, hours of work must not exceed 6 hours per day, 6 days a week. The law is extensive and covers discrimination in the work place, equal opportunity, gender aspects, labor disputes and collective bargaining, among others. A whole chapter in the Law is dedicated to health and safety in the workplace. The Law covers formal and informal workers but does not apply to government officials, soldiers, police, Lao Front for National Development, and mass organizations.

8. Child labor remains a noticeable gap in the legal framework despite many years of participation in related international programs. The Labor Law defines 12 years old as the minimum working age for children, though 12-14 year olds are meant to only engage in certain light jobs, but this is not always closely monitored. Article 102 states that youth employees are prohibited from engaging in work that is unsafe, forced labor, work to pay off debts, human trafficking, and hazardous work. The ESMF details the relevant legislation and a gap analysis with the World Bank ESF. No persons under the age of 18 will be allowed work on any aspect relating to the project and forced or indentured labor of any kind will be prohibited.

9. The Labor Law includes provisions on Occupational Health and Safety (OHS) mostly consistent with ESS2 of the World Bank's Environmental and Social Framework (ESF). Additional measures must also be taken compliant with WHO guidelines on COVID-19, as outlined in this ESMF.

10. In addition, the Law on Civil Servants, 2016 and associated Decree on Code of Conduct for Civil Servants, 2019 also largely consistent with ESS2 and applicable for the project. The Civil Servant Law and Decree on Code of Conduct provide provisions and measures to manage, prevent and address misbehaviours and misconduct that may be observed among civil servants including health workers and staff. Compliance of these legislations are monitored by Department of Personal and Organization under MOH or concerned ministries and Ministry of Home Affairs (MOHA).

RESPONSIBLE STAFF

11. This section identifies the function and/or individuals/agencies within the project responsible for oversight mechanisms.

- **Engagement and Management of Direct Workers.** The Ministry of Health (MOH) is responsible for engagement of direct workers/contractors and compliance with contract conditions (payment of invoices). The MOH will address all LMP aspects as part of procurement for works (such as transport of medical supplies, minor civil works to refurbish labs or medical facilities, consultancy/technical assistance, etc.). A Project Management Unit (PMU) established in MOH will be responsible for overseeing all aspects of implementation of the project, including compliance of direct workers and contractors monitoring and evaluation.
- **Engagement and Management of Sub-Contracted Workers.** The Contractor is responsible for management of their workers or subcontracted workers in accordance with this LMP, which will be supervised by MOH. This includes ensuring compliance with key aspects, in particular those relating to COVID-19 prevention and general OHS.
- **Labor and Working Conditions.** Contractors will keep records in accordance with specifications set out in this LMP. MOH may at any time require records to ensure that labor conditions are met and that prevention mechanisms and other safety issues, general to OHS and specific to COVID-19, are being followed. MOH will review records against actuals at a minimum on a monthly basis and can require immediate remedial actions if warranted. A summary of issues and remedial actions will be included in quarterly reports to the World Bank.
- **Training of Workers.** Contractors are required to have a designated health and safety office as per the Labor Law. The contractor must train staff on OHS measures, hygiene practices, precautions against COVID-19, and other aspects of this LMP as appropriate. Contractors must make staff available for any mandatory trainings required by MOH, as specified by the contract. Meanwhile MOH must ensure adequate training and materials are provided to direct workers, such as those working on communication materials, screening, etc.

- **Addressing Worker Grievances.** MOH and Contractors will be required to implement a Grievance Redress Mechanism (GRM) for workers which responds to the minimum requirements in this LMP and labor dispute under the Labor Law. The MOH will review records on a monthly basis. MOH will keep abreast of GRM complaints, resolutions and reflect in quarterly reports to the World Bank.
- **Occupational, Health and Safety.** Contractors on civil works must designate a minimum of one health and safety representative to ensure day-to-day compliance with specified safety measures and OHS, including on precautions against COVID-19, and record any incidents to MOH on a monthly basis; serious incidents should be reported immediately to MOH, the Labor Administration Agency and the World Bank. Cases of COVID-19, and actions taken, should also be reported immediately. Minor incidents should be reflected in the quarterly reports to the World Bank. Further to enforcing the compliance of environmental and social management, contractors will be responsible and liable for the safety of site equipment, laborers and daily workers attending to the construction site and safety of citizens for each subproject site, as mandatory measures.

POLICIES AND PROCEDURES

12. Most environmental and social impacts of the project resulting from activities directly under the control of contractors will be mitigated directly by the same contractors. As such, the approach is to ensure that contractors effectively mitigate project related impacts. MOH will incorporate standardized environmental and social clauses in the tender documentation and contract documents in order for potential bidders to be aware of environmental and social performance requirements that shall be expected from them, are able to reflect that in their bids, and required to implement the clauses for the duration of the contract. In particular, this will be the relevant aspects of the Environment and Social Risks and Mitigation Measures outlined in the **Section 5** of ESMF, which covers all potential risks and mitigation measures relevant to contractors. MOH will enforce compliance by contractors with these clauses.

13. As a core contractual requirement, the contractor is required to ensure all documentation related to environmental and social management, including the LMP, is available for inspection at any time by MOH. The contractual arrangements with each project worker must be clearly defined. All environmental and social requirements will be included in the bidding documents and contracts.

14. In addition, MOH will be responsible to ensure that safe messaging around COVID-19 prevention and OHS measures are distributed and available to all project staff directly hired/working for MOH, as per provisions in this LMP.

15. All project workers must be aware and sign the Manager's Code of Conduct and/or the Individual Code of Conduct (Annex VI), as applicable.

Occupational Health and Safety (OHS)

16. All project workers should receive training on OHS as well as COVID-19 prevention, social distancing measures, hand hygiene, cough etiquette and relations with local community. Training programs should also focus, as needed, on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, measures on contact tracing and case detection, reporting and actions on COVID-19 cases in the workforce, communication and public-awareness strategies, project's labor management procedures, stakeholder engagement, grievance mechanism and compliance monitoring and reporting requirements, including on waste management, among others.

17. The Health and Safety specifications will include the following provisions:

- Ensuring workplace health and safety standards in full compliance with Lao PDR law, at a minimum, and including (1) basic safety awareness training to be provided to all persons as well as on COVID-19 prevention and related measures; (2) All vehicle drivers to have appropriate licenses (3) Safe management of the area

around operating equipment inside or outside hospitals/laboratories/treatment facilities/isolation centers; (4) Workers to be equipped with hard helmets, safety boots and protective gloves and/or PPE equipment as needed (particularly facemask, gowns, gloves, handwashing soap, and sanitizer) to protect from COVID-19; (5) Secure scaffolding and fixed ladders to be provided for work above ground level; (6) First aid equipment and facilities to be provided in accordance with the Labor Law; (7) At least one supervisory staff trained in safety procedures to be present at all times when construction work is in progress; and (8) Adequate provision of hygiene facilities (toilets, hand-washing basins), resting areas etc., separated by gender as needed and with distancing guidelines in place;

- Comply with Lao PDR legislation, WB's ESS2 requirements and other applicable requirements which relate to OHS hazards, including WHO specific COVID-19 guidelines (see Annex VII: OHS Guidelines and COVID-19 Guidelines);
- All workplace health and safety incidents to be properly recorded in a register detailing the type of incident, injury, people affected, time/place and actions taken, including COVID-19 cases in the workforce, which should be reported to MOH and the World Bank immediately;
- All workers (irrespective of contracts being full-time, part-time, temporary or casual) to be covered by insurance against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19;
- Procedures confirming workers are fit to work, which may include temperature testing and refusing entry to sick workers (with insurance in place to cover payment, as described above);
- All work sites to identify potential hazards and actions to be taken in case of emergency;
- Any on-site accommodation to be safe and hygienic, and with distancing guidelines in place, including provision of an adequate supply of potable water, washing facilities, sanitation, accommodation and cooking facilities;
- Workers residing at site accommodation to receive training in preventing prevention of infection through contaminated food and / or water, COVID-19 prevention and avoidance of sexually transmitted diseases;
- Provide laminated signs of relevant safe working procedures in a visible area on work sites, in English and local language as required, including on hand hygiene and cough etiquette, as well as on symptoms of COVID-19 and steps to take if suspect have contracted the virus;
- Fair and non-discriminatory employment practices;
- Provide PPE as suitable to the task and hazards of each worker, without cost to the worker;
- Under no circumstances will contractors, suppliers or sub-contractors engage forced labor or children under the age of 18;
- Construction materials manufactured in Lao PDR be procured only from suppliers able to certify that no forced labour (including debt bondage labour) or child labour (except as permitted by the Labour Law) has been used in production of the materials;
- All employees to be aware of their rights under the Labour Law, including the right to organize;
- All employees to be informed of their rights to submit a grievance through the Project Worker Grievance Mechanism;
- All employees to be provided training on appropriate behaviour with communities, gender-based violence and violence against children (also see Codes of Conduct).

18. Additional guidelines on OHS can be found in Annex III.

Age of Employment

19. For this project, the minimum age will be 18 years. This rule will apply for both national and international workers. Workers will be required to provide proof of their identify and age before commencing any works on site.

Terms and Conditions and Equal Opportunities

20. All terms and conditions as outlined in the World Bank Environmental and Social Framework (ESF) ESS2, paragraphs 10 to 15 apply to contracted workers. In addition,

- In line with national law, the maximum working hours are limited to 8 hours per day, 6 days a week unless there is payment of overtime, or 6 hours a day, 6 days a week if the work is considered hazardous (including exposure to communicable diseases), however this may be amended during a COVID-19 outbreak as prescribed by national directives or legislation..
- Employment opportunities will be available to all. This includes equal pay for equal work, regardless whether the person performing the work is male or female.
- The wages paid by the employers to the workers shall not be lower than the Lao PDR minimum wage.
- All workers to be covered by insurance against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19.

Grievance Mechanism

21. There will be a specific Grievance Redress Mechanism (GRM) for project workers as per the process outlined below. This considers culturally appropriate ways of handling the concerns of direct and contracted workers. Processes for documenting complaints and concerns have been specified, including time commitments to resolve issues.

22. In addition, this GRM should be communicated to all relevant stakeholders (such as workers and the community) as part of project engagement. Special communications will be held with the vulnerable groups identified at each location.

23. All project workers will be informed of the Grievance Mechanism process as part of their contract and induction package.

24. The process for the Worker GRM is as follows:

- The first step is that the Aggrieved Person/Party may report their grievance in person, by phone, text message, mail or email (including anonymously if required) to the Contractor as the initial focal point for information and raising grievances. For complaints that were satisfactorily resolved by the Aggrieved Person/Party or Contractor, the incident and resultant resolution will be logged and reported to the MOH PMU's Focal Point.
- As a second step, where the Aggrieved Person/Party is not satisfied, the Contractor will refer the aggrieved party to the MOH PMU Focal Point. Grievances may also be referred or reported to the MOH PMU Management if deemed suitable. The MOH PMU Focal Point endeavors to address and resolve the complaint and inform the Aggrieved Person/Party as promptly as possible, in particular if the complaint is related to something urgent that may cause harm or exposure to the person. For complaints that were satisfactorily resolved by the MOH PMU Focal Point, the incident and resultant resolution will be logged by the MOH PMU Focal Point. Where the complaint has not been resolved, the MOH PMU Focal Point will refer to the Manager of the MOH PMU for further action or resolution.
- As a third step, if the matter remains unresolved, or the Aggrieved Person/Party is not satisfied with the outcome, the Manager of the MOH PIU should refer the matter to Committee for Labor Dispute Resolution, which shall aim to resolve the grievance as per the Labor Law. The MOH Focal Point will log details of issue and resultant resolution status.

25. Up until the third stage there will be no fees for the lodgement of grievances. However, if the complaint remains unresolved or the complainant is dissatisfied with the outcome proposed by the Committee for Labor Dispute Resolution, the Aggrieved Person may refer the matter to the appropriate court, at the complainant's own expense. A decision of the Court will be final.

26. Each grievance record should be allocated a unique number reflecting year and sequence of received complaint (for example 2020-01, 2020-02 etc.). Complaint records (letter, email, record of conversation) should be stored together, electronically or in hard copy. The MOH Focal Point will be responsible for undertaking a regular (at least monthly) review of all grievances to analyze and respond to any common issues arising. The MOH Focal Point is also responsible for oversight of the GRM.

CONTRACTOR MANAGEMENT

27. The tendering process for contractors will require that contractors can demonstrate their labor management and OHS standards, which will be a factor in the assessment processes.

28. Contractual provisions will require that contractors:

- Monitor, keep records and report on terms and conditions related to labor management, including specific aspects relating to COVID-19;
- Provide workers with evidence of all payments made, including benefits and any valid deductions;
- Ensuring there is a health and safety focal point, responsible for monitoring OHS issues and COVID-19 prevention and any cases of the virus;
- Keep records regarding labor conditions and workers engaged under the Project, including contracts, registry of induction of workers including Code of Conduct, hours worked, remuneration and deductions (including overtime);
- Record safety incidents and corresponding Root Cause Analysis (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required (for example, revised job safety analysis, new or different equipment, skills training, etc.);
- Report evidence that no child labor or indentured labor is involved;
- Training/induction dates, number of trainees, and topics;
- Insurance for workers against occupational hazards and COVID-19, including ability to access medical care and take paid leave if they need to self-isolate as a result of contracting COVID-19.
- Details of any worker grievances including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken. Grievances listed should include those received since the preceding report and those that were unresolved at the time of that report;
- Sign the Manager's Code of Conduct and/or the Individual Code of Conduct (Annex VI), as applicable.

29. Monitoring and performance management of contractors will be the responsibility of MOH. MOH will be responsible for oversight of labor management provisions as well as contract supervision. The MOH PMU Focal Point will have overall responsibility for data collection, monitoring, and analysis of the LMP as part of the Project's M&E efforts. The MOH PMU Focal Point will monitor the implementation of, and compliance with, this LMP, including management of worker-related grievances. Monitoring reports should be reviewed and submitted regularly to Manager of the PMU, who will submit with other monitoring reports to the World Bank.

Annex VI. Environmental Code of Practice (ECOP) and Code of Conduct (COC)

1. This Annex presents a generic Environment Code of Practice (ECOP) and the social Code of Conduct (COC) to be included in works contract for small and medium size works related to healthcare services and isolations rooms/facilities. It comprises 2 sections: (A6.1) Scope of Environmental Code of Practice (ECOP) describes general and some specific requirement for environmental management and monitoring for physical renovation civil works will be supported by the project and (A6.2) Social Code of Practice (COC) describes obligations of contractor and workers to prevent social impacts during work contract. Both the ECOP and COC will be included in the bidding and contract documents before works contract can be signed, and the implementation cost will be part of the contract cost. The implementing agency (IA) will assign a construction supervision consultant and/or field engineer to supervise and monitor contractor's compliance with the ECOP and COC on a day-to-day basis and results will be included in the progress report. The IA, the Provincial Department of Health (PDOH), the local related authorities such as, Provincial/District Department/Division of Natural Resources and Environment (PONRE/DONRE), and/or local communities may also conduct periodic monitoring of contractor performance, as needed.
2. Project Coordination Office (PCO) of the Department of Planning and Cooperation (DPC), the Project owner, will ensure that the final E&S COP is included in the bidding and contract documents and ensure its compliance during rehabilitation/renovation civil works. This generic ECOP and COC can be modified to suit specific issues/conditions observed/agreed during the preparation of the detailed works design and bidding and contract document.
3. The ECOP and COC aims to mitigate the possible negative impacts induced by project financed activities. Provision in the ECOP is to address relevant negative impact induced from construction/renovation works such as air pollution, noise, vibration, waste, safety risks, local traffic, etc. which could be mitigated through good housekeeping and construction practices while the COC aims to ensure that the contractor pay full attention to the behavior of its staff and workers related to environment, social, health, and safety (ESHS), especially, the occupational health and safety (OHS) as well as other social issues such as gender-based violence (GBV), violence against children (VAC) and other social aspects. If needed, results from consultation with local authorities and/or local communities should be incorporated into these documents. Key actions during the application of ECOP and COC are highlighted below.
 - Incorporate specific actions and/or results from consultation with local authorities and community into the final ECOP and COC. After an approval, the PCO and WB team ensure that the final ECOP and COC actions are incorporated into the bidding and contract documents and ensure that the bidders/contractors are committed to these obligations and are aware that the implementation cost is part of the construction cost.
 - Before works begins, the IA will assign a qualified field staff to responsible for day-to-day supervision and monitoring of contractor performance, include the results of field supervision and possible complaints from local authorities, communities, and/or other stakeholders into the construction progress report. The IA will also assign staff and/or mobilize consultant, and assign community organizations, mass organization if needed, and/or work with PONRE/DONRE to conduct periodic monitoring of contractor performance of ECOP and COC.

A6.1 Scope of ECOP

4. ECOP requirements are divided into 3 parts: (1) General Provision and Planning, (2) Specific Consideration, and (3) Works Management and Monitoring. Part (1) describes roles and responsibility of the IA, contractor, and supervisor including the basic principles and/or requirements of the WB groups

for Contractor to consider during the planning or development of a contractor's standard operation procedures (C-SOP). Part (2) describes some specific requirements to address concerns of local authorities and communities, issues observed during supervision and/or site-specific issues. Part (3) describes standard requirements during execution works to reduce potential impacts on air, noise, vibration, water, etc. including key monitoring indicators that could facilitate effective supervision and monitoring including a simple application for small physical renovation civil works (such as renovation of office and other healthcare facility).

5. The following guidelines will be implemented by Contractor as part of the works contract.

Part (1): General Provision and Planning

Section (1.1) Contractor responsibility

6. The Contractor is responsible for making best effort to reduce and mitigate the potential negative impacts on local environment and local resident including making payment for all damages that may occur. Contractor performance will be closely supervised and monitored by a qualified field engineer as well as periodic monitored by a qualified consultant, mass organizations, or local communities to be assigned by the IA. Compliance with ECOP is required throughout the work period.
7. For clarity, the term "works" and/or "construction" in this document includes all site preparation, demolition, spoil disposal, materials and waste removal and all related engineering and construction activities.

Section (1.2) Non-compliance reporting procedures

8. The Contractor (and its subcontractors if any) must comply with the final ECOP. To ensure that necessary action has been undertaken and that steps to avoid adverse impacts and/or reoccurrence have been implemented, the Contractors must advise the IA within 24 hours of any serious incidents of non-compliance with the ECOP that may have serious consequence. In the event of working practices being deemed dangerous either by the IA, the local authorities, or the other concerned agencies, immediate remedial action must be taken by the Contractor. The Contractor must keep records of any incidents and any ameliorative action taken. The records on non-compliance that could be practically addressed (not cause serious impacts) will be reported to the IA on a monthly basis.
9. The Contractor will be responsible for dealing with any reports/grievance forwarded by the IA, Police, or other agencies (by following instruction from the IA's representative as appropriate) as soon as practicable, preferably within one hour but always within 24 hours of receipt by either the Contractor. The CSC/FE will monitor and ensure that the Contractor has taken appropriate action. Where appropriate, approval remedial actions may require an agreement from the local authorities and/or other Government agencies. Procedures should be put in place to ensure, as far as is reasonably practical, that necessary actions can be undertaken to avoid recurrence and/or serious damage.

Section (1.3) Liaising with local authorities and the public

10. Prior to the commencement of project investment activities and throughout the construction duration, the Contractor will work closely with the local authorities and other agencies to ensure full compliance with

Government regulations including those related to life and fire safety (L&FS) risk assessment and management and will also provide adequate information on the Project to the general public, especially those that may cause public safety, nuisance, and sensitive areas and the locations of storage and special handling areas. The Contractor will provide information and reporting telephone “Hot Line” staffed at all times during working hours.

Section (1.4) Community relations

11. The Contractor will assign one community-relation personnel, who will be focused on engaging with the community to provide appropriate information and to be the first line of response to resolve issues of concern. Contractor will take reasonable steps to engage with residents of ethnic minority backgrounds and residents with disabilities (or other priority groups as appropriate), who may be differentially affected by construction impacts.
12. The Contractor will ensure that local residents nearby the construction sites will be informed in advance of works taking place, including the estimated duration. In the case of work required in response to an emergency, local residents shall be advised as soon as reasonably practicable that emergency work is taking place. Potentially affected residents will also be notified of the ‘Hotline’ number, which will operate during working hours. The “Hotline” will be maintained to handle enquiries regarding construction activities from the general public as well as to act as a first point of contact and information in the case of any emergency. All calls will be logged, together with the responses given and the callers' concerns action and a response provided promptly. The Hotline will be widely advertised and displayed on site signboards.
13. The Contractor respond quickly to emergencies, complaints or other contacts made via the ‘Hotline’ or any other recognized means and liaise closely with the emergency services, local authority officers and other agencies (based on established contacts) who may be involved in incidents or emergency situations.
14. The Contractor will manage the work sites, work camps, and workers in a way that is acceptable to local residents and will not create any social impacts due to workers. Any construction workers, office staff, Contractor’s employees, or any other person related to the Project found violating the “prohibitions” activities listed in Section (1.7) below may be subject to disciplinary actions that can range from a simple reprimand to termination of his/her employment depending on the seriousness of the violation.

Section (1.5) Implementation of the Environmental Health and Safety (EHS) guideline

15. In line with WB safeguard policy, the Contractor is required to comply with the Environment, Social, Health, and Safety (ESHS) established for the project investment with financial support from the WB group (WBG). The ESHS provides general guidance on the pollution prevention and abatement measures and workplace and community health and safety guidelines that are normally acceptable in Bank-supported projects, particularly in cases where the borrowing country does not have standards, or when its standards fall significantly short of international or industry-wide norms. The ESHS are divided in two parts: general guidelines on health and safety and pollution prevention and abatement, including general standards for air and water quality, and a set of sector-specific guidelines for various types of development projects. For the Project, the Contractor will prepare an ESHS Plan with an aim to identify the potential impacts and to develop a mechanism for a better management of the environmental health and safety of

project activities during construction. The ESHS Plan will be incorporated into the C-SOP. At a minimum the following ESHS rules will be strictly followed:

Site ESHS Rules:

- ESHS orientation sessions before starting work;
- Wearing of personal protective equipment (gloves, helmets, safety shoes, dungarees, goggles etc);
- Follow the messages and instructions displayed on EHS notice boards installed on site;
- Promptly reporting all accidents to the concerned authority;
- Maintain appropriate barricades as required;
- Vehicles must be driven at a safe speed, observing speed limits of 30 Km/h and designated routes as mentioned in Contractor's Mobility Map;
- Drivers must have a valid driving license for the class of vehicle they are operating;
- Vehicles shall only be parked in designated parking areas; and
- Mine clearance of the project investment area.

Health and Hygiene: The measures should include:

- Provision of adequate medical facilities to the staff;
- Provision of hygienic food to the employees;
- Provision of cooling and heating facilities to the staff; and
- Provision of drainage, sewerage and septic tanks in camp area.

Security: Security measures should include:

- Regular attendance and a controlled time keeping of all employees;
- Restriction of un-authorized persons to the residential and work areas;
- Restriction of carrying weapons and control hunting by employees; and
- Provision of boundary walls/ fences with proper exits to the camp.

Section (1.6) Implementation of "Chance Find" Procedures

16. If the Contractor discovers archeological sites, historical sites, remains and objects, including graveyards and/or individual graves during excavation or construction, the Contractor will carry out the following steps:

- Stop the construction activities in the area of the chance find;
- Delineate the discovered site or area;
- Secure the site to prevent any damage or loss of removable objects. In cases of removable antiquities or sensitive remains, a night guard shall be arranged until the responsible local authorities or the National Culture Administration take over;

- Notify the project engineer, supervisor, and/or the project owner (PCO/DPC and/or PHO) who in turn will notify the responsible local authorities and the provincial Culture Department immediately (within 24 hours or less);
- Responsible local authorities and the provincial Culture Department would be in charge of protecting and preserving the site before deciding on subsequent appropriate procedures. This would require a preliminary evaluation of the findings to be performed by the archeologists of National Culture Administration. The significance and importance of the findings should be assessed according to the various criteria relevant to cultural heritage; those include the aesthetic, historic, scientific or research, social and economic values;
- Decisions on how to handle the finding shall be taken by the responsible authorities and the provincial Culture Department. This could include changes in the layout (such as when finding an irremovable remain of cultural or archeological importance) conservation, preservation, restoration and salvage;
- Implementation for the authority decision concerning the management of the finding shall be communicated in writing by relevant local authorities; and
- Construction work could resume only after permission is given from the responsible local authorities or the provincial Culture Department concerning safeguard of the heritage.

Section (1.7) Prohibitions

17. The following activities are prohibited on or near the subproject sites:
 - Cutting of trees for any reason outside the approved construction area; Hunting, fishing, wildlife capture, or plant collection; Buying of wild animals for food; Having caged wild animals (especially birds) in camps; Poaching of any description; Explosive and chemical fishing; Disturbance to anything with architectural or historical value;
 - Building of fires; Use of unapproved toxic materials, including lead-based paints, asbestos, etc.; Use of firearms (except authorized security guards); Use of alcohol by workers in office hours; Driving in an unsafe manner in local roads; and
18. Washing cars or machinery in streams or creeks; Maintenance (change of oils and filters) of cars and equipment outside authorized areas; Creating nuisances and disturbances in or near communities; Disposing garbage in unauthorized places; Indiscriminate disposal of rubbish or construction wastes; Littering the site; Spillage of potential pollutants, such as petroleum products; Collection of firewood; Urinating or defecating outside the designated facilities; and Burning of wastes and/or cleared vegetation.

Part (2) Specific Requirements

19. To be responsive to concerns observed and/or expressed by local authorities and communities, the Contractor will be responsible to comply with, but not limited to, the followings:
 - The Contractor will install the Work Camp on areas far enough from water points, houses and sensitive areas in consultation with the community and the IA. Good quality sanitary equipment should be selected and installed in the Work Camp.

- The Contractor will manage all activities in compliance with GOL laws, rules and other permits related to site construction regulations (what is allowed and not allowed on work sites), and will protect public properties. Degradation and demolition of private properties will be avoided. Paying compensation to damage to the public facilities and/or private property will be required. The Contractor will inform the IA on issue and/or damages that may unexpectedly occur.
 - The Contractor is responsible for protection of local environment against dust, air, noise, vibration, exhaust fuels and oils, and other solid residues generated from the work sites. The Contractor will manage waste properly and do not burn them on site and will also provide proper storage for construction materials, organize parking and displacements of machines in the site. Used oil and construction waste materials must be appropriately disposed-off and adequate waste disposal and sanitation services will be provided at the construction site next to the generated areas. In order to protect soil, surface and ground water the Contractor will avoid any wastewater discharge, oil spill and discharge of any type of pollutants on soils, in surface or ground waters, in sewers and drainage ditches. Compensation measures may be required.
 - The Contractor will be responsible for maintaining good hygiene, safety, and security of the work sites, including protection of and health and safety of staff and workers. The Contractor will prevent standing water in open construction pits, quarries or fill areas to avoid potential contamination of the water table and the development of a habitat for disease-carrying vectors and insects. Safe and sustainable construction materials and construction method should be used.
 - The Contractor will use a quarry of materials according to the regulations and compensate by planting of trees in case of deforestation or tree felling. When possible, the Contractor should develop maintenance and reclamation plans, protect soil surfaces during construction and re-vegetate or physically stabilize eligible surfaces, preserve existing fauna and flora and preserve natural habitats along streams, steep slopes, and ecologically sensitive areas.
 - During construction, the Contractor will take serious actions to control dust by using water or through other means and the construction site will be cleaned on a daily basis.
 - The Contractor will work with local authority and management local traffic effectively and ensure traffic access of road safety of local residents and road users during the works. Speed limit at work sites and community area will be applied to all vehicles and cars. All vehicles and their drivers must be identified and registered and the drivers are properly trained.
 - The Contractor will install signs and signals of works, ensure no blockage of access to households during construction and/or provide alternative access, provide footbridges and access of neighbours and endure construction of proper drainage on the site.
 - The Contractor will respect the cultural sites, ensure security and privacy of women and households in close proximity to the camps and safely dispose asbestos.
20. To protect COVID-19 impacts on workforce, the measures provided in Box A6.1 will be applied as appropriate taking into account the Government procedures and regulations and/or agreements with local authority and/or the WB.

Box A6.1. Guideline to prevent risk due to COVID-19 outbreak

- Develop a contingency plan for work force in line with the guideline provided under the WBG’s response to COVID19 on development of contingency plan for workforce [including an arrangement for accommodation, care and treatment for: (a) Workers self-isolating; (b) Workers displaying symptoms; and (c) Getting adequate supplies of water, food and supplies.
- The guidelines also require that (i) the Contingency plans will consider arrangements for the storage and disposal arrangements for medical waste, which may increase in volume and which can remain infectious for several days (depending upon the material); (ii) Ensure medical facilities are stocked with adequate supplies of medical PPE, as a minimum: (a) Gowns, aprons; (b) Medical masks and some respirators (N95 or FFP2); (c) Gloves (medical, and heavy duty for cleaners); and (d) Eye protection (goggles or face screens); (iii) Medical staff at the facilities will be trained and be kept up to date on WHO advice and recommendations on the specifics of COVID-19; and (iv) The medical staff/management will run awareness campaigns and posters on site advising workers: (a) how to avoid disease spread (cough/sneeze in crook of elbow; keep 1m or more away, sneeze/cough in tissue and immediately through tissue away, avoid spitting, observe good hygiene); (b) the need to regularly wash hands with soap and water – many times per day; (c) to self-isolate if they think they may have come in contact with the virus; and (d) to self-isolate if they start to display any symptoms, but alert and seek medical advice; (v) Wash stations e provided regularly throughout site, with a supply of clean water, liquid soap and paper towels (for hand drying), with a waste bin (for used paper towels) that is regularly emptied; and (vi) Wash stations should be provided wherever there is a toilet, canteen/food and drinking water, or sleeping accommodation, at waste stations, at stores and at communal facilities. Where wash stations cannot be provided (for example at remote locations), alcohol-based hand rub should be provided.
- Enhanced cleaning arrangements should be put in place, to include regular and deep cleaning using disinfectant of catering facilities/canteens/food/drink facilities, latrines/ toilets/showers, communal areas, including door handles, floors and all surfaces that are touched regularly (ensure cleaning staff have adequate PPE when cleaning consultation rooms and facilities used to treat infected patients)
- Worker accommodation that meets or exceeds [IFC/EBRD worker accommodation](#) requirements (e.g. in terms of floor type, proximity/no of workers, no ‘hot bedding’, drinking water, washing, bathroom facilities etc.) will be in good state for keeping clean and hygienic, and for cleaning to minimize spread of infection.
- To minimize pressure on PPE resources: WHO advice on the effectiveness and use of PPE by general public should be followed to ensure that the supplies are not exhausted through ineffective use – this is equally important on construction sites.
- Other measures (such as working water sprinkling systems at crushers and stock piles, covered wagons, water suppression or surfacing of haul roads etc.) should be used for dust suppression on site before relying upon the use of dust masks (which could unnecessarily reduce the availability of N95/FFP2 masks for use by medical staff performing some duties)

Part (3) Works Management and Monitoring

21. This section provides an example for typical measures for physical works. However, given that the impacts and mitigation measures are varied according to nature and size of works, two guidance is provided. For the Project rehabilitation works expected to create moderate or substantial risks, the procedure in (3a) will be applied and monitored. However, for very small works such as renovation of small office, the procedures in (3b) can be followed. Contractor’s performance during implementation of works will be supervised and monitored by the CSC/FE. The contract final requirements should be consistent with the final detailed design.

(3a) Management and Monitoring of Project Works

#	Activities causing impacts	Mitigation measures	Monitoring indicators
1	Establishment and operation of worker camps,	<ul style="list-style-type: none"> • Ensure that the sites for campsite are approved by the Project and local authority; Selection of the camp sites should be made through tripartite consultation including community, Contractor, and the subproject representative. • Ensure that basic camp facilities are provided including security, septic tanks, latrines, safe water supply, mosquito net, blanket, safe paths, fire prevention equipment, etc. 	<p>Location of the work camp should be shown in the alignment sheet.</p> <p>No complaints from local authorities and local residents due to</p>

		<ul style="list-style-type: none"> Ensure that (a) washing areas, demarcated and water from washing areas and kitchen is released in sumps, (b) septic tanks of appropriate design have been used for sewage treatment and outlets are released into sumps and must not create a pond of stagnant water, and (c) the latrines, septic tanks, and sumps are built at a safe distance from water body, stream, or dry streambed, and the sump bottom is above the groundwater level. 	<p>location and activities of the worker camps.</p> <p>Safe and comfortable living of staff and workers</p>
2	Establishment and operation of construction materials and equipment yards and access roads	<ul style="list-style-type: none"> Ensure that the locations are far away from residential areas and take actions to mitigate dust, noise, vibration, water pollution, waste, etc. 	Proper management of the site and no complaints from local authorities and residents
3	Disposal of waste generated from the camp	<ul style="list-style-type: none"> Recycle metallic, glass waste; bury organic waste in impervious pit covered with soil. Ensure that waste material is properly disposed off in a manner that does not affect the natural drainage. 	No health issue occurred
4	Access tracks/haulage routs	<ul style="list-style-type: none"> The moving machinery should remain within the subproject boundary. Ensure that the access tracks, which are prone to dust emissions and disturbance to local resident are managed by water spraying daily and the areas sensitive to noise and vibration are managed through enforcement of speed limit control. After completion of construction work all the damaged roads / tracks will be restored by the Contractor, as it is Contractor's obligations. Ensure that surface run-off controls are installed and maintained to minimize erosion. Restriction on movement of Contractor's vehicles on designation routes; deploy traffic man at the village to control the traffic as needed. 	No complaints from local residents regarding dust, noise, vibration, road safety, and the usage of the tracks/access roads
5	Hiring skilled workers from outside of the locality	<ul style="list-style-type: none"> Hiring of workers from the local communities as much as possible. 	Number of local workers at the worksite.
6	Workers safety and hygienic conditions	<ul style="list-style-type: none"> Provide protective clothing and equipment for workers especially those handling hazardous materials, (helmets, adequate footwear) for concrete works (long boots, gloves), for welders (protective screen, gloves dungaree), etc. 	Safe working conditions
7	Water for staff and workers consumption and construction	<ul style="list-style-type: none"> Provide adequate and safe water for consumption at sites and work camp. 	Water tanker and pump by the Contractor
8	Interruption of water supply	<ul style="list-style-type: none"> Inform residents and provide water supply as needed. 	No complaint from residents

9	Social issues	<ul style="list-style-type: none"> • Ensure that conflicts with local power holders and local communities are avoided. • Ensure that focus group meetings are conducted with both men and women to identify any water related and other issues related to the subproject implementation. 	No social conflicts due to the subproject activities and/or workers.
10	Storage of hazardous material (including infectious and toxic wastes)	<ul style="list-style-type: none"> • Provide hard compacted, impervious and bounded flooring to hazardous material storage areas; Label each container indicating what is stored within; Train staff in safe handling techniques. 	No health hazard and water contamination occurred.
11	Construction activities; handling of fuels, oil spill and lubricants	<ul style="list-style-type: none"> • Ensure that no contaminated effluent is released in to the environment. • Ensure that fuels, oils, and other hazardous substances handled and stored according to standard safety practices such as secondary containment. • Fuel tanks should be labeled and stored in impervious lining and dykes etc. • Ensure that vehicle refueling to be planned on need basis to minimize travel and chance spills. • Ensure that operating vehicles are checked regularly for any fuel, oil, or battery fluid leakage. 	No oil spill observed
12	Cutting of trees in the construction area where required	<ul style="list-style-type: none"> • To minimise the needs for cutting. • To get agreement of the local community and community 	No complaints from local authority and/or residents.
13	Excavation of channels	<ul style="list-style-type: none"> • Proper compaction and water sprinkling 	Erosion and dust emission minimized
14	Disposal of excavated material	<ul style="list-style-type: none"> • Stockpile the excavated material to non-agriculture and in a minimum area and away from storm water 	Minimum loss of habitat
15	Loss of fertile soil and vegetation; impacts on natural vegetation and embankment erosion along the watercourse.	<ul style="list-style-type: none"> • Remove surface soil of the location, stocked in a proper place and once the construction is finished, put the soil back on that place. The left over spoil soil should be collected and kept aside for rehabilitation of the site at later stage of the work; re-vegetate the embankments with indigenous plant species 	River banks stabilized and re-vegetated
16	Dust and smoke emissions	<ul style="list-style-type: none"> • All truckloads of loose materials is covered during transportation. Water spraying or any other methods are used by the Contractor to maintain the works areas, adjacent areas, and roads, in a dustless condition, as well the vehicle speed not to be exceeded from 30Km/h. Vehicles will be tuned regularly to minimize the smoke emissions. 	Dust and smoke controlled
17	Noise pollution	<ul style="list-style-type: none"> • Vehicles and equipment used to be fitted, as applicable, and with properly maintained silencers. Restriction on loudly playing radio/tape recorders etc. 	Excessive noise generation controlled

18	Excavation of borrow areas	<ul style="list-style-type: none"> Excavate borrow soil up to maximum depth of 0.5m; with slope boundaries 	Borrow area rehabilitated as per specification
19	Rehabilitation of borrow pits	<ul style="list-style-type: none"> Proper rehabilitation of borrow pits; Removal and storage of top 15 cm top soil having organic materials and spreading it back during restoration of borrow area 	Borrow areas rehabilitated
20	Encountering archaeological sites during earth works	<ul style="list-style-type: none"> The subproject field supervisor (CSC or filed engineer) will halt the work at the site and inform to the regional team leader and Archaeological Department immediately. 	The report from the CSC or field supervisor, community, and contractor
21	Aesthetic/ scenic quality	<ul style="list-style-type: none"> Carry out complete restoration of the construction sites. Remove all waste, debris, unused construction material, and spoil from the worksites. 	Cleanliness and tidiness of works sites and work camp

(3b) Management of Small Renovation of Offices

Do:	Do not
<ul style="list-style-type: none"> Use the toilet facilities provided – report dirty or full facilities Clear your work areas of litter and building rubbish at the end of each day – use the waste bins provided and ensure that litter will not blow away. Report all fuel or oil spills immediately & stop the spill from continuing. Smoke in designated areas only and dispose of cigarettes and matches carefully. (littering is an offence.) Confine work and storage of equipment to within the immediate work area. Use all safety equipment and comply with all safety procedures. Prevent contamination or pollution of streams and water channels. Ensure a working fire extinguisher is immediately at hand if any “hot work” is undertaken e.g. welding, grinding, gas cutting etc. Report any injury of workers or animals. Drive on designated routes only, observe speed limit, and prohibit drunken driving. Prevent excessive dust and noise. Prevent bad behaviors of works especially those related to sexual exploitation, gender-based violence (GBV), violence against children (VAC), and other abuses 	<ul style="list-style-type: none"> Remove or damage vegetation without direct instruction. Make any fires. Poach, injure, trap, feed or harm any animals – this includes birds, frogs, snakes, etc. Enter any fenced off or marked area. Drive recklessly or above speed limit Allow waste, litter, oils or foreign materials into the stream; Litter or leave food lying around; Cut trees for any reason outside the approved construction area; Buy any wild animals for food; Use unapproved toxic materials, including lead-based paints, asbestos, etc.; Disturb anything with architectural or historical value; Use of firearms (except authorized security guards); Use of alcohol by workers during work hours; Wash cars or machinery in streams or creek; Do any maintenance (change of oils and filters) of cars and equipment outside authorized areas; Dispose trash in unauthorized places; Have caged wild animals (especially birds) in camps; Work without safety equipment (including boots and helmets); Create nuisances and disturbances in or near communities; Use rivers and streams for washing clothes; Dispose indiscriminately rubbish or construction wastes or rubble;

- | | |
|--|---|
| | <ul style="list-style-type: none"> ◆ Spill potential pollutants, such as petroleum products; ◆ Collect firewood; ◆ Do explosive and chemical fishing; ◆ Use latrines outside the designated facilities; and ◆ Burn wastes and/or cleared vegetation. |
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Section A6.2 Scope of COC

Instructions:

22. This Social Code of Conduct (COC) should be included in bidding documents for the civil works contractor(s) and in their contracts once hired.

Manager's Code of Conduct

23. The contractor is committed to ensuring that the project is implemented in such a way which minimizes any negative impacts on the local environment, communities, and its workers. This will be done by respecting the environmental, social, health and safety (ESHS) standards, and ensuring appropriate occupational health and safety (OHS) standards are met. The contractor is also committed to creating and maintaining an environment where children under the age of 18 will be protected, and where sexual abuse and sexual harassment have no place. Improper actions towards children, Violence Against Children (VAC), sexual abuse/harassment, and/or acts of Gender Based Violence (GBV) will not be tolerated by any employee, sub-contractors, supplier, associate, or representative of the company.
24. Staff at all levels have a responsibility to uphold the contractor's commitment. Contractors need to support and promote the implementation of the COC. To that end, staff must adhere to this COC and also to sign the Individual Code of Conduct (ICOC).

Implementation

25. As follows:
- a. To ensure maximum effectiveness of the COC:
 - (i) Prominently displaying the COC in clear view at workers' camps, offices, and in public areas of the workspace. Examples of areas include waiting, rest and lobby areas of sites, canteen areas and health clinics.
 - (ii) Ensuring all posted and distributed copies of the COC are translated into the appropriate language of use in the work site areas as well as for any international staff in their native language.
 - b. Verbally and in writing explain the COC to all staff, including in an initial training session.
 - c. Ensure that:
 - (i) All staff sign the 'Individual Code of Conduct', including acknowledgment that they have read and agree with the COC.
 - (ii) Staff lists and signed copies of the Individual Code of Conduct are provided to the OHS Manager and the MOH Focal Point.
 - (iii) Participate in training and ensure that staff also participate as outlined below.
 - (iv) Put in place a mechanism for staff to:
 - report concerns on ESHS or OHS compliance; and,

- confidentially report GBV incidents through the Grievance Redress Mechanism (GRM)
- (v) Staff are encouraged to report suspected or actual ESHS, OHS, GBV, VAC issues, emphasizing the staff's responsibility in compliance with applicable laws and to the best of your abilities, prevent perpetrators of sexual exploitation and abuse from being hired, re-hired or deployed. Use background and criminal reference checks for all employees nor ordinarily resident in the country where the works are taking place.
- d. Ensure that when engaging in partnership, sub-contractor, supplier or similar agreements, these agreements:
 - (i) Incorporate the ESHS, OHS, GBV, VAC Codes of Conduct as an attachment.
 - (ii) Include the appropriate language requiring such contracting entities and individuals, and their employees and volunteers, to comply with the Individual Codes of Conduct.
 - (iii) Expressly state that the failure of those entities or individuals, as appropriate, to ensure compliance with the ESHS and OHS standards, take preventive measures against GBV and VAC, to investigate allegations thereof, or to take corrective actions when GBV or VAC has occurred, shall not only constitute grounds for sanctions and penalties in accordance with the Individual Codes of Conduct but also termination of agreements to work on or supply the project.
- e. Provide support and resources to create and disseminate staff training and awareness-raising strategy on GBV, VAC and other issues highlighted in the ESMF.
- f. Ensure that any GBV or VAC complaint warranting Police action is reported to the Police, MOH and the World Bank immediately.
- g. Report and act in accordance with the agreed response protocol any suspected or actual acts of GBV or VAC.
- h. Ensure that any major ESHS or OHS incidents are reported to MOH and the supervision engineer immediately, non-major issues in accordance with the agreed reporting protocol.
- i. Ensure that children under the age of 18 are not present at the construction site, engaged in any hazardous activities or otherwise employed.

Training

- j. The managers are responsible to:
 - (i) Ensure that staff have a suitable understanding of the ESMF, in particular OHS aspects and COVID-19 prevention, as well as GBV and VAC and are trained as appropriate.

Response

- k. Managers will be required to take appropriate actions to address any ESHS or OHS incidents.
- l. Regarding GBV:
 - (i) Maintain the confidentiality of all employees who report or (allegedly) perpetrate incidences of GBV (unless a breach of confidentiality is required to protect persons or property from serious harm or where required by law).
 - (ii) If a manager develops concerns or suspicions regarding any form of GBV by one of his/her direct reports, or by an employee working for another contractor on the same work site, s/he is required to report the case using the GRM.

- (iii) Once a sanction has been determined by the GRM, the relevant manager(s) is/are expected to be personally responsible for ensuring that the measure is effectively enforced, within a maximum timeframe of 14 days from the date on which the decision to sanction was made by the GRM.
 - (iv) If a Manager has a conflict of interest due to personal or familial relationships with the survivor and/or perpetrator, he/she must notify the Company and the GRM. The Company will be required to appoint another manager without a conflict of interest to respond to complaints.
 - (v) Ensure that any GBV issue warranting Police action is reported to the Police, MOH and the World Bank immediately.
- m. Managers failing address ESHS or OHS incidents or failing to report or comply with the GBV provisions may be subject to disciplinary measures, to be determined and enacted by the Company. Those measures may include:
- (i) Informal warning;
 - (ii) Formal warning;
 - (iii) Additional Training;
 - (iv) Loss of up to one week's salary;
 - (v) Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months;
 - (vi) Termination of employment.
- n. Ultimately, failure to effectively respond to ESHS, OHS, VAC and GBV cases on the work site by the company's managers may provide grounds for legal actions by authorities.

I do hereby acknowledge that I have read the Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, VAC and GBV requirements. I understand that any action inconsistent with this Code of Conduct or failure to act mandated by this Code of Conduct may result in disciplinary action.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

26. As follows:

Instructions: This Individual Code of Conduct should be included in bidding documents for the civil works contractor(s) and in their contracts once hired.

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

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

I agree that while working on the project I will:

- a. Consent to a background check in any place I have worked for more than six months.
- b. Attend and actively partake in training courses related to ESHS, OHS, COVID-19 prevention, VAC and GBV as requested by my employer.
- c. Will wear my personal protective equipment (PPE) at all times when at the work site or engaged in project related activities, in particular if related to exposure to COVID-19.
- d. Will follow all prevention measures relating to COVID-19, including (i) washing hands with water and soap before and after eating, when entering my work area, after sneezing/coughing, etc; (ii) sneeze or cough on elbow and/or wash hands after sneezing/coughing; (iii) if feeling unwell or have symptoms of a cold, flu or any respiratory illness, inform manager immediately, stay at home and do not come to work.
- e. Take all practical steps to implement the environmental and social management framework (ESMF).
- f. Implement OHS measures.
- g. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can impair faculties at all times.
- h. Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- i. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- j. Not sexually exploit or abuse project beneficiaries and members of the surrounding communities.
- k. Not engage in sexual harassment of work personnel and staff—for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is prohibited: i.e. looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; in some instances, giving personal gifts.
- l. Not engage in sexual favors—for instance, making promises of favorable treatment (i.e. promotion), threats of unfavorable treatment (i.e. loss of job) or payments in kind or in cash, dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.
- m. Not use prostitution in any form at any time.
- n. Not participate in sexual contact or activity with children under the age of 18—including grooming or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.

- o. Unless there is the full consent⁹ by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex (including prostitution). Such sexual activity is considered “non-consensual” within the scope of this Code.
- p. Consider reporting through the GRM or to my manager any suspected or actual GBV by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.

With respect to children under the age of 18:

- q. Bring to the attention of my manager the presence of any children on the construction site or engaged in hazardous activities.
- r. Wherever possible, ensure that another adult is present when working in the proximity of children.
- s. Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.
- t. Not use any computers, mobile phones, video and digital cameras or any other medium to exploit or harass children or to access child pornography.
- u. Refrain from physical punishment or discipline of children.
- v. No hiring of children for any project activity (no persons under the age of 18).

Sanctions

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

- w. Informal warning;
- x. Formal warning;
- y. Additional Training;
- z. Loss of up to one week’s salary;
- aa. Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months;
- bb. Termination of employment;
- cc. Report to the Police if warranted.

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

⁹ **Consent** is defined as the informed choice underlying an individual’s free and voluntary intention, acceptance or agreement to do something. No consent can be found when such acceptance or agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. In accordance with the United Nations Convention on the Rights of the Child, the World Bank considers that consent cannot be given by children under the age of 18, even if national legislation of the country into which the Code of Conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defense.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Annex VII. Resource List: COVID-19 Guidance

There are many laws, regulations, and guidelines to be considered during the planning and implementation of the Project. This annex provides information on the key ones comprising: (7.1) GOL legislations and guidelines to be applied to the Project and (7.2) WHO, the WB group (WBG), and other international agencies related to COVID-19. *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/>).*

7.1 List of GOL Laws, Regulations, and Guidelines

- Handwashing and Environmental Cleaning guideline
- Sharp Waste Management Guideline September 2019
- Healthcare Waste Management Guidelines 2011
- National Injection Safety Guidelines 2014
- Decision on Healthcare Waste Management November 23, 2017
- Decision on cleaning of Healthcare Facilities (environmental Healthcare Standards) August 18, 2018
- Corona virus sample collection, transportation and testing guideline April 16, 2020
- COVID-19 case management guideline March 24, 2020
- COVID-19 Care at all check points including airport and land transportation March 2020
- COVID-19 for Home Care March 2020
- COVID-19 Care in Public General Area March 2020
- Law on Prevention and Control of Communicable Disease 2019
- Law on Healthcare January 30, 2015
- Law on Vaccination August 9, 2018
- Law on Communicable Disease December 19, 2017

7.2 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 Invest Guidance 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

Annex VIII. Public Consultation Report

A.8.1 Consultation for ESCP and SEP

Consultative Processes

Consistent with Lao PDR's laws and legislation regarding public consultations and the World Bank's Environmental and Social Standard 10 (ESS10) on Stakeholder Engagement and Information Disclosure, the Department of Planning and Cooperation (DPC) conducted public consultations with some affected parties¹⁰ on 13-20 April 2020. The aim of the consultations was twofold: (i) to provide relevant stakeholders with general information about COVID-19 Response Project in Lao PDR, and (ii) to offer stakeholders the opportunity to provide feedback and views regarding the potential project risks, impacts, and mitigation measures in a meaningful and a culturally appropriate manner.

At the time when consultations were prepared, the situation on COVID-19 is evolving quickly and the Government of Lao PDR (GOL) has been active on the preparedness and response fronts. As of April 26, 2020, Lao PDR had reported 19 confirmed cases of COVID-19.¹¹ The Ministry of Health (MOH) maintains that Lao PDR is at high risk, given the proximity and links with countries affected by COVID-19, and the low capacity of the public administration. Therefore, MOH activated the Emergency Operations Center (EOC) in January 2020 to prepare and respond to COVID-19, focusing on interagency coordination, point of entry (PoE), surveillance, health services, and risk communication. In view of the situation, and similar to many countries around the world, the Lao government issues instructions to the public to exercise some social distancing and restraints from public gatherings (of more than 30 people) in a bid to reduce the risk of the virus transmission. This resulted in a decision to defer public workshops and community meetings, included some of the potentially affected stakeholders as identified in the Stakeholder Engagement Plan (SEP), for fear that close physical interactions may exacerbate Covid-19 spreading. Therefore, the consultations to disclose relevant environment and social documents of the project focused more on discussions with public health workers, staff of MoH and the National Institute of Public Health, while public consultations with other relevant stakeholders will be conducted later once the situation will become normalized. This will be particularly important to reach remote ethnic minorities.

Furthermore, while virtual workshops remain an option, including using some applications like WebEx, zoom and Whatapps/emails, given that public officials (i.e. MoH's staff) have been occupied with their ongoing response to Covid-19 outbreak, this option was considered impractical. It was thus decided that "Telegram" should be used to communicate the Project design and relevant safeguards instruments with affected parties. Telegram is very popular in Laos, and Lao public officials have widely it for their internal communication. Additional advantages of this digital platform also include the fact that it provides the stakeholders with some flexibility to offer feedback and suggestions regarding the Project design, as they can leave their comments any time, where other participants in the discussions can also view the comments.

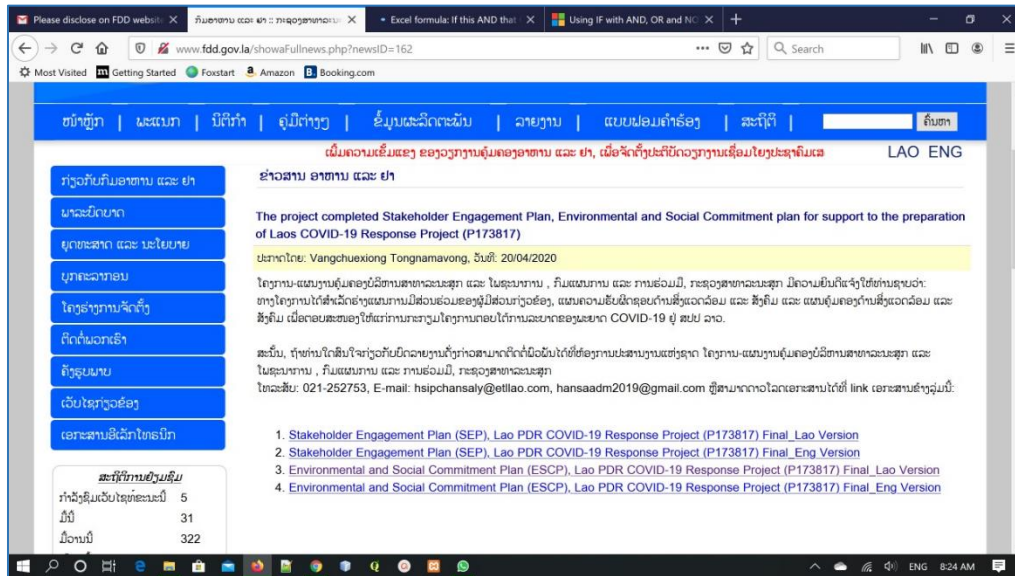
The consultations with public health officials were participatory and active with the PMD being the lead facilitator. The following steps were followed to undertake the consultations. First, participants in the consultations were randomly drawn upon from the updated List of the Emergency Response Team at provincial level, Provincial Hospitals, Operational Districts, Referral Hospitals and Health Centers in response to Covid-19

¹⁰ Mainly staff (public health workers) of the Ministry of Health (MoH) and the National Institute of Public Health (NIPH).

¹¹ WHO 2020. Rolling updates on coronavirus disease (COVID-19). Available from:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

outbreak. Some of the participants were referred to by other participants and the PMD. As a result, a Telegram Group was formulated under the name of “Safeguard COVID19 Emergency Response”. The Group consisted of approximately 50 participants, the list of which is attached to this report as Annex 1. The PMD then presented some PowerPoint slide presentations in both English and Lao version, which provide a Project overview, coupled with detailed references/links to safeguards instruments and documents, which have been prepared for the Project. Some thematic guiding questions were shared with the Telegram group participants (Annex 2). During the consultations, some participants asked questions and suggested further clarification, and shared their experience using reports and photos.



Documents (SEP and ESCP) shared during first round of initial consultations

Key Findings

Feedback and suggestions received were in various forms: photos of some ongoing activities being carried out by relevant health professionals and public authorities; text messages; some voice recordings; and MS Word files with answers to specific guiding themes/questions introduced by the facilitators. On 20 April 2020, when the deadline for receiving comments was due, ten formal written submissions were received by the Project. The following described the recurring themes emerged from the consultations:

Positive impact of the Project

Participants have agreed that the Project plays an important role in contributing to the reduction in the spread of Covid-19. It thus seeks to help protect community and people’s health, resulting in reducing their exposure to health risks (Covid-19 and other related viruses), and thereby improving their livelihood. Other participants think the Project is instrumental to strengthening health worker capacity in its response to Covid-19 as well as other communicable diseases in a more timely and efficient manner.

Environmental and social impacts

While participants in the consultations expressed positive views about the Project and its impact, some of them agree that the project presents some environmental and social impacts that should be carefully addressed to ensure safety for the environment and affected people as a result of the project activities. Some of the environmental and social impacts highlighted include: management of medical waste, which may result in contaminating the

environment and spreading the virus to community and health workers; safety and health risks for public health officials and relevant officials working around quarantine facilities; discrimination towards health professionals by community, and spreading virus from relevant officials to communities. Other pertinent concerns relate to limited health professionals' awareness/knowledge of how medical equipment (including personal protective equipment) and the priority should focus on frontline staff (sample for testing, medical doctors and staff working in laboratories). One specific concern relates to their language barrier, given that some medical equipment and chemicals (i.e. disinfectant) are written in foreign language which may limit their ability to use them safely and effectively. Other concerns include social discrimination and mental health of frontline staff.

Environmental and social risk mitigation measures

Participants are of the view that it is fundamental to safeguard people and the environment from negative impacts as a result of the Project. A number of measures have been suggested. For them, it is important to develop an environmental and social management plan prior to undertaking any project activity. The plan should include measures to manage/handle medical waste, referring the MoH's regulation relating to health care waste management based on infection prevention and control, as well as the WHO's guidelines, including facilities to burn medical wastes. To reduce the risk of health professionals/workers and emergency response team being exposed to the virus, participants suggest that medical equipment and facilities purchased by the Project should be of quality and standardized, and technical advisers be mobilized to offer specific guidance and training to them on how to use the medical equipment and facilities effectively and safely. Specific suggestions were made related to adequate compensation for health professionals; swift Project cashflow to ensure that there are enough budgets to carry out activities; how testing samples should be handled and safely transported to laboratories to reduce the risks of spreading the virus. Participants also advise that the quarantine facilities should be well equipped to maximize the number of patients staying in the facilities and to reduce their psychological impacts as well as risks to health professionals and nearby community.

Community awareness

To reduce the spread of Covid-19, all participants agree that it is important to raise the awareness of the public regarding how the spread of the virus can be reduced through basic personal hygiene and social distancing. In this regard, they see that preventive measures are fundamental in the fight against Covid-19, and that people's participation in the Project is crucial through their feedback. Thus, they encourage that the Project develops a mechanism where people can candidly provide suggestions and feedback to the Project.

To reach out to community and the public, many of the stakeholders shared their respective experience. For them, it is important that health professionals/workers work in close collaboration with local authorities to go commune by commune. One effective traditional tool used to disseminate information about preventive measures includes use of loudspeaker and mobile speakers and block the way to village by fence with prohibit letters or with local security team.



Current methods being utilized across Lao to deal with the spread of Covid-19

One participant raised that in order for the public awareness campaign to be effective, it is important that the Project understands people’s behaviors and their religious beliefs, and customary/cultural practices in their response to Covid-19. This corresponds well to the reports in the social media including observations by senior government officials about the fact that some communities remain adopting their traditional way of beliefs as a mean to prevent or chase away Covid-19 virus (such as use of wood handmade Local traditional Spiritual and spin tree leaves).



ຕາແຫຼວ



- ແດນໄຂ້ຕໍ່ແດນໄຂ້ ສ່າພ້າວຫວ່ານໝາກກງ.
- ແດນນາຕໍ່ແດນນາ ສ່າພ້າວຫວ່ານເຂົ້າດົງ.
- ແດນຍົກຕໍ່ແດນຍົກ ສ່າພ້າວໃສ່ແຫຼວຕົ້ນ ໄດເນີ.

ຕາແຫຼວແມ່ນຫຍັງ? ເມື່ອປັກຕາແຫຼວ ມີຄວາມໝາຍສີ່ ເຖິງຫຍັງ? (ສ່າງົມງາຍ)

ຕາແຫຼວ ແມ່ນເຂົ້າໄມ້ຕອກມາສາມລາຍຂັດໃຫ້ເປັນຮູບກົມງູ ທີ່ຕາໃດແຫຼວ, ປັກຕາແຫຼວ ແມ່ນເປັນສິນຍາສິກວ່າ ຕ້າມ ຜ່ານ (ເປັນເຄື່ອງໝາຍຂອງຄົນພູຮາມທີ່ບໍ່ຮູ້ຫຍັງສີ່) ມີຄຸນຄ່າ ຫາງດ້ວຍມືດສະນະທັກບູຮານ ແລະເຮັດໃຈຂອງຜູ້ເພີ່ນມັກ, ແຕ່ປັດຈຸບັນມີໂລກຈະເລີນແລ້ວ ບໍ່ຕ້ອງສາມຕາແຫຼວໃຫ້ຍາກ ຮ້າງເຮັດປ້າຍມີ ຈິ່ງເຂົ້າເຮັດປ້າຍໃຫ້ ຂຽນຂໍ້ຄວາມວ່າ ຕ້າມ ຜ່ານ, ມັກໃຫ້ ນ້ອຍ ສິ່ງເຂົ້າເຮັດໃຫ້ໄດເນີຍ.

ສາຍພັນເຮືອ
James Achonkong
ສຽງເລີຍ
Facebook: Achonkong



Traditional methods being used to prevent or ‘chase away’ Covid-19

Other concerns are that vulnerable people in villages, if infected with Covid-19 may face social stigma, not get support, and lead to high spread of the virus in villages. Other suggestions include that quarantine and self-isolation facilities should provide at least human basic need and consumption as enough during the lockdown.

Additional consultations will be undertaken to consult and disclose on the ESMF. Consultations will reach out to all stakeholders, including ethnic minorities or their representatives. Depending on the stage of restrictions, the way in which to target these groups will need to be adjusted, while ensuring it is culturally appropriate and effective.

Annex 1: List of Telegram Group: Safeguard COVID-19 Response Project in Lao PDR (P173817)

	Name	Sex	Ethnic	Position	Organization	Phone number
1	Dr. Chansaly Phommavong	M	Lao	Deputy Director	DPC, MoH	22002722
2	Dr. Haikham Keokanchanh	M	lao	Head of admin Division	DCDC, MoH	22227179
3	Dr. Amphone Visathep	M	Lao	DDG of Mahosot	Mahosot, MoH	22204909
4	Dr. Nikone Vongsavath			DG of NHIB	NHIB, MoH	22864195
5	Dr. Panome Xayamongkhoun	F	Lao	Director of MCH	MCH, MoH	54923353
6	Dr. Sanong Thongxana	M	lao	Director of Mittaphab	150 bed, MoH	22210589
7	Dr. Sommay	F	Lao	Technical	DPC, MoH	55616653
8	Dr. Soukdalay Sengsirivan	F	Lao	Technical	150 Bed, MoH	54000896
9	Dr. Viengsakone Luangpadith	F	Lao	Head of admin	DOHR, MoH	55663579
10	Dr. Bualamphanh Xayachanh	F	Lao	Technical	NHIB, MoH	22400653
11	Ms. Manivone	F	Lao	Technical	LWU	55639816
12	Mr. Sinthala	M	Lao	Technical	DPC, MoH	22228996
13	Dr. Khamphua Southisombath	M	lao	DG of DOHR	DOHR, MoH	55601720
14	Mr. Phonexay Soukkasem	M	Kummou	Researcher	Freeland, VTE	55363649
15	Ms. Nalee Senhthavong	F	Lao	Project Manager	Care International, LNT Province	99991099
16	Mr. Thippavanh Malaythong	M	Khum mou	Project Manager	Care International, PSL Province	23321888
17	Mr. Bounna Pathommavong	M	Lao	Chanthabuly District Governor	VTE Capital	55614917
18	Mr. Bounyang Siphonxay	M	Lao	Village Head of Thongkhankham	VTE Capital	22224265
19	Mr. Davong Akkavong	M	Lao	Village Head of Khualuang	VTE Capital	55234888
20	Mr. Boutao Pathammavong	M	Lao	VH of Sisavath	VTE Capital	55619753
21	Mr. Sengdeun Khongsouvankham	M	Lao	VH of Sibounheung	VTE Capital	55805937
22	Ms. Onkham Chitvongsa	F	Lao	VH of Phontongsavath	VTE Capital	55626015
23	Mr. Singthong Bolivanh	M	Lao	VH of Phonetongchommany	VTE Capital	55608572
24	Mr. Somchay Ounsavong	M	Lao	VH of Dongpaleb	VTE Capital	29998874
25	Mr. Bounnan Chalernsouk	M	Lao	VH of Houayhong	VTE Capital	55503940
26	Mr. Phouthone Intavong	M	Lao	VH of Bonagnua	VTE Capital	56667431
27	Mr. Settha Sounthala	M	lao	VH of Nongthaneua	VTE Capital	55417555
28	Dr. Saykhek	M	Lao	CHAI	Attapeu	
29	Mr. Visith Khamluasa	M	Lao	CCEH	VTE, MOH	

30	Mr. Phimmasone Thongphataysack	M	Lao	GIZ	VTE	
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Annex 2: Guiding thematic discussions/questions

- What do you think about the project, it's potential environmental and social risks and impacts (both positive and negative) identified?
- Do you think the mitigation measures and ESF instruments (documents) prepared to be applied are adequate and appropriate to manage and address risks and impacts under the project?
- Do you have any other suggestions or feedback on the project and ESF instruments?

A.8.2 ESMF Public Consultation Report

Consultative Processes

According Lao PDR's laws and legislation regarding public consultations and Environmental and Social Management Framework of the Lao PDR COVID-19 Emergency Response Project (P173817), the Department of Planning and Cooperation (DPC) conducted public consultations with government, NGO and DP on 23 April to 4 May 2020. The aim of the consultations is aiming to offer them the opportunity to provide feedbacks, inputs, review and recommendations regarding the project risks, impacts, and mitigation measures in a meaningful and locally context.

The purpose of EMSF consultation is free to add the inputs, missing parts, the measures and ensuring to have guidelines or regulations that covered the maximum requirement of World Bank.

Project component consist:

- a. *Component 1. Emergency COVID-19 Response [US\$12.83 million]:* This component supports preparedness and emergency response activities to address immediate gaps for COVID-19 response in Lao PDR, focusing on the following areas: (i) response coordination; (ii) infection prevention and control; (iii) case detection, confirmation, and contact tracing; (iv) case management; and (v) risk communication and community engagement. Goods, works and services to be financed by this component include: (i) Personal Protective Equipment (PPE), (ii) medical equipment, (iii) laboratory equipment and consumables, (iv) minor civil works, supplies and other commodities for infection prevention and control including improvements in safe water and sanitation and in medical waste management and disposal systems, and (v) establishment of hotlines to reach communities on COVID-19 information and respond to enquiries from the public and health care providers.
- *Component 2. Strengthening System for Emergency Response [US\$3.67 million]:* This component strengthens the capacity of the health system to respond to public health emergencies by supporting clinical response, laboratory, isolation and case management capacity of health facilities at central and provincial levels, including supporting medical supplies, furniture, virtual conference facilities and network installation to manage COVID-19 cases. The activities include (a) minor civil works and retrofitting of isolation rooms and treatment centers in the existing health facilities; (b) training and capacity building of medical lab technicians on molecular diagnostics and health personnel on treatment guidelines and hospital infection control interventions; and (c) strengthening the national health information system for enhanced surveillance capacity.

Due to limited online access and difficulty in communication, no feedback was received from remote and ethnic communities. The project plans to visit and reach out some selected ethnic groups and remote communities to carry out a more proactive consultation with them after the ongoing restriction measures are eased and lifted. A set of user-friendly and easily understandable communication materials (e.g succinct leaflet, visualized posters, audio and video clips) in both Lao and ethnic languages will be developed and used for consultation and information sharing with the ethnic and vulnerable groups including people with disability. Their feedback and expectations will be reflected in the ESF documents and specific activity plans to be implemented under this project.

Key Findings

Feedback and suggestions received were in various forms: photos of some ongoing activities being carried out by relevant health professionals and public authorities; text messages; some voice recordings; and MS Word files with answers to specific guiding themes/questions introduced by the consultants. On 4 May 2020, when the deadline for receiving comments was due, 6 formal written submissions were received by the Project. The following described the recurring themes emerged from the consultations:

Positive impact of the Project

Participants have agreed that this Project plays an important role in contributing to the reduction in the spread of Covid-19 and well prepared. It thus seeks to help to protect community and people's health, resulting in reducing their exposure to health risks (Covid-19 and other related viruses), and thereby improving their livelihood and working style. Other participants see the Project is instrumental to strengthening Health Worker capacity and community awareness in its response to Covid-19 as well as other communicable disease in a more timely and efficient manner. Every day EOC declared at 2:30 o'clock with comprehensive daily report and exchange departments related the hotline requesting thus department of hygiene and health promotion, referral hospital, ministry of finance, control diseases and communicable department, researcher, epidemiologist and laboratory center key man and also refer to media production such as how to adapt home stay, miscommunication absorbs and mental health prevention in long term . In the long run, this aims to respond to the COVID-19 outbreak and strengthen national systems for public health emergency in Laos by enhancing the Ministry of Health's access to medical equipment/laboratory, medication for treatment of Covid-19 patients, and enhancing competency of public health's officials and health professionals' (medical doctors, nurses and cleaners) capacity. Antibody and saliva test are most suggested. This helps to contribute to reducing the economic impacts as a result of the virus spread, including to enhance the public trust in Country's public health system.

Environmental and social impacts

While participants in the consultations expressed positive view about the Project and its impact, some of them agree that the project presents some environmental and social impacts that should be carefully addressed to ensure safety for the environment and affected people as a result of the project activities. Some of the environmental and social impacts highlighted include: management of medical waste, which may result in contaminating the environment and spreading the virus to community, river, ecology and health workers; safety and health risks for public health officials and relevant officials working around quarantine facilities; discrimination towards health professionals by community; spreading virus from relevant officials to communities. Other pertinent concerns relate to limited health professionals' awareness/knowledge of how medical equipment (including personal protective equipment) and the priority should focus on frontline staff (sample for testing, medical doctors and staff working in laboratories). Two specific concern relates to their language barrier, post discharge from hospital thus social discrimination, mental health should be assessing and take place from community and how to

congratulate who are Covid-19 positive admitted, treated and no contaminated to other people, given that some medical equipment and chemicals (i.e. disinfectant) are written in foreign language which may limit their ability to use them safely and effectively.

Environmental and social risk mitigation measures

Participants are of the view that it is fundamental to safeguard people and the environment from negative impacts as a result of the Project. A number of measures have been suggested. For them, it is important to develop an Environmental and Social Management Framework to undertaking any project activity. The framework should include measures to manage/handle medical waste, ECSP, SEP referring the MoH's regulation relating to health care waste management based on infection prevention and control, as well as the WHO's guidelines, including facilities to burn medical wastes with fire autoclave no smoking. To reduce the risk of health professionals/workers and emergency response team being exposed to the virus, participants suggest that medical equipment and facilities purchased by the Project should be of quality and standardized, and technical advisers be mobilized to offer specific guidance and training to them on how to use the medical equipment and facilities effectively and safely. Specific suggestions were made related to adequate compensation for health professionals; swift Project cashflow to ensure that there are enough budgets to carry out activities; how testing samples should be handled and safely transported to laboratories to reduce the risks of spreading the virus. Participants also advise that the quarantine facilities should be well equipped to maximize the number of patients staying in the facilities and to reduce their psychological impacts as well as risks to health professionals and nearby community. Other concerns in term of Covid-19 waste management had in guidelines or instructions that just created, in fact all of these should need the rapid assessment and field inspections.

Community awareness

To reduce the spread of Covid-19, all participants agree that it is important to raise the awareness of the public regarding how the spread of the virus can be reduced through basic personal hygiene and social distancing, made defensively fence even other nearby villages comes across. In this regard, they see that preventive measures are fundamental in the fight against Covid-19, and that people's participation in the Project is crucial through their feedback. Thus, they encourage that the Project develops a mechanism where people can candidly provide suggestions and feedback to the Project.

To reach out to community and the public to multi-channel, many of them have shared their respective experience. For them, it is important that health professionals/workers work in close collaboration with local authorities to go to commune by commune. One effective traditional tool used to disseminate information about preventive measures includes use of loudspeaker and mobile speakers.

One participant raised that in order for the public awareness campaign to be effective, it is important that the Project understands people's behaviors and their religious beliefs, and customary/cultural practices in their response to Covid-19. This corresponds well to the reports in the social media including observations by senior government officials about the fact that some communities remain adopting their traditional way of beliefs as a mean to prevent or chase away Covid-19 virus.

Other concern are venerable people in village in case that he/she infected with Covid-19 may no one take care them and fell stigmatization meaning and can lead problem and high spreader in villages. Quarantine and self-isolation facilities should provide at least human basic need and consumption as enough during order letter lockdown. Specially in Bolikhamxay and Champasak province land border many people could come and go as regularly by motorbikes, this recommendation to local authorities to take and responsible together. Participants raise to get fast news, quickly disseminated, effectively case confirmed and at time.

Annex 1: List of Telegram Group: COVID-19 Response Project in VTE, Lao PDR (P173817)

	Name	Sex	Ethnic	Position	Organization	Phone number
1	Dr. Chansaly Phommavong	M	Lao	Deputy Director	DPC, MoH	22002722
2	Dr. Haikham Keokanchanh	M	lao	Head of admin Division	DCDC, MoH	22227179
3	Dr. Amphone Visathep	M	Lao	DDG of Mahosot	Mahosot, MoH	22204909
4	Dr. Nikone Vongsavath			DG of NHIB	NHIB, MoH	22864195
5	Dr. Panome Xayamongkhoun	F	Lao	Director of MCH	MCH, MoH	54923353
6	Dr. Sanong Thongxana	M	lao	Director of Mittaphab	150 bed, MoH	22210589
7	Dr. Sommay	F	Lao	Technical	DPC, MoH	55616653
8	Dr. Soukdalay Sengsirivan	F	Lao	Technical	150 Bed, MoH	54000896
9	Dr. Viengsakone Luangpadith	F	Lao	Head of admin	DOHR, MoH	55663579
10	Dr. Bualamphanh Xayachanh	F	Lao	Technical	NHIB, MoH	22400653
11	Ms. Manivone	F	Lao	Technical	LWU	55639816
12	Mr. Sinthala	M	Lao	Technical	DPC, MoH	22228996
13	Dr. Khamphua Southisombath	M	lao	DG of DOHR	DOHR, MoH	55601720
14	Mr. Phonexay Soukkasem	M	Kummou	Researcher	Freeland, VTE	55363649
15	Ms. Nalee Senhthavong	F	Lao	Project Manager	Care International, LNT Province	99991099
16	Mr. Thippavanh Malaythong	M	Khum mou	Project Manager	Care International, PSL Province	23321888
17	Mr. Bounna Pathommavong	M	Lao	Chanthabuly District Governor	VTE Capital	55614917
18	Mr. Bounyang Siphonxay	M	Lao	Village Head of Thongkhankham	VTE Capital	22224265
19	Mr. Davong Akkavong	M	Lao	Village Head of Khualuang	VTE Capital	55234888
20	Mr. Boutao Pathammavong	M	Lao	VH of Sisavath	VTE Capital	55619753
21	Mr. Sengdeun Khongsouvankham	M	Lao	VH of Sibounheung	VTE Capital	55805937
22	Ms. Onkham Chitvongsa	F	Lao	VH of Phontongsavath	VTE Capital	55626015
23	Mr. Singthong Bolivanh	M	Lao	VH of Phonetongchommany	VTE Capital	55608572
24	Mr. Somchay Ounsavong	M	Lao	VH of Dongpaleb	VTE Capital	29998874
25	Mr. Bounnan Chalernsouk	M	Lao	VH of Houayhong	VTE Capital	55503940
26	Mr. Phouthone Intavong	M	Lao	VH of Bonagnua	VTE Capital	56667431
27	Mr. Settha Sounthala	M	lao	VH of Nongthaneua	VTE Capital	55417555
28	Dr. Saykhek	M	Lao	CHAI	Attapeu	
29	Mr. Visith Khamluasa	M	Lao	CCEH	VTE, MOH	

30	Mr. Phimmasone Thongphataysack	M	Lao	GIZ	VTE	
31	Dr. Sayavone Khounnorath	F	Lao	Communication Consultant	HGNDP, MoH	
32	Dr. Inpong Thongphachanh	M	Lao	Deputy Head of CCEH	CCEH, MoH	
33	Mrs. Siphay Vongxuangtham	F	Lao	CCEH	CCEH, MoH	
34	Mrs. Khamla Bouphapanya	F	Lao	CCEH	CCEH, MoH	

Annex 2: Guiding questions for the improvement of ESMF

- What do you think about the project, it's potential environmental and social risks and impacts (both positive and negative) identified?
- Do you think the mitigation measures and ESF instruments (documents) prepared to be applied are adequate and appropriate to manage and address risks and impacts under the project?
- Do you have any other suggestions or feedback on the project and ESF instruments and implement capacity?