Annex 7: Social and Environmental Screening Template

SOCIAL AND ENVIRONMENTAL SCREENING TEMPLATE (2021 SESP TEMPLATE, VERSION 1)

The completed template, which constitutes the Social and Environmental Screening Report, must be included as an annex to the Project Document at the design stage. Note: this template will be converted into an online tool. The online version will guide users through the process and will embed relevant guidance.

Project Information

Project Information	
1. Project Title	The Project for the Improvement of Infectious Waste Management in Southwest Asia
2. Project Number (i.e. Atlas project ID, PIMS+)	Atlas Proposal ID 00143888/Output ID 00131813
3. Location (Global/Region/Country)	Multi-country project (Bangladesh, Bhutan, Maldives)
4. Project stage (Design or Implementation)	Implementation
5. Date	29 August 2022

Part A. Integrating Programming Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Programming Principles in Order to Strengthen Social and Environmental Sustainability?

Briefly describe in the space below how the project mainstreams the human rights-based approach

The objective of this project is to support the national government, health departments/agencies and stakeholders involved in Health Care Waste Management (HCWM), with consistent gender-responsive guidance, to deploy locally appropriate HCWM practices and technologies. This addresses both infectious and non-infectious healthcare challenges, during and beyond the COVID-19 pandemic, to protect human health and the environmental and social impacts of the pandemic. The project will enable staff, patients, management committees, and surrounding areas and communities by managing various medical waste of hospitals using modern waste management technologies. In addition to this, it will also contribute to the greening of a stretched social system through proper healthcare waste management practice by using renewable energy to power equipment in the project area. Ensuring human rights to a healthy and safe environment through improving medical waste management is the key theory of change of the project.

This project aims to positively contribute to healthcare facilities that will directly impact poor, marginalized, and vulnerable. The targeted beneficiaries (men, women, children, youth, and the elderly alike) will experience strengthened safeguards for the environment in which they live, and mitigated risks of exposure to medical waste.

The strategy of the project is grounded in both the UNDP Strategic Plan 2022-2025 and the HIV and Health Strategy 2022-2025. The project will support countries in three inter-related areas: reducing inequalities, promoting effective and inclusive governance, and building resilient and sustainable systems for health. Similarly, the project aims to support UNDP Global and Regional Programme Outcome #1: Inclusive and sustainable structural transformation to reduce poverty, inequality and vulnerabilities towards achievement of SDGs, and inclusive, sustainable, resilient and digital transitions; and UNDP Regional Programme Output 1.3: Inclusive, gender-responsive, resilient, sustainable, and universal social protection and health systems and services strengthened with increased investment.

Several stakeholder engagement consultations have been undertaken already in Bangladesh. Stakeholder engagement, training and field site visits will be relied upon throughout the lifecycle of the project. This approach focuses on human rights as a means of empowering those who will be affected by the project to make decisions about their own lives rather than being the passive objects of choices made on their behalf.

To address the human rights concerns, the project aims to encourage equality, inclusion and participation in HCWM reform. To ensure that the effective integration of a human-rights based approach, measures will be developed and incorporated into the ProDoc and subsequent SES documents to support the project staff, consultants and duty bearers to ensure that a human-rights based approach is in practice embedded into the implementation of the project. Human rights standards and considerations will also be embedded within the capacity-building and awareness-raising activities proposed by the project.

Briefly describe in the space below how the project is likely to improve gender equality and women's empowerment

Gender equality and women's empowerment are a focus in relevant activities of the project (listed below). Gender-responsive guidance on locally appropriate HCWM practices and technologies will be developed to address the challenges of infectious and non-infectious medical waste throughout and beyond the COVID-19 pandemic. Different awareness-raising tools, guidance, and training materials, curricula, etc. will be developed and tailored considering gender equality and women's empowerment involving various HCWM personnel, such as i) trainers; ii) medical staff, iii) hospital maintenance and sanitary staff, and iv) administrators. Culturally appropriate measures will be designed in the ESIA (and SESA for Bangladesh) process to ensure the meaningful participation of women in project activities. Quantitative requirements (likely of at least 50% female participation) will be set, and adherence to these requirements will be monitored throughout the lifecycle of the project. Qualitative assessments may also be undertaken to ensure that consultations with/the participation of women is effective and culturally appropriate.

All outputs listed in the project document will be consistent with GEN-2 UNDP gender marker (the relevant marker for each output is listed in the ProDoc). In particular, output Indicator 2.2 for Bangladesh (2.1 for Bhutan and 2.1 and 2.2 for Maldives) ensures that the number of personnel trained for autoclaves will be monitored in a gender-disaggregated manner. Key activity 1.1.2 for Bangladesh involves establishing a baseline and conducting an assessment of gender gaps. At least 1% of the budget for Bhutan is to be allocated for Gender Mainstreaming action.

Female healthcare workers are currently working at the targeted hospitals in significant numbers. Thus, gender-sensitive training will be conducted for all relevant project staff. A significant number of female samples will be extracted from the total beneficiary list while preparing any quantitative or qualitative studies for the monitoring and evaluation of the project.

Briefly describe in the space below how the project mainstreams sustainability and resilience

The project is expected to make a positive long-term contribution to the environment, particularly through enhancing the protection of the local environment and biodiversity. The project interventions will mitigate different environmental risks posed by improper disposal of medical waste to improve air, soil, and water conservation. Collecting, segregating, transporting, treating, and dumping of all medical wastes will follow the standard SoPs and operational guidelines developed by the project. Selection of autoclaves and manual treatment plan will be set up in places where there are reduced possibilities of any contamination of air, water, and soil. In addition to this, disposal bags, PPEs, and other materials will be disposed in secure places that should not present any possible sources of pollution in and around the hospital and surrounding communities.

Briefly describe in the space below how the project strengthens accountability to stakeholders

This project relies on stakeholder engagement, training, and field site visits. several consultations have been conducted with different stakeholders at the ground level for this project intervention. Stakeholder consultations have been conducted in Bangladesh. The participants of the consultation were WHO, UNICEF, representative of the Zila Parishad CHT, Civil Surgeons of the CHT districts, Chief Executive Officer- Zila Parishad, representative of Local government, and UNDP Expert in the CHT arena where they discussed these issues and provided the positive feedback to commence of the intervention.

The project's management team at the regional and country levels in Bangladesh, Bhutan and Maldives will/will continue to employ adaptive management techniques to maintain delivery of the expected outcomes. The local medical management body, local government institutions, and surrounding community members will be involved in this project through the employment of such adaptive management techniques. Systematic project monitoring, coordination meetings and workshops among all the stakeholders will be conducted. During these meetings and workshops, lessons learned, challenges, bottlenecks, etc. will be discussed and addressed. A joint annual work plan will be developed with the help of all critical stakeholders, indicating their prime roles and responsibilities. All these responsibilities will be assessed in regular project meeting as well as in the project board.

The ESIAs will include chapters on stakeholder engagement which will provide processes and principles that will be applied prior to and throughout implementation to ensure that the stakeholders mentioned above (including marginalized groups in communities within the project area) have their voices heard in a demographically sensitive and appropriate manner. Data collected for the purpose of monitoring and evaluation of the project will be gender disaggregated to elucidate the level of success in attaining the quantitative targets for female participation in the project that will be set during the development of the ESIAs.

Part B. Identifying and Managing Social and Environmental <u>Risks</u>

QUESTION 2: What are the Potential Social and Environmental Risks? Note: Complete SESP Attachment 1 before responding to Question 2.	QUESTION 3: What is the level of significance of the potential social and environmental risks? Note: Respond to Questions 4 and 5below before proceeding to Question 5			QUESTION 6: Describe the assessment and management measures for each risk rated Moderate, Substantial or High
Risk Description (broken down by event, cause, impact)	Impact and Likelihoo d (1-5)	Significan ce (Low, Moderate Substanti al, High)	Comments (optional)	Description of assessment and management measures for risks rated as Moderate, Substantial or High
Risk 1: The construction/change in use of infrastructure proposed by the project may result in adverse impacts to ecosystems, including potential impacts to critical habitats and endangered species.Standard 1: Standard 1: 1.1, 1.2, 1.3, 1.4, 1.7 Standard 3: Standard 3: 8.1Activities: Bangladesh • 1.2.1 • 1.3.4 Bhutan	I = 3 L = 3	Moderate		Assessment During the project preparation phase, a baseline assessment of relevant project areas will be undertaken by qualified professionals. This assessment will form part of each of the ESIAs that are to be undertaken for Bangladesh, Bhutan, and Maldives and will provide a detailed description of the ecosystems in which construction/change in the use of infrastructure will take place. Particular attention must be afforded to delineating protected/critical habitats and endangered species that are present within the project's sphere of influence. The need for this assessment comes from the preliminary consideration that there are 133, 72, and 129 species of endangered animals and plants in Bangladesh, Bhutan and Maldives respectively ¹ .

¹ <u>http://www.earthsendangered.com/search-regions3.asp?mp=&search=1&sgroup=allgroups&ID=34</u>; <u>http://www.earthsendangered.com/search-</u> regions3.asp?search=1&sgroup=allgroups&ID=40; <u>http://www.earthsendangered.com/search-regions3.asp?mp=&search=1&sgroup=allgroups&ID=556</u>

• 3.1.2 <u>Maldives</u> • 1.2 • 1.3 • 3.1			 The significance of this risk may need to be reviewed once the project sites and findings of the baseline assessments have been clarified. Management As part of the ESIA process, ESMPs will be completed to detai site-specific management measures in respect of the activities to which this risk relates. The measures within the ESMPs will include appropriate pollution prevention and contro technologies. If the assessment of baseline data or development of site-specific management measures during the ESIA process reveals that risks to biodiversity are predicted to be of higher significance than estimated at this stage, a Biodiversity Action Plan may also be required (in line with Standard 1).
Risk 2: Project interventions will take place in areas subject to natural disaster hazards. Outcomes and outputs in some project areas may be particularly vulnerable to potential impacts of climate change and the provision of vehicles/vessels under the project may result in an increase of greenhouse gas emissions, thereby contributing to the increased vulnerability of climate-sensitive areas within the project's sphere of influence.	I = 4 L = 3	Substantia I	Assessment Climate risk screening will be used in the selection of sites in which infrastructure will be constructed by the project. This is particularly important for the construction of medical wasted management facilities in Maldives given the climated vulnerability of the atoll.The baseline assessment and scoping that will be undertakend during the project preparation phase as part of the ESIA process will contain data on climate change and disaster vulnerability in the relevant areas. Bangladesh, Bhutan and Maldives are generally relatively vulnerable to climate-change induced disasters such as flooding, landslides, sea-level rise and tsunamis.
Activities:			The particular climate and natural disaster vulnerabilities of the project areas will be addressed in the baseline assessment with

	1	1	
<u>Bangladesh</u>			consideration both of vulnerabilities of the areas that may be
• 1.3.4			exacerbated by the project (risks from the project) as well as
<u>Bhutan</u>			risks to the efficacy of the project activities themselves.
• 3.1.1			Furthermore (and in accordance with the SES guidance for
<u>Maldives</u>			Standard 2), the assessment of the climate baseline will include
• 1.2			assessment of future scenario planning, risk exposure of project
• 1.3			components and outcomes, project impacts on community
			exposure and vulnerability, and a review of the safety of project-
			supported infrastructure. The upstream decision making and
			policy interventions (in Bangladesh) will also take account of
			climate and natural disaster vulnerabilities. This will be taken
			account of in the SESA for Bangladesh.
			Management
			Management/mitigation of climate and disaster risks from the
			project will be incorporated in the ESMPs that will be developed
			during the ESIA process. Measures within the ESMPs will relate
			to required surveying processes for construction activities,
			selection of low emissions vehicles (where feasible) and
			procurement of digital equipment that is powered by renewable
			energy (as currently provided for in the ProDoc description of
			activity 3.1 for the Maldives.)
			In respect of risks to the project, the climate and disaster
			screening used for site selection will continue to be monitored
			and updated throughout implementation. Results of the risk
			screening will be assessed to consider whether any of the
			selected sites have particular vulnerabilities that need to be
			addressed in the relevant ESMPs.
Risk 3: If the health care waste	1 = 4	Substantia	Assessment
management measures associated	L = 4		This risk relates both to the physical use of waste disposal
with the project are not designed			infrastructure introduced by the project as well as to inadequate
and/or implemented appropriately,			implementation of the procedures and best practices developed
and, or implemented appropriately,			implementation of the procedures and best practices developed

there is a risk of the release of both	during implementation for ongoing use (such as the hygiene
hazardous and non-hazardous	system provided for in activity 2.3.1 for Bangladesh). This risk
pollutants into the environment. The	may also extend to innovations implemented by local
impact of any such release of	government subsequent to the project (following activity 3.3.1
pollutants may extend to critical	for Bangladesh for example).
habitats and endangered species.	
	The ESIAs (and SESA for Bangladesh relating to policy
<u>Standard 1</u> : 1.1, 1.4, 1.7	developments planned under activity 3.3.1) will further assess
	the significance of the risks relating to improper design,
<u>Standard 8:</u> 8.1, 8.2, 8.3	implementation and/or use of health care waste management
	systems developed by the project. This assessment will take into
Activities:	account the baseline information/results of scoping undertaken
Bangladesh	during the conduct of the ESIAs regarding the ecosystems within
• 1.2.1	the project's sphere of influence, with particular regard for
• 1.3.1	protected/critical habitats and endangered species.
• 1.3.2	
• 1.3.3	Management
• 1.3.4	As part of the ESIA process, ESMPs will be completed to detail
• 1.3.5	site-specific management measures in respect of the activities
• 2.2.1	to which this risk relates. The measures within the ESMPs will
• 2.3.1	include appropriate pollution prevention and control
• 3.1.1	technologies. The various activities under Outputs 1 and 2 for
• 3.2.1	each country are themselves aimed at the prevention of
• 3.3.1	hazardous and non-hazardous pollution. Nonetheless, site-
• 3.4.1	specific measures will be developed to ensure that these
• 3.5.1	activities are being undertaken with sufficient safeguards
Bhutan	against ambient pollution. These measures will be tailored to
• 2.1.1	suit the vulnerabilities of project sites that have been found in
• 2.1.2	the baseline assessment of project-area ecosystems.
• 3.1.2	If the assessment of baseline data or development of site-
Maldives	specific management measures during the ESIA process reveals
• 2.2	that risks to biodiversity are predicted to be of higher
• 3.1	significance than estimated at this stage, a Biodiversity Action
	significance than estimated at this stage, a biouiversity Action

			Plan may also be required (in line with the requirements of Standard 1).
Risk 4: The project involves the procurement of ICT equipment. The lifecycle of this ICT equipment will likely outlast the implementation period. If, at the time this equipment is to be disposed of, appropriate measures for safe disposal are not taken, this could result in further release of hazardous pollutants into	I = 3 L = 4	derate	Assessment For project activities that involve the procurement of ICT equipment (activities 3.1.1 and 3.4.1 for Bangladesh, activities 1.1 and 3.2 for Bhutan, and activity 3.1 for Maldives), an analysis of the lifespan of the proposed technologies will be undertaken during the conduct of the ESIAs. The ESIAs will also assess in further detail the significance of the risks relating to improper selection and/or disposal of selected ICT equipment. This assessment will take into account the baseline information regarding the ecosystems within the project's sphere of influence, with particular regard for protected/critical habitats and endangered species.
the environment. <u>Standard 1:</u> 1.1, 1.4, 1.7 <u>Standard 8:</u> 8.1, 8.2, 8.3 <u>Activities:</u> <u>Bhutan</u> • 3.1.2 <u>Maldives</u> • 3.1			Management As part of the ESIA process, ESMPs will be completed to detail site-specific management measures in respect of the activities to which this risk relates. The measures within the ESMPs will include details on the proper disposal of ICT equipment at the end of it's lifespan. While the various activities under Outputs 1 and 2 for each country are themselves aimed at the prevention of hazardous and non-hazardous pollution, the main focus of these outputs is the disposal of medical waste. As such, the ESMPs for project sites that utilize ICT equipment procured under the auspices of the project will include targeted guidance for disposal of such equipment. These measures will also be tailored to suit the vulnerabilities of project sites that have been found in the baseline assessment of project-area ecosystems. If the assessment of baseline data or development of site- specific management measures during the ESIA process reveals

			that risks to biodiversity are predicted to be of higher significance than estimated at this stage, a Biodiversity Action Plan may also be required (in line with Standard 1).
Risk 5: Duty-bearers may lack the capacity to effectively implement the health care waste management measures proposed by the project. This may result in a reduction in the benefits that the project aims to	I = 3 L = 4	Moderate	For the Maldives, a capacity assessment of MOH as part of another project (Regional RRF) was conducted looking at their financial capacity. A baseline assessment was conducted for 6 sites in the Maldives. Similar approaches will be applied to the components and executing entities for Bangladesh and Bhutan.
provide. <u>Principles:</u> P.2 Activities:			To manage the potential issue of limited capacity on behalf of duty-bearers, monitoring and evaluation of the project will involve an assessment of the efficacy of trainings that have been conducted. This assessment will consider the scale of health
Bangladesh 1.3.1 • 1.3.2			care unit personnel trainings and the improvements in practical knowledge that these personnel have obtained (see activity 2.2.1 for Bangladesh, activities 2.1.1 and 2.1.2 for Bhutan, and
 1.3.3 1.3.4 1.3.5 			activity 2.2 for Maldives). Where the project aims to implement communication tools for, consult with, and train local governance institutions, the ongoing monitoring and evaluation
 2.2.1 2.3.1			of the project will also include information in respect of the efficacy of interactions with these institutions (see activities 3.1.1, 3.2.1, 3.3.1 for Bangladesh).
 3.1.1 3.2.1 3.3.1 			
Bhutan • 2.1.1 • 2.1.2			
<u>Maldives</u> • 2.2 • 3.1			

Risk 6: Project activities involving	= 3	Moderate	Assessment
employment/training may be	L = 3		The ESIAs (and SESA for Bangladesh) will include a section
disproportionately beneficial for	_		providing an overview of the socioeconomic context of the
males when compared to females			relevant project areas. This contextual overview will serve as an
(and other marginalized groups),			indicator of pre-existing societal discriminations/disadvantages
thereby reproducing and			faced by particular demographics within the project's sphere of
exacerbating pre-existing			influence.
discriminations against women.			
Should project activities take place			Statistics in terms of population of female, disabled, indigenous
in/adjacent to places where			people and other marginalized groups will be provided
indigenous peoples are present, the			alongside a description of the particular socio-economic
indigenous people may not benefit			challenges that these groups face to assess the scale of the
proportionately from the			measures that will be established to ensure their meaningful
opportunities/benefits provided by			and equitable participation in/benefit from the project.
the project. Furthermore, indigenous			
people (as well as women and other			<u>Management</u>
marginalized groups) may not be			The ESIAs (and site-specific ESMPs) will set quantitative targets
appropriately consulted. The result			for the participation of marginalized groups and will include
of a lack of appropriate consultation			measures to ensure that the participation of/consultation with
may be a lack of consideration or			stakeholders who fall within these marginalized groups is
representation of the views of these			meaningful.
groups.			
			As a baseline, management measures designed will aim to
Principles: P.9, P.10, P.13			ensure that the participants in project activities are comprised
			of at least 50% females (with potentially higher goals set if the
<u>Standard 6:</u> 6.1, 6.2			general demographic data for the project area shows that this
<u>Standard 7:</u> 7.1, 7.5			may be appropriate). Management measures within the ESIAs
			(and site-specific ESMPs) will take account of the socio-
Activities:			economic challenges faced by the relevant marginalized groups
<u>Bangladesh</u>			by ensuring that the design of stakeholder consultations and
• 1.1.1			project activities is appropriate to allow marginalized groups to
• 1.1.2			participate despite the particular challenges they may face.
• 1.3.6			
• 2.2.1			

 2.3.2 3.2.1 3.3.1 3.5.1 Bhutan Output 2 Maldives 2.2 			
	I = 4 Su L = 3 I	ubstantia	 The risks of child labour within project supported activities (and its extended area of influence) will be assessed in detail as part of the ESIAs. The project will undertake the relevant necessary measures to avoid forced and/or child labor. This includes: Taking steps to ensure that all work is carried out voluntarily Comply with minimum age requirements set out in International Labour Organization (ILO) Conventions or national legislation (whichever offers the greatest protection to young people under the age of 18) and keep records of the dates of birth of all employees verified by official documentation Check the activities carried out by young workers and ensure that children under 18 are not employed in hazardous work, including in contractor workforces. Hazardous work will normally be defined in national legislation and will be likely to include most tasks in construction and several in agriculture. Assess the safety risks relating to any work by children under 18 and carry out regular monitoring of their health, working conditions and hours of work Ensure that any workers aged 13-15 are only doing light

			legislation, or working in a government-approved training program
Risk 8: Due to the hazardous nature of some of the waste that the project relates to, there are occupational health and safety risks to people who will be undertaking the work/implementing the management practices proposed by the project.	I = 4 L = 3	Substantia I	A detailed assessment of the occupational health and safety risks posed by the presence of medical waste in project sites will be undertaken during the conduct of the ESIAs. This assessment will consider the sufficiency of the capacity-building aspects of the project in mitigating the health and safety risks posed by the presence of hazardous waste.
Standard 7: 7.6 Activities: Bangladesh • 1.2.1 • 1.3.1 • 1.3.2 • 1.3.3 Bhutan • • 1.1.1 • 2.1.1 Maldives • • 1.2			Management For Bhutan, lessons learned from the previous JSB projects (upon which this project aims to build) will be used to promote safe working conditions. While the various activities under Outputs 1 and 2 for each country are themselves aimed at promoting environmentally and occupationally safe management of hazardous and non-hazardous waste, further measures will be developed to ensure that there are sufficient policies in place to ensure safe handling of such waste. The site- specific ESMPs will include detailed descriptions of policies that are to be implemented at project sites and how these policies are to be communicated to relevant staff. Example measures include: (i) requirements to post adequate signage at sites indicating the risks that are present and how to avoid them; (ii) mandate regular staff trainings to ensure that any new staff are briefed on safety risks and that existing staff remain aware of the same risks and mitigation measures.
Risk 9: If the health care waste management measures associated with the project are not designed and/or implemented appropriately, and/or if appropriate measures for	I = 3 L = 3	Moderate	Assessment During the project preparation phase, a baseline assessment of relevant project areas will be undertaken by qualified professionals. This assessment will form part of each of the ESIAs that are to be undertaken for Bangladesh, Bhutan, and

	If the assessment of baseline data or development of site- specific management measures during the ESIA process reveals
• 3.1	
• 2.2	technologies.
<u>Maldives</u>	include appropriate pollution prevention and control
• 3.1.2	to which this risk relates. The measures within the ESMPs will
• 2.1.2	site-specific management measures in respect of the activities
• 2.1.1	As part of the ESIA process, ESMPs will be completed to detail
<u>Bhutan</u>	specific Lowin 5.
• 3.5.1	specific ESMPs.
• 3.4.1	also be developed during the conduct of the ESIAs and site-
• 3.3.1	prevent risks to community health from eventuating. Considering the significance of this risk, additional measures will
• 3.2.1	implementation of these activities will serve as a measure to
• 3.1.1	of hazardous and non-hazardous waste. The proper
• 2.3.1	overarching goal of the project) is to prevent improper disposal
• 2.2.1	The various activities under Outputs 1 and 2 (and indeed the
• 1.3.5	Management
• 1.3.4	
• 1.3.3	significance of this risk remains appropriate.
• 1.3.2	the ESIA will be taken into account in the assessing whether the
• 1.3.1	communities with the project's sphere of influence described in
• 1.2.1	The geographical relationship between the project sites and
<u>Bangladesh</u>	project areas will be assessed and described in the ESIAs.
Activities:	less likely to eventuate. The geographical characteristics of
	Certain geographical characteristics may make this risk more or
<u>Standard 3:</u> 3.2, 3.4, 3.5, 3.6, 3.7	
	have been clarified.
disease.	exact project sites and findings of the baseline assessments
pollution, physical hazards, runoff, and water or other vector-bourne	The significance of this risk may need to be reviewed once the
community health in the form of	sphere of influence.
not taken, there may be impacts to	nature of communities present in the project area and it's
safe disposal of ICT equipment are	Maldives and will provide a detailed description of the size and

			that risks to communities are predicted to be of higher significance than estimated at this stage, more extensive management measures may need to be designed and included in the ESIAs.
Risk 10: There may be some harm or loss caused if structural elements constructed under the project fail. This is a risk both to individuals working with these structural elements as well as the community at large. <u>Standard 3:</u> 3.1, 3.2, 3.3 <u>Standard 7:</u> 7.6	l = 3 L = 2	Low	National standards and building codes will be followed for all project activities involving construction or installation of significant hardware. At present, this risk is of low significance. However, should material information arise during the conduct of the ESIAs (and/or SESA for Bangladesh) which indicates that this risk is more likely to eventuate, the need for targeted assessment and management measures will be re-examined.
Activities: <u>Bangladesh</u> 1.2.1 1.3.4 Bhutan 3.1.2 Maldives 1.2 1.3 3.1 			
Risk 11: Considering that the exact sites for field construction are not yet known, there is the potential for land tenure status (whether individual or communal) to be impacted.	I = 3 L = 2	Low	While level of significance of this risk is tentatively seen as low at this point, standard 5 (and 6) issues will continue to be screened as part of the ESIA (and SESA for Bangladesh) process. During the conduct of these assessments, the need for targeted assessment and management measures will be re-examined and consideration will be afforded to determine if a material change to the significance of the risk is required.

Standard 5: 5.1, 5.2, 5.4			
Activities:			
<u>Bangladesh</u>			
• 1.2.1			
• 1.3.4			
<u>Bhutan</u>			
• 3.1.2			
Maldives			
• 1.2			
• 1.3			
• 3.1			
Risk 12: The project involves	l = 3	Moderate	Assessment
extensive upstream work at a policy	L = 3		The planned activities for Bangladesh involve capacity building
and strategic level for Bangladesh.			for local government and health care staff to develop HCWM
Given the sensitive nature of HCW,			policies and procedures. While these activities aim to promote
policy interventions may result in			the development and implementation of policies that will
indirect impacts to staff working at			benefit the environment and communities in project areas,
HCW sites, to communities within			there remains some risk that future policies developed
the project's sphere of influence, and			following the project's capacity-building/training activities will
to the biophysical receptor			be improperly formulated, thus bringing about adverse impacts
environment if policies developed			to the environment or communities. The SESA which is planned
subsequent to the project are			to be undertaken for Bangladesh (covering activities 2.4.1, 3.1.1,
improperly designed and/or			3.2.1, 3.3.1) will assess the significance of this risk in detail.
implemented.			Considering that the planned activities for Bhutan and Maldives
			at this stage do not involve providing assistance to local
<u>Standard 1</u> : 1.1, 1.4, 1.7			governments to enact significant policy developments in the
			future, it is tentatively considered unnecessary to develop
<u>Standard 3:</u> 3.2, 3.4, 3.5, 3.6, 3.7			similar SESAs for Bhutan and Maldives. Nonetheless, should
			activities be altered to increase the project's support for future
Standard 7: 7.6			policy-making in these countries, SESAs may need to be
			developed. Any such alterations will be considered during the
Activities:			conduct of the ESIAs.

Bangladesh				
• 3.1.1		Management		
• 3.2.1		Activities 3.1.1, 3.2.1, 3.3.1 for Bangladesh aim to strengthen		
• 3.3.1		local government and health care staff capacities to mitigate the		
		risk of improper development and implementation of HCWM		
		policies. Nonetheless, specific mitigation and management		
		measures will be developed and included in the SESA to further		
		mitigate the potential for upstream policy risks to eventuate.		
		These measures will ensure that the activities listed above are		
		designed in a contextually appropriate manner in order to		
		increase the awareness of upstream risks to the parties trained		
		under these activities. Surveys of local government and health care staff who have been trained will also be undertaken to		
		ascertain the efficacy of the activities in strengthening their		
		capacity and awareness of risks.		
		Monitoring and evaluation of the project will also account for		
		developments in the relevant government and health care		
		institutions to analyze the extent to which these institutions are		
		following the guidance provided to them under the project		
		activities.		
	QUESTION 4: What is the overall project ris	sk categorization?		
	Low Ri			
	Moderate Ri			
	Substantial Ri			
	High Ri	isk 🔲		
	QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are triggered? (check all that apply)			
	Question only required for Moderate, Substantial and High Risk projects			
<u> </u>	Question only required for would ale, subst			

<u>Is</u>	s assessment required? (check if "yes")	x			Status? (completed, planned)
	if yes, indicate overall type and status			Targeted assessment(s)	
			X	ESIA (Environmental and Social Impact Assessment) - Bangladesh (covering activities 1.2.1, 1.3.1, 1.3.2, 1.3.3, 1.3.4, 1.3.5 2.2.1) - Bhutan (covering activities 1.1.1, 2.1.1, 2.1.2, 3.1.1, 3.1.2) - Maldives (covering activities 1.1, 1.2, 1.3, 2.1, 2.2, 3.1)	Planned
			x	SESA (Strategic Environmental and Social Assessment) - Bangladesh (covering activities 3.1.1, 3.2.1, 3.3.1)	Planned
A	re management plans required? (check if "yes)				
	If yes, indicate overall type			Targeted management plans (e.g. Gender Action Plan, Emergency Response Plan, Waste Management Plan, others)	
			x	ESMP (Environmental and Social Management Plan which may include range of targeted plans)	Planned for each country (emanating out of ESIAs)

		ESMF (Environmental and Social Management Framework)	
Based on identified <u>risks</u> , which Principles/Project-level Standards triggered?		Comments (not required)	
Overarching Principle: Leave No One Behind			
Human Rights	Χ	K Risk 5	
Gender Equality and Women's Empowerment	x	Risk 13	
Accountability X Risk 13		Risk 13	
1. Biodiversity Conservation and Sustainable Natural Resource Management	x	Risk 1, Risk 3, Risk 4, Risk 12	
2. Climate Change and Disaster Risks	х	Risk 2	
3. Community Health, Safety and Security X Risk 1, Risk 9, Risk 10, Risk 12		Risk 1, Risk 9, Risk 10, Risk 12	
4. Cultural Heritage]	
5. Displacement and Resettlement			
6. Indigenous Peoples	Х	Risk 6	
7. Labour and Working Conditions	Х	Risk 7, Risk 10, Risk 12	
8. Pollution Prevention and Resource Efficiency	x	Risk 1, Risk 3, Risk 4	

Final Sign Off

Final Screening at the design-stage is not complete until the following signatures are included

Signature	Date	Description
QA Assessor DocuSigned by: Mashida=Rashid Policy Specialist, BRH HIV, Health and Development Team		UNDP staff member responsible for the project, typically a UNDP Programme Officer. Final signature confirms they have "checked" to ensure that the SESP is adequately conducted.
QA Approver DocuSigned by: Sirintharat Wannawong PMU coordinator, officer-in-charge BRH Programme Management Unit		UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD), Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have "cleared" the SESP prior to submittal to the PAC.
PAC Chair DocuSigned by: Jact® 空晰性的 5484 BRH Manager		UNDP chair of the PAC. In some cases PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.