



**Country: Sri Lanka
Initiation Plan (IP)**

Project Title: Health Care Waste Management (HCWM) Transforming Lives and Livelihoods
Expected UNDAF/CP Outcome(s): UNDAF Outcome 4/CPD Outcome 2
Expected CPD Output(s): CPD Output 2.3
Initiation Plan Start/End Dates: 21 December 2020 – 21 June 2022
Implementing Partner: UNDP Sri Lanka

Brief Description

The overall objective of this project is to promote innovative gender responsive solutions to localized management of HCW. Localized HCWM presents solutions closer to the source of waste generation, encouraging producers of waste to take greater responsibility. Comprehensive localized and gender sensitive HCWM offers potential for innovative partnerships between local authorities, healthcare facilities, local private sector and CSOs, to leverage innovative financing for waste management and circular economy activities

This Initiation Plan will cover following specific interventions:

1. Comprehensive localized and gender sensitive HCWM systems developed and demonstrated in two pilot locations
2. Partnerships built for last-mile safe disposal of clinical waste residues within the overall waste management framework of the local area, and for promoting waste to income generation activities, especially for women.
3. HCWM standards updated based on internationally endorsed norms inclusive of pandemic related waste management

For this Initiation Plan, UNDP will invest regular resources as part of the Rapid Financing Facility (RFF).

Programme Period: December 2020 – June 2022

Atlas Project Number: 00134411
 Atlas Output ID: 00126002

Gender Marker: 2

Total resources required: 350,000 USD

Total allocated resources: 350,000 USD

Regular:

UNDP Rapid Financing Facility 350,000 USD

UNDP TRAC I

Donor

Government

Unfunded budget :

In-kind Contributions

(Ministry of Health): 100,000 USD

Agreed by UNDP: Robert Juhkam, Resident Representative, UNDP Sri Lanka

I. PURPOSE AND EXPECTED OUTPUT

a. Situation Analysis

The 2019 National Audit Report on healthcare waste management (HCWM) pointed out that HCWM, and more broadly solid waste management (SWM), is a major social and environmental challenge in Sri Lanka, with 70 percent of the audited hospitals not complying with HCWM standards. Improper disposal of infectious and hazardous waste and nonadherence to HCWM standards is negatively affecting people and the environment, contaminating solid waste, and hindering the achievement of SDG targets on chemicals and waste management, and biodiversity protection. Progress is regressing on clean water and sanitation (Goal 6), resilient and sustainable human settlements (Goal 11), responsible consumption and production (Goal 12) and climate action (Goal 13) (UNESCAP, 2019).

COVID19 has further disrupted HCWM in Sri Lanka. Data from designated COVID19 hospitals and treatment centres show five-fold increase in clinical waste and increase in open burning of clinical waste to reduce the risk of infection. The current national vaccination programme is also expected to generate HCW, especially sharps, empty vials, partial vials, plastic containers, PPEs etc. and augment the current HCW management issues. Current practice of open burning in most health care facilities has increased air pollution and also contributed to release unintentional persistent organic pollutants (uPoPs) such as dioxins and other toxic air pollutants into the environment.

At present, coordination and coherence is absent between different actors and efforts (such as the World Bank's support to health sector development, and ADB's Health Sector Enhancement Project) to promote sustainable HCWM in the country.

The Ministry of Health (MoH), in collaboration with UNDP and support from WHO and UNICEF, has commissioned a rapid assessment of HCWM, to be finalized by early 2021, to collect data on types and forms of waste generated (including quantify uPoPs and mercury release potential) and take stock of current HCWM practices. Preliminary data from the rapid assessment informed the development of this proposal on comprehensive localized solutions for HCWM. Lessons from piloting this proposal, along with recommendations from the rapid assessment will inform development of a chemical waste management proposal for GEF 7 funding cycle to prevent regression on Goals 6, 11, and 12.

HCWM has a direct impact on providing safe working conditions for women (Goal 5 & 8). Most healthcare sanitary workers are women (~80-90 percent). Nonadherence to HCWM standards increases their risk to exposure and affects their health and livelihood. Often women waste workers safety concerns are neglected, and they continue to work in unsuitable environment with inadequate protective gears, while also subjected to harassment, and low recognition etc. (V Sinnathamby, 2017). Current policies and guidelines have not given adequate attention to the gendered nature of HCWM.

It has been recognised that proper HCWM, and by extension SWM, can reduce waste management costs, minimize carbon emissions, improve environmental quality, create green jobs, and support transition to green economy. Further, having such systematic approach to HCWM with required guidelines in line with international standards, will enable the country to effectively carry out the on-going national vaccination programme against COVID 19 without any social and environmental implications and impacts. "Early attention to a 'green recovery' to advance climate change and environmental protection commitments, while seizing new 'green economy' opportunities emerging post-COVID-19" is key to building forward better (UN Advisory Paper on Immediate Socio-Economic Response to COVID-19 in Sri Lanka, 2020). But lack of disaggregated HCW data and nonadherence to HCWM standards is limiting any efforts to apply sustainable waste management practices. In Sri Lanka, local government authorities (LA) have the overall responsibility for SWM. They also have the responsibility to provide last-mile solution to dispose residual clinical waste that is produced from hospital's HCWM system. At present, LAs, especially in areas where there are no private sector solutions, do not provide this service to hospitals, but have an opportunity to develop a business case for environmentally sound management of hazardous waste (from hospitals and other industries) to boost their revenues, and provide green jobs.

b. Proposal Overview and expected outputs

The overall objective of this project is to promote innovative gender responsive solutions to localized management of HCW. Localized HCWM presents solutions closer to the source of waste generation, encouraging producers of waste to take greater responsibility. Comprehensive localized and gender sensitive HCWM offers potential for innovative partnerships between local authorities, healthcare facilities, local private sector and CSOs, to leverage innovative financing for waste management and circular economy activities.

This project will contribute to the achievement of UNSDF driver 4 on resilience to climate change, disaster and environment management. It adopts a multi-pronged and multi-level strategy for localized HCWM, and national level HCWM guidelines and standards.

IF the District General Hospital in Monaragala, and the Ashroff Memorial Hospital in Kalmunai successfully pilot and demonstrate comprehensive yet localized and gender sensitive health care waste solutions; **AND** forge innovative partnerships with local authorities, private sector and civil society for implementing sustainable HCW solutions and promoting green jobs; **THEN** lessons emerging will inform national level evidence-based strategies and guidelines to address HCWM challenges, including pandemic related challenges, as well as scalable models for leveraging national and international resources for achieving SDG 6, 11, 12 and 13.

This is urgent and pivotal **because** Sri Lanka is regressing on Goals 6, 11, 12 and 13 and will be at lower levels of progress in 2030 compared to 2015. Comprehensive localized solutions will create bottom-up momentum for cleaner and better environment and thereby, contribute to the green-economy and environmental protection objectives of the country, and support achievement of SDGs.

Output 1: Comprehensive localized and gender sensitive HCWM systems developed and demonstrated in two pilot locations

Activities will be piloted around two hospitals, District General Hospital in Monaragala (DGHM), and the Ashroff Memorial Hospital in Kalmunai (AMHK), that are committed to developing comprehensive HCWM system and further reducing their waste footprint. Activities will focus on developing comprehensive and gender-sensitive HCWM plans, standards and practices at the hospital-level, data management on HCW using digital solutions, upgradation of specific HCWM equipment and infrastructure, along with capacity development targeting the specific needs of both male and female staff. A participatory and mutual learning approach, coupled with expert advice, will be adopted to allow peer to peer exchange and promote innovative bottom-up approaches for HCWM.

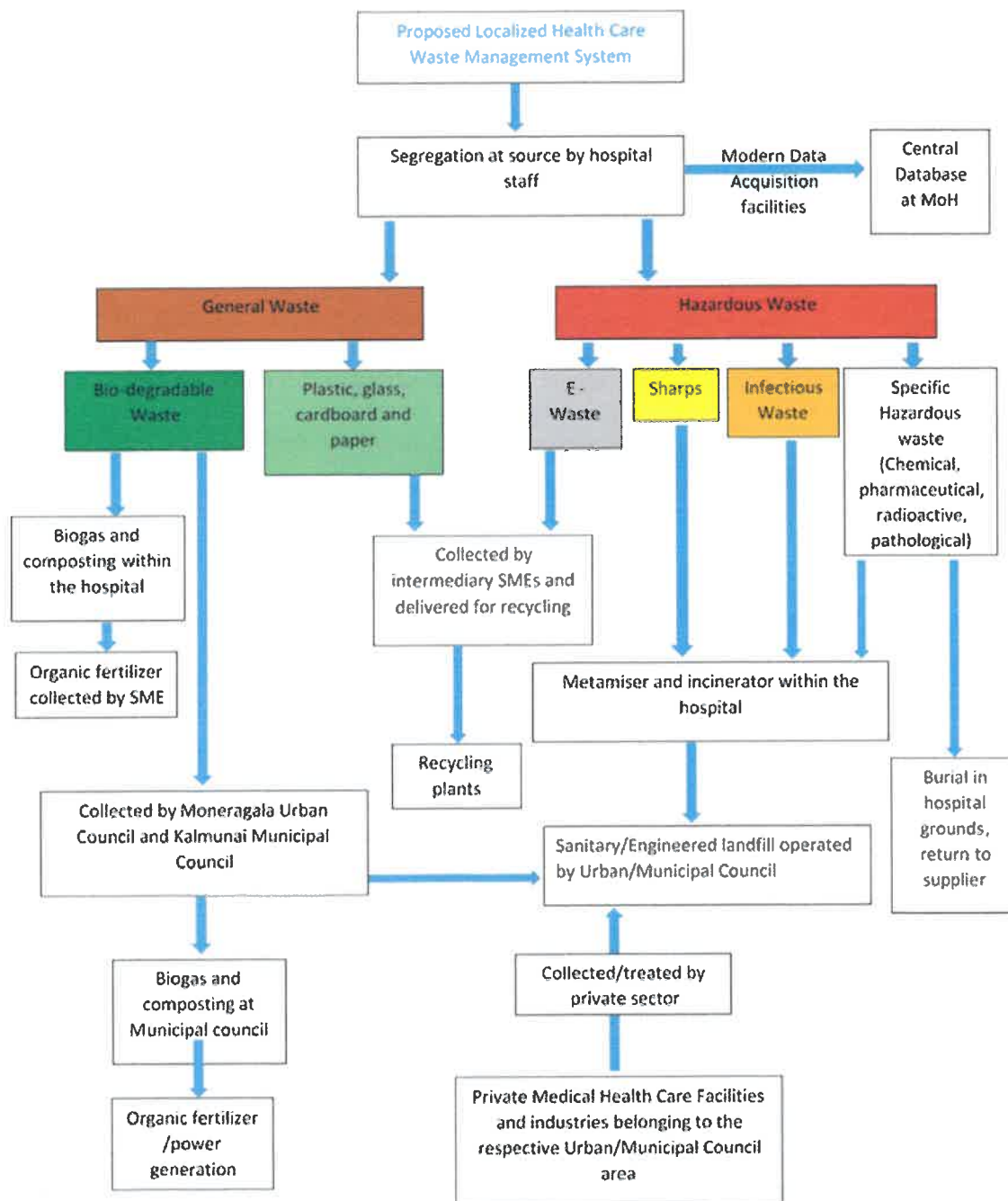
Output 2: Partnerships built for last-mile safe disposal of clinical waste residues within the overall waste management framework of the local area, and for promoting waste to income generation activities, especially for women.

Activities will promote partnerships with the LA in Monaragala to provide last-mile solution for disinfected and non-biodegradable healthcare residual waste, as part of the LA's effort to establish engineered landfill and generate revenues from SWM. Support will include updating/developing relevant guidelines, and by-laws, facilitate knowledge sharing between the hospitals and LAs on general waste management (including recycling and compositing etc.). This would allow LAs to offer last-mile solution to not only target hospitals but also smaller clinics and healthcare facilities. In addition, the LA will be supported with data collection on recycling potential, compositing, and green jobs related to waste management, as well as explore partnerships with local private sector (including women led MSMEs) for income generation from waste, mobilize resources and leverage opportunities for waste management.

Output 3: HCWM standards updated based on internationally endorsed norms inclusive of pandemic related waste management

Activities will focus on the scalability potential of this project at different levels. At policy and programming level, lessons and best practice from the project will inform review and update of national guidelines and standards. Lessons from this project will also present a way forward to island wide implementation the HCWM rapid assessment's recommendations and to successfully carry out the national COVID-19 vaccination programme with minimum environmental issues. At

partnerships and resource mobilization level, project activities will be leveraged to support the government to build partnerships with donors, IFIs, private sector and others, and negotiate investments for HCWM. Specifically, this proposed project will inform Sri Lanka's submission for GEF 7 funding cycle for chemical waste management which will further embed private sector financing schemes based on lessons learned.

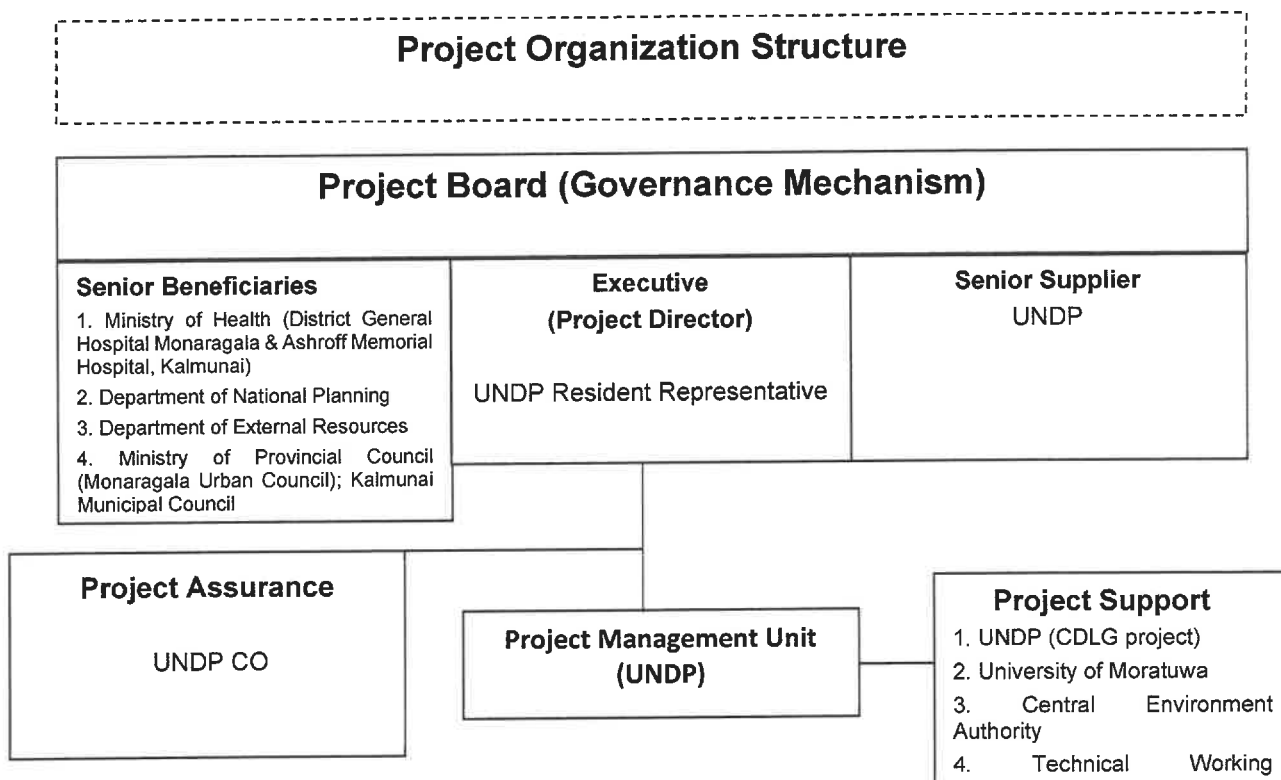


II. MANAGEMENT ARRANGEMENTS

The Initiation Plan (IP) is managed by UNDP Sri Lanka country office under the overall guidance of the Resident Representative (RR), and oversight of the Deputy Resident Representative (DRR). The IP will be managed and implemented by the Climate and Environment Team (CET) with the support of the UNDP Country Office (CO) other teams.



The Policy Specialist and the Team Leader (CET) will be accountable on behalf of the CO for the IP's overall results, and quality assurance. The Programme Coordinator (Energy) with the support of the Technical Coordinator and the Project Assistant will be responsible for providing technical advice and day-to-day project management and implementation.



The project will be implemented as a DIM project over a period of 18 months in close partnership with the Ministry of Health, the two target hospitals, and the local authorities of Monaragala and Kalmunai where the two hospitals are located. Partnerships with local private sector and CSOs will be developed to implement key components of the project.

The project will be implemented by the Climate and Environment Team. The Project Management Unit (PMU) of the UNDP's ongoing energy project will be responsible for the day-to-day administration of the project. 50 percent of the PMU's cost will be covered through this project.

As lessons and best practice from this project will form larger programmes of MoH, including implementation of the recommendations of the rapid assessment on HCWM, a Project Board will be constituted to serve as the executive decision-making body for the project. The project board will meet yearly and review project performance, provide overall guidance and direction, assessing the achievement of results, making management decisions (by consensus), approving project plans and revisions and evaluating project risks. The Executive will chair the Project Board and is the UNDP Senior Management.

The Project Board will consist of representatives from the following institutions:

- Ministry of Health
- Ministry of Public Services, Provincial Councils & Local Governments
- Central Environment Authority
- Department of National Planning
- Department of External Resource
- UNDP
- WHO

UNDP will provide operational support to the DGHM and the AMHK and respective Municipal Councils/Local Authorities. The project will rely on technical input provided by the Central Environment Authority, University of Moratuwa (specifically on digitalized data collection &

monitoring systems and engineered landfills), and the Technical Working Committee on HCWM (including WHO). Support will be given to Local Authorities where the two hospital are located to enhance their capacity and facilitate establishment of engineered landfills, jointly with UNDP's Capacity Development for Local Government (CDLG) project. The relevant social and environmental sustainability aspects of the project will be enhanced through the application of the UNDP Social and Environmental Standards and related Accountability Mechanism.

Partnerships

A number of key partnerships at multiple levels of government, and with healthcare facilities will be fundamental for effective implementation of the project.

The project is formulated and will be implemented through a strategic partnership formed between the Ministry of Health and UNDP Sri Lanka.

The Central Environmental Authority (CEA) under the Ministry of the Environment is also a strategic partner, given its regulatory responsibilities in waste management, including healthcare waste management. The Department of National Planning together with the Ministry of Public Services, Provincial Councils & Local Governments can facilitate scaling up of good practice across the country.

PMU will seek technical inputs through the Technical Working Committee on HCWM. The PMU will build operational level partnerships with the two implementing partners; the District General Hospital Monaragala and the Ashrof Memorial Hospital Kalmunai, and facilitate strong and sustainable relationships with range of parties such as technical experts, service providers, implementing partners, etc.. Amongst these, the partnership with the Local Authority Monaragala is vital to sustainable disposal of the final residual clinical waste.

The project will support the Local Authority of Monaragala with necessary technical inputs on the design and construction of sanitary landfill, as well as develop a business plan to operate the sanitary landfill efficiently and link them to potential private financing. Private sector, in line with government's proposed improvements to HCWM, would get financing incentives, but have to adhere to more stringent enforcement of standards and will look for reliable services from LA. By providing solutions for SWM, LAs can generate additional revenue.

The PMU will also lobby through the UNDP's CDLG project to prioritise the assistance available to the Local Authority Monaragala through the World Bank financed Local Development Support Project (LDSP) of the government of Sri Lanka towards establishing an engineered sanitary landfill in Monaragala.

In addition to the above, the PMU will also actively share experiences and lessons from this project with donors, IFIs, private sector actors and other stakeholders interested in HCWM and solid waste management more broadly. PMU will also support government to seek investment for HCWM.

III. MONITORING

The outputs of the initiation plan, as outlined in the work plan, will be monitored and evaluated bi-annually during project implementation (with virtual methods used if necessary), to ensure that the project effectively achieves the results that have been identified. The indicators will be monitored through simple means of verifications.

The Programme Coordinator (Energy) is responsible for regular monitoring of project results and risks, including social and environmental risks, and will ensure that all project staff maintain a high level of transparency, responsibility and accountability in M&E and reporting of project results. The Programme Coordinator (Energy) will inform the UNDP Country Office of any delays or difficulties as they arise during implementation so that appropriate support and corrective measures can be adopted.

The UNDP Country Office will support the project team as needed, including through monitoring and oversight missions, under the guidance of Programme Quality and Design Analyst. The Country Office will also ensure that the standard M&E requirements are fulfilled to the highest quality. This

includes ensuring that targets at the output level are monitored and reported on and that any risks arising during implementation are managed or mitigated to the extent possible. The risks and mitigation options identified are listed in Annex 1. Any quality concerns flagged during monitoring activities will be deliberated on and addressed in a timely manner by the UNDP Country Office and the Programme Coordinator (Energy).

Expenses recorded under the various outputs will be closely tracked and assigned the COVID19 marker, in order to monitor and report on funds utilized for the crisis. Monitoring activities will be designed in a way that facilitates learning and to ensure that knowledge is shared and widely disseminated to support the scaling up and replication of project results.

IV. WORK PLAN (INCLUDING UNFUNDED ACTIVITIES)

Period: March 2021- September 2022

EXPECTED OUTPUTS	PLANNED ACTIVITIES	2021							2022			RESPONSIBLE PARTY	PLANNED BUDGET*		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Source of Funds	Budget Description	Amount				
		1.1 Review HCWM systems at the two locations, taking into account Covid-19 pandemic management, and gendered nature of waste management	1.1.1 Review HCWM systems at the two locations, taking into account Covid-19 pandemic management, and gendered nature of waste management										UNDP, MOH	RFF	Workshop
1.2 Design inclusive, participatory and comprehensive HCWM plans that promotes workplace equality, suited for each hospital, building on own good practice, mutual learning, and using design thinking approaches	1.2 Design inclusive, participatory and comprehensive HCWM plans that promotes workplace equality, suited for each hospital, building on own good practice, mutual learning, and using design thinking approaches									UNDP, MOH	RFF	Local Consultants	4,000		
1.3 Based on the plans, develop digital solutions for data management, and tools and infrastructure/ equipment for waste management	1.3 Based on the plans, develop digital solutions for data management, and tools and infrastructure/ equipment for waste management									UNDP, MOH	RFF	Contractual service companies	150,000		
1.4 Develop and provide capacity development programmes, accommodating the specific needs of male and female staff	1.4 Develop and provide capacity development programmes, accommodating the specific needs of male and female staff									UNDP, MOH	RFF	Local consultants	5000		
1.5 Introduce innovative communication strategies/plans on HCWM targeting patients, visitors and public	1.5 Introduce innovative communication strategies/plans on HCWM targeting patients, visitors and public									UNDP, MOH	RFF	Audio Visual	5000		

<p>Output 2: Partnerships built for last-mile safe disposal of clinical waste generated from onsite processing, within the overall waste management framework of the local area, and promote waste to income generation activities, especially for women.</p>	2.1. Negotiate with and support Local Authority (LA) of Monaragala to develop by-laws, and guidelines and seek EPL for final disposal of the residual waste from the hospitals and other hazardous waste.									UNDP, Ministry of Public Services, Provincial Council & Local Governments (MoPSPC&LG)	RFF	Local consultants	3400
	2.2 Organize exchange between hospital staff and the LA to enhance LAs knowledge and capacity of local authorities in sustainable HCWM practices									UNDP, MoPSPC&LG	RFF	Training and Workshops	7000
	2.3 Support local governments to identify (including through horizon scan) and build partnerships with investors, vendors, experts and other actors to mobilize resources and leverage opportunities for sustainable waste management.									UNDP, MoPSPC&LG	RFF	Local consultants	8000
	2.4 in collaboration with LAs, support data collection on recycling, composting, and green jobs potential from waste management,									UNDP, MoPSPC&LG	RFF	Training and workshops	7,478
<p>Output 3: HCWM standards updated based on internationally endorsed norms inclusive of pandemic related waste management</p>	2.5 Map MSMEs engaged in waste value chain, and provide capacity development support to generate income from waste									UNDP, MoPSPC, LA, CSOs.	RFF	Local consultants	8,000
	3.1 Disseminate findings and recommendations from the rapid assessment on HCWM, and produce process documents for updating HCWM practices and strategies for overcoming challenges									UNDP, MOH	RFF	Local consultants	7500
	3.2 Establish peer to peer platform on HCWM for localized solutions									UNDP, MoPSPC&LG, MOH	RFF	Local consultants	5000
	3.3 Review the draft HCWM guidelines (2001) to ensure its gender responsive and with a special focus on COVID-19 related HCWM based on the recommendations of the rapid assessment on HCWM									UNDP, MOH, Central Environmental Authority	RFF	Contractual service companies	10,000
3.4 Promote best practices in localized HCWM amongst donors and private sector and assist government											RFF	Local consultants	10500
												Audio Visual and Print Materials	10100



	to build partnerships for and negotiate investment in HCWM									UNMDP, National Planning Department, MoPSPC&LG		Training and Workshops	4500
Project Management										UNDP	RFF	Travel	12,000
												Contractual services	69,000
												supplies	3,000
	Total												350,000



RESULTS FRAMEWORK

EXPECTED OUTPUTS	OUTPUT INDICATORS	BASELINE		MILESTONES AND TARGETS														
		Value	Year	2021				2022			Q1	Q2	Q3					
				Q1	Q2	Q3	Q4	Q1	Q2	Q3								
Output 1: Comprehensive Localized and gender-sensitive HCWM systems developed and demonstrated in two pilot locations	1.1 Extent of implementation of the comprehensive HCWM plan. (0= not implemented, 1 = partially implemented, 2 = implemented)	0	2020			1		2										
	1.2 Level of functionality of digital waste data management system. (0 - Digital system not available 1.functional –daily weight measurements made 2.Dysfunctional – No daily measurements made)	0	2020											1	1	1		
	1.3 Proportion of waste generated at the two target hospitals that is managed as per the improved waste management plans	TBD	2020											60 % of total solid HCW	75 % of total solid HCW	100% of total solid HCW		
	1.4 Implementation of a Safe waste disposal mechanism	TBD	2020											yes	yes	yes		
Output 2: Partnerships built for last-mile safe disposal of clinical waste residues generated from onsite processing, within the overall waste management framework of the local area, and promote waste to income generation, especially for women	2.1. Local governments in Monaragala District have guidelines, technical design and EPL for sanitary/ engineered landfill.	No	2020															yes
	2.2. No of partnerships established for income generation activities from waste, especially for women Number of beneficiaries supported for livelihood options, with a focus on waste management (sex disability disaggregated)	TBD	2020												1	1		
	2.3 Amount of investment generated for waste management (sanitary/engineered landfill)	0	2020												TBD	TBD		
Output 3: HCWM standards in Sri Lanka are updated based on internationally endorsed norms inclusive of pandemic related waste management	3.1. Number of guiding documents published, based on lessons for improved HCWM	0	2020												1			
	3.2. Status of review and revision of national HCWM guidelines , with an emphasis on COVID-19 related HCWM (0= not initiated, 1 = partially complete, 2 = fully complete)	No	2020												1	2		

V. REFERENCES

UN Advisory Paper on Immediate Socio-Economic Response to COVID-19 in Sri Lanka, 2020

GOSL 2019b. Vistas of Prosperity and Splendour. National Policy Framework.

GOSL 2020. Review and Update of Nationally Determined Contributions

GOSL National Audit Report on Health Care Waste Management, 2019



VI. ANNEX 1 - RISKS AND RISK MITIGATION

Risk	Proposed strategy for risk mitigation
Lack of willingness of some healthcare facilities, and Local Authorities as well as poor sustainability of HCWM practices once current staff retire or transferred.	<p>Lobby and assist the Ministry of Health to:</p> <ol style="list-style-type: none"> 1. introduce a mandatory system of regular reporting and monitoring of adherence to established/updated HCWM standards and guidelines at each hospital/ healthcare establishment 2. devise a system of formal recognition (i.e. rewards, promotions etc.) for healthcare staff and administrators who take sound initiatives on HCWM 3. Lobby for a separate financial allocation for HCWM and the increase of the budget available for health sector to facilitate upgrading public sector HCWM systems based on the demonstrated results
Reduced attention to the HCWM once the pandemic is contained	The project has included effective and innovative public awareness creating and strengthening programmes. These programmes publicise the need for sustainable healthcare waste management
Second wave of COVID19 infection could increase pressure on the hospitals and undermine hospital's capacity to effectively collect and dispose waste	The proposed upgradation of HCWM systems at the two project locations include modern electronic equipment that can be programmed to generate, share, analyse and communicate, data automatically with minimum inputs from staff.
Limited financial and technical capacity of local authorities could impact the final disposal of the HCW	<p>The project will actively support linkages between the government (at different levels) with donors, private sector for investment in HCWM.</p> <p>The project will also support local governments to get adequate information HCWM and better understanding on addressing HCWM challenges.</p>
No or limited number of MSMEs (specially women-led) without proper knowledge on waste to income generation	The project will actively collect data on local MSMEs as well as data on waste to recycling, composting potential in the local areas. Based on the data, the project will support partnerships between local governments, CSOs to train women and establish MSMEs (women-led) on green jobs.

VII. ANNEX 2

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	Health Care Waste Management (HCWM) Transforming Lives and Livelihoods
2. Project Number (i.e. Atlas project ID, PIMS+)	00134411
3. Location (Global/Region/Country)	Sri Lanka
4. Project stage (Design or Implementation)	Design
5. Date	

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 project promotes best practices in the health care waste management to ensure a safe working conditions to those involved, contribute to environmentally sound practices in waste management and improve gender equality. Innovative gender responsive solutions to localized issues in management of health care waste will be used as a tool to improve gender equality and women empowerment.

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

The Project initiatives will focus on providing safe working conditions with high recognition for their services for women in the health care facilities as well as those in the value chain until the final disposal point. Also, the project will educate women in the value chain on adherence to HCWM standards which will help minimize

<p>the exposure to health risks and improve the livelihood. The project interventions will enhance the opportunities for women entrepreneurs in the value chain in waste management.</p>
<p>Briefly describe in the space below how the project mainstreams sustainability and resilience</p> <p>The project will address the relevant capacity development needs of decision makers and key personal involved in the health care waste management (HCWM) and support strengthening of environmentally sound health care waste management practices. Further, promotion of modern best practices in health care waste management will help to reduce the negative (environmental) externalities associated with improper healthcare waste disposal and support to improve the capacity of health sector stakeholders to cope with increased waste resulting from pandemic and epidemic situations through safe and effective ways. As per the findings of the rapid assessment on HCWM, there is significant impact on water bodies, air quality and soil through improper discharge of hazardous and infectious wastes. The best practices promoted through the project will help the government and regulatory authorities to develop necessary policies and strategies to tackle the environmental issues arising from the improper disposal of healthcare waste.</p>
<p>Briefly describe in the space below how the project strengthens accountability to stakeholders</p> <p>Through capacity building and inclusive, participatory and comprehensive health care waste management (HCWM) plans of the project will promote workplace equality and ensure involvement of all the stakeholders in the decision-making process, identifying and implementation of localized solutions in HCWM. The Project will also promote mechanism to raise concerns of those affected through various channels; such as the health care facilities, project websites etc. The UNDP's Accountability Mechanism will be made aware during workshops, trainings etc</p>

Part B. Identifying and Managing Social and Environmental Risks

QUESTION 2: What are the Potential Social and Environmental Risks? <i>Note: Complete SESP Attachment 1 before responding to Question 2.</i>	QUESTION 3: What is the level of significance of the potential social and environmental risks? <i>Note: Respond to Questions 4 and 5 below before proceeding to Question 5</i>	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 Likelihood (1-5)	Significance (Low, Moderate, Substantial, High)
Risk 1: Delays and barriers in implementation due to lack of capacity of the duty bearers of the Health Care Facilities and Local Authorities	I = 3 L = 4	Moderate
		Comments (optional)
		Description of assessment and management measures for risks rated as Moderate, Substantial or High
		Capacity building will be provided for the duty bearers on health care waste management and its benefits by the Project





Risk 2: Potential health and safety hazards due to inadequate capacities and know-how of the women-led MSMEs in effective health care waste management	I = 3 L = 3	Moderate		Project will focus in providing training to the MSME sector on good practices for effective waste management thereby minimizing potential health and safety hazards.								
Risk 3: Contamination of soil and surface or ground water due to negligence of the staff handling waste in the hospitals, waste collectors and Local Authorities	I = 3 L = 3	Moderate		The Project will introduce international best practices and modern technologies with automation thereby reducing dependence and negligence of operators that will help to minimize the risk of environmental damage.								
Risk 4: Health and safety risk due to transport, storage and disposal of hazardous chemical wastes	I = 3 L = 3	Moderate		The Project will introduce international best practices and modern technologies with necessary automation which could minimize the health and safety risks on the staff involved due to transport, storage and disposal of hazardous chemical wastes								
[add additional rows as needed]												
QUESTION 4: What is the overall project risk categorization?												
<table border="0"> <tr> <td style="padding-right: 20px;">Low Risk</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 20px;">Moderate Risk</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding-right: 20px;">Substantial Risk</td> <td><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 20px;">High Risk</td> <td><input type="checkbox"/></td> </tr> </table>					Low Risk	<input type="checkbox"/>	Moderate Risk	<input checked="" type="checkbox"/>	Substantial Risk	<input type="checkbox"/>	High Risk	<input type="checkbox"/>
Low Risk	<input type="checkbox"/>											
Moderate Risk	<input checked="" type="checkbox"/>											
Substantial Risk	<input type="checkbox"/>											
High Risk	<input type="checkbox"/>											
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>Is assessment required? (check if "yes")</u>			<input type="checkbox"/>	Status? (complete d, planned)								
<i>if yes, indicate overall type and status</i>			<input type="checkbox"/>	Targeted assessment(s)								

			<input type="checkbox"/> ESIA (Environmental and Social Impact Assessment) <input type="checkbox"/> SESA (Strategic Environmental and Social Assessment)	
Are management plans required? (check if "yes")	<input type="checkbox"/>			
<i>If yes, indicate overall type</i>			<input type="checkbox"/> Targeted management plans (e.g. Gender Action Plan, Emergency Response Plan, Waste Management Plan, others) <input type="checkbox"/> ESMP (Environmental and Social Management Plan which may include range of targeted plans) <input type="checkbox"/> ESMF (Environmental and Social Management Framework)	
Based on identified risks, which Principles/Project-level Standards triggered?				Comments (not required)
Overarching Principle: Leave No One Behind				
Human Rights		X		
Gender Equality and Women's Empowerment		<input type="checkbox"/>		
Accountability		<input type="checkbox"/>		
1. Biodiversity Conservation and Sustainable Natural Resource Management		X		
2. Climate Change and Disaster Risks		<input type="checkbox"/>		
3. Community Health, Safety and Security		X		
4. Cultural Heritage		<input type="checkbox"/>		

	5. Displacement and Resettlement	<input type="checkbox"/>
	6. Indigenous Peoples	<input type="checkbox"/>
	7. Labour and Working Conditions	X
	8. Pollution Prevention and Resource Efficiency	X

Final Sign Off

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

Signature	Date	Description
QA Assessor		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		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		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.



SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks	
INSTRUCTIONS: The risk screening checklist will assist in answering Questions 2-6 of the Screening Template. Answers to the checklist questions help to (1) identify potential risks, (2) determine the overall risk categorization of the project, and (3) determine required level of assessment and management measures. Refer to the SES toolkit for further guidance on addressing screening questions.	
Overarching Principle: Leave No One Behind	Answer (Yes/No)
Human Rights	
P.1 Have local communities or individuals raised human rights concerns regarding the project (e.g. during the stakeholder engagement process, grievance processes, public statements)?	No
P.2 Is there a risk that duty-bearers (e.g. government agencies) do not have the capacity to meet their obligations in the project?	Yes
P.3 Is there a risk that rights-holders (e.g. project-affected persons) do not have the capacity to claim their rights?	No
<i>Would the project potentially involve or lead to:</i>	
P.4 adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
P.5 inequitable or discriminatory impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups, including persons with disabilities? ¹	No
P.6 restrictions in availability, quality of and/or access to resources or basic services, in particular to marginalized individuals or groups, including persons with disabilities?	No
P.7 exacerbation of conflicts among and/or the risk of violence to project-affected communities and individuals?	No
Gender Equality and Women's Empowerment	
P.8 Have women's groups/leaders raised gender equality concerns regarding the project, (e.g. during the stakeholder engagement process, grievance processes, public statements)?	No
<i>Would the project potentially involve or lead to:</i>	
P.9 adverse impacts on gender equality and/or the situation of women and girls?	No

¹ Prohibited grounds of discrimination include race, ethnicity, sex, age, language, disability, sexual orientation, gender identity, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender and transsexual people.

P.10 reproducing discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
P.11 limitations on women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services? <i>For example, activities that could lead to natural resources degradation or depletion in communities who depend on these resources for their livelihoods and well being</i>	No
P.12 exacerbation of risks of gender-based violence? <i>For example, through the influx of workers to a community, changes in community and household power dynamics, increased exposure to unsafe public places and/or transport, etc.</i>	No
Sustainability and Resilience: Screening questions regarding risks associated with sustainability and resilience are encompassed by the Standard-specific questions below	
Accountability	
<i>Would the project potentially involve or lead to:</i>	
P.13 exclusion of any potentially affected stakeholders, in particular marginalized groups and excluded individuals (including persons with disabilities), from fully participating in decisions that may affect them?	No
P.14 grievances or objections from potentially affected stakeholders?	No
P.15 risks of retaliation or reprisals against stakeholders who express concerns or grievances, or who seek to participate in or to obtain information on the project?	No
Project-Level Standards	
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management	
<i>Would the project potentially involve or lead to:</i>	
1.1 adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services? <i>For example, through habitat loss, conversion or degradation, fragmentation, hydrological changes</i>	No
1.2 activities within or adjacent to critical habitats and/or environmentally sensitive areas, including (but not limited to) legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	No
1.3 changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	No
1.4 risks to endangered species (e.g. reduction, encroachment on habitat)?	No
1.5 exacerbation of illegal wildlife trade?	No
1.6 introduction of invasive alien species?	No
1.7 adverse impacts on soils?	Yes
1.8 harvesting of natural forests, plantation development, or reforestation?	No
1.9 significant agricultural production?	No
1.10 animal husbandry or harvesting of fish populations or other aquatic species?	No

1.11 significant extraction, diversion or containment of surface or ground water? <i>For example, construction of dams, reservoirs, river basin developments, groundwater extraction</i>	Yes
1.12 handling or utilization of genetically modified organisms/living modified organisms? ²	No
1.13 utilization of genetic resources? (e.g. collection and/or harvesting, commercial development) ³	No
1.14 adverse transboundary or global environmental concerns?	No
Standard 2: Climate Change and Disaster Risks	
<i>Would the project potentially involve or lead to:</i>	
2.1 areas subject to hazards such as earthquakes, floods, landslides, severe winds, storm surges, tsunami or volcanic eruptions?	No
2.2 outputs and outcomes sensitive or vulnerable to potential impacts of climate change or disasters? <i>For example, through increased precipitation, drought, temperature, salinity, extreme events, earthquakes</i>	No
2.3 increases in vulnerability to climate change impacts or disaster risks now or in the future (also known as maladaptive or negative coping practices)? <i>For example, changes to land use planning may encourage further development of floodplains, potentially increasing the population's vulnerability to climate change, specifically flooding</i>	No
2.4 increases of greenhouse gas emissions, black carbon emissions or other drivers of climate change?	No
Standard 3: Community Health, Safety and Security	
<i>Would the project potentially involve or lead to:</i>	
3.1 construction and/or infrastructure development (e.g. roads, buildings, dams)? (Note: the GEF does not finance projects that would involve the construction or rehabilitation of large or complex dams)	No
3.2 air pollution, noise, vibration, traffic, injuries, physical hazards, poor surface water quality due to runoff, erosion, sanitation?	Yes
3.3 harm or losses due to failure of structural elements of the project (e.g. collapse of buildings or infrastructure)?	No
3.4 risks of water-borne or other vector-borne diseases (e.g. temporary breeding habitats), communicable and noncommunicable diseases, nutritional disorders, mental health?	No
3.5 transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	Yes
3.6 adverse impacts on ecosystems and ecosystem services relevant to communities' health (e.g. food, surface water purification, natural buffers from flooding)?	No
3.7 influx of project workers to project areas?	No

² See the [Convention on Biological Diversity](#) and its [Cartagena Protocol on Biosafety](#).

³ See the [Convention on Biological Diversity](#) and its [Nagoya Protocol](#) on access and benefit sharing from use of genetic resources.

3.8	engagement of security personnel to protect facilities and property or to support project activities?	No
Standard 4: Cultural Heritage		
<i>Would the project potentially involve or lead to:</i>		
4.1	activities adjacent to or within a Cultural Heritage site?	No
4.2	significant excavations, demolitions, movement of earth, flooding or other environmental changes?	No
4.3	adverse impacts to sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: projects intended to protect and conserve Cultural Heritage may also have inadvertent adverse impacts)	No
4.4	alterations to landscapes and natural features with cultural significance?	No
4.5	utilization of tangible and/or intangible forms (e.g. practices, traditional knowledge) of Cultural Heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
<i>Would the project potentially involve or lead to:</i>		
5.1	temporary or permanent and full or partial physical displacement (including people without legally recognizable claims to land)?	No
5.2	economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	No
5.3	risk of forced evictions? ⁴	No
5.4	impacts on or changes to land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No
Standard 6: Indigenous Peoples		
<i>Would the project potentially involve or lead to:</i>		
6.1	areas where indigenous peoples are present (including project area of influence)?	No
6.2	activities located on lands and territories claimed by indigenous peoples?	No
6.3	impacts (positive or negative) to the human rights, lands, natural resources, territories, and traditional livelihoods of indigenous peoples (regardless of whether indigenous peoples possess the legal titles to such areas, whether the project is located within or outside of the lands and territories inhabited by the affected peoples, or whether the indigenous peoples are recognized as indigenous peoples by the country in question)? <i>If the answer to screening question 6.3 is “yes”, then the potential risk impacts are considered significant and the project would be categorized as either Substantial Risk or High Risk</i>	No
6.4	the absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands,	No

⁴ Forced eviction is defined here as the permanent or temporary removal against their will of individuals, families or communities from the homes and/or land which they occupy, without the provision of, and access to, appropriate forms of legal or other protection. Forced evictions constitute gross violations of a range of internationally recognized human rights.



	resources, territories and traditional livelihoods of the indigenous peoples concerned?	
6.5	the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources? <i>Consider, and where appropriate ensure, consistency with the answers under Standard 5 above</i>	No
6.7	adverse impacts on the development priorities of indigenous peoples as defined by them?	No
6.8	risks to the physical and cultural survival of indigenous peoples?	No
6.9	impacts on the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices? <i>Consider, and where appropriate ensure, consistency with the answers under Standard 4 above.</i>	No
Standard 7: Labour and Working Conditions		
<i>Would the project potentially involve or lead to: (note: applies to project and contractor workers)</i>		
7.1	working conditions that do not meet national labour laws and international commitments?	No
7.2	working conditions that may deny freedom of association and collective bargaining?	No
7.3	use of child labour?	No
7.4	use of forced labour?	No
7.5	discriminatory working conditions and/or lack of equal opportunity?	No
7.6	occupational health and safety risks due to physical, chemical, biological and psychosocial hazards (including violence and harassment) throughout the project life-cycle?	Yes
Standard 8: Pollution Prevention and Resource Efficiency		
<i>Would the project potentially involve or lead to:</i>		
8.1	the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts?	No
8.2	the generation of waste (both hazardous and non-hazardous)?	No
8.3	the manufacture, trade, release, and/or use of hazardous materials and/or chemicals?	Yes
8.4	the use of chemicals or materials subject to international bans or phase-outs? <i>For example, DDT, PCBs and other chemicals listed in international conventions such as the Montreal Protocol, Minamata Convention, Basel Convention, Rotterdam Convention, Stockholm Convention</i>	No
8.5	the application of pesticides that may have a negative effect on the environment or human health?	No
8.6	significant consumption of raw materials, energy, and/or water?	No

