

UNDP Social and Environmental Screening Template (v. July 2022)

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

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1. Project Title	<i>Integrated Management and Environmentally Sound Disposal of POPs Pesticides in Agricultural Sector and Mercury in Healthcare Sector in Sri Lanka</i>
2. Project Number (i.e. Atlas project ID, PIMS+)	PIMS ID 6677
3. Location (Global/Region/Country)	Sri Lanka
4. Project stage (Design or Implementation)	Design (PPG)
5. Date	September 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 project contributes to Sri Lanka's commitments with the Stockholm and Minamata Conventions that aims to reduce, ban and/or eliminate the use of controlled chemicals in the Agricultural, consumer's products and healthcare sectors, and to strengthen the management of POPs (Persistent Organic Pollutants) and UPOPs (unintentionally produced POPs due to open and uncontrolled burning of biological waste) and Mercury chemicals and products in Sri Lanka, considering local needs to strengthen the country's response for COVID-19 pandemic as well as to prepare the healthcare system for any future outbreaks and pandemic. For this low cost, environmentally sound and sustainable technical solutions will be tested in the country.

The interventions will contribute to deployment of mercury-free alternatives, reducing people's exposure to these hazardous substances and their wastes by properly handling mercury and mercury wastes that have accumulated in the country after the implementation initial policies to reduce the use of mercury-containing device by the Health Sector. The project will also strengthen national capacities to control and monitor illegal imports of banned agrichemicals listed by the Stockholm Convention and will dispose of accumulated POPs and POPs-contaminated obsolete pesticides. Finally, improved coordination among agencies that are focal points for the two conventions through an integrated information management system, enhanced training and capacity building will be promoted. Technical and financial assistance will be provided to key stakeholders to enable them to adopt best practices for strengthened management of POPs/UPOPs and mercury and health care waste.

In addition to reducing releases of UPOPs and Mercury into the environment - which directly affects the quality of life of people - the project will address the increasing quantities of biological infectious healthcare waste resulting from the pressure posed by COVID-19 pandemic (in which biological wastes had increased by five times, as per estimated by WHO, 2020). The project aims at adopting the best and lower cost, non-incineration, HCWM practices for final disposal to reduce the risk faced by hospital staff and patients, waste handlers, recyclers, and communities living near these sites. The project will also incorporate training and awareness into project activities to help safeguard the hospital staff and patients, waste handlers, recyclers, and the nearby communities from risks due to improper management of health care waste.

Through such assistance, the project utilizes a human rights-based approach, by supporting the government to build the capacity of the duty-bearers, (officials and other relevant stakeholders) and raise awareness among the health care sector, general public, and waste handlers and communities living nearby dumpsites and to contribute to healthy life and wellbeing and gender equality.

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

The project recognizes the vital role of women in health care waste management, as such measures have been taken by the project to ensure that the needs of the women are address at all levels in health care waste management. The project has developed a Gender Action Plan that will be incorporated in the Healthcare Waste Management (HCWM) Strategies considering that the majority of the healthcare units staff, as well as waste handlers, are women.

The Project will provide an opportunity to tailor and include requirements of women in developing HCWM strategies and action plans. The project will engage women in the formulation of HCWM strategies and action plans which will priorities their specific needs. These women will be prioritized for awareness creation, training as well as providing training on special requirements that they may have in HCW handling.

Moving women from low paid waste management jobs to better ones is acknowledged as a gender-based challenge. However, the scope of the project may not permit targeting such a strategic transformation. However, the project will acknowledge the problem include women in targeting training for better jobs working conditions by improved adherence to HC standards which will contribute towards the transformation in the long run. The project will also capture gender-disaggregated data to monitor the project activities as well as to contribute to raising awareness at the national level on the importance of gender equality interventions.

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

The project's main objective is to promote Best Available Techniques (BAT) and Best Environmentally (sound) Practices (BEP) to strengthen institutional capacities and sup[port the Government of Sri Lanka to enforce regulations on the control and management of POPs, Mercury and other chemicals of concern controlled by the relevant Conventions. It will, deploy environmentally sound management strategies and systems for mercury-containing wastes in the Healthcare sector including phase-out the use of mercury-added products, piloting management strategies for recycling, emissions reduction techniques of UPOPs, and BAT for treatment of infectious waste aligning the immediate COVID-19 response to long-term health care waste management, strengthening of information and data management systems that inform monitoring and reporting of chemicals waste management.

Strengthening institutional capacities, coordination and information management systems will help the government to minimize the illegal imports of banned chemicals and will assist the government to put in place a plan to continually update the information management system and build capacities of relevant stakeholders. The project will demonstrate Public-Private Partnerships (PPP) for final disposal of health care waste management to convince the government and the private sector to invest in such facilities and also develop a financial framework to support replication.

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

The project design involves close interaction and participation of stakeholders such as government, hospitals, waste collector and the general public, etc.

The project will raise awareness among project stakeholders and create channels for communication through website, social media, telephone and government and project offices. The project will also disseminate information through online and printed media for relevant stakeholders to access in all languages to ensure that everyone is updated on project developments. The project website will also accommodate grievances and a redress mechanism will also be put in place.

In addition, UNDP's Accountability Mechanism, which includes the Social and Environmental Compliance Review (SECU) and Stakeholder Response Mechanism (SRM) will also serve as an additional layer of grievance redress and empower stakeholders to push for accountability.

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 <i>(Low, Moderate Substantial, High)</i>	Comments (optional)	Description of assessment and management measures for risks rated as Moderate, Substantial or High
Risk 1: Duty bearers and other relevant stakeholders may fall short of capacities to meet their legal/functional obligations while enforcing the systematic procedures and regulatory framework improved by the Project. This may impact the transparency of the regulatory system and the quality of national controls, risking the non-compliance to Country's commitments to the Stockholm and the Minamata Conventions. Related to: - Human Rights; P.2, P.3 - Accountability; P.14 - Standard 6: Indigenous People, 6.9	I = 3 L = 3	Moderate	Sri Lanka has an important baseline regulatory framework on chemical waste management. There are by-laws, guidelines and voluntary standards in relation to mercury management. It also noted that Government Officers are subject to regular training and are aware of the baseline instruments. Thus the project will proceed to review the baseline Regulatory frameworks linking these to the Central Control System and strengthen the Coordination Mechanism amongst the relevant institutions to improve enforcement of the baseline regulatory framework.	This risk is being mitigated by Project Design as follows: The Output 1.1.2 contains a series of activities that will strengthen Sri Lanka's Customs Office, the Central Environmental Authority (CEA) and the Board of Investments (BoI) to strengthen procedures and deploy effective and quick detection of chemicals controlled and create a centralized database, SoPs and guidelines to track importation of chemicals. All new tools, equipment and IT systems carry on inherent training for their application, provided by the equipment and tools suppliers as part of the comprehensive bidding process to be done by the Project, thus though the work "training" is not explicit described in every single activity at tool or equipment level, these are fully integrated in the Output. The Output 1.1.3 will engage with Duty Bearers to improving their TORs and propose new due processes to strengthen the government's ability to regulate, strictly enforce import regulations reducing/preventing misuse of banned and restricted POPs chemicals and related products. The Output 4.1.3 will deploy effective training on control and monitoring procedures for the Duty Bearers posted in the organizations listed above which are responsible for the end activities on control and monitoring of POPs, Mercury and other CoCs (to complement Output 1.1.2 activities). The Component 4 is designed to raise awareness, training materials and programs for the relevant officials and other stakeholders on hazardous chemical management. The training will enable the relevant officials to understand their new extended responsibilities. The project will also put in place a project-level Grievances Redress Mechanism (GRM) to provide meaningful means for affected stakeholders to raise concerns and/or grievances when activities may adversely impact them.

Risk 2: Healthcare facilities, and healthcare related stakeholders, may not be involved in decision-making regarding the development of policy and regulatory frameworks and may be negatively affected by any restrictions on mercury-based products supply, as a change in the regulatory framework can materially impact their business model (including increase their operational costs), sector operations or supply chains for products used. Related to: • Human Rights; P.5 • Accountability; P.13; P.14 • Gender Equality and Women's Empowerment; P.9; P.10	I=3 L=3	Moderate	The Stockholm Convention has banned the production and use of (obsolete) legacy POPs pesticides listed in 2005 for more than 10 years already. The national bans were already affected a number of years ago, and collection of obsolete pesticides started to occur. However, storage practices were unsound which led to cross-contamination with other pesticides and products stored at same facilities. Thus, project won't seek any new ban on other types of pesticides rather than improve enforcement systems to the highly regulated POPs ones. The Minamata Convention has established commitments to stop manufacturing and training of mercury-based medical devices from 2022 and from 2025. As Party to these Conventions, Sri Lanka is bound to comply with such international bidding commitments and thus needs to establish national mechanisms to cope with such bans. However, some stakeholders, particularly the healthcare facilities, as well as other small to medium sized enterprises that depend on mercury based products (light bulbs, LCD monitors), especially those with limited financial resources, may not be able to access alternatives to replace the banned POPs and mercury-containing products.	This risk is being partially mitigated by Project Design: • <i>Activity 1.1.1.2</i> • <i>Output 1.2.2</i> • <i>Output 1.1.3</i> Additional Risk Mitigation Mechanisms: • <i>Environmental and Social Management Framework (ESMF)</i> • <i>Strategic Environmental and Social Assessment (SESA).</i> • <i>Stakeholders Engagement Plan (SEP)</i> • <i>Gender Action Plan (GAP)</i> • <i>Grievances Redress Mechanism (GRM)</i> The SESA will ensure that economic impacts on small and medium sized healthcare facilities and other stakeholders are taken into consideration in the decision-making process while developing the legislative tools, while the Output 1.2.2 will put forward Green Finance Framework that will allow these stakeholders to access finance to reduce any impacts. In addition to the Project Grievances Redress Mechanism (GRM) that will be put in place to address any grievances, the Stakeholder Engagement Plan will ensure participation of affected stakeholders during these activities. The Gender Action Plan has been developed and recognizes women's contribution in health sector and HCWM and this gender sensitive approaches will be incorporated in GAP and in SESA accordingly. Project's Activity 1.1.1.2 will update the National Implementation Plan (NIP) of the Stockholm Convention in a full participatory manner involved relevant consultation procedures required by the Convention, while the Output 1.1.3 will promote consultations and enhanced coordination across many institutions in charge of chemicals control in the country. In addition, the project has been designed to raise the awareness of public and private stakeholders on the green finance instruments and the application of green procurement standards.
Risk 3: Inadequate participation of women in consultations, policy decision making and	I=3 L=2	Moderate	An assessment in a sample of health care facilities found a	This risk is being partially mitigated by Project Design:

design of modalities for capacity building in the uptake of non-mercury technologies and safe management and disposal of obsolete mercury devices and health care waste. Related to: Gender Equality and Women's Empowerment; P.9; P.10			greater number of women in the area of nursing and amongst the cleaning staff. Considering the fact that women and children are most vulnerable to chemicals pollutions, the participation of women in the decision-making process and in the project activities is critical for its success.	- Activity 4.1.1.3 - Activity 4.1.2.1 - Activity 4.1.4.2 Additional Risk Mitigation Mechanisms: - Gender Action Plan (GAP) A Gender Action Plan has been developed and recognizes women's contribution in health sector and HCWM and includes measures such as: - Strengthening women's active participation in teams and opportunity for and recognition of leading specific functions or responsibilities for specific operations in HCWM value chains/Hg phaseout. - Planning/producing knowledge products and planning/delivering training programmes. - Training/awareness programmes that include specific concerns of women and/or targeted training and knowledge products for women using women friendly approaches. - Facilitating discussions on specific risks for women and their families and promoting risk reduction measures. Activity 4.1.4.2 will deploy the Gender Action Plan to raise awareness and empower women's roles in sound management activities and promote gender sensitive approaches for the project's KM activities that can incorporate gender equality principles and actions into environmentally sound management of healthcare waste activities. Activity 4.1.2.1 will provide equitable opportunities for women and men to be trained in improved and safe handling of waste generated at each point including segregation, weighing, or measuring waste fractions and recording. Finally, Activity 4.1.1.3 will focus on developing the Knowledge management tools to reach the estimated workforce of 100,000 workers, in which majority are females, this the KM products will be gender sensitive and take the GAP into consideration.
Risk 4: Healthcare facilities and other stakeholders can be marginalized and do not benefit from the project due to lack of awareness of the green procurement standards, or do not have equal access to	I=3 L=3	Moderate	If not aware of these potential financing instruments, small and medium-sized health facilities will not be incentivized to switch to mercury-free thermometers and	This risk is being partially addressed/mitigated by Project Design. Output 4.1.4

financing through the Green Finance Framework to be developed. Related to: Accountability; P.13; P.14			sphygmomanometers. These groups will thus become marginalized and not benefit equally from the project.	Additional Risk Mitigation Mechanisms: • <i>Stakeholders Engagement Plan (SEP)</i> The SEP will ensure fair representation of healthcare facilities that may otherwise be marginalized from participating in the Green Finance Framework (Output 1.2.2) and be at a disadvantage once the final phase-out of mercury devices. In addition, the project has been designed to raise the awareness of public and private health care facilities (Output 4.1.4), and relevant higher-level medical administration on possible green finance instruments, and facilitate their access to government and/or private banking investments, to support switching to mercury-free devices. The project will also ensure that knowledge is disseminated on the green procurement standards (Outputs 1.2.1).
Risk 5: Accidental release of mercury or POPs pesticides, and their wastes, during procedures for re/trans-packing, handling, transportation, storage and disposal of existent stockpiles can contaminate land, communities or immediate workers if unsound practices are used or if the proper Laws and Standards and the project's risk avoidance framework is not followed. Related to: • Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management; 1.1, 1.7, 1.14 • Standard 3: Community Health, Safety and Security; 3.2, 3.4, 3.5 and 3.6 • Standard 7: Labor and Working Conditions; 7.6 • Standard 8: Pollution Prevention and Resource Efficiency; 8.1, 8.2	I = 4 L = 3	Substantial	The project will dispose of a stock of about 22.6 metric tons of POPs pesticides (with cross-contaminated pesticides that were stored together) through export to qualified destruction facilities and will also export for final storage about 40 metric tons of mercury contained (and mercury contaminated) wastes to qualified final storage facilities, following the Basel Convention procedures. The project will proceed to re-pack, handle, transport, store and dispose these hazardous substances and their wastes, following International Standards and Guidelines established by the Stockholm and the Minamata Conventions. Major risk arises when trans-packing of wastes and materials, as any poor handling and gathering of wastes, movement of stocks and packages, loading and accommodation on trucks,	This risk is being partially addressed/mitigated by Project Design: • <i>Activity 2.1.1.2</i> • <i>Activity 2.1.1.3</i> • <i>Activity 2.1.1.4</i> • <i>Activity 2.1.2.1</i> • <i>Activity 2.1.2.2</i> • <i>Activity 2.1.2.4</i> Additional Risk Mitigation Mechanisms: • <i>Stakeholders Engagement Plan (SEP)</i> • <i>Scoped Environmental and Social Impact Assessment for chemicals disposal (ESIA)</i> • <i>Scoped Environmental and Social Management Plans (ESMP) that include a Spill Prevention and Management Plan (SPMP)</i> • <i>Application of International Standards for Hazardous Substances Packing, Transport and Disposal</i> In line with the ESMF that has been prepared for the project, scoped assessments (ESIA) will be conducted for the disposal of residual mercury and POPs pesticide stocks, mercury-contained waste generated from the replacement of mercury-containing medical devices and dental amalgam (Output 2.1.1), disposal of a stock of about 22.6 metric tons of (POPs pesticides with cross-contaminated chemicals that were stored together) (Activity 2.1.1.3), safe mercury extraction and disposal from equipment

		transportation and unloading at disposal sites, and these are taken into consideration in project design. Similar disposal activities had been carried out a number of times in previous UNDP projects in Central and South America, West and East Africa, Central and South Asia regions through GEF-funded projects. UNDP has accumulated a strong tracking record of no accidental accidents and had gathered a network of qualified and certified service providers to carry these controlled procedures following the highest standards. Yet, it is not possible to affirm that these procedures are risk-free. However, given the previous experiences as well as the set of internationally recognized risk management tools and procedures that are established to be followed, it is assessed that there is a low (2) to moderate (3) likelihood that such accident could happen given the relatively good infra-structure that will be used by the project (such as availability of containers and liners for re-packing, good transit conditions in Sri Lanka, existing protocols at exporting ports to handle hazardous substances). In addition, specific SOPs will be incorporated in the sites that accumulate these wastes, and proper training and EPI will be furnished through the contractors that will handle the disposal procedures, from beginning to final disposal site. Nevertheless, in case any accident	and bulbs coming from healthcare facilities (Activity 2.1.2.3). The assessments will tackle the risk of accidental risk on nearby sensitive receptors and occupational health and safety such that mitigation measures will be developed and included in the pursuant site-specific Environmental and Social Management Plans (ESMP) that will include a Pollution Prevention and Management Plan and Occupational Health and Safety Plan. This plan will adopt Best international Practice and adhere to the national legislation, Stockholm Convention on POPs, the Minamata Convention on Mercury (UNEP/Minamata Convention Guidelines on the Management of Contaminated Sites), and IFC Health and Safety Guidelines. Any Contractor to be recruited by the Project to deliver the services for transportation, storage and handling of hazardous chemicals will have to comply with local regulations on hazardous waste management as well as provide proof of qualification/alignment to International Standards listed by the Stockholm and Minamata Conventions (in addition to applying the due Environmental Licenses and Workers certification and training to deliver the services required by the project and meet Basel Convention transport requirements). All these risks managements tools are to be fully embedded in the Activities 2.1.1.2, 2.1.1.3, and 2.1.1.4, in addition: • Activity 2.1.2.1 will develop national guidelines on safe management of mercury-containing medical equipment and dental amalgam, stocks of mercury extracted from obsolete products and mercury containing waste, to incorporate the most recent BEP in the area and to make them gender responsive. • Activity 2.1.2.2 will develop management plans for mercury and mercury-containing waste from obsolete medical products adopting safe (interim) storage solutions and conducting investigations to establish stocks and potential technology solutions to recover and reclaim mercury. • Activity 2.1.2.4 will review and update national HCWM guidelines to include sound guidance to manage residual mercury stocks and wastes generated from obsolete mercury-containing medical equipment and dental amalgam. Training programs will be designed and
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			occurs, it is also recognized that such could result in adverse impacts on people and/or environment of considerable magnitude, spatial extent, and duration, but more limited than Extreme. However, these impacts are predictable, and can be reversible through application of the decontamination procedures that will be developed by the Project, resulting in an risk impact assessment considered Extensive (4).	carried out to train staff of healthcare facilities in applying the disposal management strategies /plans for residual Hg and Hg-contained products disposal. Finally, Output 2.1.3. will also contribute to the overall risk mitigation strategy as it will provide guidance Tools and Guidelines for the inventory and decontamination of sites contaminated with POPs pesticides, POPs chemicals and mercury.
Risk 6: Subsequent implementation (related to replication and scaling up) of adopted strategies and plans (that will be developed with project support) will lead to activities that could result in accidental release of mercury or POPs pesticides, and their wastes, during procedures for re/trans-packing, handling, transportation, storage and disposal of stockpiles exposing the workers as well as the local communities living nearby if unsound practices are used or if the proper Laws and Standards and the project's risk avoidance framework is not followed. Related to: - Standard 1: Biodiversity Conservation and Natural Resource Management; 1.1, 1.2, 1.3, 1.7, 1.14 - Standard 3: Community Health, Safety and Security; 3.2, 3.4, 3.5 and 3.6 - Standard 7: Labour and Working Conditions; 7.6 - Standard 8: Pollution Prevention and Resource Efficiency; 8.1, 8.2 Risk management contribute towards: - Gender Equality and Women's Empowerment; P.9; P.10	I = 4 L = 3	Substantial	Under Component 1, the project will review the baseline Regulatory frameworks that govern the control of hazardous chemicals and disposal of their wastes. These frameworks will be linked to a single Central Control System and the project will strengthen the Coordination Mechanism amongst the relevant institutions that are responsible for the enforcement of the baseline regulatory framework. In parallel, under Components 2 and 3 the project will draft Healthcare Waste Management Systems and SOPs that will be tested during the waste disposal activities listed under Risk 4 (thus rationale for the rating is the same). All these will form a comprehensive Regulatory and Institutional base that will be further replicated once the project is completed with the objective of avoid formation of stockpiles in the future that can put the local systems at pressure and also avoid	This risk is not linked the project activities, but may result from project replication, which will only occur after the project completion. Although this risk is not linked to the project execution, it is the objective of the project to improve chemicals and their wastes control system. This improved system, aligned with better enforcement, will lead the stakeholders that consume or use hazardous controlled chemicals, or the ones that generate/manage chemicals and healthcare waste, to comply with the procedures for disposal. By applying this framework, the stakeholders will be required to carry on and pay for the packaging, transportation and disposal of chemicals and chemicals/healthcare wastes. And as mentioned in Risk 4, even with the application of the Best Environmental Practices, National and International Regulations, as well as proper Risk Management Systems that will be the legacy of the project, such activities are not risk-free. Thus, this risk will be addressed/mitigated by Project Design as the the aggregate of the Project components will establish the basis for the enforcement and control institutions to continue using Best Environmental Practices in collecting, managing and disposing these wastes, including Strategic Environmental and Social Assessment (SESA), to consider economic impacts on small and medium sized healthcare facilities and other stakeholders are taken into consideration in the decision-making as well as their capacities to comply with the regulatory system. In line with the ESMF, a SESA will be prepared during

			dumping and this contamination of environment and communities. Hence, upon project completion, the improved enforcement system in the country will continue to be enforced. Stakeholders that make use of controlled chemicals or the ones that are involved in the waste management chain will be required to apply the relevant regulations, guidelines and SOPs to properly collect and dispose their wastes following BAT/BEP at their own costs.	development of management plans for mercury and mercury-containing waste from obsolete medical products (Activity 2.1.2.2), HCWM Strategy (Activity 3.1.2.1) and the de-centralized non-incineration HCWM Strategy for medium to small scale health care facilities (Output 3.2.2). The SESA will consider the risk of accidental release of chemicals and worker exposure that may result from implementing the legislation and strategies at the national level and incorporate measures to mitigation them. In addition, the project will generate a HCWM Strategy (Activity 3.1.2.1) and a de-centralized non-incineration HCWM Strategy for medium to small scale health care facilities (Output 3.2.2) to further support local stakeholders to comply with national regulations, apply BAT/BEP and significantly reduce the likelihood of this Risk to become an issue.
Risk 7: Damage to interim storage and disposal facilities of hazardous waste due to flooding or other extreme natural disasters/weather events. Related to: - Standard 2: Climate Change and Disaster Risks; 2.1, 2.2 - Standard 3: Community Health, Safety and Security; 3.3 - Standard 7: Labour and Working Conditions; 7.6	I = 3 L = 3	Moderate	Mercury differs from other toxics and pollutants in that it is an element and cannot be broken down, degraded, or destroyed. Sri Lanka does not have capacities to arrange final disposal sites for mercury within its borders, thus the overall strategy is to proceed with interim solution of mercury and thus transfer the accumulated stocks to other country for final storage. In the other hand, it is known that Climate change is already modifying the frequency and intensity of many weather-related events, and amongst the potential weather-related hazards screened in Sri Lanka, the one that can pose greater risk to interim storage facilities is flooding, but the project is also aware of any the occurrence landslides, erosion, or extreme weather conditions. It has been assessed that in case extreme weather conditions do	This risk is being partially addressed/mitigated by Project Design. - Activity 2.1.2.4 Additional Risk Mitigation Mechanisms: - Scoped Impact Assessment for chemicals disposal (ESIA) - Scoped Environmental and Social Management Plans (ESMP) - Scoped Spill Prevention and Management Plan (SPMP) As part of the selection process for the locations of interim storage and disposal sites for the following activities, considerations will be made that facilities are not located in areas classified as high risk due to landslides, erosion, floods or extreme weather conditions. In fact, the project preparation procedures have screened two (2) potential sites located in legalized industrial zone (not triggering Standards 4 and 6) that have been licensed to manage and dispose other types of waste, in which these considerations were part of the Governmental environmental screening. One (1) site is already operating a small-scale interim storage facility. Before pilot site demonstrations are formally selected and engaged, the scoped assessment (ESIA) will further review in detail the basis for the national EIA and expand it to incorporate UNDP's SES requirement as well assess this risk and propose

			impact the project, because of the nature of operations and safeguards proposed, these impacts would be of medium magnitude, limited in scale (site-specific) and duration (temporary), can be avoided, managed and/or mitigated with relatively uncomplicated accepted measures, resulting in an risk impact assessment considered Intermediate (3), while the likelihood of such events to impact the current screened locations sought are low (2) to moderate (3).	mitigation measures if needed as part of the resulting ESMP. If any new mercury interim-storage facilities are needed to be established, a scoped ESIA will be undertaken to determine the extent of the assessment/management needed. Finally, the Activity 2.1.2.4 will include sound guidance to manage residual mercury stocks and wastes generated from obsolete mercury-containing medical equipment and dental amalgam in the national Healthcare Waste Management Guidelines. Per se, the interim storage facilities will need to follow the relevant risk avoidance/mitigation frameworks for the Stockholm and Minamata Convention which take into consideration BAT/BEP design to contain any accident/event.
Risk 8: Adverse impacts to biodiversity and natural ecosystems resulting from the construction and operation of the Centralized Clinical Waste Treatment Facilities (CCWTF) within the baseline municipal solid waste (MSW) disposal facilities. Related to: - Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management; 1.1, 1.2, 1.4, 1.7 - Standard 4: Cultural Heritage, 4.2 - Standard 6: Indigenous People, 6.1	I = 4 L = 3	Substantial	The project will work with baseline MSW disposal facilities established, licensed and operated by two Local Authorities: Kurunegala Municipal Council and Eravur Pattu Pradeshiva Saba in the Northwestern province (NWP) and Eastern province (EP) respectively, in Sri Lanka. The MSW disposal facility in the NWP is in Sundarapola has existed for a long time and it still has accumulated waste dumped over few decades. At present it has a mechanized composting unit which takes the bulk of the degradable MSW (18 tons/day) Non degradable waste (2 tons/day) is recycled by channeling to various service providers. Residual mixed waste (about 500 kg or 2.5%) is currently being dumped at location within the Sundarapola site. Negative environmental impacts and public complaints have been	This risk is partially linked to GEF-funded activities under project framework. Risks associated with co-finance: Site visits were conducted during project preparation and have found that the MSWM facility in the Northwestern Province, is close to the borders of the Sundarapola Forest Reserve. The Koduwamadu Landfill Project has been assessed following national regulations on Environmental Impacts and comply with the requirements National Waste Management Policies, which are also aligned with International Standards. - The sides and the bottom of the Koduwamadu landfill are provided multiple impermeable protective layers to prevent the leakage of leachate and other particles contaminating the soil below. - Pipeline is placed below the protective layers for collecting the water infiltration and to divert towards the groundwater collection tank - Pipeline is placed above the HDPE liner to collect the leachate generated from the landfill and directed towards the leachate treatment plant for treatment. - Leachate is treated with Best Available Technologies by undergoing several processes in accordance with international standards. - The treated water will be used only within the site for the use of tire washing, cleaning of the waste containers,

		associated with Sundarapola in the past. The municipality has taken some actions; Apart from installing the mechanized composting plant the municipality has also begun rehabilitating the dumpsite starting with a part of it. Dumpsite rehabilitation includes waste mining, introducing, leachate tapping and treatment systems, and underground water control mechanism using permeable reactive barrier (PRB). The site rehabilitation also envisages improved disposal of mixed waste in future to minimize the impacts on the environment: it would be designed pit, with necessary slopping, in which layers of solid waste are filled, compacted and covered for final disposal. is the introduction of PRB will minimize groundwater pollution together with, having a leachate collection and treatment system etc. Koduwamadu is an engineered landfill which started operation in 2017. It receives 3 tons of mixed waste daily, but it is not operated properly as a landfill at present. The project will establish CCWTF at the above mentioned two MSWM, although <u>the project won't reclaim land nor construct any new waste disposal facility (Landfill)</u>. The project intends to use the baseline sites in Sundarapola and Koduwanadu co-financed by the Government, Sundarapola site in the North Western Province, where one of the two Clinical Waste Treatment	and irrigation purposes. • The landfill gases (mostly Methane) formed within the landfill are collected by installing gas collection pipes at several locations and the gases. • Daily cover, intermediate cover and final cover (when the cell or portion of the landfill is permanently closed by a soil layer) above the dumped waste is the requirement for prevention and protection from emission of odors, breeding of birds, flies and other species. • Groundwater monitoring wells are constructed at selected locations around the landfill to monitor the groundwater quality. • A security fence and topographic barriers are placed around the perimeter of the site to prevent unauthorized entry. The landfill also has adequate area as buffer zones (not less than 200 meters in its narrower part) surrounding the property boundaries to avoid impacts on the nearby ecosystems. In addition, the provision of adequate buffer is important to mitigate negative impacts such as noise and odor on human habitats. The Sundarapola site is being transformed after public complaints Mainly ground water contamination with leachate, with the guidance of NWP Environmental Authority The Risk Mitigation Mechanisms for GEF-funded activities are: • <i>Scoped Impact Assessment for chemicals disposal (ESIA)</i> • <i>Site-specific Environmental and Social Management Plans (ESMP)</i> • <i>Scoped Spill Prevention and Management Plan (SPMP) (as part of the ESMP)</i> • <i>Application of International Standards for Hazardous Substances Packing, Transport and Disposal.</i> • <i>Biodiversity Management Plan (if needed)</i> A scoped ESIA, following UNDP SES, will be conducted for the CCWTFs (Activity 3.2.1.1) that is proposed to be constructed within the MSWM facilities limits. The ESIA that will be prepared for the project will assess current alignment of the MSWM facility's EIA to UNDP SES, as well as expand the assessment on social-related principles and potential incremental risks on biodiversity from construction and operation of the CCWTFs.
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			Facility (CCWTF) are to be established is located at the borders of the Sundarapola forest reserve. Assessment and its public consultations in the specific MSWM sites shows <u>that are no dispute over the land, and that no heritage sites and no indigenous people are present.</u> However, the “enlarged” project area of influence could also encompasses the community in the districts of Kurunegala and Batticaloa (as the MSWM operations can trigger economic activities of the community, such as the ones that can be created around the transportation roots, most notably, food and beverage, but also sales of small goods). Finally, the CCWTF will be established following the most recent BAT/BEP, to receive untreated biological healthcare waste, proceed to decontaminate it with hot steam autoclaves, which will allow the biological waste to be further processed at the same landfilling facility once become inert.	If needed, the resulting ESMP would include a Biodiversity Management Plan if the risks to Biodiversity are found and are considered to be unavoidable, taking into consideration the location of the Sundarapola Forest Reserve. During project implementation, the Project Monitoring Unit team will establish a monitoring mechanism to follow up the establishment and initial operation of the CCWTF so to oversight the potential environmental and social risks inherent to the co-financed component.
Risk 9: Health and safety risks to workers of the selected MSWM facilities as well communities during establishment and operation of the CCWTF and inappropriate behavior by additional security personnel who may be recruited by the landfill operator Related to:	I = 4 L = 3	Substantial	The selected MSWM facilities are fenced and controlled facility that counts with security personnel funded by its operators on a 24/7 basis. The facilities also have their own staff responsible for its day-to-day operations. Both construction and operation of the incremental CCWTF within	This risk is being addressed by Risk Mitigation Mechanisms: • <i>Scoped Impact Assessment for chemicals disposal (ESIA)</i> • <i>Scoped Environmental and Social Management Plans (ESMP)</i> • <i>Scoped Spill Prevention and Management Plan (SPMP)</i> • <i>Occupational Health and Safety Plan:</i> • <i>Code of Conduct for Construction and Security Workers.</i> • <i>Grievance Redress Mechanism - GRM</i>

• Standard 3: Community Health, Safety and Security; 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8 • Standard 7: Labor and Working Conditions; 7.6 • Standard 8: Pollution Prevention and Resource Efficiency; 8.1, 8.2 and 8.3 • Gender Equality and Women's Empowerment; P.9; P.10, P.12 • Human Rights; P.7			the MSWM facility area may expose current workers and the community to health and safety risks such as injuries, risk exposure to infectious and hazardous waste (if transport accidents happen), and air emissions (if decontamination autoclaves are not used properly or present technical defect). In addition, the MSWM facilities' operators (the respective Local Authority) may be required to deploy additional Security guards to secure the CCWTF facilities. Though the facilities are fenced, secured with no direct access to local community, staff of the facilities may still not be properly trained on how to deal with the local community given regional/local cultural practices when they can come to contact in outside duty hours (and if the personnel are not hired from the local community workforce), which may lead to grievances by other workers or nearby residents. The maintenance of Security Officers is fully funded by non-GEF resources (co-funding) originated from the MSWM facility operators.	The ESIA that will be conducted for each CCWTF will address health and safety concerns related to the construction and operation and all proposed mitigation measures will be included in the ESMP that will be developed and implemented before commencing works for establishing these facilities. The ESMPs will include a Scoped Spill Prevention and Management Plan (SPMP) and Occupational Health and Safety Plan. Prior to hiring of any new construction company and/or security staff to guard selected facilities, a Code of Conduct reflecting SES requirements will be prepared so that contractors ensure their staff abide by them. Training will be offered to participating individuals to ensure they are aware of their responsibilities. In addition, the Grievance Redress Mechanism for the project will allow the local community to share any concerns or grievances they may have or report any incidents related to this risk.
Risk 10: Improper application of guidelines developed by the project during decontamination of demonstration sites (both during project implementation and after project completion) can lead decontamination and disposal workers, community located in affected area and surrounding environment to be exposed to POPs pesticides and Mercury, which can extend the range of the	I = 4 L = 4	Substantial	Mercury is used in a range of medical devices and has been the most used type of technology for sphygmomanometers and thermometers for many years. However, these products are fragile and are subject of break during their using in healthcare facilities.	This risk is being partially addressed Risk Mitigation Mechanisms: • <i>Scoped Environmental Risk Assessment (equiv. to ESIA)</i> • <i>Scoped Environmental and Social Management Plans (ESMP)</i> • <i>Scoped Spill Prevention and Management Plan (SPMP)</i> • <i>Occupational Health and Safety Plan</i> • <i>Site Decontamination Monitoring Plan</i>

contamination and limit access to land and natural resources of nearby communities. Related to: • Human Rights; P.2, P.3 • Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management; 1.7 • Standard 3: Community Health, Safety and Security; 3.2, 3.4, 3.5 and 3.6 • Standard 7: Labor and Working Conditions; 7.6 • Standard 8: Pollution Prevention and Resource Efficiency; 8.1, 8.2 and 8.3 • Gender Equality and Women's Empowerment; P.9; P.10			The project considers that these mercury spills in hospitals, clinics and labs are occurring in a rolling basis due to the handling and breaking of such devices, already exposing doctors, nurses, other health care workers and patients to elemental mercury. At room temperature significant amounts of liquid elemental mercury transform to a gas, exposing workers or patients in the area to potentially highly toxic levels. Thus certain level of contamination in the healthcare units sites can exist. In addition, the project has identified 22.6 metric tonnes of POPs pesticides and contaminated pesticides being stored in the Interprovincial Agriculture Office of Ampara. Although the storage facility does have proper condition, the containers of Pesticides may be already compromising, which could lead to leakages. However, until proper EPI-equipped teams are not able to enter and start re-packing the pesticides, is not possible to know the real condition of all containers nor to assess any extent of damages due to potential leakages.	GEF-funded activities: National Ayurvedic Teaching Hospital for mercury in Colombo, and the Interprovincial Agriculture Office of Ampara had been visited and screened by the Project Preparation Team and short-listed as pilot sites to demonstrate the application of the project guidelines on contaminated sites assessment and decontamination. Both sites are located in city areas, none are located near any cultural heritage sites, protected areas or land claimed or inhabited by indigenous peoples, nor indigenous people live in their areas of influence. For decontamination of sites (Activity 2.1.4.2), the project includes an Environmental Risk Assessment to align the local regulation to UNDP's SES and provide tools for the project team to monitor situation referring to the which will require the identification and characterization of the scope (e.g., the extent of contamination, proximity to human populations, depth to groundwater, proximity to surface water or sensitive habitats), analysis of the hazard level and toxicity, analysis of exposure and analysis of risks to determine the level of management and remediation possible. Co-funded activities that count towards the Project Results: For the two (2) pilot demonstrations, a scoped ESIA will be undertaken for risks on human health, traffic and workers. An ESMP will then be developed for each site that will include a Scoped Spill Prevention and Management Plan and an Occupational Health and Safety Plan. The decontamination activities, per se, cannot be funded with GEF resources (ineligible as per Programme Directions), and these will be responsibility of the relevant subnational Governments of Colombo and Ampara who manage the selected sites. As exit strategy, the Project will propose to the CEA a monitoring plan so to follow up the application of the decontamination guidelines and the full recovery of the sites, if found contaminated, if the contamination works extend the project timeframe.
Risk 11: Increased consumption of resources and GHG and other emissions and generation of waste from autoclaving and recycling activities Related to:	I = 3 L = 2	Moderate	Depending on the technology used by existing recyclers, recycling of plastic, aluminum, glass and other materials that will be piloted by the project may use a large number of resources such as	This risk is being partially addressed/mitigated by Project Design. (Component 3) Additional Risk Mitigation Mechanisms: • <i>Scoped Impact Assessment for chemicals disposal (ESIA)</i> • <i>Scoped Environmental and Social Management Plans</i>

• Standard 2: Climate Change and Disaster Risks; 2.4 • Standard 8: Pollution Prevention and Resource Efficiency; 8.1, 8.2, 8.6 • Gender Equality and Women's Empowerment; P.9; P.10			water and energy and lead to increased GHG and other air emissions. The technology and method use for autoclaving in the demonstration facilities may also lead to toxic emissions and residual waste if proper SOPs and guidelines are not applied or if proper autoclaves maintenance is not done, exposing workers and the local communities to health hazards. The residual waste requiring adequate disposal will be generated from these activities, need to take into consideration that practices in Sri Lanka for hazardous final disposal to avoid falling short of international best practice.	(ESMP) • <i>Scoped Pollution Prevention and Management Plan,</i> • <i>Occupational Health and Safety Plan:</i> • <i>Labor Management Procedures (LMP)</i> A scoped ESIA will be conducted for each of the activities related to recycling and autoclaving: testing strategies to improve recycling of plastics , aluminum and glass materials (Activity 3.1.3.1), integrated recycling programs piloted in six (6) facilities (Output 3.1.5), business models for de-centralized HCWM systems (low-cost autoclaving) piloted in six (6) medium-to-small scale facilities (Output 3.2.3) and baseline hybrid autoclaves operation and maintenance practices, at large scale healthcare facilities, are improved, and their operational Business Models is developed (Output 3.2.4). The scoped ESIA will inform decision-making regarding the sites selected and technologies adopted to ensure SES standards are applied and that an appropriate waste disposal site is allocated for any residue waste (specifically for autoclaving activities). The targeted assessment will also evaluate the risks related to air quality and worker and community health such that the scoped ESMP will include a Pollution Prevention and Management Plan, and Occupational Health and Safety Plan. In addition, all entities operating under the project (including contractors and operators) shall abide by the project's Labor Management Procedures (LMP) that will be developed during the Inception Phase of the Project.
Risk 12: Project service contractors may make use of working practices that do not meet the national labour laws, international standards/treaties, and Occupational Risk and Hazardous Guidelines, or may employ child or apply forced labor practices, leading to risk of workers exposure to health and safety risks during re/trans-packing, handling, transportation and decontamination activities. Related to: • Standard 7: Labor and Working Conditions; 7.1, 7.2, 7.3, 7.4, 7.5, 7.6	I = 4 L = 3	Substantial	Healthcare workers in the medical sector, which are majority women, already have some baseline sensitivity and knowledge on safe handling of mercury and healthcare wastes, therefore lowering the risk associated with the decommissioning aspect of the work. Additionally, the project aims to promote de-contamination of biological healthcare waste and recycling of solid healthcare	This risk is being addressed with Risk Mitigation Mechanisms: • <i>Scoped Impact Assessment for chemicals disposal (ESIA)</i> • <i>Scoped Environmental and Social Management Plans (ESMP)</i> • <i>Occupational Health and Safety Plan:</i> • <i>Labor Management Procedures (LMP)</i> Prior to engaging any enterprise or cooperative, during project implementation and through open competitive process, the scoped entity will be duly assessed to screen its adherence to National Laws and/or International Guiding Standards before engaging into implementation contracts/agreements with the project. This will be done through a visit to the facility and ensuring that occupational health and safety measures are

Gender Equality and Women's Empowerment; P.9; P.10			wastes and for this will engage with companies and workers cooperatives in the recycling industries to create strategies that can promote recycling practices, increase income and potentially generate "green jobs". It is important to note that Forced and Child Labour is illegal in Sri Lanka. However, the practice still exists in some sectors, including hazardous activities such as construction.	applied. Any entity engaged with the project will be required to adhere to the LMP and the Occupational Health and Safety Plan prepared for the project. The scoped ESIAs that will be undertaken for the various pilot, disposal and recycling activities will assess the risk on worker safety and health and include an Occupational Health and Safety Plan in each site-specific ESMP. In addition, the facilities, enterprises and cooperatives that will engage with the project will be verified against their adherence related to the Laws on Forced Labour and Child Labour. The project will not engage with any entity that utilizes such practices.
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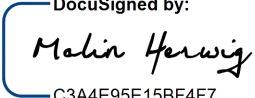
	QUESTION 4: What is the overall project risk categorization?		
	Low Risk	☐	
	Moderate Risk	☐	
	Substantial Risk	☒	Twelve (12) potential Social and Environmental risks have been identified for this project, six (6) of which are assessed as SUBSTANTIAL and six (6) as MODERATE. It is noted that overall, these risks relate to activities with potential adverse social and environmental risks and impacts that are varied or complex but remain limited in scale and are of lesser magnitude which can be reversible, predictable, and contained footprint, with less risk of cumulative impacts. As a result, the overall risk categorization for this project is determined to be SUBSTANTIAL. A series of Risk Mitigation/Avoidance Mechanism are being proposed in line with the SES Policy: (a) during the PPG, an ESMF, Stakeholder Engagement Plan and Gender Action Plan have been prepared to meet SES requirements. (b) During project implementation, a number of scoped assessments and Risk Management Plans along with site-specific ESMP will be prepared for several activities. These plans will be developed and put in place prior to commencement of the relevant activities.
	High Risk	☐	
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?</u> <u>(check if "yes")</u>	Yes	No	<i>Status? (completed, planned)</i>	
	<i>if yes, indicate overall type and status</i>	X		Targeted assessment(s)	Completed
		X		Gender Analysis	Completed
		X		Stakeholders Analysis	Completed
				Occupational Risk Assessment	Planned
		X		ESIA (Environmental and Social Impact Assessment)	Planned
		X		SESA (Strategic Environmental and Social Assessment)	Planned
	<i>Are management plans required? (check if "yes")</i>	Yes	No	<i>Status? (completed, planned)</i>	
		X		Targeted management plan (s):	Completed
				Gender Action Plan (GAP)	Completed
				Stakeholders Engagement Plan (SEP)	Completed
				Spill Prevention and Management Plan (SPMP)	Planned
				Pollution Prevention and Management Plan (PPMP)	Planned
				Occupational Health and Safety Plan (OHSP)	Planned
				Labor Management Procedures (LMP)	Planned
				Code of Conduct for Construction and Security Worker	Planned
				Biodiversity Management Plan (BMP)	If needed
			X	ESMP (Environmental and Social Management Plan)	Planned
			X	ESMF (Environmental and Social Management Framework)	Completed

Based on identified <u>risks</u> , which Principles/Project- level Standards triggered?	Comments (not required)
Overarching Principle: Leave No One Behind	
Human Rights	X
Gender Equality and Women's Empowerment	X
Accountability	X
1. Biodiversity Conservation and Sustainable Natural Resource Management	X
2. Climate Change and Disaster Risks	X
3. Community Health, Safety and Security	X
4. Cultural Heritage	X
5. Displacement and Resettlement	☐
6. Indigenous Peoples	X
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
DocuSigned by:  14947AA81FC0427...	30-Jan-2024	Sureka Perera, Programme Quality and Design Analyst, UNDP
DocuSigned by:  C3A4E95E15BF4F7...	30-Jan-2024	Malin Herwig, Deputy Resident Representative, UNDP

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?	Yes
<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? ¹⁶	Yes
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?	Yes
P.7	exacerbation of conflicts among and/or the risk of violence to project-affected communities and individuals?	Yes
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?	Yes
P.10	reproducing discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	Yes
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>	Yes
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?	Yes
P.14	grievances or objections from potentially affected stakeholders?	Yes
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>	Yes
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?	Yes
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)?	Yes
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>	No
1.12	handling or utilization of genetically modified organisms/living modified organisms? ¹⁷	No
1.13	utilization of genetic resources? (e.g. collection and/or harvesting, commercial development) ¹⁸	No
1.14	adverse transboundary or global environmental concerns?	Yes
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?	Yes
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>	Yes
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?	Yes
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)	Yes
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)?	Yes
3.4	risks of water-borne or other vector-borne diseases (e.g. temporary breeding habitats), communicable and noncommunicable diseases, nutritional disorders, mental health?	Yes
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)?	Yes
3.7	influx of project workers to project areas?	Yes
3.8	engagement of security personnel to protect facilities and property or to support project activities?	Yes
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?	Yes
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? ¹⁹	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)?	Yes
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 Standard 6 requirements apply, and the potential significance of risks related to impacts on indigenous peoples must be Moderate or above. *</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, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No
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>	Yes
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?	Yes
7.2	working conditions that may deny freedom of association and collective bargaining?	Yes
7.3	use of child labour?	Yes
7.4	use of forced labour?	Yes
7.5	discriminatory working conditions and/or lack of equal opportunity?	Yes
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?	Yes
8.2	the generation of waste (both hazardous and non-hazardous)?	Yes
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?	Yes

* Note: revised July 2022 modifying presumption of risk significance from Substantial or higher to Moderate or higher.