

Draft Initial Environmental Examination

June 2022

MLD: Responsive COVID-19 Vaccination for Recovery Project under the Asia Pacific Vaccine Access Facility

Prepared by Government of Maldives for the Asian Development Bank.

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ACRONYMS

| | |
|----------|--|
| ADB | - Asian Development Bank |
| CBD | - Convention on Biological Diversity |
| COVID-19 | - Coronavirus Diseases |
| EA | - Executing Agency |
| EIA | - Environmental Impact Assessment |
| EMMP | - Environmental Management and Monitoring Plan |
| EPA | - Environmental Protection Agency |
| EPPA | - Environmental Protection and Preservation Act |
| ESS | - Environmental Safeguard Specialist |
| GDP | - Gross Domestic Product |
| GHG | - Greenhouse gas |
| GOM | - Government of Maldives |
| GRC | - Grievance Redressal Committee |
| GRM | - Grievance Redressal Mechanism |
| HDC | - Housing Development Cooperation |
| HPA | - Health Protection Agency |
| IA | - Implementing Agency |
| IEE | - Initial Environmental Examination |
| MECCT | - Ministry of Environment, Climate Change and Technology |
| MOH | - Ministry of Health |
| MOF | - Ministry of Finance |
| MWSC | - Maldives Water and Sewerage Company |
| NBS | - National Bureau of Statistics |
| PM | - Particulate Matter |
| Ppm | - Parts Per Million |
| SPS | - Safeguard Policy Statement |
| STELCO | - State Electric Company |
| STO | - State Trading Organization |
| UN | - United Nations |
| UNDP | - United Nations Development Program |
| UNFCCC | - United Nations Framework Convention on Climate Change |
| USD | - United States Dollars |
| WAMCO | - Waste Management Cooperation |

EXECUTIVE SUMMARY

This Initial Environmental Examination (IEE) report is prepared to meet the requirements of the Asian Development Bank Safeguard Policy Statement (2009). This IEE is aimed to identify the environmental and social impacts associated with the construction and operation of a central vaccine cold-chain storage facility at Hulhumale.

The central vaccine cold chain facility at Hulhumale is a six-storey building with a footprint of 500 sqm. The facility will include walk-in coolers, provision for management of waste associated with the Expanded Program for Immunization (EPI) and COVID-19 vaccination program related waste. The facility will have parking space for two refrigerated trucks. Furthermore, the facility will include a 100-person capacity auditorium for trainings to be conducted through the EPI.

Some site-specific and temporary environmental impacts are envisaged during construction and operational phase of the central vaccine cold-chain facility in Hulhumale'. The main impact anticipated for construction phase are from dewatering of groundwater for construction of foundation, excavation, other construction activities, construction equipment and machineries and construction waste.

The operational phase impacts are anticipated from the operation of central vaccine cold-chain storage facility, management of vaccine related waste and transport of vaccines via speed boats and refrigerated trucks procured under the project.

An Environmental Management Plan (EMP) has been proposed which should be included as a part of tender document for construction of the central vaccine cold-chain storage facility. A monitoring plan for the safeguards has also been also prepared. Furthermore, a stakeholder engagement plan and a two tier grievance redress mechanism will be adopted.

The project is expected to have environmental impacts which are site-specific which can be managed through monitoring of implementation of the prescribed mitigation measures. These environmental impacts outweigh the positive impacts on the health, safety and wellbeing of the general population of Maldives. Hence, findings of this IEE justifies the project to proceed as proposed.

I. INTRODUCTION

A. Background

1. The Responsive COVID-19 Vaccination for Recovery Project under the Asia Pacific Vaccine Access Facility (APVAX) for US\$ 10 million is provided as a grant to the Government of Maldives (GOM). The proposed project will be implemented from October 2022 to December 2025. The objective of the project is to strengthen the cold chain capacity to store, distribute and manage the COVID-19 vaccines and the Expanded Program for Immunization (EPI) program vaccines efficiently in the Maldives.

2. The main project activities include construction of a six-storey central vaccine cold storage facility in Hulhumale' and procurement of 7 speed boats and 2 refrigerated trucks to be utilized in six regional hospitals and in central Male' region.

3. In addition, the project involves establishment of the National Level Data Center for the health sector and ensure to link between the regional public health agencies. This will include procurement of equipment that are required for expanding the server capacity of the data center and the provision of required human resources to design and fix the software-driven wide area networks. The data center will link all islands, atolls, and the Male' region to receive /share health data.

4. Lastly, the project will strengthen the human resource capacity of the EPI and COVID-19 vaccination program through local and international training of existing staff, capacity building workshops and site-visits.

B. Scope and Purpose of the IEE

5. All projects funded by Asian Development Bank (ADB) shall comply with Safeguards Policy Statement (SPS) to ensure that projects are environmentally sound and designed to be constructed and operated in compliance with applicable regulatory requirements and international good practices.

6. The environmental assessment utilized ADB's rapid environmental assessment checklist (Annex 1 and 2). The rapid environmental assessment shows that the construction of central vaccine cold storage facility at Hulhumale' and supply of speed boats and refrigerated trucks for vaccine transport are not likely to have significant adverse environmental impacts that are irreversible, diverse, or unprecedented. Potential impacts are unlikely to affect areas larger than the sites or facilities subject to physical works. These impacts are site-specific, few if any of them are irreversible, and in most cases mitigation measures can be designed with uncomplicated measures commonly used at construction sites and known to civil works contractors. Therefore, the Maldives: Responsive COVID-19 Vaccination for Recovery Project under the Asia Pacific Vaccine Access Facility is categorized as B project under the ADB's SPS.

7. A project is classified as Category B project if its potential adverse environmental impacts are less adverse than those of Category A projects. These impacts are site-specific, few if any of them are irreversible and in most cases mitigation measures can be designed more readily than

for category A projects. An Initial Environmental Examination (IEE) is required for Category B projects as per ADB's SPS.

C. IEE Methodology and Approach

8. This IEE has been undertaken by Mr. Hamdhoon Mohamed, Dhoonham Sole Proprietorship, Environmental Consultant on behalf of the Ministry of Health. The Environmental Consultant conducted field visit to the project location to collect the baseline environmental data and to identify potential positive and negative impacts during construction and operational phase of the project.

9. This IEE examines the direct, indirect, cumulative, and induced environmental impacts of the cold chain facility and risks to the physical, biological, socio-economic environment during their construction and operation phases. The IEE process involved a scoping followed by a detailed assessment where necessary of the potential and perceived environmental impacts and risks of the cold chain facility. It also included the identification of mitigation measures and the preparation of an EMP to be implemented by MOH to address the identified impacts and risks during the construction and operation phases.

10. This IEE was prepared to meet the requirements of ADB's SPS and Environmental Impact Assessment Regulation (2007) under the Environmental Protection and Preservation Act (1993) of Maldives. The IEE is prepared based on preliminary studies and shall be updated based on detailed design prior to contract awards. A national environmental screening was done by the proponent of the project and the result of the outcome is attached in the Annex 10. The outcome of the National Environmental Screening process confirms that no EIA nor IEE is required to meet the national environmental due diligence requirements. However, an Environmental Management Plan has to be submitted for clearance from the Environmental Protection Agency before any works commence.

D. IEE Report Structure

11. The IEE report primarily:
- i. provides information on the project and its environmental requirements;
 - ii. provides the baseline physical, ecological, cultural and socioeconomic environments and resources in and surrounding the project's area of influence;
 - iii. identifies and assesses potential environmental impacts arising from the implementation of the project;
 - iv. recommends measures to avoid, mitigate, and compensate the adverse impacts;
 - v. presents information on stakeholder consultations and participation during project preparation and implementation;
 - vi. recommends a mechanism to address grievances;
 - vii. includes an environmental management and monitoring plan; and
 - viii. provides conclusions and recommendations from findings of the IEE.

85. The IEE report was elaborated based on the findings from field data collection and stakeholder consultation. IEEs and EIAs prepared for

projects of similar nature particularly building construction were reviewed as secondary data sources.

II. DESCRIPTION OF THE PROJECT

A. Objective of the project

13. The main objective of the project is to strengthen the cold chain capacity of the government of Maldives to store, distribute and manage the COVID-19 vaccines and the EPI program vaccines efficiently in the Maldives.

B. Project Outputs

14. The project outputs are:

- i. Capacity of vaccine storage and transport system increased;
- ii. Information management of the Expanded Program on Immunization for COVID-19 vaccination strengthened; and
- iii. Human resource capacity of Expanded Program on Immunization enhanced.

15. **Output 1: Capacity of vaccine storage and transport system increased:** This output intends to strengthen capacity of the EPI and COVID-19 vaccination cold chain facilities in the country. The EPI and COVID-19 vaccination program includes the provision of vaccines to defined age cohorts and provides protection to 10 vaccine preventable diseases and three additional diseases (COVID-19 to defined age cohorts and yellow fever and meningococcal vaccine for travelers over 15 years). The vaccines are stored at the central stores with at least a 6-month buffer stock and distributed to regional centers for ideally managing a 6-month buffer stock and for further distribution of all vaccines to atoll and island levels in the country. The EPI and COVID-19 vaccine coverage in the Maldives is high at 90-95% for all vaccines and are provided via a well-organized institutional structure that is in place both at Male' and across all regions, atolls, island health centres and the private sector.

16. But with the increasing vaccine numbers and volume due to the COVID-19 pandemic and the decision by the Government to decentralize the vaccine storage to the central and the 6 regions, the Government requires to expand and relocate the central vaccine stores to Hulhumale'. This output will support the construction of a state-of-the-art, climate friendly vaccine central storage facility with additional space for dry item storage, maintenance unit, office staff, biomedical unit, vaccine waste management, backup data center, staff training and auditorium.

17. This output will also support the EPI and COVID-19 vaccine distribution system in the country with the provision of 7 speed boats, one each to be given to each of the 6 regions and the central Male region and 2 land vehicles (refrigerated trucks) for medical goods distribution and 2 vans (7-seater) for urban health and immunization services in populated larger islands including Male'.

18. **Output 2: Information management of the Expanded Program on Immunization for COVID-19 vaccination strengthened:** This output 2 intends to strengthen the Information Technology capacity of the EPI Program to efficiently manage the EPI program in the Maldives. Immunization is provided to children at all 185 health centers in every inhabited island in the Maldives. These services are recorded in the immunization register at each health center and the immunization is followed up age appropriately. In addition, the EPI vaccine logistics and supply management system is also currently paper based. The data recording of the immunization register is currently paper-based. But the EPI program, in close collaboration with the WHO and the UNICEF are piloting initiative to digitalize the immunization tracking and logistics and supply management of the EPI program. As the JFPR financed, an ADB managed TA grant is supporting the development of the e-health architecture development process, this output will support the establishment of the National Level Data Center for the health sector and ensure to link. This will include procurement of equipment that are required for expanding the server capacity of the data center and the provision of required human resources to design and fix the software-driven wide area networks. The data center will link all islands, atolls, and the Male` region to receive /share health data.

19. The required software to manage the EPI logistics and supply and for EPI and COVID-19 immunization programs are already developed by the WHO and by the UNICEF and are at pilot testing stage.

20. The output 2 resources will also be used to further support the IT program to ensure that the EPI program is digitally linked to the national health data system. Where required, output 2 resources will be used to support the software development. In addition, output 2 will support to digitalizing individual immunization data (public health data) from the health care center to national levels by supporting to procurement of 450 tablets to be distributed to each of the islands, atoll hospitals and regional level hospitals for the public health staff to enter the public health data including immunization data.

21. **Output 3: Human resource capacity of Expanded Program on Immunization enhanced:** This output intends to strengthen the human resource capacity of the EPI program. The EPI Program and the data center each have only less than 2 staff at the national level and utilize shared staff at the regional and atoll levels. The program has created new cadre positions in the past, but due to non-availability of interested candidates, the posts are currently vacant. Therefore, this output will support the program to address this issue both from a long-term and a short-term perspective. The mission agreed to provide 8 contracted staff to the central EPI program, data center and to the bio-medical services unit for 3 years (during project duration) to fill existing vacant positions immediately. To ensure that this intervention will be sustained, the MOH will also be taken to recruit candidates to the permanent staff positions and these candidates will be offered local and international training to encourage retention of these newly recruited staff in these positions.

22. Further, the project resources will be provided to carry out local and international training of existing staff, workshops, site visits and quarterly meetings to review project implementation progress and will also help facilitate the steering committee and donor coordination discussions.

23. This output, will also support to function the Project Management Unit of the project and will recruit project staff and short-term consultants to provide the required expertise in selected areas like gender, environment and social safeguards, waste management etc.

C. Project Rationale

24. The current central location for the vaccine storage for both EPI and COVID-19 vaccine program is in Male' island. This building has been utilized for the purpose of vaccine storage for past 20 years and currently there are visible signs of structural deterioration such as cracks. The figure 1 illustrates the current central vaccine storage location of vaccines in Maldives.

Figure 1: Central Vaccine storage building in Male'



Source: Asian Development Bank.

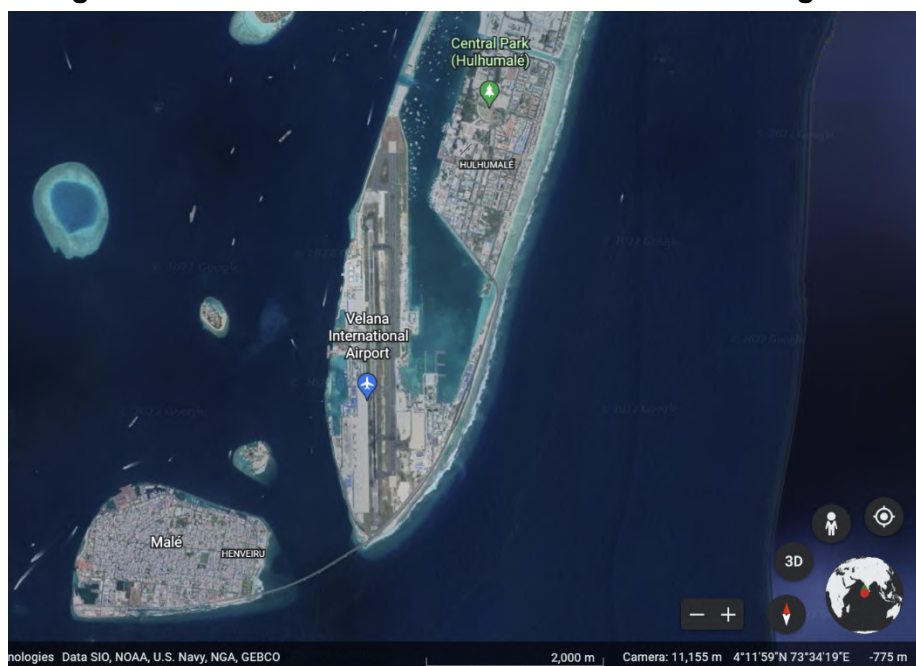
25. The current location of the building is in Male' where the streets are narrow and extremely congested. There are significant challenges in vaccine storage and transportation to regional hospitals and island health centers where the EPI program is implemented.

26. The transport of the vaccine from the central vaccine storage building to other islands are done through a combination of land transportation and private sea boats and ferries. The vaccines are taken to these private boats via vehicles owned by MOH. This incurs significant cost for the GOM to implement the routine EPI and COVID-19 vaccination. Furthermore, these private boats and ferries do not have a proper mechanism to maintain the temperature of vaccine vials which is required for the effectiveness of the vaccine.

27. The project output which will generate the most environmental impacts is the construction of 6-storey central vaccine cold-chain facility at Hulhumale'. All the following sections will be describing information relevant to aforementioned project output.

D. Project Area of Influence

Figure 2: Location of Hulhumale' in Greater Male' Region

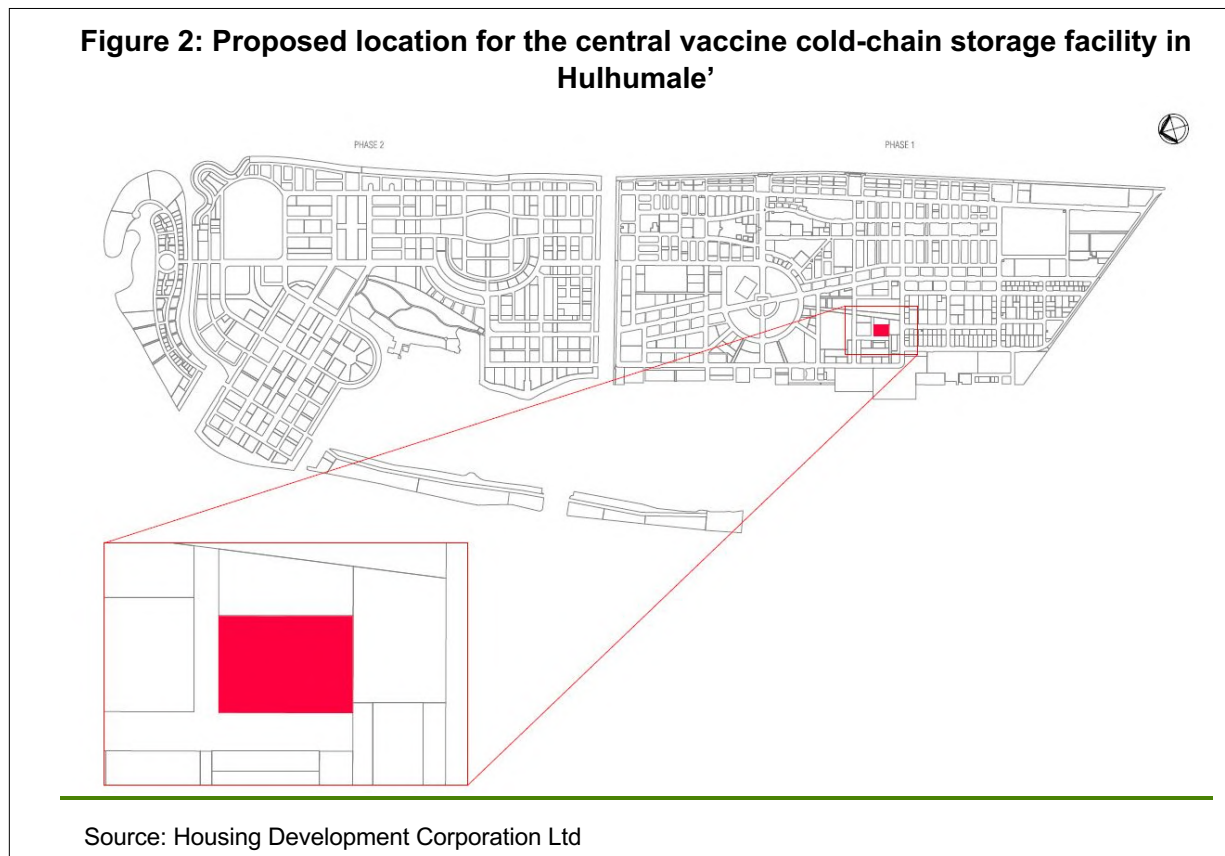


Source: Google map

28. The project is in Hulhumale' island which is a reclaimed island in Maldives since 2005. Hulhumale' is approximately 3.86 km north-east of Male'. Hulhumale' is connected to Velana International Airport and Male' city via the Shinamale' bridge. Hulhumale' is part of the Greater Male' Region for administrative purposes. Figure 2 shows the location of Hulhumale'.

29. The proposed location for the central vaccine cold-chain facility is in the central area of Hulhumale'. Figure 3 indicates the proposed location for the central vaccine cold-chain facility in

Hulhumale'. The geographical coordinates of the proposed location are 4°12'45" N and 73°32'17" E.



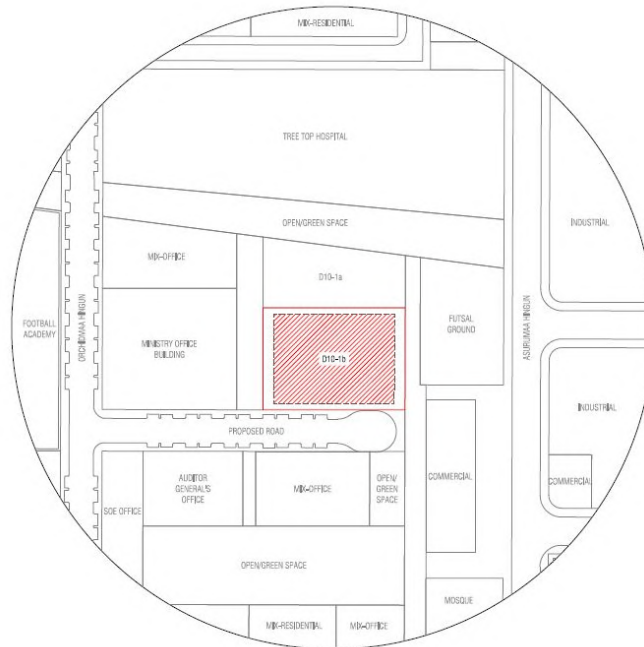
30. The proposed location for the central vaccine cold-chain storage facility is located approximately 60 meters east of the Tree Top Hospital, which is the biggest private hospital in the Maldives. The Tree Top Hospital is located on the northern side of the proposed location. The adjacent plot on the eastern side is currently a construction site where government office buildings are proposed. The western side of the proposed location is a futsal stadium which is currently not being used.

31. The land proposed for the central vaccine cold-chain storage facility is currently owned by the Ministry of Health and has been allocated by Housing Development Corporation (HDC) which is the land management authority for Greater Male' Region including Hulhumale'.

32. The direct influence area of the project which includes an area within the 100m radius of the project site which includes Tree-top Hospital, construction site for government office building and a football stadium.

33. The Figure 4 illustrates the direct area of influence of the project.

Figure 3: Various land use around the proposed location for the vaccine cold-chain storage location in Hulhumale'



Source: Housing Development Corporation Ltd

Figure 4: Area of direct influence of the project



Source: Google map

E. Sensitive Receptors near the project site

34. Table 1 enlists the sensitive receptors near the project site based on classification of the value environmental receptors (VERs). Due to the nature of the project activities, only 100 meter circumference from the project location was considered for the analysis. The following Figure 6 illustrates the sensitive receptors near the project location. The figure suggests that there are some structures at the project site. The structures presented were temporary accommodation of the contractor who constructed the nearby Tree Top Hospital. Currently, these temporary structures have been removed and the project location is currently vacant as confirmed during the site visit.

Table 1: Sensitive receptors near the project site

| Sensitivity | Receptors | Latitude | Longitude |
|----------------------|--|-----------------|------------------|
| Extremely Sensitive | Tree Top Hospital (60 m west of the project location). | 4°12'42.17"N | 73°32'19"E |
| Highly Sensitive | No residential areas within 100m of the project location). | | |
| Moderately Sensitive | Office building construction site (50 m south of the project location). | 4°12'47.00"N | 73°32'19"E |
| | A football field approximately (30m north of the project location). | 4°12'43.00"N | 73°32'17"E |
| Low Sensitive | Industrial Area (The location of the project is within an area allocated for institutional use). | | |

Figure 5: Sensitive receptors near the project location

Source: Google map.

F. Site Plan and Drawings

35. The total lot size of the plot allocated for the central vaccine cold-chain storage facility is 1,915.54 m². However, the space allocated for the central vaccine cold chain storage facility is approximately 957 m². The footprint of the building is 500 m². The following table 2 shows the area allocated for each of the floor and the allocated uses of each floor.

Table 2: Proposed uses and footprint of the central cold chain storage facility at Hulhumale'

| Floor of the building | Footprint | Allocated facilities |
|-----------------------|-----------|---|
| Ground Floor | 500 sqm | Security, Driver's Room, Loading area, Parking, Waste Collection, Dry Storage, Maintenance room, Generator room, 2 Toilets (Male and Female) |
| 2 nd Floor | 500 sqm | Vaccine packing, Walk-in Freezer, Storekeeper, Walk-In cooler, Vaccine Consumable Storage, Biomedical office, 2 Toilet (Male and Female). |
| 3 rd Floor | 500 sqm | Auditorium (100 pax), Training room 1, Training room 2, Training Room 3, Backup Server Room, 2 Prayer Room (Male and Female), 2 Toilets (Male and Female), Pantry |
| 4 th Floor | 500 sqm | 2–8 degree chiller (Pharmaceutical items), -20 to -2 degree freezer (vaccine, injections, and laboratory reagents), Packing and Picking area, 2 toilets, |
| 5 th Floor | 500 sqm | CMDS logistics office space, Meeting room, Store manager office, 2 toilets, Dispatch Area, Waste autoclave storage room, Sitting area, Rack space for |

| Floor of the building | Footprint | Allocated facilities |
|-----------------------|-----------|---|
| | | emergency response items, Room for emergency medicine storage |
| 6 th Floor | 500 sqm | Terrace |

36. The proposed site plan and conceptual drawings for the central vaccine cold chain storage facility in Hulhumale' were compiled by the proponent in close coordination with the Engineering Consultant recruited by ADB for the project development stage.

37. A detailed design will be done by the design and supervision consultancy to be hired by the Project Management Unit for Maldives APVAX project.

G. Major Project Activities during construction phase

38. This section will describe project activities which are anticipated to have a significant impact on the environment.

H. Demolition and site clearance

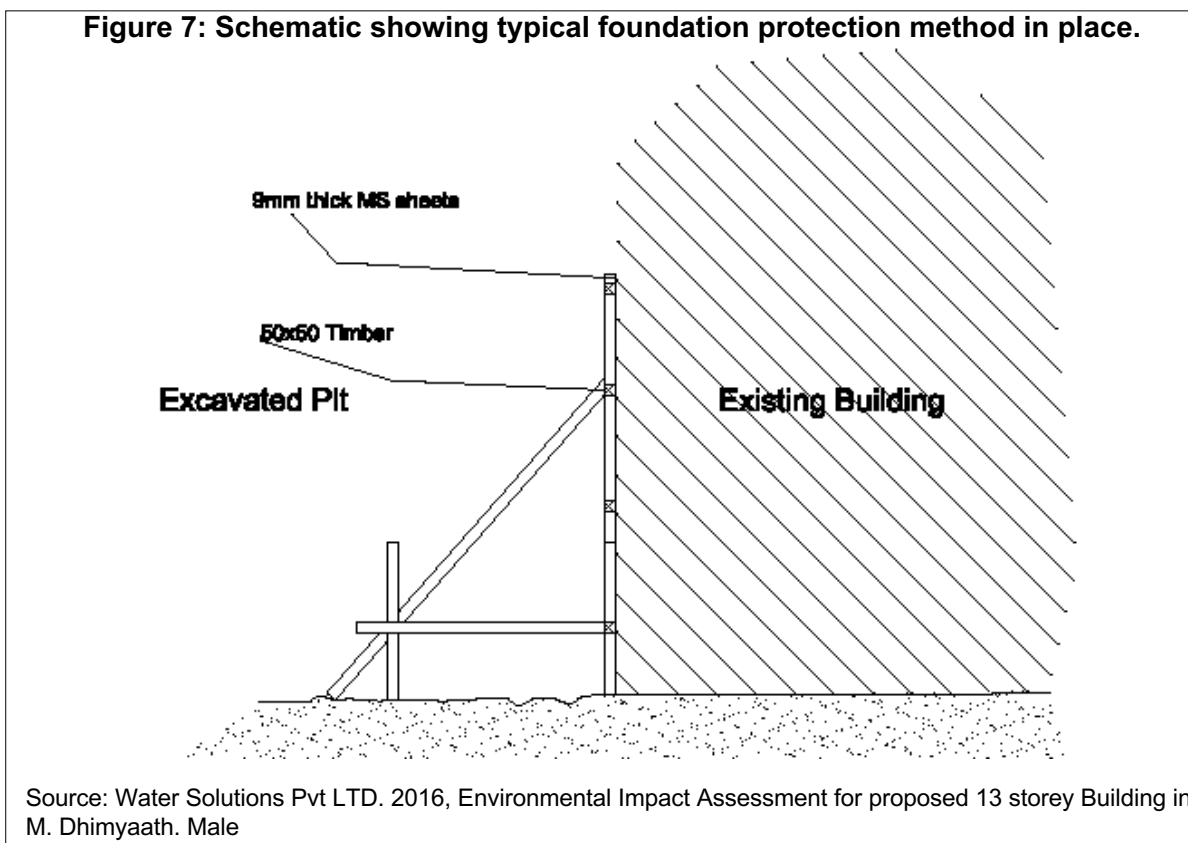
39. The currently the proposed plot for the construction of central vaccine cold chain storage facility is vacant. There are no requirements for any demolition work. Furthermore, there are no significant vegetation on the proposed plot, hence there will be no requirement for any vegetation clearance as well.

I. Excavation works

40. It has been established that the depth of foundation will be 2 m below the existing ground level. Therefore, maximum depth of excavation will be up to 2.30m. The estimated depth of water table in the area is 1.4m from ground level. As the ground water table is 0.9 m above the proposed foundation depth at nearly all tide levels, dewatering will have to be continuous throughout the period of casting the foundation. Excavation will be undertaken with a backhoe excavator. When all the necessary excavation is complete, a 50 mm thick lean concrete (Grade C15) layer will be laid to provide a level surface to assemble the reinforcement of foundation raft slab and beams.

J. Foundation Protection

41. MS sheets, 9mm thick, are proposed to be hammered into the ground between the proposed and the existing adjacent building wall and 50 x 50 mm MS angle shall be fixed vertically and horizontally at 600 mm intervals. Scaffolding GI pipes, 48mm diameter shall be used at 600 mm spacing to prop the MS sheet wall and the wall shall be braced from all directions. A stepped excavation at 600mm centres shall be done to prevent destabilizing of the soil from underneath the adjacent existing foundation.



K. Dewatering

42. Dewatering is the localized lowering of the groundwater table from its natural level, to create a dry environment for construction works. This is a crucial process for creating the correct working conditions to establish the building substructures.

43. Dewatering will be a continuous process and will be ongoing simultaneously while excavation is being undertaken. The process will be continued throughout until casting of the foundation. It is envisaged that 5 to 6 pumps each with an expected flow rate of 30 liters per second. The wastewater generated during the dewatering process will be released to the existing sewerage network in Hulhumale' which is operated by Male' Water and Sewerage Company (MWSC). It is envisaged that 5 to 6 pumps each with an expected flow rate of 30 liters per second will be used for dewatering. MSWC has the capacity to absorb such volume and it is common practice for MSWC to absorb wastewater generated during the dewatering process in construction projects.

L. Building Foundation

44. For the foundation works, a raft foundation will be used. This is currently the most adopted method of construction in Maldives. It enables to spread the load from a structure over a large area, minimizing the pressure exerted on the base. Beams will then be incorporated into the structure to stiffen the foundation.

45. Excavation in loose sand requires continuous support, and therefore supports will be placed immediately as excavation commences. Sheets would be closely spaced, and horizontal support bracings provided as excavation progresses. Supports and bracings will be placed concurrently with excavation, moving along the periphery of the plot successively. The concrete works for the raft foundation will be done using C30 Grade concrete.

M. Construction materials and machinery

46. All the materials such as cement, aggregate and sand will be delivered to the construction site based on the consumption needs. Steel and plywood will be stored at the contractor's warehouse. Barb bending and carpentry work will be prefabricated at the company work yard or contracted to subcontractors and transported to the site. The quarry material will be purchased from importers such as State Trade Organization (STO). These importers usually import these materials from neighboring countries like India and Sri Lanka. No asbestos-containing materials will be utilized as new construction material.

N. Utilities

47. Water and sewerage facilities will be provided by the MWSC water and sewerage network which is operational in Hulhumale'. Therefore, water will be desalinated water from the main supply. The wastewater generated during the construction and operational phase will be disposed of via the existing sewerage system in the island.

48. Electricity will be provided by STELCO during the construction and operational phase. A Backup generator will be installed for the contingency power supply for the operation of the cold chain equipment as per the requirements of WHO. Frequent backouts are not anticipated in Hulhumale'.

O. Project Management

49. Once the detailed design of the central vaccine cold chain facility is completed, a contractor will be procured based on competitive bidding process by the PMU of the Maldives APVAX project. The contractor will be responsible for all the construction works of the project. Construction works is undertaken entirely in house using company staff of the contractor, most of which are made up of expatriates.

50. All laborers will be accommodated at Company Labor Quarters existing in Male' or Hulhumale'. It is estimated 15–30 laborers will be utilized depending on tasks carried out on site. There will be a consulting engineer hired in addition to an in-house site engineer and site supervisor to manage the project. A full-time health and safety officer will be assigned by the contractor.

51. All operations, work planning for the construction work will be done at onsite. Heavy machinery such as excavator, dump truck, and crane will be used during excavation and casting.

Most of the machineries are rented while some equipment and machinery are owned by the company.

P. Waste Management during construction phase

52. Sand excavated during foundation work will be temporarily stockpiled within the project site. Upon completion of foundation works, sand will be used for back filling.

53. It is estimated that during the construction phase, the project will generate construction wastes around 2–4 tons per day which will be collected on site, transported to the Waste Management Corporation (WAMCO) site at Hulhumale' once a week and finally disposed at Thilafushi. None of the waste will be placed outside the project boundary at any time. Temporary waste storage will be within the project demarcated area.

54. Hazardous waste such as empty oilcans (lube-oil), paint cans or strainers will be kept separate and disposed according to the standards established by relevant government authority.

Q. Road Closure and Traffic Re-routing

55. Hulhumale' being a well-planned city, the proposed location for the central vaccine cold chain storage facility is within an industrial land use zone. There are no major roads adjacent to the project site and the project is not expected to disrupt ingress and egress of the nearby Tree Top Hospital. Hence, no road closure or re-routing of the traffic is expected during the construction stage of the project.

There are two access points to the site. During the time of this report elaboration, two adjacent roads are being constructed by HDC and is expected to be completed prior to the construction phase of the project. The length of these roads is approximately 160m at northern side of the project site and 152m at western side of the project site. These will be used as access roads to other facilities including the adjacent office building which is located within the compound where the project will be located. Based on ADB's definition, these roads are not considered as associated facilities.¹

R. Work Schedule

56. The project will commence upon completion of the designing stage by the design and supervision consultant of the project. A contract will be hired concurrently during the designing stage.

¹ Per ADB's SPS, associated facilities are projects not funded as part of the project (funding may be provided separately by the borrower/client or by third parties), and whose viability and existence depend exclusively on the project and whose goods or services are essential for successful operation of the project.

57. A dewatering permit will be applied by the contractor and excavation work will be commenced once the dewatering permit is issued by the Utility Regulatory Authority (URA). The dewatering permit will be issued by URA within a duration of week.

58. Upon completion of dewatering, foundation works will begin and soon thereafter structural works will be carried out. Masonry work and interior works will commence afterwards.

59. The construction of the cold chain facility is expected to be completed within 18 months. A detailed work schedule based on detailed design will be attached to this report.

S. Health and Safety at the project site

60. All precautions will be taken for safety of workers during the construction stage. Barricades, warning signs or devices will be placed on the road during casting or road works (connection of water lines and sewer lines) for safety of pedestrians and vehicles.

61. All workers are given instructions about the health and safety on site. A full-time Environment, Health and Safety Officer will be assigned by the contractor onsite. The Site Engineers and Supervisors will give a brief on daily basis before the work starts to all workers and all proper health and safety precautions will be implemented on site. Safety signs will be used on site, some of which are shown in the following Figure 8.

62. Appropriate personal protective equipment will be provided by the contractor to all the workers, for falling objects, hazardous dust or chemicals, or high working areas and other risks and hazards. All workers and personnel entering the premises will be given hard hats and safety shoes. Emergency response procedures will be established. Emergency first aid kit will be at site for minor injuries. First aid kit will be provided in the temporary office on the ground floor, after completion of ground and first floor slab where all safety clothing and equipment will be held.

63. In the context of the COVID-19 pandemic, all construction works will be carried out following latest national COVID-19 requirements, WHO social distancing and hygiene guidelines, and ADB's Interim Advisory Note on Protecting the Safety and Well-Being of Workers and Communities from COVID-19. A guideline for the workplace safety during COVID19 published by Health Protection Agency (HPA) is attached in the Appendix 12 of this IEE repor

Figure 6: Safety signs to be displayed at the project site

Source: Government of Maldives

T. Accidents and Hazard Scenarios

64. This section is a description of the potential accidents and hazards which may result during the project construction phase and operational phase. The following hazards and accidents assessment is based on the following 3 stages of the building lifecycle, including the construction, use and maintenance of building. Risk levels and probability are qualitatively assessed as High, Moderate and Low as shown in Table 3.

Table 3: Accident and hazard scenarios

| Performance Consideration | Risk Level | Risk Probability | Responsible Personnel |
|---|------------|------------------|----------------------------------|
| Presence of hazardous substances, which impact on construction work e.g., SMF, hydrogen chloride, etc. | High | Low | Project manager, Site Supervisor |
| Sufficient access / space around new section or building for use of cranes, scaffolding during construction | Moderate | Moderate | Project Engineer |

| Performance Consideration | Risk Level | Risk Probability | Responsible Personnel |
|---|-------------------|-------------------------|---|
| Construction workers will be protected from / proximity to HV electrical, high risk energy sources | High | Moderate | Site Supervisor |
| Traffic / pedestrian risks are minimized for planned loading & unloading for construction vehicles | High | Moderate | Site Supervisor, Project Manager |
| Neighborhood construction considerations e.g. school vicinity, site location | Moderate | Low | Project Manager, MHI |
| Roof design will reduce /eliminate the risk of falls from height during construction | Moderate | Moderate | Project Engineer |
| Sufficient space is planned for access & to install / major fixed plant or equipment or specialized equipment, plant rooms | Low | Moderate | Project Engineer |
| Floor loading design has been assessed by engineer to be able to accommodate heavy equipment or plant to be installed in future | Moderate | Moderate | Project Engineer |
| Floor surfaces – even level with no sudden changes in levels – floor coverings nonslip, suitable for levels of traffic use and suitable for type of tasks to be done | Moderate | High | Project Engineer |
| Stairs and balcony – edge delineation, slip resistant (SR) stair nosing, construction or design suitable for intended use, handrails, nonhorizontal railings in balcony | Moderate | High | Project Engineer |
| Window positioning and solar glare | Low | High | Project Engineer |
| Safe Access to lighting fixtures to change fitting, bulbs | Low | Moderate | Project Engineer |
| Safe Access to plant rooms – locked, lighting. | Low | High | Project Engineer |
| Access to roof tops – safe access to within safety zone, minimized manual handling of material, equipment tools. | Low | Moderate | Project Engineer |
| Accessible window cleaning methods | Low | High | Project Engineer |
| Accessible gutter cleaning methods | Low | High | Project Engineer |
| Accessible dirt or rubbish collection points | Moderate | Moderate | Project Engineer Maintenance Officer |

U. Major Activities during Operational Phase

65. This section will describe the main activities during the operational phase of the project. They include storage of vaccine, transport of vaccine and other uses of the proposed facility.

V. Storage for COVID-19 and EPI vaccination

66. The vaccine storage for COVID-19 and EPI vaccination will be located in the ground, second and fourth floor of the facility. There will be cold rooms for the installation of walk-in coolers as well as rooms for storage of dry items used for vaccination program.

67. The storage guidelines prescribed in the WHO Guideline for establishing or improving primary and intermediate vaccine stores were followed during the designing of the concept for the central vaccine cold-storage facility in Hulhumale'.² Furthermore, the same guidelines will be utilized during the operational phase of the facility.

68. The facility is equipped with back-up generators in case of power failure from the main electricity grid provided by STELCO in Hulhumale'.

69. Once finalized based on detailed design, the floor plan for this storage rooms will be attached as an appendix to this report.

W. Transport of Vaccines

70. The proposed central vaccine cold-chain storage facility will be the main storage for the vaccines in the country. Most of the vaccines are imported to Maldives via air cargo. Due to presence of a link road between the airport and Hulhumale', all the vaccine related cargo will be transported in refrigerated trucks.

71. There are loading and unloading docks in the ground floor of the central vaccine cold chain storage facility which will be used for handling of vaccine during the transportation.

72. There is a parking space within the ground floor of the facility to park the refrigerated trucks. These refrigerated trucks will be procured as part of the project and will be used to transport the vaccines to speed boats for island transfer.

73. The packing of the vaccines for transport to other regional hospitals and health centres will be done at the central vaccine cold chain facility. The vaccine will be transported in ice containers and all the required ice packs will be stored in the facility.

74. The project will follow WHO Guideline for establishing or improving primary and intermediate vaccine stores which has special requirements for refrigerated vehicles. The Guideline requires the following measures: (i) specialized facilities and training are necessary if such vehicles are to be operated safely and effectively, (ii) a refrigerated vehicle must be fitted

² [Guideline for establishing or improving primary and intermediate vaccine stores.](#)

with a temperature logger, (iii) there should be a weatherproof electrical outlet to power the vehicle's refrigeration unit during loading and unloading operations, and (iv) there should be sufficient space to store delivery crates if these are used in place of cold boxes.

X. Other uses of the proposed facility

75. The facility will have the following provisions apart from the vaccine storage and transport. These include auditorium and break-out rooms for workshop regarding EPI program and other works of Health Protection Agency (HPA), back-up server rooms for data management, office space for EPI program staff, call center or communication room for HPA.

Table 4: Other provisions in the central vaccine cold storage

| Floor Number | Uses and Provisions |
|---------------------|---|
| Ground floor | Security, Driver's Room, Loading area, Parking, Waste Collection, Dry Storage, Maintenance room, Generator room, 2 Toilets (Male and Female) |
| Second Floor | Vaccine packing, Walk-in Freezer, Storekeeper, Walk-In cooler, Vaccine Consumable Storage, Biomedical office, 2 Toilet (Male and Female). |
| Third Floor | Auditorium (100 pax), Training room 1, Training room 2, Training Room 3, Backup Server Room, 2 Prayer Room (Male and Female), 2 Toilets (Male and Female), Pantry |
| Fourth Floor | 2–8 degree chiller (Pharmaceutical items), -20 to -2 degree freezer (vaccine, injections, and laboratory reagents), Packing and Picking area, 2 toilets |
| Fifth Floor | CMDS logistics office space, Meeting room, Store manager office, 2 toilets, Dispatch Area, Waste autoclave storage room, Sitting area, Rack space for emergency response items, Room for emergency medicine storage |
| Sixth Floor | Terrace |

Y. Solar Power in the Central Vaccine Cold Chain Storage Facility

76. To minimize the electricity cost of the facility, an assessment on the potential solar PV rooftop installation will be conducted during the project designing phase. This assessment will determine the roof area available, solar irradiance at site as well as the space available for battery storage. Possible environmental impacts include occupational health and safety risks related to handling and disposal since solar panels may contain heavy metals (i.e., cadmium and lead) which may be harmful if released in the environment. To ensure proper operation of the rooftop solar PV system, regular inspection should be conducted. Regular inspection will ensure that solar panels are clean, free from any damages (i.e., normal wear and tear and corrosion effects), switches and any associated wirings are not damaged, and vents are free from any debris. Environmental impacts will be reassessed once detailed design is finalized.

77. As in all other government buildings in Maldives with solar PV system installations, STELCO will be contacted for necessary operation and maintenance works for the rooftop solar photovoltaics (PV) system installed at the central vaccine cold chain storage facility. On the day-to-day management, existing building maintenance staff of the MOH will be assigned to oversee operations during O&M phase. Mitigating measures are detailed in the Environmental Management Plan and may be updated based on detailed design.

Z. Waste Management during the operational phase

78. The central vaccine cold chain storage facility will have dedicated room in the ground floor for waste storage and collection and in the fifth floor for vaccination related waste management. The waste management room on the fifth floor will be equipped with autoclaves, shredders, chemicals for disinfection. Only vaccine-related waste within the facility (such as expired vaccines) will be treated on-site.

79. The Standard Operations Procedure (SOPs) for Waste Management of used COVID-19 vaccines vials and ancillary supply and WHO guidance on Safe Management of Waste from Health Care Facilities will be followed during the operational phase. The SOP is attached to the Appendix 8 of this report.

AA. Project Inputs and Outputs

80. This section discusses the project inputs and outputs in terms of type of the resource, the quantity of the resource required and the main sources which the resource is obtained.

Table 5: Main project inputs for the construction of central vaccine cold chain storage facility in Hulhumale'

| Input resource(s) | Estimated Quantity | Main sources of resource |
|--|--|--|
| Construction workers | 1 Project Manager 1 Project Engineer 1 Consultant Engineer 1 Local Supervisors 20 Skilled Foreign Laborers 10 Non-Skilled Laborers 3 Security Staff (24 Hours security) | Contractor's permanent staff. Project staff. Labor is expecting mostly registered workers from Bangladesh. |
| Machinery and equipment | Excavator Concrete Mixer Dump Truck Crane | Sourced from local rentals. |
| Energy supply (during construction) | 30kW | From STELCO mains |
| Backup energy supply (during operations) | 100 kW | Contractor's own equipment |

| Input resource(s) | Estimated Quantity | Main sources of resource |
|---|--|---------------------------------|
| Cement (Ordinary Portland cement) | 5,000 bags | Procured from local supplier |
| Sand | 12,500 bags | Imported from abroad |
| Aggregates | 20,000 bags | Imported from abroad |
| Plywood (12mm thick), | 1250 No. | Procured from local supplier |
| Timber (Hard wood) | 7500 No. | Procured from local supplier |
| Steel | 85 tons | Procured from local supplier |
| Painting Exterior (Seamaster, or Equivalent Emulsion) Interior (Seamaster or Equivalent Emulsion) | Not yet determined | Procured from local supplier |
| Masonry Blocks (300x150x150) | 65,000 No. | Procured from local supplier |
| Hydraulics and Drainages | All the UPVC pipes and fittings shall be used high pressure pipes. | Procured from local supplier |
| Tiling materials | General Floor – 600x600mm Homogeneous tile. Toilet floor – 200x200mm Nonslip Ceramic tile. Toilet wall – 200x300mm Ceramic tile. | Procured from local supplier |

81. The main project impacts for the construction and operational phase of the central vaccine cold-chain storage facility at Hulhumale' are presented in Table 6.

Table 6: The main project impacts during the construction and operational phase of the project

| Project impacts | Method of generation or quantity | Description |
|------------------------|---|---|
| Noise | Localized to the project site | Unavoidable, but could be minimized by limiting working hours to daytime only and completing the project within the earliest possible duration. |
| Air quality | Minor amounts | Unavoidable, but could be minimized by limiting working hours to daytime only and completing the project within the earliest possible duration. |

| Project impacts | Method of generation or quantity | Description |
|---|---|--|
| Waste generation during operation | Waste generated from EPI program and domestic waste | Unavoidable, creating awareness would ensure reduction of waste generation within the site |
| Wastewater and sewerage during operation | Collected in septic tank and then connected to MWSC sewer network | Unavoidable |

III. ANALYSIS OF ALTERNATIVES

82. This section of the report contains the alternative means for the project in terms of no development option, alternative foundation for the building and alternative location. All the discussions will be focused on the construction of the central vaccine cold chain storage facility in Hulhumale’.

A. The “No Development” option

83. Initially the no development option is discussed to hypothesize whether the project should be taking place first. Sometimes, projects are proposed without much thought given to the socio-economic motivation of such development and the unnecessary impacts it may have on the environment, especially those that are long term. Therefore, carrying out this exercise is important to avoid such a scenario and to ensure that undertaking this project at this stage makes good socio-economic sense without any significant impact on the environment.

84. The following are advantages and disadvantages of “no development” construction of central vaccine cold-chain storage facility in Hulhumale’.

Table 7: Advantages and Disadvantages of No development option

| Advantages | Disadvantages |
|--|--|
| Will not contribute to groundwater degradation | Will be unable to store vaccines for EPI and COVID19 vaccination program in a proper manner. |
| Will not lead to health and safety concerns at project site | Will be unable to alleviate the challenges in vaccine transport across the country. |
| Will not contribute to structural issues of neighboring buildings. | |
| Will not cause any noise and air pollution at project location | |

85. A comparison of the no project option with the project going ahead as proposed, indicate that the no-project option is practicable, and environmentally favorable but involves massive losses to the proponent and public of Maldives. A successful public health program such as EPI program implementation is crucial for the well-being of public.

86. There are a few advantages of the no project option from an environmental perspective. However, local environmental impact from this project is site-specific and temporary in nature, and the advantages stated is not significant since most of the environmental impacts can be properly mitigated. Alternatives for components of the project are discussed further.

B. Alternative location

87. Alternative locations are not as important for this project, as the location cannot be changed under any circumstances. The plot proposed for the construction of central vaccine cold-chain storage facility is allocated by HDC to the proponent and due to land scarcity in Hulhumale' an alternative location is not possible for consideration.

C. Alternative source of power for operations

88. Renewable energy in the form of the Solar Photovoltaic (PV) will be utilized to reduce the dependency of the electricity from the existing grid. Table 8 provides advantages and disadvantages of renewable sources of power.

Table 8: Alternatives Sources of power for operation of facility

| Power Sources | Advantages | Disadvantages |
|--|--|--|
| Renewable source of energy (Solar Photo Voltaic (PV) system) | <ul style="list-style-type: none"> • GHG emission reduction • Less vulnerability to fluctuation on fossil fuel prices • Relatively low operational cost | <ul style="list-style-type: none"> • High capital cost • Roof area cannot be used for rainwater harvesting • Requires batteries for nighttime operations. |
| Nonrenewable sources of energy (diesel power generation) | <ul style="list-style-type: none"> • Lower capital cost • More reliability • Can be connected to existing electricity infrastructure | <ul style="list-style-type: none"> • Potential oil spill risk • GHG intensive • Contribute to poor air quality |

D. Policy, legal and administrative framework

89. This section of the report will discuss the national legislative and policy framework, multilateral environmental agreements, and requirements under the ADB SPS.

E. National Legislative and Policy Framework

1. Environmental Protection & Preservation Act (Law no. 4/93)

90. The Environmental Protection & Preservation Act of the Maldives (EPPA) provides the legal basis for environmental management in the Maldives including the environmental impact assessment (EIA) process in the Maldives. The EIA process in the Maldives is currently implemented by the Environmental Protection Agency (EPA) which is under the umbrella of the Ministry of Environment, Climate Change and Technology (MECCT).

91. The main clauses of the Environmental Protection & Preservation Act which is relevant for the proposed construction of vaccine cold chain storage facility in Hulhumale' include the following;

- i. Clause 2 of the EPPA mandates the Ministry of Environment and Energy to formulate policies, rules and regulations regarding the environment;
- ii. Clause 5 of this Act specifically provides for environmental impact assessment (EIA), a tool implemented to attempt to integrate environmental issues into development decisions. According to the Clause, environmental impact assessments are a mandatory requirement for all economic development projects;
- iii. Clause 6 of the EPPA gives the Ministry of Environment and Energy the authority to terminate any project that has an undesirable impact on the environment;
- iv. Clause 7 of the EPPA refers to the disposal of oil, wastes, and poisonous substances into the Maldivian territory. According to this clause, any type of waste, oil, toxic gas or any substance that may have harmful effects on the environment should not be disposed within the Maldivian territory. If, however, the disposals of such substances become necessary, the clause states that they should be disposed only within the areas designated for that purpose and if incinerated, appropriate precautions should be taken to avoid harm to the health of the population.

Applicability to the proposed project

92. An environmental screening was conducted to determine whether an environmental assessment was required for the project. There is no requirement for an Environmental Impact Assessment (EIA) nor an IEE for the proposed project. However, an EMP is required by EPA before any works commence.

93. The project is expected to generate waste and other environmental impacts, hence adhering to the EPPA is mandatory to ensure addressing environmental impacts caused.

2. Law on public services (Law no. 4/96)

94. Under this law, the public services are electricity, telephone, water, and sewerage services. Relevant articles under this law pertaining to the proposed project are: -

- i. Article 3 states that any party can provide general public services only after getting registered in the competent authority and according to its regulations;
- ii. Article 4 states that any public service must be provided after a contract agreement has been made between the service provider and the customer. The agreement must be made according to the regulations put forward by the competent authority;
- iii. Article 5 states that a transfer of service between customers must be made only after a contract has been made between the customers according to the service providers regulations. If the customer fails to comply with the agreement, the service provider can discontinue service only after approval from competent authority;
- iv. Article 7 states that the service provider can permanently discontinue its services according to regulation mentioned in article 3 of this law. However temporary

- discontinuation can be made after giving prior notification to the customers and according to the agreement made between the service provider and the customer;
- v. Article 8 states that the tariffs for the services must be approved from the competent authority prior to implementation. Further, any amendments to tariff structure also must be approved from the competent authority before implementation; and
 - vi. Article 9 states that any damage made to service provider's facilities by anyone, he can be charged with 10 prison penalty or banishment. Further, any action against this law (excluding what is mentioned in article 9 (a) of this law) can be charged between MVR 100 to MVR 5000 by the competent authority.

Applicability to the proposed project

95. The utility service provider shall provide its services upon registration at those authorities. Since water and electricity requirement is essential in operating the project, the facility shall adhere to the conditions set by authorities as mentioned in this act.

3. Employment Act

96. The Employment Act of the Maldives was ratified in 2008, with the overall aim to determine the fundamental principles relating to the employment in the country. Through this act two central institutions are formed. They are Labour Relations Authority and Employment Tribunal. According to this Act, Employment Agreement is a legal requirement for any work undertaken unless otherwise indicated in the Act.

Applicability to the proposed project

97. The project involves employment of staff during the construction and operation phase. Hence, the responsibilities and rights of all parties (both the employee and the employer) have to be protected as per the provision under this legislation.

4. Public Health Protection Act (Law no. 7/2012)

98. The public health protection act of Maldives was ratified in 2012 and first amendment was brought to the act in 2020. The Act prescribe the mandate of HPA and have provision the following provisions;

- i. Communicable disease
- ii. Non-communicable diseases
- iii. Environmental Health
- iv. Public Health Risks and Hazards
- v. Food Safety
- vi. Water Safety
- vii. Sanitation and waste management
- viii. Public Health Emergency

99. The public health protection act provides Director General of Public Health authority to declare public health emergency which was essential for infection control during the COVID-19 pandemic.

Applicability to the project

100. The project is proposed to improve the function of HPA in carrying out the task outlined in this Public Health Emergency Act.

5. Utilities Regulatory Authority Act

101. This Legislation establish a Utility Regulatory Authority (URA) which will be mandated with regulation of waste management sector in the Maldives. Furthermore, waste management facilities need to obtain operational permits from URA prior to any operational works.

Applicability to the project

102. The dewatering permit and concept approval for solar PV installation required for the project will be obtained from URA prior to commencement of these works.

6. Water and Sewerage Act (Law no. 08/2020)

103. The Water and Sewerage Act is aimed to regulate the water and sanitation sector in the Maldives. The legislation also have provisions to protect the groundwater resources in the Maldives and prohibit extraction of groundwater or activities which may contaminate ground water.

Applicability to the project

104. The proposed project will comply with all the provisions of this Act. Mitigation measures have been proposed to minimize and mitigate the impacts on the groundwater. While there are no international regulations on vaccine storage, the storage guidelines prescribed in the WHO Guideline for establishing or improving primary and intermediate vaccine stores will be followed in the design of the central vaccine cold-storage facility in Hulhumale.' The WHO Guideline has provisions for drainage and water supply systems within the facility.

F. Relevant Regulations

1. Environmental Impact Assessment Regulation (2007) and subsequent amendments

105. The Environmental Impact Assessment Regulation 2007, which came to effect in 2007, has been revised and published as Regulation on the Preparation of Environmental Impact Assessment Report 2012 in 8th May 2012 (2012/R-27). The regulation is formulated under the Environment Protection and Preservation Act 9 (EPPA 4/93). The purpose of this regulation is to provide a step-by-step guidance for proponents, consultants, government agencies and public on how to obtain approval for a development proposal.

106. Schedule D of the Regulation on the Preparation of Environmental Impact Assessment Report 2012 has stated a list of development proposals requiring an Environmental Impact Assessment study, which includes sewerage projects. Hence, this EIA report is subjected to the Regulation on the Preparation of Environmental Impact Assessment Report 2012 and follows the guidelines and procedures provided in the regulation. Since 2013 till date, 5 Amendments were made to the 2012 EIA regulation. Table 9 summarizes the major amendments to the EIA Regulations.

Table 9: Subsequent amendments to the Environmental Impact Assessment Regulation

| Regulation number | Date of Amendment | Amended Articles | Remarks |
|--------------------------|--------------------------|---|--|
| 2013/R-18 | 9 April 2013 | Article 13 and 20 | Procedural amendments |
| 2015/R-174 | 30 August 2015 | Article 4, 7, 8, 9, 10, 11, 13, 14, 17, 18, and 20 | Shift of tourism-related mandates to Ministry of Tourism Procedural amendments |
| 2016/R-66 | 11 August 2016 | Article 5, 6, 10, 11, 13, 14, 15, 16, 17, 18, 19 and 20 | EPA tasked with all EIA regulation works Procedural amendments including EIA Consultant categories, qualifications. |
| 2017/R-7 | 19 January 2017 | Schedule U | Projects that are exempted from conduct of an EIA. |

Applicability to the proposed project

107. The project is expected to generate environmental impacts, hence environmental screening is essential in identifying the environmental assessment to be undertaken. An environmental screening was undertaken by applying to EPA. A Decision Statement was issued by EPA which is included in the Appendix 10 of this report.

2. Waste Management Regulation

108. Waste Management Regulation (2013/R-58) is formulated under the Environment Protection and Preservation Act (Law number 4/93) and was published in 2013. The key purposes of this regulation as stated in the regulation are to;

- i. Minimize the direct and indirect negative impact caused to human health and environment due to waste.
- ii. Compile the national standards to be maintained in relation to waste management in the Maldives.
- iii. Establishing and environmentally friendly, safe and sustainable waste management system through an integrated waste management structure.

- iv. Implementing polluters pay principle, and
- v. Introducing extended producer responsibility.

109. This regulation provides the standards for the following waste management activities;

- i. Waste collection.
- ii. Land and sea transport of waste.
- iii. Waste treatment.
- iv. Waste storage.
- v. Management of waste disposal centers.
- vi. Landfilling.
- vii. Hazardous waste management.

110. Waste generated in the islands of Maldives should be disposed only in areas that are designated and authorized for the purpose by the implementing agency. Dumping of any waste in unauthorized and protected areas under any circumstance is prohibited by the regulation.

111. Protected areas declared under Environment Protection and Preservation Act (Law number 4/93)

- i. Mangroves, wetlands, and marshes.
- ii. Lagoon area of islands
- iii. Reefs.
- iv. Lagoons.
- v. Sandbanks.
- vi. Beaches of islands.
- vii. Vegetation line of islands.
- viii. Parks
- ix. Roads.

112. Dumping of waste or littering to places other than areas authorized by the implementing agency is considered as an offence under the regulation. The list of waste management activities that requires permission from the implementing agency and the procedure for obtaining the permission are specified under the Article 16 of the regulation. Penalties for breaching the guidelines specified in the regulation are stated under the Article 34 of the regulation.

Applicability to the proposed project

113. The project is expected to generate waste, therefore safe disposal of waste accumulated during construction and operation at the facilities need to be comply with this regulation. All the waste will be handled and managed according to the guidelines prescribed in the Waste Management Regulation.

3. Regulation for the determination of penalties and obtaining compensation for damages caused to the environment

114. This regulation (2011/R-9) is formulate under the Environment Protection and Preservation Act of the Maldives (Law number: 4/93) and came to effect in 2011. The objective

of the regulation as stated in the regulation is to stop violations of Act 4/93; to prevent the repetition of such violations; to penalize and obtain damages caused to the environment.

115. According to the Article 7 of the regulation, if an incident occurs while conducting a project or other work, that is likely or estimated to cause damage to the environment, proponent or in charge of the project should report to the implementing agency and should take immediate action to stop the damage or cause of the damage.

116. Under the Article 14 of the regulation, any party, from whom the implementing agency requires information relating to an investigation or for other purposes of this regulation, should provide such information.

117. The schedules of the regulation describe the factors to consider when determining the fine to be charged on a party causing damage to the environment and formula to measure the magnitude of the damages caused to the environment.

Applicability to the proposed project

118. The project is expected to cause environmental impacts such as waste, management of sanitation facilities. Even though mitigation measures are proposed in this IEE, environmental damage may occur due to accidents. This project will be subjected to liabilities if ineffective implementation of mitigation measures leads to detrimental effect on the environment.

4. Healthy and Safety Regulation in Constructional Projects (2019/R-156)

119. The aim of this regulation is to enforce adequate health and safety environment during constructional activities in the Maldives. This regulation also mentions penalties associated with violation of any articles of it. As part of this regulation the contractor shall prepare a handbook on health and safety of the project and ensure the workers or labors informed about the handbook.

Applicability to the proposed project

120. Since the project involves constructions, the constructional environment should maintain the requirements of health and safety measures at the site as mentioned in this regulation. The Environmental Management Plan (EMP) is prepared in accordance to the regulations.

G. Regulations on Construction Contractors

121. Under the regulation all contractors working in the construction industry are to be registered. The regulation includes the requirements of contractor's registration, grading, implications on participating in international tenders, insurance, project licenses, Joint venture registrations, responsibilities of the registered contractors and applicable fine for breaching the regulation.

Applicability to the proposed project

122. Since the project involves construction contractors, hence all the contractual works should be guided by the regulations.

H. Relevant Guidelines

Maldives Building Code

123. Maldives Building Code Handbook was published in 2008. The purpose of the document is to set performance standards for buildings to ensure that:

- i. People who use buildings can do so safely and without endangering their health
- ii. Buildings have attribute appropriately to the health, physical independence, and wellbeing of the people who use them
- iii. People who use buildings can safely evacuate from the building as and when necessary, and
- iv. Buildings are designed, constructed, to enable it to be used in ways that promote sustainable development.

124. This code consists of two general clauses outlining classified building uses and interpretations and 35 technical clauses which cover aspects such as structural stability and durability, fire safety, access, moisture control, safety of users, services and facilities and energy efficiency.

Applicability to the proposed project

125. The building constructed for the proposed vaccine cold chain storage facility will meet the requirements of building code.

I. Relevant Guiding Policies and Documents

1. Strategic Action Plan 2019–2023

126. The Strategic Action Plan (SAP) of the Government of Maldives is a central policy framework and planning document that guides the overall development direction of the Maldives for the next five years. The SAP consolidates the current Government's manifesto pledges with existing sectoral priorities. The SAP serves as the main implementation and monitoring tool to track the progress of the delivery of the Government's policies and development priorities. The SAP is formally rolled out into the line ministries' day to day operations from 1 October 2019. The SAP consists of 5 Sectors and 33 subsectors. The project specifically falls under 4th Sector "Jazeera Dhiriulhun", subsector 4.6 water and sanitation. Wherein the first policy is to "Ensure access to safe water supplies and adequate sewerage services."

Applicability to the proposed project

127. The SAP outlines on the policy for management of migrant workers in the country. Hence, throughout the implementation of this project, it would contribute to achievement of the SAP goals in the sector.

2. National Water and Sewerage Policy

128. The National Water and Sewerage Policy (NWSP) articulates priorities for the sector. The primary focus of the sector is enhancing the livelihoods of all Maldivians by providing access to safe water and sewerage facilities. The NWSP presents a set of 9 goals and associating objectives and strategies that give precedence to ensuring access to safe water and sewerage services for all. In addition, it emphasizes developments to the sector through research, capacity building, and strengthening of the legal framework, increasing public awareness and water resources protection. Furthermore, developing appropriate infrastructure models to promote financial sustainability to provide water supply and sewerage services are also given prominence.

Applicability to the proposed project

129. The NWSP outlines on the policy for adequate and sustainable management of water and sanitation in the country. One of the possible environmental impacts associated with the project during the operational stage is effective management of sanitation facilities. Hence, the project implementation needs to adhere to the policy guidelines set out in the NWSP.

3. National Solid Waste Management Policy

130. A national policy for the proper management of waste in the Maldives was formulated and published in 2008. This policy guideline applies to all people and to all community, government agencies, industrial and commercial activities undertaking in the Maldives.

131. National Solid Waste Management Policy consists of the following 11 policies:
- i. Establish a governance structure for solid waste management which will distribute clearly delineated roles and responsibilities for solid waste management at island, regional and national levels will be established
 - ii. All waste producers have a duty to manage the wastes they generate
 - iii. Wastes will be managed and disposed as close as possible to the place of their generation
 - iv. The waste management system will accommodate the specific requirements of special wastes
 - v. Waste management planning will be based on verifiable facts and known effective strategies
 - vi. The waste management system will be financially viable
 - vii. Consolidated legislation will be introduced to support the implementation of the policy
 - viii. Private sector participation (PSP) will be facilitated where it is financially viable for both the government and the private sector
 - ix. Financial incentives and disincentives will be pursued to support good waste management practices
 - x. Goods that are harmful to the environment or cause public nuisances and unacceptable waste activities will be discouraged
 - xi. The community participation in and awareness about good waste management practices will be maximized

Applicability to the proposed project

132. Management of waste during construction and operation of the facilities is identified as one the key environmental mitigation measures. Hence, the mitigation measures need to be followed in accordance with the waste policy outlined above.

4. Maldives Climate Change Policy Framework

133. Maldives Climate Change Policy Framework (MCCPF) was the first climate policy launched in 2015. The aim of the policy was to share government priorities for the sector and ensure proper governance mechanism is established. The policy rests on five policy goals which focus on climate financing, mitigation actions, adaptation opportunities, advocacy and capacity building and fostering sustainable development. The vision of the MCCPF is “To recognize the status of Maldives as a nation suffering from the adverse impacts of climate change and built its capacity to ensure a safe, sustainable, resilient and prosperous future”. The main policy goals are;

- i. Policy 1: Ensure and integrate sustainable financing into climate change adaptation opportunities and low emission development measures
- ii. Policy 2: Strengthen a low emission development future and ensure energy security for the Maldives
- iii. Policy 3: Strengthen adaptation actions and opportunities and build climate-resilient infrastructure and communities to address current and future vulnerabilities
- iv. Policy 4: Inculcate national, regional and international climate change advocacy role in leading international negotiations and awareness in cross-sectorial areas in favor of the most vulnerable and small island developing states
- v. Policy 5: Foster sustainable development while ensuring security, economic sustainability, and sovereignty from the negative consequences of the changing climate

Applicability to the proposed project

134. Climate change remains a cross cutting issue within all development issues. Hence, care must be taken to ensure their measures are addressed to introduce climate solutions in designing and construction of the facility.

5. Permits required and obtained

135. The following permits are required as per the above discussed regulations. The following table 10 provide information on the required permits relevant authorities and status of application. These permits need to be obtained by the proponent prior to initiation of any construction work. The Project PMU in collaboration with relevant department of MOH will be responsible for obtaining these permits.

Table 10: The permits required for the project

| Name of Permit | Relevant Authority | Timeline for permit application | Current status |
|-----------------------------------|--|--|---|
| Project Development Concept | Ministry of National Planning, Housing, and Infrastructure (MNPPI) | Prior to the construction phase before the detail design is completed by the consultancy firm for designing and supervision of construction works. | ADB consultant team and MOH are designing the concept design and will apply as soon as completed. |
| Environmental Screening | Environmental Protection Agency (EPA) | Environmental Screening application has been done prior to this IEE report disclosure. | Completed |
| Construction Permit | Ministry of National Planning, Housing, and Infrastructure (MNPPI) | Prior to construction stage after completion of detailed design. | Pending |
| Dewatering Permit | Utility Regulatory Authority (URA) | Prior to any dewatering works during excavation for foundation. | Pending |
| Concept of Solar PV installation | Utility Regulatory Authority (URA) | Prior to any deployment of Solar PV installation | Pending |
| Permit for back-up generator sets | Utility Regulatory Authority (URA) | Prior to operational phase of the project | Pending |

J. Relevant International Conventions, Treaties and Protocols**United Nations Convention on Biological Diversity**

136. The main objectives of the Convention on Biological Diversity (CBD) are conservation of biological diversity, sustainable use of the components of biological diversity and fair and equitable sharing of the benefits arising out of the utilizing of genetic resources. Maldives is a member of the convention since it entered into force on 29 December 1993. All the necessary guidelines will be followed, and proper steps will be taken to ensure the project activities poses minimum negative impacts on the biodiversity.

Applicability to the proposed project

137. Maldives is a party to CBD hence, any project implemented in the country should be in line with the main objectives of the CBD.

K. United Nations Framework Convention on Climate Change

138. The main objective of this convention is to stabilize greenhouse gas concentrations in the atmosphere at a level that will prevent dangerous human interference with the climate system. Convention entered into force in 1994. This convention was complemented by the Kyoto Protocol, a legally binding treaty under which member countries have committed to reduce their emissions

by an average of 5 percent by 2010 against 1990 levels. UNFCCC encourages all its member countries to take action to prevent and limit further climate change by developing, gathering and sharing information on greenhouse gas emissions, national policies and best practices and to protect and adapt to the impacts of climate change by launching national strategies.

139. The Paris Agreement formed under the UNFCCC to enhance the objectives of the convention. The aim of the convention as described in Article 2 of the treaty is “enhancing the implementation” of the UNFCCC through:

- i. Holding the increase in global average temperature to well below 2° C above pre-industrial level and to pursue efforts to limit the temperature increase to 1.5° C above pre-industrial levels, recognizing that this would significantly reduce the risk and impacts of climate change;
- ii. Increasing the ability to adapt to the adverse impacts of climate change and foster climate resilience and lower GHG emissions development in a manner that does not threaten food production; and
- iii. Making finance flows consistent with a pathway towards low GHG emissions and climate resilient development.

Applicability to the proposed project

140. Maldives is a party to UNFCCC hence, any project implemented in the country should be in line with the main objectives of the UNFCCC.

L. Sustainable Developed Goals

141. In 2015 the world leaders agreed towards a new international development agenda known as 2030 Agenda for Sustainable Development: Sustainable Development Goals (SDGs). This new international agenda is a successor of the Millennium Development Goals which was agreed in year 2000. The SDGs comprise of 17 goals.

Applicability to the proposed project

142. SDG covers full range of the development spectrum to ensure sustainable development. Hence projects implemented at global, regional, or local level needs to contribute to the implementation of 17 SDG goals.

M. Safeguards Requirement of ADB

143. All the projects that are undertaken with assistance from ADB (grants, loans, or technical assistance) is mandated to follow on the 2009 ADB Safeguard Policy Statement (SPS). The primary aim of SPS is to ensure that projects or program undertaken by ADB are environmentally and socially sound. Specifically, the objectives of ADB’s safeguards are to: (i) avoid adverse impacts of projects on the environment and affected people, where possible; (ii) minimize, mitigate and/or compensate for adverse project impacts on the environment and affected people when avoidance is not possible; and (iii) help borrowers or clients to strengthen their safeguard systems and develop the capacity to manage environmental and social risks.

144. ADB's SPS (2009) has three safeguard areas: (i) environment, (ii) involuntary resettlement, and (iii) Indigenous Peoples. Furthermore, all projects are screened by ADB and categorized based on the anticipated level of likely environmental impacts. Table 3 shows environmental categorization of the projects.

Table 11: Environmental categories of the projects in ADB's SPS (2009)

| Category | Rationale | Expected Environmental Reporting |
|-----------------|---|--|
| A | Project with significant adverse environmental impacts that are reversible, diverse, or unprecedented. Impacts may affect an area larger than the sites or facilities subject to physical works. | EIA is required |
| B | Projects with potential adverse environmental impacts that are less adverse than those of category A projects. These impacts are site-specific, few if any of them are irreversible, and in most cases mitigation measures can be designed more readily than for category A projects. | IEE required |
| C | Project with no or minimal environment impacts | No environmental assessment is required although environmental implications need to be reviewed. |

145. Due to the nature and small scale of this project, the project has been classified as category B for environmental safeguard project. In this case an IEE is required.

N. Environmental Standards

146. **Environmental Standards.** Following the requirements of ADB SPS, the project shall apply pollution prevention and control technologies and practices consistent with international good practice, as reflected in EHS Guidelines. When the government regulations differ from these levels and measures, the executing agency shall achieve whichever is more stringent. If less stringent levels or measures are appropriate in view of specific project circumstances, the executing agency will provide full and detailed justification for any proposed alternatives that are consistent with the requirements presented in ADB SPS. See Appendix 3 for standards to be applied.

O. Assessment of institutional capacity of borrower in complying to national laws and ADB requirements

147. The Ministry of Health being the implementation agency of other donor funded projects have the capacity to complying with donor safeguard policies and national laws and regulations. MOH will implement the monitoring plan prescribed in this IEE report need to be implemented as per the ADB SPS.

148. MOH lacks significant experience in environmental monitoring works hence, it is suggested that capacity building of the Project Management Unit (PMU) staff and other staff working on the project is strengthened.

149. A dedicated PMU staff for implementation and monitoring of the environmental and social safeguards measures will be recruited during the project implementation period. Upon completion of the project, civil service staff of MOH will be trained on monitoring and implementation of EMP and they will conduct the monitoring works during the project operational phase.

P. Existing environment at project location

150. This section of the report will describe the existing bio-physical and socio-economic environment at the project location. On the bio-physical environment, parameters analyzed include air quality, water quality, noise level and ecological features. Information extracted from published data has been used to describe the climatic conditions and socio-economic conditions in the project location.

Q. Field Data Collection

151. Field data collection was conducted during March and April 2022. Ambient Air quality was determined using a Temtop M2000C Air Quality Monitor. The water quality was determined through collection of groundwater samples in bottles and conducting water quality testing from MWSC laboratory. Noise level were determined using a Type two sound meter. For ecological features, visual field observations were made. The figure 9 illustrates the sampling locations within the project location. The table 12 include the GPS coordinates of the sampling locations. These locations were selected

152. All the measurements taken during the field data collection is aimed to establish a baseline for the future environmental monitoring works. The same parameters have been prescribed in the Environmental Management Plan of this report.

Table 12: Detailed Information on the sampling location and their significance

| Water and Air Quality Sampling Stations | Latitude | Longitude | Significance | Rationale for Selection |
|--|-----------------|------------------|---|--|
| WQ01 | 4°12'48.17"N | 73°32'20.77"E | Location for water sample | Only existing well within the project location |
| AQ01 | 4°12'44.60"N | 73°32'17.98"E | Location for Ambient Air Quality 1 Noise Level Measurement 1 | Location closest to road and football ground |

| | | | | |
|------|--------------|---------------|---|---|
| AQ02 | 4°12'45.40"N | 73°32'18.34"E | Location for Ambient Air Quality 2 Noise Level Measurement 2 | Location closest to Tree Top Hospital (Highly Sensitive Receptor) |
|------|--------------|---------------|---|---|

WS = water quality; AQ = air quality

Figure 7: Sampling location within the project location



Source: Google map.

R. Ambient Air Quality

153. The parameters analyzed were particulate matter less than 2.5 μm ($\text{PM}_{2.5}$), particulate matter less than 10 μm (PM_{10}), particles per liter and carbon dioxide (CO_2). For the air quality measurements averaging time of 24 hours was used.³ The following Table 13 includes the air quality measurements.

³ WHO standard for ambient air quality.

154. The measurements for the air quality suggest that all parameters are within the acceptable range according to the standard to be followed. A detailed information on the environmental standards to be followed by the project is attached in the Appendix 3 of this report.

Table 13: Air quality measurements at project location

| Parameter | AQ1 | AQ2 | Standard to be followed ^a |
|---------------------------------------|-----|-----|--------------------------------------|
| PM _{2.5} (μ/m ³) | 3.2 | 4.1 | 25 ^b |
| PM ₁₀ (μ/m ³) | 4.4 | 5.7 | 50 ^b |
| Particles (per liter) | 370 | 508 | N/A |
| CO ₂ (ppm) | 502 | 450 | N/A |

^a WHO standard for ambient air quality.

^b WHO Air Quality Guidelines since there is no national standard for ambient air quality in the Maldives. ADB SPS require the government shall achieve whichever of the ambient air quality standards is more stringent. A detail of environmental standards to be followed for this project is attached in the Appendix 3.

S. Groundwater Quality

155. The parameters analyzed for groundwater quality was temperature, salinity, pH, nitrate, phosphate, and sulphate. Water samples were collected from the project location and tested in MWSC Water Quality Assurance Laboratory. Total Petroleum Hydrocarbon (TPH) was not available for testing hence this parameter was not analyzed.

156. Groundwater sample was collected from WQ1 location and a control location (CT1) which was another well in Hulhumale' island.

157. There are no groundwater quality standards in the Maldives hence, National Wastewater quality standards were used.⁴ Particularly the standard for Applicable Domestic Wastewater Discharge Standards (Discharge to Land for Surface Recharge of Groundwater) was used as a standard to be followed.

158. All the parameters analyzed were within the acceptable levels according to the standards. These results will be utilized as a baseline for future monitoring works.

159. The following table 14 enlist the results of the groundwater quality testing. The report of the groundwater quality testing from MWSC has been attached in the Appendix 7 of this report.

Table 14: Results of Groundwater Quality Tests

| Parameter | CT1 | WQ1 | Standard to be followed ^a |
|------------------|------|------|---|
| Temperature (°C) | 21.3 | 21.2 | Not more than 30 °C above the receiving water |
| pH | 7.4 | 7.4 | 5 – 9.5 |
| Salinity (%) | 0.56 | 0.55 | N/A |
| Nitrate (mg/L) | 3.8 | 1.3 | 6 |
| Phosphate (mg/L) | 0.49 | 0.41 | 1 |

⁴ National Wastewater Quality Guidelines, Maldives Environmental Protection Agency. Revision 1. 2007.

| Parameter | CT1 | WQ1 | Standard to be followed ^a |
|-----------------|-----|-----|--------------------------------------|
| Sulphate (mg/L) | 100 | 85 | 250 |

^a National Wastewater Quality Guidelines, Maldives Environmental Protection Agency. Revision 1. 2007.

T. Noise Level

160. The noise level was recorded during nighttime and daytime using a Type 2 sound meter. The data collected will be used as baseline information for the monitoring works. The same location for the ambient air quality measurement was utilized for the noise level samples.

161. Since there are no national noise level standards in Maldives, the WHO Guidelines Value for Noise Levels Measured Out of Doors was used as a standard to be followed.

162. The field measurement suggests that all the noise level are within the levels prescribed by WHO Guidelines Value for Noise Levels Measured Out of Doors. The following Table 15 provides information on the Noise Levels.

Table 15: Noise Level at project location

| Noise Level | AQ01 | AQ02 | Standards to be followed |
|---|------|------|--------------------------|
| Noise Level (Nighttime (22:00 to 07:00) (dBA) | 32 | 38 | 70 dBA |
| Noise Level (Day time 22:00 to 07:00) (dBA) | 40 | 47 | 70 dBA |

U. Climatic Condition

163. Maldives island chain is situated at the equator; thus the islands have a tropical climate. Table 16 shows summary of the key meteorological climate observed in the Maldives. The country also experiences extreme weather events, which also allows the country to understand the climate extremes.

Table 16: Summary of the key metrological observation in the Maldives

| Climate Parameter | Data/Information | Source |
|-------------------------|---|-----------------------|
| Air Temperature | 29 ⁰ C | (MHAHE 2001a) |
| Sea Surface Temperature | 28 – 29 ⁰ C | (Edwards et al. 2001) |
| Humidity | 73 – 85% | (MHAHE 2001a) |
| Rainfall | 1,948 mm annually | (MHAHE 2001a) |
| Wind | 7 -12 knots | (MHAHE 2001a) |
| Waves | 2 – 3 meters wave height with period of 18 – 20 seconds | (MHAHE 2001a) |
| Tides | 0.3 m – 1.0 m | (MHAHE 2001a) |

164. Five regional locations collect meteorological data. The data collection is undertaken by the Maldives Metrological Service (MMS). Velena International Airport being at the nearest long-term climate data collection region to that of project location, the primary climate data for Velena

International Airport is used for the analysis for this IEE report. Based on the general observation, the Maldivian climate experiences monsoonal reversals.

V. Maldivian Monsoons

165. The Maldives being located at the Indian sub-continental terrain is subjected to monsoonal weather patterns. The Maldivian islands are subjected to reversal monsoonal patterns, indicating presence of two very distinct seasons. The Northeast (NE) Monsoon dry period or locally known as Iruvai occurs during December to February, on the other hand Southwest (SW) monsoon (Hulhangu) occurs during May to September. These two monsoon patterns occur a result of climatic influence, such as change in waves, wind direction. Table 17 below shows the salient features of the seasons observed in the Maldives.

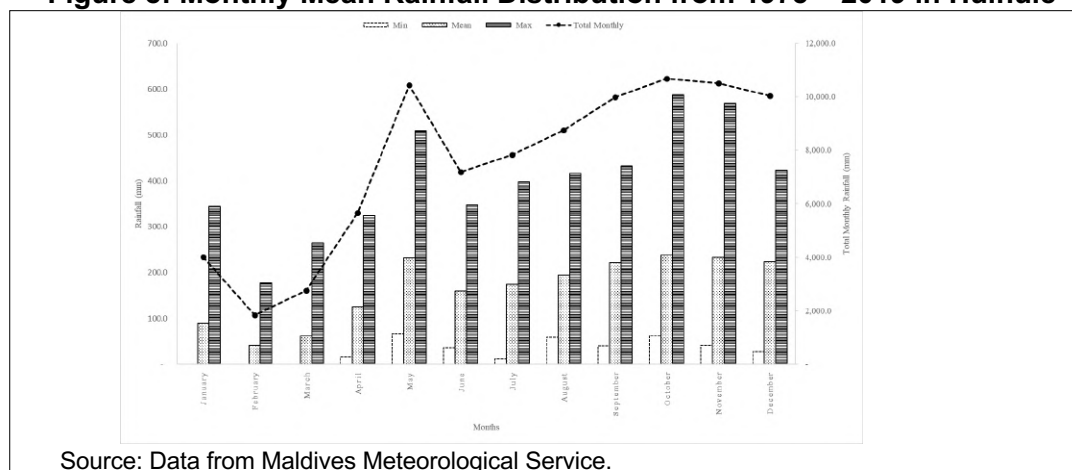
Table 17: Summary of the salient features of Monsoonal climate observed in the Maldives.

| Season | Months | Characteristics |
|---|--|---|
| NE Monsoon | December January February | <ul style="list-style-type: none"> Primary wind direction is from NW towards NE Higher winds blow from Western sides Sky is clearer with low cloudiness Sea is much calmer Low rainfall, thus its dry period |
| Transitional Period – <i>Hulhangu Halha</i> | March April | <ul style="list-style-type: none"> Wind flowing direction changes from NW Wind blows from all directions Dominating western side winds Occasional rain and sea roughness Changes to cloud cover |
| SW Monsoon | May June July August September | <ul style="list-style-type: none"> Primary wind direction is SW Higher winds blow from Western sides Increase cloudiness Rough sea conditions High rainfall, thus its wetter period |
| Transitional Period – <i>Iruvai Halha</i> | October November | <ul style="list-style-type: none"> Wind flowing direction changes from SW Wind blows from all directions Dominating western side winds Occasional rain and sea roughness Changes to cloud cover |

W. Rainfall

166. Rain is common in the Maldives climate. Majority of the months in a year is dominated by SW monsoon, thus making rainfall a frequent event. The Maldives experiences an average rainfall of 2,124 mm. The Northern islands in the Maldives receive low rainfall when compared to the southern islands. As the project is in the middle zones, the location will receive an average amount of rain annually.

167. The average monthly rainfall data in Hulhulé is 166 mm, with the highest rainfall in October (10,686.6, mm) The lowest rainfall observed is observed for the month of February with a rainfall amount of 1842 mm (see **Error! Reference source not found.**). Comparative analysis of total yearly rainfall from 1992–2019 shows that 2011 there was a significant less rainfall of 1,333.3 mm of rain, when compared to the highest which was observed in the year 2006 (2,711.2 mm).

Figure 8: Monthly Mean Rainfall Distribution from 1975 – 2019 in Hulhulé

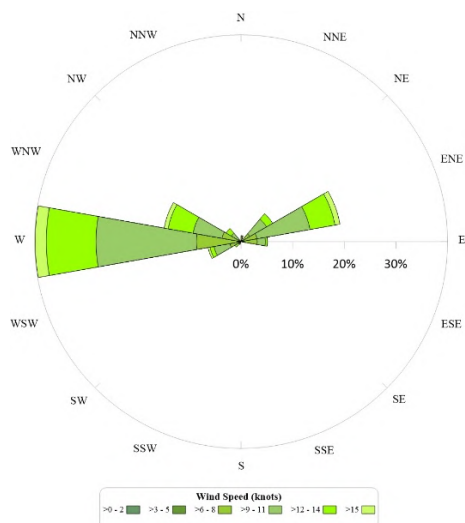
X. Wind

168. Wind is one the key climate factor in the Maldivian monsoon formation. The change or reversal of wind direction and speed results in transformation of local currents around the island. Thus, wind plays a significant role in determining climate system in the Maldives. Additionally, wind remains a geological agent that shapes the coastal dynamics in the islands of Maldives.

169. The monsoon observed in the Maldives is mild as the country is situated on the equator. This reduced monsoonal activity resulted in few or no presence of strong winds, cyclones or gales in the Maldives. However, on the other hand there is occurrence of storms and line squalls during April and May with an intensity of 60 knots.

170. Westerly wind is the dominant wind direction throughout the year. Furthermore, slightly stronger winds are observed from westerly direction during the SW monsoon in contrast to the NE monsoon. According to (Naseer 2003) the speed and direction of wind has remained similar over the last two decades of monsoonal periods in the Maldives with an average wind speed of 7 –12 knots. The author noted that high-speed wind is dominated in the central region with an average speed of 18 m/s. The high wind patterns are observed during the month of May and October.

Figure 11: The average annual wind speed and direction at Hulhulé from 1975–2019.



Source: LaMer Pvt Ltd (2016), “Environmental Impact Assessment Development of Water Supply System at Dhangethi, Adh Atoll”, December 2016.

Y. Natural Hazards

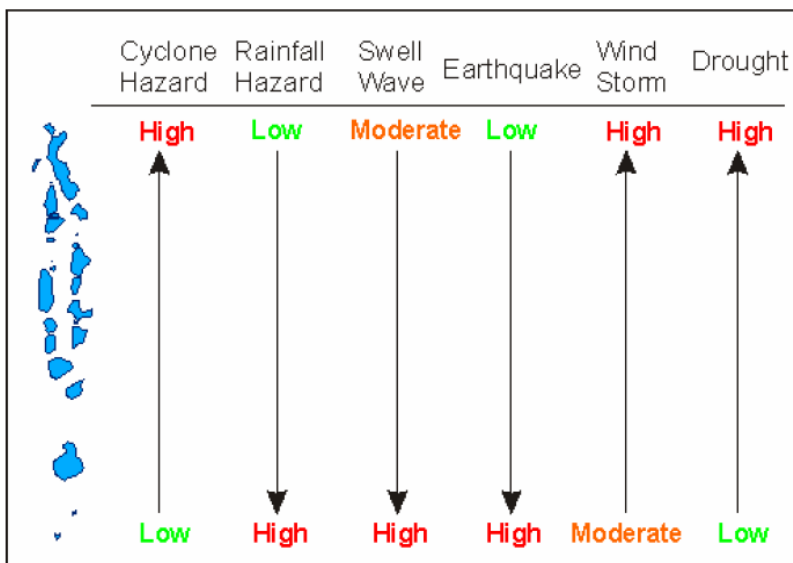
171. An island’s inherent vulnerability to environmental and climatic conditions lies in its geographic and geomorphic characteristics. Factors such as location of the island within the atoll, its shape, formation and orientation, the degree of protection offered to the island by surrounding reefs and other islands, presence of mangroves and wetlands at the coast, its natural and manmade coastal protection structures, are all contributors to the resiliency of the island to withstand natural hazards.

172. Natural hazards that may occur at the project location can be broadly classified into geological and meteorological hazards. Based on the different types of hazards identified in Detailed Island Risk Assessment for the Maldives (DIRAM) (UNDP 2008), the following hazards have been predicted to be particularly relevant to the project site in relation to the project components:

- i. Windstorm
- ii. Flooding due to heavy rainfall/storms
- iii. Gravity waves (Swell waves and udha); and
- iv. Tsunami

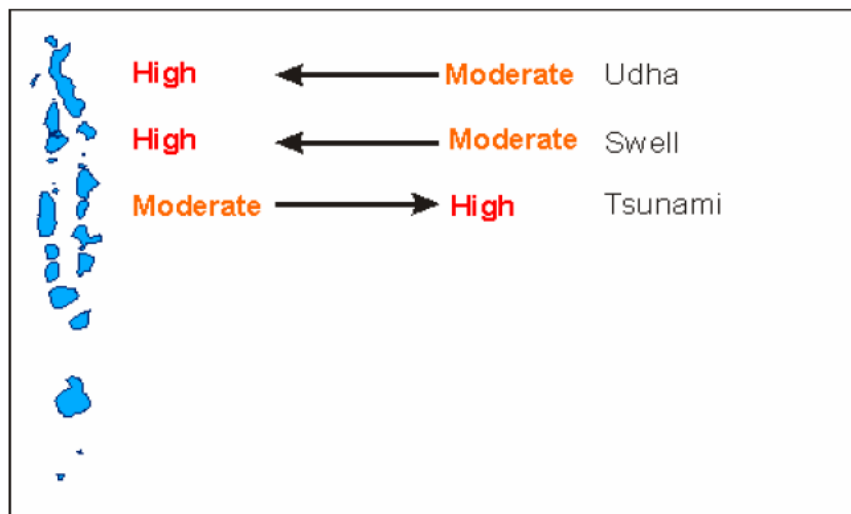
173. UNDP’s Detailed Risk Assessment (DIRAM Thulusdhoo) carried out for Thulusdhoo Island which approximately 20 km northeast of Hulhumale’ has been applied to predict natural hazards of Hulhumale’ where the project site is located. According to the DIRAM, the major natural hazards in the Maldives are strictly controlled by the geophysical and climatic settings and show quite different patterns in their distribution as shown in Figure 12.

Figure 12: Major natural hazards distribution patterns in the Maldives including Latitudinal variation of major natural hazards



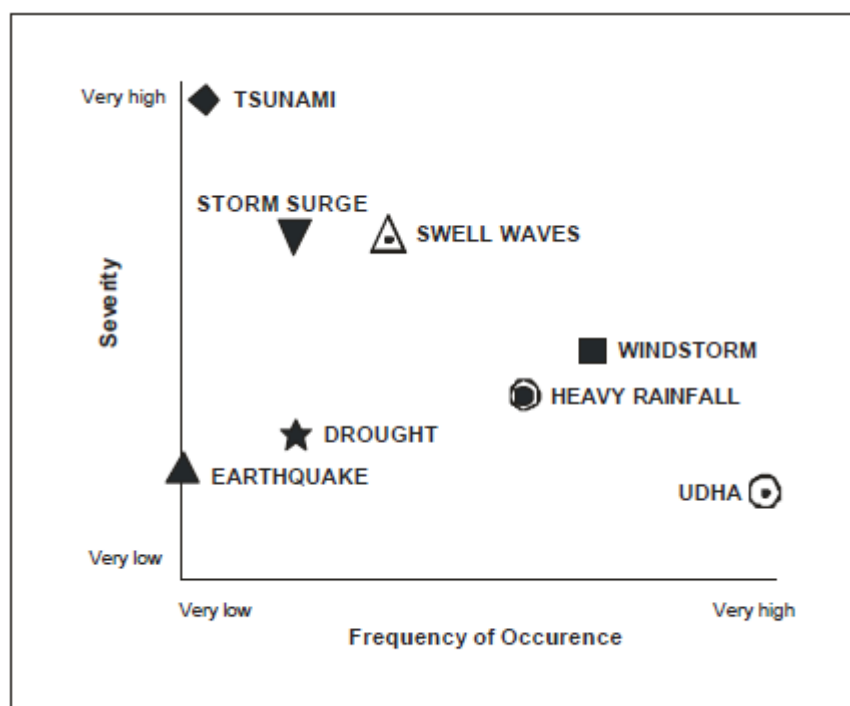
Source: United Nation Development Programme. 2006. *Disaster Risk Profile of the Maldives*. New York.

Figure 13: Longitudinal variation of major natural hazards across the Maldives



Source: United Nation Development Programme. 2006. *Disaster Risk Profile of the Maldives*. New York.

174. As can be seen in Figure 12, the tropical cyclones and correspondingly storm surges predominantly prevail in the north of the Maldives. In contrast, swell waves and heavy rainfalls are prominent in the southern and western islands of the Maldives. The southern islands of the Maldives are threatened by earthquakes from the seismic zone of Carlsberg Ridge. Considering the longitudinal variations in hazard distribution the eastern rim islands are subjected to tsunamis and waves of a higher intensity due to their direct exposure to these hazards, whereas the western rim and atoll lagoon islands are protected by the atoll formation patterns. Islands in the south are more exposed to southwest monsoon related surges and long-distance swells originating from the southern Indian Ocean. Islands in the north are more exposed to storm events and their impacts including storm surges and strong wind (UNDP 2008). Hazard severity and frequency of major natural hazards are shown in Figure 14.

Figure 14: Relationship between hazard intensity and frequency of major natural hazards in the Maldives

Source: United Nation Development Programme. 2006. *Disaster Risk Profile of the Maldives*. New York.

175. Hazards, frequencies, and damage potential for the Maldives is summarized in Table 18 (UNDP 2008).

Table 18: Hazards, frequencies, and damage potential for various natural hazards in Maldives

| Hazard | Tsunami | Swell waves or Storm Surges | Rainfall flooding | Strong winds |
|-------------------------|-------------------|-----------------------------|-------------------|----------------------|
| Frequency | Once in 200 years | Once in 10 years | Once in 1 year | Several times a year |
| Potential Damage | Very high | High | Moderate | Low |

Z. Ecology and vegetation at project location

176. Hulhumale' being a reclaimed island, has no native vegetation in the island. Hulhumale' is a highly urbanized area with limited green spaces. The project location is an area allocated for the institutional land use. There are no major vegetation at the project site. Hence, there is no requirement for the vegetation clearance. During the field visit, there were some temporary labor

camps for contractor for construction of the adjacent Tree Top Hospital. According to the contractor, the land will be vacated since the land has been allocated to the proponent by HDC.

Figure 15: The sparse vegetation at the project site.



Top left photo and bottom photos show the temporary labor camp while top right photo shows ongoing construction adjacent to the project site.

Source: Asian Development Bank

177. The Integrated Biodiversity Assessment Tool (IBAT) was used for identifying the protected areas, IUCN red-listed and range-restricted species, and a preliminary list of priority species that could occur within a 1 km study area around the site. IBAT also provides initial screening for critical habitat values. The results from the IBAT show that there are no protected areas and no key biodiversity areas within the buffer distance. The following threatened species are potentially found within 50km of the area of interest: hawksbill turtle (reptilia, critically endangered); green turtle (reptilia, endangered); loggerhead turtle (reptilia, vulnerable); olive ridley (reptilia, vulnerable), Trindade petrel (aves, vulnerable), and matsudaira's storm-petrel (aves, vulnerable). None of these species are found within the proposed project site.

AA. Socio-economic Environment

1. Demography

178. It has been more than 20 years since the first settlement in Hulhumale' in May 2004. At the time of the first settlement, Hulhumale just had 210 apartments, 120 land plots and 34 commercial units. As the first group of people, 200 families (about 1000 people) moved to Hulhumale' at the initial stage. As per the documents available in HDC's website, the current

population of Hulhumale' is expected to be over 50,000. Hence, Hulhumale' population has grown rapidly at a rate of about 2,500 heads per year. The size of Hulhumale' phase-I is 188Ha which is targeted for a population of 80,000 (HDC, 2019). Hence, when Phase-I is fully occupied by residents, the population density in Phase-I will be 42,553 per sq.km. Assuming that the current population is 50,000.0, the current population density is 26,596 per km². No statistics was available to identify the sex ratio of the island.

2. Social Environment

179. Hulhumale is a planned city where development master plans are managed and approved by HDC. The island has been zoned and construction of buildings have been strictly regulated. Green zones, play areas, parks and empty spaces are planned. One of the major goals aimed to be achieved in Hulhumale development as per HDC is ensuring that the city remains a sustainable and enjoyable city to all residents and visitors. Hulhumale phase-1 was developed with an open space index of 2.5 to provide a healthy lifestyle to the residents of Hulhumale.

3. Nearby Community

180. The project location is within the land allocated for the institutional land use. There are no communities living nearby. The closest residential area to the project location is Amin Avenue Private Residential Complexes which are approximately 270 m east of the project location.

4. Economic Activities

181. The main economic activities in Hulhumale include tourism, industrial activities, and fisheries. There are 66 guesthouses operational in Hulhumale in 2021. There are 06 factories which include from LPG gas, fishing canneries, cement packing plants. The harbor of Hulhumale is used for ferry operations, safari and liveboards and fishing boats.

BB. Environmental impacts and mitigation measures

Impact Analysis Matrix

182. This section of the report will describe the potential environmental impacts which are both negative and positive. The impacts will be classified based on the bio-physical and socio-economic environment. The impacts on groundwater and soil, air & noise will be considered for the bio-physical environment at the project location. The impacts on the services and infrastructure and health and safety of the nearby communities will be considered for the socio-economic environment.

183. The following Table 19 is the impact analysis matrix for the project. They include environmental impacts for both construction and operational phase of the project.

Table 19: Impact Analysis Matrix

| Project Activity | Bio-physical Environment | | Socio-economic Environment | |
|---------------------------|---|---|---|---|
| | Soil and Groundwater | Air and Noise | Services and Infrastructure | Health and Safety |
| Construction Phase | | | | |
| Excavation | Potential impacts on the soil environment | Suspension of dust and other particulate matter will decline the air quality in the vicinity of the project site. | <ul style="list-style-type: none"> • Damage may occur to electricity or telephone cables or water and sanitation pipes which are close to the project site. • Potential threat to nearby buildings and roads. | <ul style="list-style-type: none"> • Without proper signage, there may be potential accidents of falling into the trenches excavated. • Dust and particulate matter may trigger upper respiratory tract infection and affect asthma patients located in close vicinity to the project site. |
| Construction Activities | Groundwater may be affected due to disposal of wastewater at the construction site. | <ul style="list-style-type: none"> • Short-term exposure to dust due to usage of cement on the construction site. • Noise pollution and disturbance for nearby residents of the project site. | <ul style="list-style-type: none"> • Exposure to noise levels for Tree Top Hospital | <ul style="list-style-type: none"> • Potential fall of objects and other accidents may occur • Dust and particulate matter may trigger upper respiratory tract infection and affect asthma patients located in close vicinity to the project site. • Exposure to dust from cement and offensive smell from |

| Project Activity | Bio-physical Environment | | Socio-economic Environment | |
|--|--|--|--|--|
| | Soil and Groundwater | Air and Noise | Services and Infrastructure | Health and Safety |
| | | | | paints and other chemicals. |
| Dewatering | Short-term loss of groundwater from the project boundary and vicinity of the project site. | No significant impact | <ul style="list-style-type: none"> Short term decline in groundwater quality for the close by plots Road blockage due to installation of dewatering pipes. | <ul style="list-style-type: none"> Potential breeding site for mosquitos. |
| Operation of construction machineries & vehicles | Potential contamination of groundwater from oil-spill from machineries | Noise disturbances due to operation of heavy machineries | <ul style="list-style-type: none"> Damage to roads due to transport of heavy machineries Road blockage during transport of heavy machineries | <ul style="list-style-type: none"> Potential accidents during the operation of the heavy machineries and vehicles. |
| Construction waste | <ul style="list-style-type: none"> Potential to pollute the groundwater Land degradation | No significant impacts | Additional burden to existing commercial waste management system in Hulhumale' | Potential public health impacts and nuisance. |
| Installation of Roof-top Solar PV system | <ul style="list-style-type: none"> May reduce the potential for rainwater harvesting. | <ul style="list-style-type: none"> Expect to improve the local air quality compared to diesel power generation. | Reduction of recurrent electricity cost and demand on the electricity grid. | No significant impacts |
| Operational Phase | | | | |
| Operation of Central Vaccine Cold-Chain Storage Facility | No significant impacts | The backup-generator may contribute to air and noise pollution at the vicinity of the facility | <ul style="list-style-type: none"> Additional burden to the electricity grid if solar PV installed are decommissioned. Additional burden on the existing piped water network of the Hulhumale' | <ul style="list-style-type: none"> Risk of fire and other emergencies during operation Training and capacity building of the EPI and COVID 19 vaccine program. |

| Project Activity | Bio-physical Environment | | Socio-economic Environment | |
|--|---|---|---|--|
| | Soil and Groundwater | Air and Noise | Services and Infrastructure | Health and Safety |
| Solid Waste Management and Disposal including waste generated from EPI and COVID-19 vaccine program. | Aesthetic impacts and potential groundwater pollution May affect soil and groundwater quality if damaged solar PV panels are not disposed of properly. | No significant impacts | <ul style="list-style-type: none"> Additional burden to existing residential waste management system in Hulhumale' | <ul style="list-style-type: none"> Potential public health impacts and nuisance. Occupational health and safety impacts if damaged solar PV panels and improperly handled and disposed of. |
| Transport of vaccine via the speed boats and refrigerated trucks | Potential risk of ground water contamination during speed boat and vehicle maintenance. | Increased air emissions such as carbon monoxide from vehicles | Additional burden on roads and harbor of Hulhumale'. | CO & particulate matter may trigger upper respiratory tract infection and affect asthma patients living in close vicinity to the project site. |

184. The following Table 20 is a summary of project activities which has the greatest impact on both natural and social environment respectively.

Table 20: Summary of project activities which have environmental impacts on both construction and operational phase

| Phase of the project | Environment | Social |
|---------------------------|--|---|
| Construction Phase | Excavation (Negative Impacts) Construction Activities (Negative Impacts) Dewatering (Negative Impacts) Operation of construction machineries & vehicles (Negative Impacts) Construction Waste (Negative Impacts) Installation of roof-top solar PV system (Positive and Negative Impacts) | Excavation (Negative Impacts) Construction Activities (Negative Impacts) Dewatering (Negative Impacts) Operation of construction machineries & vehicles (Negative Impacts) Management of construction waste (Negative Impacts) Installation of roof-top solar PV system (Positive impacts) |

| Phase of the project | Environment | Social |
|-----------------------------|--|--|
| Operational Phase | Operation of Central Vaccine Cold-Chain Storage Facility (Positive impacts) Solid waste management and disposal (Negative Impacts) Transport of vaccine via the speed boats and refrigerated trucks (Negative Impacts) | Operation of Central Vaccine Cold-Chain Storage Facility (Positive Impacts) Solid waste management and disposal (Negative Impacts) Transport of vaccine via the speed boats and refrigerated trucks (Negative Impacts) |

CC. Mitigation Measures for the predicted impacts

185. The following Table 21 provides proposed mitigation measures for the identified impacts. The table 22 provides detail information of most significant mitigation measure for each of the project activity.

Table 21: Proposed mitigation measures for each of the project activity which have potential environmental impact

| Project Phase | Project activity | Environmental Impact | Proposed Mitigation Measures |
|----------------------|-------------------------|---|--|
| Construction Phase | Excavation | <ul style="list-style-type: none"> • Potential impacts on the soil environment • Suspension of dust and other particulate matter will decline the air quality in the vicinity of the project site. • Damage may occur to electricity or telephone cables or water and sanitation pipes which are close to the project site. • Potential threat to nearby buildings and roads. • Road blockage • Without proper signage, there may be potential accidents of falling into the trenches excavated. • Dust and particulate matter may trigger upper respiratory tract infection and affect asthma patients located in close vicinity to the project site. | <ul style="list-style-type: none"> • Only the required area will be excavated, and the work will be completed as soon as possible. • The entire boundary will be shored with corrugated sheets supported by iron beams as a safety measure while preparing the site ready for construction. This will also be used for foundation protection. • The excavated material will be immediately transported out of the project boundary to Thilafushi as the government-approved site for final disposal. • A Health and Safety Plan will be prepared by the contractor to be approved by PMU. Training on the use of PPE, and appropriate PPEs, health, and safety measures, etc. will be provided to construction workers and other site staff. • Emergency response procedures will be implemented. |
| Construction Phase | Construction Activities | <ul style="list-style-type: none"> • Short-term exposure to dust due to usage of cement on the construction site. • Noise pollution and disturbance for nearby residents of the project site. • Exposure to noise levels for residents close to the project site. • Potential fall of objects and other accidents may occur • Dust and particulate matter may trigger upper respiratory tract | <ul style="list-style-type: none"> • Construction work sign boards and fencing will be placed prior to construction phase; • Placement of safety and dust protection nets all around the building plot; • Excessive noise at nighttime will be avoided as all the construction activities are time bound. Construction activities shall be limited in the morning. |

| | | | |
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| | | <p>infection and affect asthma patients living in close vicinity to the project site.</p> <ul style="list-style-type: none"> • Exposure dust from cement and offensive smell from paints and other chemicals. | <ul style="list-style-type: none"> • All the construction activities will be conducted within the project boundary hence nuisance related to construction activities will be reduced to the nearby hospital. • All road blocking will be released at shortest possible time upon completion of the work; • First Aid kits will be always maintained at the site. • A Health and Safety Plan will be prepared by the contractor to be approved by PMU. Training on health and safety procedures, including COVID-19 protocol will be provided to construction workers and other site staff. • Appropriate PPEs will be provided to construction workers and other site staff. • Emergency response procedures will be implemented. • No asbestos-containing materials will be used as new construction material. |
| Construction Phase | Dewatering | <ul style="list-style-type: none"> • Short-term loss of groundwater from the project boundary and vicinity of the project site. • Short-term decline in groundwater quality for the close by plots • Road blockage due to installation of dewatering pipes. • Potential breeding site for mosquitos. | <ul style="list-style-type: none"> • The dewatering activities will be commenced only after obtaining the required dewatering permit from the EPA and will be conducted according to the prescribed schedule; • A signage indicating that dewatering is in progress will be placed in order to inform the general public about dewatering activities. |

| | | | |
|--------------------|--|---|---|
| | | | <ul style="list-style-type: none"> • The dewatering operations will be undertaken quickly or based on the approved schedule by URA in order to reduce the prolonged environmental impacts on the areas close to the project site. • Dewatering pipeline will be regularly monitored for physical damage and immediately rectify the issue. This will be done if dewatering will be undertaken by contractor's equipment and machinery. |
| Construction Phase | Operation of construction machineries & vehicles | <ul style="list-style-type: none"> • Potential contamination of groundwater from oil-spill from machineries • Noise disturbances due to operation of heavy machineries • Damage to roads due to transport of heavy machineries • Road blockage during transport of heavy machineries • Potential accidents during the operation of the heavy machineries and vehicles. | <ul style="list-style-type: none"> • EPA guidelines will be followed during the operation of the mobile concrete batching plant; • The transport of materials using the vehicles will be done during the off-peak traffic hours; • The materials will be transported in bulk to reduce the need of frequent transportation of the materials and reducing the impacts of noise and dust • The vehicles will be operated only within the project plot and areas designated by the HDC I in order to avoid frequent road blockage. |
| | Construction waste | <ul style="list-style-type: none"> • Potential to pollute the groundwater • Land degradation • Additional burden to existing commercial waste management system in Male' • Potential public health impacts and nuisance. | <ul style="list-style-type: none"> • All the construction waste will be piled and segregated in an allocated location within the project site; • Re-use construction waste where ever possible in order to reduce waste required for disposal; • Regularly transport unusable construction waste to the waste |

| | | | |
|--------------------|---|---|--|
| | | | <p>collection site in Hulhumale' with assistance from WAMCO.</p> <ul style="list-style-type: none"> • Avoid transport of construction waste during rainy weather conditions; • Arrange transportation of construction waste such that peak traffic hours will be avoided. • Outsourcing will be done to WAMCO or any other licensed party for waste handling and comply with the waste management regulation all the times; • Waste disposal on-site and within the boundary of the project area will be avoided at all times. |
| Construction phase | Installation of rooftop solar PV system | <ul style="list-style-type: none"> • May reduce the potential for rainwater harvesting. • Expect to improve the local air quality compared to diesel power generation. • Reduction of recurrent electricity cost and demand on the electricity grid. • May affect soil and water quality if damaged solar PV cells are handled and disposed of improperly. • May pose occupational health and safety risks | <ul style="list-style-type: none"> • Ensure solar PVs are installed by trained workers/contractor and workers/contractors are equipped with appropriate PPEs. • All other impacts are beneficial. |
| Operational phase | Operation of Roof-top Solar PV system | <ul style="list-style-type: none"> • May reduce the potential for rainwater harvesting. • Expect to improve the local air quality compared to diesel power generation. | <ul style="list-style-type: none"> • Ensure regular inspection of solar PV panels. • Discard damaged solar panels and store temporarily in a designated area and ensure it is isolated from soil or water. |

| | | | |
|-------------------|--|--|--|
| | | <ul style="list-style-type: none"> • Reduction of recurrent electricity cost and demand on the electricity grid. • May affect soil and water quality if damaged solar PV cells are handled and disposed of improperly. • May pose occupational health and safety risks | <ul style="list-style-type: none"> • Handlers should be properly trained in disposal and be provided with appropriate PPE. • Maintain records of discarded damaged solar panels. • Ensure that disposal is in accordance with rules and regulations of Maldives on disposal of solar panels. |
| Operational Phase | Operation of Central Vaccine Cold-Chain Storage Facility | <ul style="list-style-type: none"> • The backup-generator will contribute to air and noise pollution at the vicinity of the facility • Additional burden on the existing piped water network of the Hulhumale' • Additional burden to existing residential waste management system in Hulhumale' • Proper implementation of the EPI and COVID-19 vaccine program. • Training and capacity building of the EPI and COVID 19 vaccine program on implementation of EMP. • Potential public health impacts and nuisance. | <ul style="list-style-type: none"> • Solar PV installation to reduce the dependency on the electricity grid. • Waste management equipment will be provided to the central vaccine cold-chain storage facility in Hulhumale' under the project hence, waste generated from EPI and COVID19 vaccination programme will be managed properly within the facility. This includes expired vaccines as well. • Conduct regular trainings on implementation of the EMP. |
| Operational Phase | Solid Waste Management and Disposal including waste generated from EPI and COVID-19 vaccine program. | <ul style="list-style-type: none"> • Aesthetic impacts and potential groundwater pollution • Additional burden to existing residential waste management system in Hulhumale' • Potential public health impacts and nuisance. • Solid and hazardous waste from repairs and decommissioning of solar panels | <ul style="list-style-type: none"> • Piling of solid waste in the floors and by the building will not be allowed; • The building and adjacent areas will be kept clean at all times and free from waste; • WAMCO will be outsourced for waste management and handling. • Waste disposal will be avoided at the project site at all the time. |

| | | | |
|-------------------|--|--|--|
| | | | <ul style="list-style-type: none"> Expired vaccine and other medical waste generated from EPI program will be managed through the equipment procured for the facility and managed within the premises of the facility. Repair of solar panels, including disposal will be outsourced via solar panel supplier |
| Operational Phase | Transport of vaccine via the speed boats and refrigerated trucks | <ul style="list-style-type: none"> Potential risk of ground water contamination during speed boat and vehicle maintenance. Increase in air pollutants such as carbon monoxide Additional burden on roads and harbor of Hulhumale'. CO & particulate matter may trigger upper respiratory tract infection and affect asthma patients located in close vicinity to the project site. | <ul style="list-style-type: none"> Proper and routine maintenance of refrigerated trucks and speed boats. These vehicles undergo a routine check by the Ministry of Transport and Civil Aviation (MOTCA) which authorizes and issues road worthiness stickers for land vehicles or sea worthiness sticker for sea vehicles. Medical waste associated with the operation of the land and sea vehicles will be managed through the equipment procured for the facility and managed within the premises of the facility. The refrigerated trucks and speed boats will be checked by Ministry of Transport and issue road worthiness or sea worthiness certificate every year. Parking provisions will be provided with the facility premises so that no burden on existing parking infrastructure will be present. Allocation of dedication space within the harbor of each regional hospital |

| | | | |
|--|--|--|--|
| | | | island and Hulhumale for mooring of the speed boats. |
|--|--|--|--|

Table 22: Detailed information on the proposed mitigation measures for each project activity with potential environmental impact

| Project Activity | Proposed Mitigation Measure | Cost | Benefit | Expertise | Required Manpower | Responsibility | Equipment and Technology | Timing |
|---------------------------------------|--|--------------------------|---|-------------------------------------|-------------------|----------------|------------------------------------|-----------------------------|
| Construction Phase | | | | | | | | |
| Excavation | Shoring of entire boundary with corrugated sheet supported by iron beams | Approximately 20,000 USD | Protection of adjacent buildings | Structural Engineering | 2 to 5 | Contractor | Corrugated sheets and iron beams | Prior to construction works |
| Dewatering | Monitoring and management of the dewatering pipelines | Approximately 7,000 USD | Avoid potential flooding of the roads | Environmental protection & plumbing | 2-5 | Contractor | Pipelines, machineries, management | Prior to construction works |
| Construction works | Use of health and safety equipment and gear | Approximately 16,000 USD | Avoid accident and increase safety of the workers | Procurement and Project management | 2-5 | Contractor | Health and safety equipment | During construction phase |
| Construction machineries and vehicles | Employment of an experienced site supervisor | Site Supervisor Salary | Reduce dust and emission | Project Management | 1 | Contractor | Site supervisor | During construction phase |
| Construction waste | Transport waste regularly to the designated construction waste collection site | WAMCO charges | Reduce waste accumulated in the project site | Logistics and transport | WAMCO staff | Contractor | Dump trucks, lorries and pick-ups | During construction phase |
| Operational Phase | | | | | | | | |

| Project Activity | Proposed Mitigation Measure | Cost | Benefit | Expertise | Required Manpower | Responsibility | Equipment and Technology | Timing |
|--|---|-------------------------------------|---|------------------------------|---|-----------------------|---|---|
| Operation of Central Vaccine Cold-Chain Storage Facility | Solar PV installation to reduce the dependency on the electricity grid. | Approximately 100,000 USD | Emission reduction diesel power generation | Renewable Energy Engineering | PV contractor staff | Proponent | Solar Photovoltaic cells and batteries | During operational phase |
| Solid Waste Management and Disposal including waste generated from EPI and COVID-19 vaccine program. | Procurement of equipment for waste management and proper of the equipment | Approximately 100,000 USD | Proper waste management of the vaccine program waste | Health Care Waste management | Operator of facility | Proponent | Autoclaves, Shredders, Disinfection chemicals | During operational phase |
| Transport of vaccine via the speed boats and refrigerated trucks | Proper maintenance of refrigerated trucks and speed boats | Recurrent cost of maintenance | Avoid pollution and long-term sustainability of the speed boats and refrigerated trucks | Mechanics and maintenance | 5 mechanics at across different regional island hospitals | Proponent | Vehicle and vessels maintenance | During operational phase of the project |
| Both Phases | | | | | | | | |
| Capacity Building | Conduct routine training on implementation of EMP | Approximately 2000 USD per training | Proper environmental management and monitoring during both phases | Environmental Management | 1 trainer | Proponent | Consumables and training venue | Once during construction phase and every year during operational phase. |

IV. INFORMATION DISCLOSURE AND STAKEHOLDER CONSULTATION

A. Introduction

186. Involvement of stakeholders is crucial for the effective implementation of the proposed project. An integral part of this IEE has been consultation with all relevant parties including public consultation, relevant government authorities and nearby constructions sites. This chapter aims to summarize the stakeholder consultations that were conducted and outlines an information disclosure strategy along with a stakeholder engagement plan.

B. Findings of Stakeholder Consultation

187. A series of stakeholder consultations were conducted from March 2022 to June 2022 in the form of physical meetings. A total of 9 sessions were held in which vulnerable groups such as women participated. Table 23 summarizes the main discussions of meetings with each of the stakeholders.

Table 23: Main findings of the Stakeholder Consultations

| Stakeholder | Issues and Concerns | Responses provided by ADB |
|---|---|--|
| <p>Ministry of Health</p> <p><u>Roles and Responsibilities</u></p> <p>Policy Formulation and Implementation of Health Sector Projects including development of health sector infrastructure.</p> <p>Meeting information Date: 4 April 2022 Time: 10:00 to 11:00 am Venue: 5th Floor, Ministry of Health.</p> <p>Participants Mr. Ahmed Adil, Minister of State, Ministry of Health Mr. Abulla Ariz, Ministry of Health</p> | <ul style="list-style-type: none"> • The existing Central Vaccine Storage facility is extremely deteriorated. • There are huge constraints on the space in the current location of vaccine storage. • Preliminary drawings for the central cold-chain storage facility is currently being developed. | <ul style="list-style-type: none"> • The space allocated by HDC in Hulhumale' is ideal to construct the central vaccine cold-chain storage facility • To maximize the land available for MOH in Hulhumale' a six-storey building is essential. |
| <p>Environmental Protection Agency</p> <p><u>Roles and Responsibilities</u></p> <p>The regulatory institution for environment management sector in the Maldives.</p> <p>Participants</p> | <ul style="list-style-type: none"> • No requirement for an EIA for a 6 storey-building without a basement. • It is highly recommended to submit for a screening form to EPA to confirm the requirements under Environmental Impact Assessment Regulation (2012). | <ul style="list-style-type: none"> • A screening exercise will be conducted prior to confirmation of the IEE. |
| <p>Ministry of National Planning, Housing, and Infrastructure</p> <p><u>Roles and Responsibilities</u></p> <p>Implementation of planning regulations and infrastructure projects in Maldives.</p> | <ul style="list-style-type: none"> • Detailed survey was conducted by US government to establish American Embassy at 2 floors of the office building constructed by Ministry of National Planning, Housing and Infrastructure. | <ul style="list-style-type: none"> • A consultative meeting will be arranged with |

| Stakeholder | Issues and Concerns | Responses provided by ADB |
|--|---|---|
| <p>Participants Hamrau Ahmed Fathuhee, Architectural Consultant, Ministry of National Planning, Housing and Infrastructure</p> | <ul style="list-style-type: none"> Recommended to have a discussion with Ministry of Foreign Affairs regarding the American Embassy. The Office Building is expected to be completed by November 2022. The American Embassy is expected to rent 2 floors for a period of 2 years. | |
| <p>Housing Development Corporation (HDC)</p> <p><u>Roles and Responsibilities</u></p> <p>The land management authority for Hulhumale'</p> <p><u>Meeting information</u> Date: 19th April 2022 Time: 10:30 to 11:00 am Venue: Project Location, Hulhumale'</p> <p><u>Participants</u> Mr. Ahmed Rizmee, HDC Mr. Shazim, HDC</p> <p><u>Meeting information</u> Date: 02nd June 2022 Time: 12:00 to 02:00 pm Venue: 9th Floor, Ministry of Health</p> <p><u>Participants</u> Mr. Hassaan Abdul Muhsin, Environment Analyst, Housing Development Corporation (HDC).</p> | <ul style="list-style-type: none"> The plot for central vaccine cold-chain facility is allocated to MOH. The land is currently occupied by a Turkish Contractor which constructed Tree-Top Hospital. The Turkish Contractor will vacate the premises within a month. The Turkish Contractor is moving to K. Thilafushi where its constructing a Waste To Energy Plant from ADB funding. This project is implemented by Ministry of Environment, Climate Change and Technology. The planning guidelines and set-backs requirements need to consider during the designing of the facility. Parking Space for the building need to be considered in the design. More developments will be coming prior construction phase of the project. | <ul style="list-style-type: none"> Planning requirements will be considered during the detail designing of the central cold chain storage facility. Parking space will be considered during the designing of the central vaccine cold chain storage facility. |
| <p>Health Protection Agency (HPA)</p> <p><u>Roles and Responsibilities</u></p> | <ul style="list-style-type: none"> Health Care waste equipment will be provided to all regional hospitals through Canadian Aid and World Bank project. | <ul style="list-style-type: none"> Important to provide equipment for management of vaccine related health care waste. |

| Stakeholder | Issues and Concerns | Responses provided by ADB |
|--|---|--|
| <p>Implementation of EPI and COVID-19 program in the Maldives. Manages the environmental health related activities.</p> <p><u>Meeting information</u> Date: 8 March 2022 Time: 02:00 to 03:00 pm Venue: 9th Floor Meeting Room, Ministry of Health.</p> <p><u>Participants</u> Ms. Nashiya Abdul Gaffor, Senior Public Program Manager, HPA. Ms. Aminath Shaufa, Director, HPA</p> | <ul style="list-style-type: none"> • There are plans to update the National Health Care Waste Policy. • EPI program faces significant challenges in transportation of EPI related vaccines. • The EPI program is severely understaffed. | <ul style="list-style-type: none"> • A need for a proper central vaccine cold-chain storage facility in Greater Male' Region. |
| <p>Addu Equatorial Hospital</p> <p><u>Roles and Responsibilities</u></p> <p>One of the regional hospitals in the Maldives where EPI program is implemented.</p> <p>Meeting information Date: 27 March 2022 Time: 10:00 to 11:00 am Venue: Meeting Room, Addu Equatorial Hospital</p> <p>Participants Ms. Aishath Safa, Senior Public Health Officer, Addu Equatorial Hospital Mr. Ahmed Najeeb, Senior Community Health Worker, Addu Equatorial Hospital</p> | <ul style="list-style-type: none"> • Transportation of vaccine is a key issue due to long distance between the central vaccine cold storage facility in Male'. • Addu is the southernmost atoll in the Maldives. • Cargo Boats which carry goods are currently used for transportation of EPI related vaccines. • COVID-19 vaccines were air freighted through local airlines such as Maldivian and Manta Airlines. • There is limited space within the hospital premises to store the vaccines. | <ul style="list-style-type: none"> • Procurement of a refrigerated truck for transport the vaccine within Addu atoll. • Provision for air freighting of the vaccine related to EPI. • A need for speed boat to carry the vaccines to S. Hulhumheedhoo island. |
| <p>R. Ungooaar Regional Hospital</p> <p><u>Roles and Responsibilities</u></p> | <ul style="list-style-type: none"> • Management of Health Care Waste is a significant challenge. • Transportation of vaccines related to EPI program is a challenge. | <ul style="list-style-type: none"> • Equipment and proper means of managing health-care waste including waste generated from EPI program. |

| Stakeholder | Issues and Concerns | Responses provided by ADB |
|---|---|---|
| <p>One of the regional hospitals in the Maldives where EPI programs are implemented.</p> <p>Meeting information Date: Saturday, 19th March 2022 Time: 3:00 to 04:00 pm Venue: Meeting Room, R. Ungoofaaru Regional Hospital</p> <p>Participants Ms. Aishath Nilooma, Senior Public Health Officer, R. Ungoofaaru Regional Hospital.</p> | <ul style="list-style-type: none"> Private cargo boats are currently used for transport of vaccines. Distribution of vaccines within the island of Raa atoll is done through atoll ferries. | |
| <p>Ministry of Finance</p> <p><u>Roles and Responsibilities</u></p> <p>The executing agency of the project</p> <p><u>Meeting information</u> Telephone conversation.</p> <p><u>Participants</u> Ms. Aishath Nashath, Director, Ministry of Finance</p> | <ul style="list-style-type: none"> Any requirement for comments on the IEE needs to share in writing. | <ul style="list-style-type: none"> Draft IEE has been shared with MoF for their review and comments. |
| <p>Tree Top Hospital</p> <p><u>Roles and Responsibilities</u></p> <p>A private hospital near project location.</p> <p><u>Meeting Information</u> Date: 2 June 2022 Time: 12:00 to 02:00 pm Venue: 9th Floor, Ministry of Health</p> <p><u>Participants</u></p> | <ul style="list-style-type: none"> The green space around the Treetop shall not be affected due to any project intervention during construction or operational phase of the project. | <ul style="list-style-type: none"> No project intervention will affect the green space around the Tree Top Hospital. |

| Stakeholder | Issues and Concerns | Responses provided by ADB |
|---|---------------------|---------------------------|
| Ms. Nazra Najeeb, Assistant Nursing Director, Tree Top Hospital. | | |

C. Future Consultations

188. MOH will continue its communications with other stakeholders including Tree Top Hospital representatives, employees, and patients (if possible) and continue to disclose project information throughout project implementation. The contractor will also undertake further consultations to inform the stakeholders of the detailed design and other information prior to commencement and during of construction works.

189. In the context of the COVID-19 pandemic, all consultations will be carried out following latest national COVID-19 requirements and WHO social distancing and hygiene guidelines. If physical meetings are not possible, virtual consultations will be conducted.

D. Information Disclosure Strategy

190. Transparency of all environmental safeguard is important to ensure that environmental pollution or damage is avoided throughout the construction and operations phase of the project. Hence, all the environmental reporting prepared under this project should be available publicly. MOH will disclose in a timely manner the final IEE report, any updates to it, and other environment safeguards documentation by posting them on the MOH website. MOH will ensure that full copies of the IEE and its executive summary are translated into local language. The IEE including its EMP, environmental monitoring report, corrective action plan (if any) will also be available at the MOH office and construction site office. A full copy of the IEE will be provided upon request and will be free of charge. The IEE report will also be disclosed on ADB's website. In case of any updates are made on the IEE, the IEE will be reviewed by ADB prior to disclosure. The same procedure of disclosure will be followed.

191. All semi-annual environmental monitoring reports during construction and annual monitoring report during O&M phase will be reviewed by and ADB and will be disclosed on the ADB website and the MOH website.

192. The following Table 24 presents information to be disclosed on each of the stakeholders identified for the project.

Table 24: Information Disclosure Strategies for Maldives APVAX project

| Target Stakeholder | Type of information to be disclosed | Method of Disclosure | Timing of Disclosure | Responsible Entity for disclosure |
|---|--|--|---|---|
| Utilities Regulatory Authority | <ul style="list-style-type: none"> Dewatering Plan Plans for solar PV installation | <ul style="list-style-type: none"> Email communication Official Letters | <ul style="list-style-type: none"> Prior to any dewatering plans Completion of concept design for solar PV installation Once every quarter during construction period and operational period | <ul style="list-style-type: none"> Contractor Maldives APVAX PMU and MOH (Proponent) |
| Environmental Protection Agency (EPA) | <ul style="list-style-type: none"> IEE report (and any updates) Environmental Monitoring Report (EMRs), including corrective action plan (if any) | <ul style="list-style-type: none"> Email communication Official Letters | <ul style="list-style-type: none"> Upon finalization of IEE report. Semi-annual during construction period and annually operational period upon receipt of acceptable monitoring reports | <ul style="list-style-type: none"> Maldives APVAX PMU and MOH (Proponent) |
| Housing Development Cooperation (HDC) | <ul style="list-style-type: none"> Progress of design and construction works | <ul style="list-style-type: none"> Construction Progress reports Email communication Official Letters | <ul style="list-style-type: none"> Once every quarter during construction phase of the project | <ul style="list-style-type: none"> Maldives APVAX PMU and MOH (Proponent) |
| Ministry of National Planning, Housing and Infrastructure | <ul style="list-style-type: none"> Progress of design and construction work. Implementation of mitigation measures to prevent structural damage to adjacent buildings. | <ul style="list-style-type: none"> Construction Progress Reports Official Letter | <ul style="list-style-type: none"> During construction phase Upon implementation of mitigation measures. | <ul style="list-style-type: none"> Maldives APVAX PMU and MOH (Proponent) Contractor and Maldives APVAX PMU |
| Contractor | <ul style="list-style-type: none"> IEE report (including EMP) Environmental Management Plan (EMP) | <ul style="list-style-type: none"> Hard copy at project site As part of the contract | <ul style="list-style-type: none"> Prior to any construction work | <ul style="list-style-type: none"> Maldives APVAX PMU and MOH (Proponent) |

| Target Stakeholder | Type of information to be disclosed | Method of Disclosure | Timing of Disclosure | Responsible Entity for disclosure |
|---|---|--|--|--|
| General Public | <ul style="list-style-type: none"> • IEE report, including EMP • Grievance Redressal Mechanism (GRM), • Grievance Forms • Contact details Nodal Focal Point of each tier of GRM • Semi-annual Environmental Monitoring Reports during construction and annual Environmental Monitoring Reports during operations phase | <ul style="list-style-type: none"> • Website • Hard copy at project site and website • Website and social media, Project Sign Board at the project site. • Hard copy at project site and website | <ul style="list-style-type: none"> • During construction phase • During construction phase • During construction and operations phase • During construction and operations phase | <ul style="list-style-type: none"> • Maldives APVAX PMU and MOH (Proponent) • Maldives APVAX PMU and MOH (Proponent) • Contractor • Contractor/MOH staff |
| Nearby Residents and Tree Top hospital management | <ul style="list-style-type: none"> • IEE report • Grievance Redressal Mechanism (GRM), • Grievance Forms (In Dhivehi and English Language) • Contact details Nodal Focal Point of each tier of GRM | <ul style="list-style-type: none"> • Website • Hard copy at project site • Website • Hard copy at project site • Social Media • Project Sign Board at the project site. | <ul style="list-style-type: none"> • Prior to construction activities • During construction phase • During construction phase | <ul style="list-style-type: none"> • Maldives APVAX PMU and MOH (Proponent) • Maldives APVAX PMU and MOH (Proponent) • Contractor |
| Regional Hospitals | <ul style="list-style-type: none"> • Progress on the procurement of the speed boats and refrigerated vehicles. • Procurement Plan of the Maldives APVAX Project | <ul style="list-style-type: none"> • Official Letters • Official Letters | <ul style="list-style-type: none"> • Prior to procurement and transportation of vehicles and vessels. • Once every quarter | <ul style="list-style-type: none"> • Maldives APVAX PMU and MOH (Proponent) |

| Target Stakeholder | Type of information to be disclosed | Method of Disclosure | Timing of Disclosure | Responsible Entity for disclosure |
|--|--|---|---|--|
| | <ul style="list-style-type: none"> Progress of IT infrastructure development and capacity building works of EPI program | | | |
| ADB safeguards team | <ul style="list-style-type: none"> IEE Report Environmental Monitoring Report (EMRs), and any corrective action plans (if any) | <ul style="list-style-type: none"> Email communications Email Communication | <ul style="list-style-type: none"> Upon finalization of IEE report Semi-annually during construction and annually during operational phase of the project upon receipt of acceptable monitoring reports. | <ul style="list-style-type: none"> Maldives APVAX PMU and MOH (Proponent) and ADB |
| Ministry of Finance (Executing Agency of the project) | <ul style="list-style-type: none"> Progress of project implementation IEE Report Environmental Monitoring Report (EMRs), and corrective action plans (if any) | <ul style="list-style-type: none"> Official Letters Consultative Meetings | <ul style="list-style-type: none"> Quarterly during project implementation period Upon finalization of the IEE report and any updates Quarterly during the project construction and operational phase. | <ul style="list-style-type: none"> Maldives APVAX PMU and MOH (Proponent) |
| Male Water and Sewerage Company (MWSC) | <ul style="list-style-type: none"> Dewatering plan and permit | <ul style="list-style-type: none"> Official Letters | <ul style="list-style-type: none"> Prior to any dewatering works | <ul style="list-style-type: none"> Contractor |
| State Electric Company (STELCO) | <ul style="list-style-type: none"> Plans for solar PV installation | <ul style="list-style-type: none"> Official Letters Consultative Meetings | <ul style="list-style-type: none"> Prior to any deployment of solar PVs. | <ul style="list-style-type: none"> Sub-Contractor for PV installation Maldives APVAX PMU and MOH (Proponent) |
| Sub-contractors such as Solar PV installation contractor and | <ul style="list-style-type: none"> IEE Report Grievance Redressal Mechanism (GRM), Grievance Forms | <ul style="list-style-type: none"> Email communications | <ul style="list-style-type: none"> Prior to commencement of subcontractors works | <ul style="list-style-type: none"> Contractor |

| Target Stakeholder | Type of information to be disclosed | Method of Disclosure | Timing of Disclosure | Responsible Entity for disclosure |
|---------------------------|---|-----------------------------|-----------------------------|--|
| supervision firm | <ul style="list-style-type: none"> Contact details Nodal Focal Point of each tier of GRM | | | |

E. Stakeholder Engagement Plan

193. Proper engagement of the stakeholders at different phases of the project is essential for successful implementation of the project.

194. This section of the IEE report will describe the proposed stakeholder engagement plan for the project.

Table 25: Stakeholder Engagement Plan for the Maldives APVAX project

| Stakeholder | Stakeholder Classification | Topics of Engagement | Method | Frequency | Expected Outcome of Stakeholder Consultation |
|---|-----------------------------------|--|--|--|---|
| Utility Regulatory Authority (URA) | Government | <ul style="list-style-type: none"> • Dewatering Permit • Approval of Solar PV installation Plan | <ul style="list-style-type: none"> • Official Letters • Consultative Meetings • Email Communication | <ul style="list-style-type: none"> • Annually | <ul style="list-style-type: none"> • Approved Dewatering Permit • Approved concept of solar PV installation |
| Environmental Protection Agency | Government | <ul style="list-style-type: none"> • Environmental Monitoring Reports • Environmental Screening | <ul style="list-style-type: none"> • Official Letters • Consultative Meetings • Email Communication | <ul style="list-style-type: none"> • Quarterly | <ul style="list-style-type: none"> • Outcome of Environmental Screening |
| Housing Development Cooperation (HDC) | Government | <ul style="list-style-type: none"> • Site mobilization • Progress of design and construction • Road closure if any • Permits required for dewatering | | <ul style="list-style-type: none"> • Monthly during construction phase and annually during operational phase. | <ul style="list-style-type: none"> • Permits required • Approval for road closure if any |
| Ministry of National Planning, Housing and Infrastructure (MNPHI) | Government | <ul style="list-style-type: none"> • Project Development Concept • Construction Permit • Any changes in design and construction methodology | <ul style="list-style-type: none"> • Official Letters • Consultative Meetings | <ul style="list-style-type: none"> • Monthly during construction phase and annually during operational phase. | <ul style="list-style-type: none"> • Project Development Concept • Construction Permit • Approval for any design changes |
| Contractor | Private | <ul style="list-style-type: none"> • Progress of construction works | <ul style="list-style-type: none"> • Monthly progress meetings | <ul style="list-style-type: none"> • Monthly | <ul style="list-style-type: none"> • Smooth Implementation of the project • Any grievance resolved |

| Stakeholder | Stakeholder Classification | Topics of Engagement | Method | Frequency | Expected Outcome of Stakeholder Consultation |
|---|----------------------------|--|---|--|--|
| | | <ul style="list-style-type: none"> Implementation of EMMP Implementation of GRM | | | |
| General Public | Public | <ul style="list-style-type: none"> Road closure Any damage to nearby property Any grievance | <ul style="list-style-type: none"> Public Meetings Social Media Website of HDC and MOH | <ul style="list-style-type: none"> Need Basis | <ul style="list-style-type: none"> Any grievance resolved General approval for the project |
| Nearby Residents and Tree Top hospital management | Public | <ul style="list-style-type: none"> Road closure Any damage to nearby property Any grievance | <ul style="list-style-type: none"> Public Meetings Social Media Website of HDC and MOH | <ul style="list-style-type: none"> Need Basis | <ul style="list-style-type: none"> Any grievance resolved General approval for the project |
| Regional Hospitals | Government | <ul style="list-style-type: none"> Procurement of speed boats and refrigerated trucks Transport of vaccine during operational period | <ul style="list-style-type: none"> Telephone or online meetings Official Letters | <ul style="list-style-type: none"> Quarterly | <ul style="list-style-type: none"> Information on status of procurement and transfer of speed boats and refrigerated trucks |
| ADB safeguards team | Donor Agency | <ul style="list-style-type: none"> Implementation of EMP Implementation of GRM Progress of Environmental Monitoring works | <ul style="list-style-type: none"> Online meetings Implementation missions | <ul style="list-style-type: none"> Semi-annually during construction phase and annually during operations phase | <ul style="list-style-type: none"> Comments on EMRs and EMMP implementation. |
| Ministry of Finance (Executing | Government | <ul style="list-style-type: none"> Progress of project implementation | <ul style="list-style-type: none"> Consultative meetings | <ul style="list-style-type: none"> Quarterly | <ul style="list-style-type: none"> Verification of reports prior to ADB submission |

| Stakeholder | Stakeholder Classification | Topics of Engagement | Method | Frequency | Expected Outcome of Stakeholder Consultation |
|---|-----------------------------------|---|---|--|---|
| Agency of the project) | | <ul style="list-style-type: none"> Financial management of the project Disclosure of IEE and EMRs | | | |
| Male Water and Sewerage Company (MWSC) | Government | <ul style="list-style-type: none"> Dewatering Plan Connection of piped water to the facility | <ul style="list-style-type: none"> Consultative Meetings | <ul style="list-style-type: none"> Need Basis | <ul style="list-style-type: none"> Smooth Dewatering process Connection of piped water to the central vaccine cold-chain storage facility |
| State Electric Company (STELCO) | Government | <ul style="list-style-type: none"> Deployment of solar PV at the facility | <ul style="list-style-type: none"> Consultative Meetings | <ul style="list-style-type: none"> Need Basis | <ul style="list-style-type: none"> Deployment of solar PV system in the facility. Electricity connection to the facility |
| Sub-contractors such as Solar PV installation contractor and supervision firm | Private | <ul style="list-style-type: none"> Implementation of GRM Coordination with the main contractor | <ul style="list-style-type: none"> Consultative Meetings | <ul style="list-style-type: none"> Need Basis | <ul style="list-style-type: none"> Successful coordination with main contractor, proponent, and key stakeholders. |

V. GRIEVANCES REDRESS MECHANISM (GRM)

A. Introduction

195. Grievance Redressal Mechanism (GRM) is designed to ensure sustainability, transparency, and involvement of stakeholder throughout the implementation of the project. This would generate significant level of feedback on areas to improve as the project progress during both construction as well as operation phase.

196. This GRM is designed to fulfil the requirement of the ADB SPS. This GRM is designed based on the principles of transparency, predictability, rights compatibility, accessibility, and engagement of stakeholders.

B. Scope and Objective of GRM

197. This GRM is aimed to record, monitor, and resolve grievances/complaints and accommodate where possible any request and suggestions proposed by the project affected parties. The scope of this GRM is to redress any grievances/complaints regarding the environment and social safeguards. Any grievance/complaints which may arise in the project area however not due to a direct or indirect intervention of a project activities will not be addressed under the GRM. The GRM will be implemented during the construction and operations phase of the project.

C. Grievance Resolution Process

198. The GRM built on four stages. The complaint will be followed in two tiers. Figure 16 shows the grievance resolution process.

D. Stages of GRM

199. The GRM comprises of four stages. GRM will also undertake in two tiers, first tier will be at contractor level and second tier at MOH level. Each tier will have different actors for decision making process.

200. **Stage 1: Received the compliant:** This stage involves recording of the complaint that is received on the project. The complaints may range from “issue or complaint” to an enquiry or suggestions for further improvements. The complaints, enquires or suggestions is also registered at the registry and a case is to be created. At the end of this stage an acknowledgement of the receipt of complaints, enquires or suggestions is issued to the aggrieved party or individual with a case number.

201. **Stage 2: Assessing the Compliant:** At the second stage, the complaint is screened. Regardless of the nature of the complaint it would be categorized as either environmental or social issues. The criteria for determination of environmental issues are noise, pollution, dust, discharge of pollutants, health and safety or other parameters as determined by ESS Consultant of the project. The environmental and social safeguards related complaints/enquires/suggestions will be

taken forward in this GRM. The non-safeguard related issues will be sent to contractor for their action. The outcome of that action will be informed by them accordingly.

202. **Stage 3: Investigation the Complaint:** This stage involves collection of information about the complaints/enquires/suggestions, assessment of the information provided, and verification of the data provided with field investigation (if and where necessary). At this stage the First and Second tier of GRM will operate. After a report prepared by the contractor ESS focal point, the report and its recommendation is sent to either the Grievance Redressal Committee at contractor level (GRC-Contractor) or Grievance Redressal Committee at MOH level (GRC-MOH). Based on the discussion, a decision would be made and agreed by consensus. If corrective actions measures are needed the corrective measures will be informed to the site manager or contractor for their due actions.

203. **Stage 4: Resolving the complaint:** At the end of stage 3 irrespective of the tier the complaint underwent, the aggrieved party or individual will be informed on the outcome and information on the corrective measures will be also communicated if relevant. After such communication the case would be closed, and status of the cases would be updated in the registry.

E. Tier One

204. To lodge a formal complaint under Tier I, compliant form should be submitted (see Appendix 4). These forms can be filed anonymously. Upon submission of the request, a formal acknowledgement from the Contractor shall be provided to the party or individual. If the party or individual want to submit in-person forms shall be available at the site. Any assistance such as filling the form if requested by the aggrieved person, should be guided by the admin office at the site. An acknowledgment receipt then should be signed, sealed, and handed with case number.

205. The admin office at the site, shall keep the registry up to date with cases number and status of the complaint. The formal complaint shall be then screened for environmental or social safeguard issues, based on the criteria's mentioned above. After the screening of the issue, the contractor after consulting with PMU shall prepare an investigation report, which is to be submitted before GRC-contractor. Table 26, shows the role and responsibility of the GRC-contractor.

206. Under Tier I, in 10 working days the outcome of the complaint must be informed to the aggrieved party or individual. The aggrieved party must acknowledge the receipt of decision and submit their agreement or disagreement with the decision within 5 working days. If no acknowledgement is submitted from the aggrieved party within this period, then the decision will be considered as accepted. If a complaint requires more time to address, this requirement must be communicated to the aggrieved party in writing and the aggrieved party must consent and sign-off the request for the extension to take effect. An extension can be made to an additional 15 working days.

Table 26: Roles and Responsibilities of the GRC-Contractor

| Nodal Person | GRC-RDC Membership | Roles and Responsibility |
|--|---|--|
| GRM focal point from Contractor | Project Manager of Contractor (<i>Chairperson</i>) Site Engineer Representative from HDC NGO Representative PMU ESS focal point | Review the recommendation provided by PMU on the inquiry submitted Identify policy implication associated with the inquiry inquired Provide guidance on the inquiry through agreement of the outcome to be informed to aggrieved party or individual |

F. Tier Two

207. Tier II can be applied by any party or individual or if the grievance cannot be resolved through Tier I to the satisfaction of the aggrieved party or if the issue is outside the jurisdiction of the Contractor, an aggrieved party may submit a complaint on the Tier II Complaint form. If the complaint is made due to unsatisfactorily response at Tier I, the application form and the outcome provided should be submitted. Like Tier I, upon submission of the request, a formal acknowledgement from the MOH shall be provided to the party or individual. If the party or individual want to submit in-person forms shall be available at the MOH. Any assistance such as filling the form if requested by the aggrieved person, should be guided by MOH. An acknowledgment receipt then should be signed, sealed, and handed with case number.

208. MOH will screen the grievance complaint in consultation with the PMU in accordance to the criteria for screening mentioned above. If it is unrelated, the aggrieved party must be notified in writing and the way forward must be outlined to them including the necessary government institutions to follow up.

209. After the screening of the issue, MOH after consulting with PMU shall prepare an investigation report, which is to be submitted before GRC-MOH. Table 27 shows the role and responsibility of the GRC-MOH.

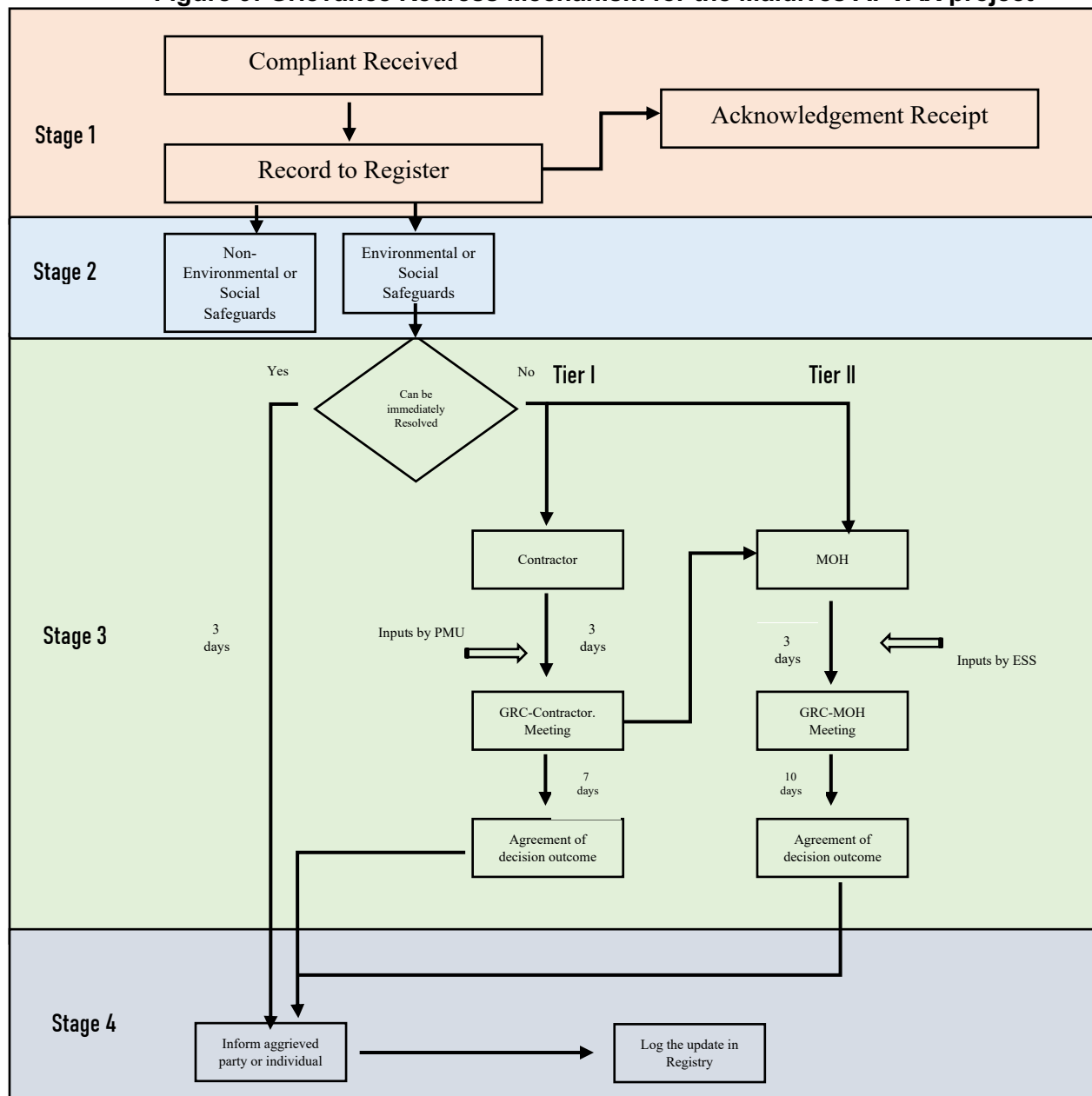
210. Under Tier II, in 15 working days the outcome of the complaint must be informed to the aggrieved party or individual. The aggrieved party must acknowledge the receipt of decision and submit their agreement or disagreement with the decision within 5 working days. If no acknowledgement is submitted from the aggrieved party within this period, then the decision will be considered as accepted. If a complaint requires more time to address, this requirement must be communicated to the aggrieved party in writing and the aggrieved party must consent and sign-off the request for the extension to take effect. An extension can be made to an additional 15 working days.

Table 27: Role and Responsibilities of GRC-MOH

| Nodal Person | GRC-MOH Membership | Roles and Responsibility |
|---------------------------------|--|--|
| GRM focal point from MOH | Representative for MOH(<i>Chairperson</i>) Project Manager of Contractor NGO Representative PMU ESS focal point | Review the recommendation provided by ESS on the inquiry submitted Identify policy implication associated with the inquiry inquired Provide guidance on the inquire through agreement of the outcome to be informed to aggrieved party or individual |

211. Where an affected person is not satisfied with the outcomes of all the levels of the project GRM, the affected person should make good faith efforts to resolve issues working with the South Asia Regional Department. As a last resort, the affected person can access ADB's Accountability Mechanism (ADB's Office of Special Project Facility or Office of Compliance Review). The ADB Accountability Mechanism information will be included in the project-relevant information to be distributed to the affected communities, as part of the project GRM

Figure 9: Grievance Redress Mechanism for the Maldives APVAX project



G. Grievance Registry

212. A grievance registry will be developed under this project. The following Table 28 include the format of the grievance registry.

Table 28: The format for the grievance registry

| Sl. No | Date | Name and Full Contact Information of Complainant If confidentiality is requested, highlight here. | First Registered By | Mode of Complaint | Detailed description of complaint | Date and content of communication to complainant (date complaint acknowledged by GRM level 1/2/3, feedback sent, etc.) | Date of meetings held and outcome/timeline agreed for resolution and action plan (attach minutes of meetings) | Status of Redress (outstanding, overdue, solution agreed upon, solution under implementation, resolved) | Other Remarks |
|---------------|-------------|---|----------------------------|--------------------------|--|--|---|---|----------------------|
| | | | | | | | | | |

H. GRM During Operational Phase

213. During operations phase, the GRM will continue to operate through the MOH. The MOH shall ensure:

- i. GRM as described above shall continue to be operationalized
- ii. A GRM focal person within MOH will be assigned for environmental and social grievances reporting. This is particularly important during the initial phase of the project operation where the actual impacts of the project will be known on the ground.
- iii. Proper recording of grievances and their solutions should be kept with the site office and submitted to national agencies as and when sought.
- iv. Any grievances filed and how the grievances have been resolved shall be documented in the annual environmental monitoring reports during operations phase.

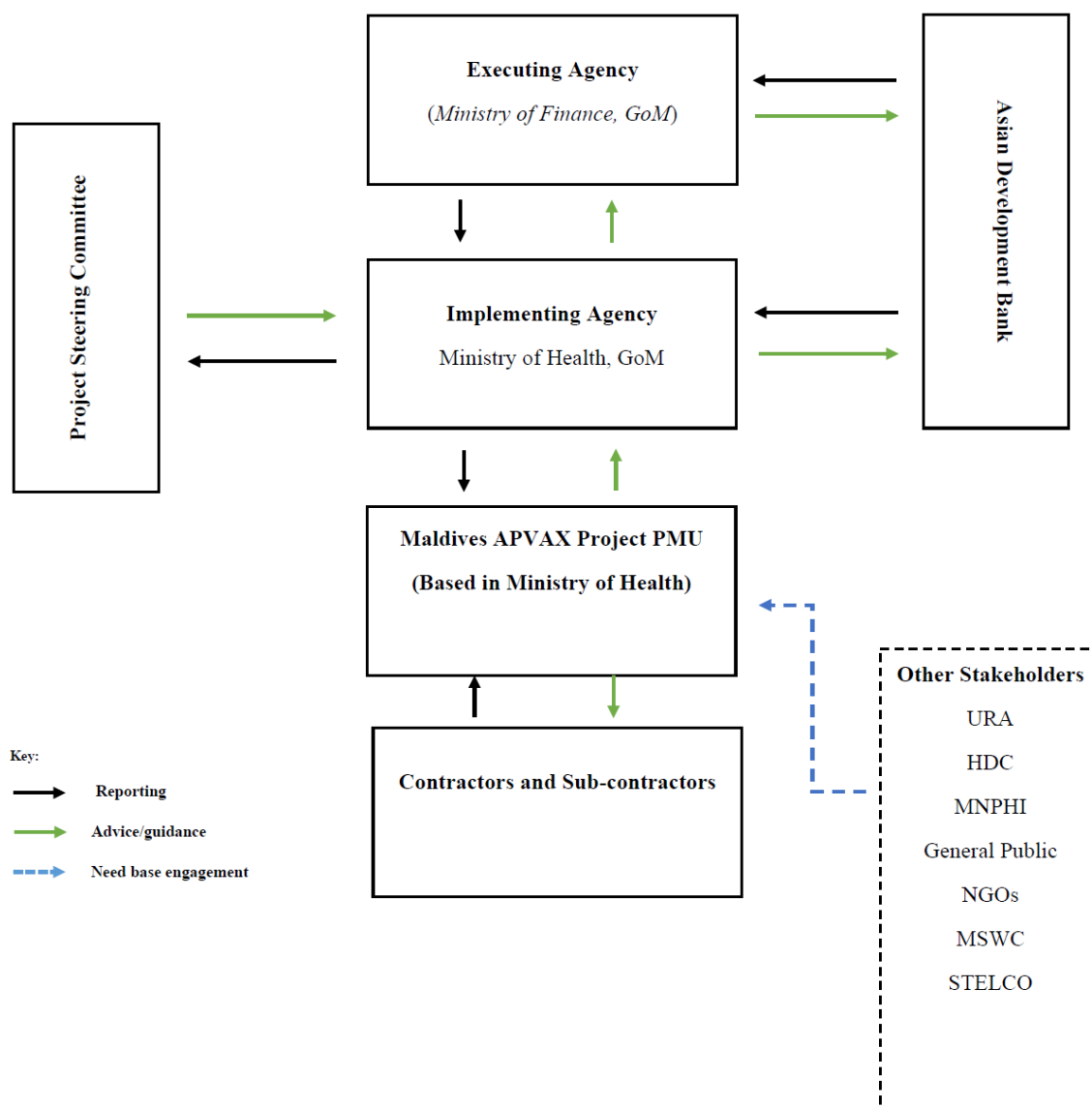
VI. INSTITUTIONAL ARRANGEMENTS

A. Introduction

214. This chapter aims to provide overview of the institutional arrangement for project implementation, key stakeholders, and implementation arrangements for environmental safeguards.

B. Institutional Arrangement for Project Implementation

215. ERROR! REFERENCE SOURCE NOT FOUND. following figure 17 shows the institutional arrangements for implementation of the project. The following table 29 describes the key roles and responsibilities of these stakeholders.

Figure 17: Implementation Arrangement for Maldives APVAX project**Table 29: Roles and Responsibilities of the stakeholder for implementation of the project**

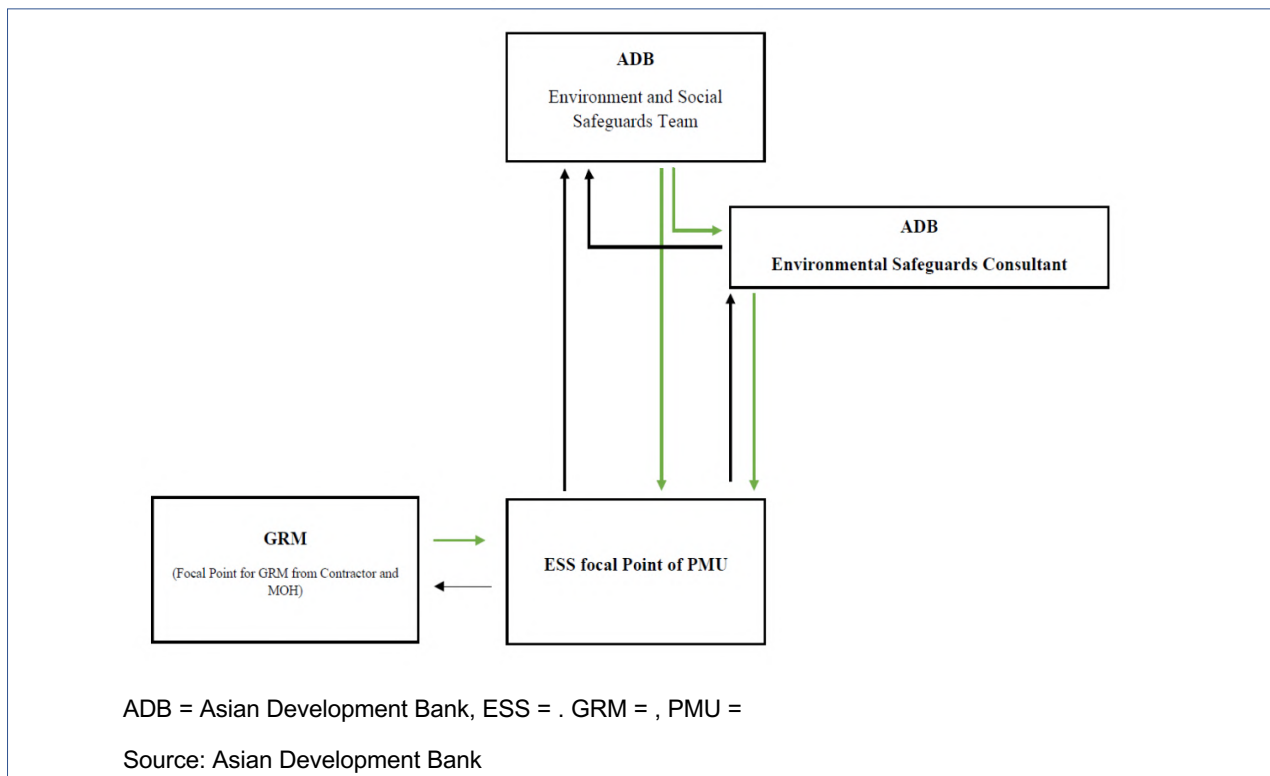
| Stakeholder | Role and Responsibilities in project implementation |
|---------------------------|---|
| Ministry of Finance (MOF) | <ul style="list-style-type: none"> • Executing Agency of the Project • Oversee overall implementation of the project • Coordinate with Implementing Agency and ADB to ensure all the safeguards requirements are complied with |
| Ministry of Health (MOH) | <ul style="list-style-type: none"> • Implementing Agency of the Project • Assess and provide overall guidance to the implementation of the project • Provide technical assistance for the PMU for project implementation |

| | |
|----------------------------------|--|
| | <ul style="list-style-type: none"> • Liaise with donors to ensure all the requirements of the donor are fulfilled during the implementation stages • Coordinate with Executing Agency and ADB to ensure environmental requirements identified are complied with • Second tier focal point for Grievance Redress Mechanism (GRM) related to the implementation of project • Maintenance of Grievance registry |
| PMU | <ul style="list-style-type: none"> • Day-to-day implementation of the project activities • Carry out environmental monitoring works • Focal point for Tier 1 and Tier 2 GRM • Financial Management of the project • Procurement related works of the project |
| Project Steering Committee (PSC) | <ul style="list-style-type: none"> • Chaired by the project director will be responsible for decision making on the project related issues. • Monitor progress of project implementation and achievement of project objectives. |
| Asian Development Bank | <ul style="list-style-type: none"> • Ensure that project is in line with ADB SPS • Review IEE (and any updates) and EMRs and disclose IEEs/EMRs in accordance with ADB's Access to Information Policy • Monitor the progress of project implementation • Conduct review missions on project implementation • Provide technical guidance, as necessary |
| Other Stakeholder | <ul style="list-style-type: none"> • Provide technical guidance and monitor the implementation of the project |
| Contractors and sub-contractors | <ul style="list-style-type: none"> • Carry out the physical construction and installation works of the project • Tier 1 focal point of GRM • Ensure that a full-time Environment, Health and Safety officer is assigned, and health and safety plan approved by the PMU is included in the EMP. |

C. Institutional Arrangement for implementation and monitoring of environmental safeguards

216. Even though this IEE attempts to provide measures to address environmental impacts associated with the project, unforeseen impacts may arise during the construction as well as the operation phases. Hence, appropriate environmental safeguard monitoring arrangements should be in place throughout all the phases of project implementation. Figure 18, illustrate the institutional arrangements for environmental safeguard implementation and monitoring.

217. The main objectives of the safeguard implementation and monitoring are
- i. Monitoring implementation of agreed mitigation measures as proposed in the EMP
 - ii. Evaluate effectiveness of the mitigation measures and retrofit of mitigation measures.

Figure 10: Institutional Arrangement for implementation and monitoring of environmental safeguards

218. The following table 30 describes the roles and responsibilities of each entity for the implementation and monitoring of environmental safeguards of the project.

Table 30: Roles and Responsibilities of implementation and monitoring of environmental safeguards

| Entity | Key Roles and Responsibilities |
|--|---|
| ADB Environmental and Social Safeguards Staff | <ul style="list-style-type: none"> ▪ Guide the Environmental Safeguards Consultant and ESS focal points at PMU on safeguard implementation and monitoring. ▪ Ensure the quality of the Environmental Monitoring Reports (EMRs) and disclose in ADB website in compliance with ADB SPS (2009) and Access to Information Policy. |
| ADB TA Environment Safeguards Consultant | <ul style="list-style-type: none"> ▪ Provide technical guidance to PMU focal in monitoring the implementation of environment safeguards, including EMP and in preparation of EMRs during construction and operational phase. ▪ Conduct technical capacity building sessions for PMU ESS focal point and other stakeholders on monitoring of safeguards during construction and operational phase. |
| ESS focal point (staff) at MOH | <ul style="list-style-type: none"> ▪ Ensure adequate budget, institutional/management support, and staff resources are allocated to implement, supervise, and monitor the EMP throughout pre-construction and construction. |

| | |
|---|---|
| | <ul style="list-style-type: none"> ▪ Upon loan effectiveness appoint a suitably qualified and experienced ESS focal (consultant) within PMU who will assist in EMP implementation. ▪ Oversee day-to-day management of the environmental and social safeguards aspects of project implementation during operations phase and ensure compliance with ADB's Safeguard Policy Statement 2009, the project's loan covenants and EMP requirements, and national regulatory requirements with regard to environment and social safeguards. ▪ Prepare quarterly progress reports on environmental safeguards and annual EMRs with guidance from ADB TA Environmental Safeguards Consultant during operations phase for submission to ADB. ▪ Maintain records of all grievances received. |
| ESS focal point (consultant) of PMU at MOH | <ul style="list-style-type: none"> ▪ Oversee day-to-day management of the environmental and social safeguards aspects of project implementation during pre-construction and construction and ensure compliance with ADB's Safeguard Policy Statement 2009, the project's loan covenants and EMP requirements, and national regulatory requirements regarding environment and social safeguards. ▪ Prepare quarterly progress reports on environmental safeguards and semi-annual EMRs with guidance from ADB TA Environmental Safeguards Consultant during construction phase for submission to ADB. ▪ Ensure that bid documents and contracts are in accordance with the EMP requirements prior to contract award. The contract will explicitly exclude the use of any asbestos containing materials, require the contractor to prepare a Construction EMP (CEMP) and undertake a health and safety (H&S) risk assessment including COVID-19 risks amongst others. ▪ Review and approve in a timely manner the contractor's detailed designs and their CEMP and sub-plans to ensure they are in accordance with the EMP requirements. ▪ Update the IEE/EMP as necessary and locally disclose any updates (i.e. if unanticipated impacts or changes in scope or design occur during implementation). Any updated IEE/EMP must be submitted to ADB for clearance and disclosure on the ADB website before any related works commence or are cleared to continue. ▪ Undertake continuous consultations to inform of progress with project implementation including prior to finalization of detailed designs, giving attention to consultations with women and other vulnerable groups. All ongoing consultation, such as, minutes of the meetings will be documented in the EMRs submitted to ADB. ▪ Upon loan effectiveness, assist the MOH in the establishment of the GRM. All grievance-related information will be documented in the EMRs submitted to ADB. Coordinate Tier 1 and Tier Two GRCs. ▪ Maintain Tier 2 and Master Grievance registry. |

| | |
|---|--|
| <p>ESS focal point of contractor</p> | <ul style="list-style-type: none"> ▪ Prepare and submit CEMP and Health and Safety Plan to ESS focal at PMU for review and approval prior to the commencement of works. ▪ Monitor day-to-day implementation of environment, health and safety measures, ensuring that all construction workers including all formal and informal employees and subcontractors understand their responsibilities to implement the EMP and mitigate environmental impacts associated with pre-construction and construction activities. ▪ Undertake environmental monitoring as set out in the Environmental Monitoring Plan during pre-construction and construction and documenting qualitative and quantitative monitoring results to be included in the monthly monitoring report. ▪ Immediately inform MOH in case of any design changes or unanticipated environmental impacts occurring during the project implementation stage before any changes are implemented. ▪ Immediately inform MOH in case of any non-compliance and help them to prepare as necessary a corrective action plan for clearance by ADB. ▪ Ensure that the contact information of the ESS focal point of contractor is shared on the project signboard and to relevant projects stakeholders. ▪ Facilitate the resolution of grievances and maintain records of all grievances received. ▪ Submit monthly monitoring reports to ESS focal (consultant) of PMU. |
|---|--|

VII. ENVIRONMENTAL MANAGEMENT PLAN (EMP)

D. Introduction

219. This section of the IEE report will provide information on the Environmental Management Plan (EMP) for the project. This section will prescribe an environmental monitoring program which will be implemented by the contractor under the close supervision of ESS focal point of PMU.

220. It is recommended to include the following EMP (Construction Phase) in the bidding document and contract for construction of central vaccine cold chain storage facility to ensure the compliance of the contractors with the provisions of this EMP.

221. The following table 31 is the EMP for the project.

Table 31: Environmental Management Plan for construction and operational phase of central cold-storage facility for Hulhumale

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|-------------------------------------|--|--|--|----------------------------|-------------|--|
| | | | | Implementation | Supervisory | |
| PRE-CONSTRUCTION/CONSTRUCTION PHASE | | | | | | |
| LABOUR MANAGEMENT | | | | | | |
| Local Workers | Low employment opportunity to locals | Responsible Recruitment of local workers | Local workers shall be prioritized during the recruitment process | Contractor | MOH | |
| Terms and Conditions | In adequate understanding of the Terms of Reference and scope of the hired workers | Transparent communication process | Clear communication of all the remunerations to works needs to be presented including working hours, insurance and other key benefits | Contractor | MOH | Mitigation cost to be included in the bid document |
| | | Well defined scope and terms within contract | Well documented and recorded contracts with workers | Contractor | MOH | |
| | Increase of foreign workers without proper work permit | Compliance with Foreign workers regulations | Necessary work visa is ensured to all foreign workers | Contractor | MOH | |
| | Increased in forced foreign labour | Well defined scope and terms within contract | A standalone clause needs to be included in the contract to ensure recruited workers do not pay any fee/bond/withhold of personal identification documents including passports | MOH | MOF | N/A |
| Accommodation facilities (mostly | Exposed to health risks | Provide safe accommodations, | The accommodation facilities for all workers | Contractor | MOH | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---------------------------------|--|---|--|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| applicable for foreign workers) | including COVID 19 outbreak at the accommodation facilities. | clean water, access to proper sanitation facilities and adequate waste management | shall be safe and should have all basic essential services including water, sanitation, and proper waste management. Additionally, hygiene products such as sanitizers shall be installed in site to reduce any COVID 19 outbreaks | | | |
| | Inadequate water and food supplies | Provision of Clean Water | Supply enough potable water and sanitation facilities in every workplace and work site at suitable and easily accessible places | Contractor | MOH | |
| | | Food provision | Minimum 03 meals shall be provided to construction staff per day | Contractor | MOH | |
| Decent Work | Extra-long hours | | Worker shall not be forced to work for more than 48 hours per week | Contractor | MOH | |
| | | | Worker shall not be made to work for more than 6 days a week consecutively without providing 24 hours for rest | Contractor | MOH | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---|--|--|---|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | Worker shall not be made to work continuously for more than 5 hours without providing a break for at least 30 minutes | Contractor | MOH | |
| | Withholding remunerations or benefits | Compliance with the regulations | Salary should be paid to all permanent contract workers once a month, and should be recorded and maintained | Contractor | MOH | |
| PROCUREMENT AND MANAGEMENT OF CONSTRUCTION MATERIALS | | | | | | |
| Coral and Sand Mining | Significant impact to marine and coastal environment | Compliance with regulations | Include in contract that use of any coral for construction is strictly prohibited | MOH | MOF | |
| Imported Materials | Introduction of non-native species | Compliance with regulations | Include in contract that any non-native species is strictly prohibited | MOH | MOF | |
| Health and Safety | Accidents or unforeseen injuries during storage of materials | Location control | Designate loading and unloading location within the site | Contractor | MOH | |
| | | Maintain air quality | Construction materials needs to be properly covered | Contractor | MOH | |
| | | Prevention of hazard risks including fire and oil spills | Flammable equipment and hazardous materials need to be adequately stored. | Contractor | MOH | |
| | Accidents or unforeseen injuries during | Controls | Avoid overloading of materials to the vessels | Contractor | MOH | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|-----------------------------------|---|---------------------------|--|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | storage of materials during transportation | Controls | Ensure coverage of vessels during transportation | Contractor | MOH | |
| | | Traffic flow | Undertake transfer of materials during low traffic hours to minimize nuisance to public | Contractor | MOH | |
| Damages to public infrastructures | Risk of damages to roads due to heavy transportation of materials | Control, Clean and Repair | Ensure overloading is avoided and clean any accidental spillage during transport. Repair of any damaged roads or infrastructures due to transportation | Contractor | MOH | |
| SITE MANAGEMENT | | | | | | |
| Access to sites | Injuries and accidents for trespassers | Information | Place a proper project information billboard specifying, project name, contractor, financing entities, project value and contact information. Safety signage boards shall be erected | Contractor | MOH | |
| | | Control measures | Adequate, safe and neat fencing shall be erected to cover the entire perimeter of the construction site using cost effective fence materials consisting of | Contractor | MOH | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---------------------------|--|------------------------|---|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | chain link fence fabric, concrete post, etc. as specified in the Technical Specifications in order to ensure public are unable to access the site. | | | |
| Site clearance | There is no significant flora or fauna at the sites. | Information | There are no shrubs nor trees to be removed. However, in case of any need, careful removal of the shrubs from the sites and necessary permits and will be secured and any conditions (i.e. replanting) will be implemented. | Contractor | MOH | |
| Mobilization of equipment | Decreased air quality | Maintain air quality | Careful transport of materials to the sites. Delivery trucks will be covered and trucks and mobile equipment will be properly maintained. | Contractor | MOH | |
| UTILITY SERVICES | | | | | | |
| Ground Water | Pollution of groundwater | Source water from MWSC | Do not obtain water for project purposes from any public or community water taps. | Contractor | MOH | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|-----------------------------------|---|--------------------------------|---|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | Waste will be properly disposed of through WAMCO. | | | |
| Electricity | Electrocution and safety risks | STELCO | Ensure electricity is supplied from STELCO Ensure that a Health and Safety Plan is approved by PMU and implemented by the contractor prior to commencement of works. | Contractor | | |
| GENERAL CONSTRUCTION WORKS | | | | | | |
| Pollution Control | Increase waste dumping and pollution | Proper waste management system | Ensure all construction waste are sorted | Contractor | MOH | |
| | | | Ensure all waste generated during the construction period is safely disposed at Thilafushi or designated sites for waste disposal by proponent | Contractor | MOH | |
| Health and Safety | Accidents or unforeseen injuries during constructional period | Workers Safety measures | Ensure safe working environment for workers are provided. These include provision on adequate safety equipment such as safety shoes, helmets | Contractor | MOH | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---------|---------|--------------------------------|---|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | Ensure safety net during the construction period | Contractor | MOH | |
| | | | Protective footwear and protective goggles should be provided to all workers employed on mixing of materials like cement, concrete etc. | Contractor | MOH | |
| | | | Provision and availability of a well-stocked and equipped first aid kit and proper mechanism or protocol to attend medical emergencies | Contractor | MOH | |
| | | Signage boards and information | Put up signage with instructions on first aid management, emergency contact and emergency operational procedures in Dhivehi and other language including but not limited to Bangala | Contractor | MOH | |
| | | | Prepare a sign board with names and contact information for emergency services such as ambulance, hospitals, police and the fire services and | Contractor | MOH | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---------|---------|---------------------------|---|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | display at the work site. This board also need to have contact information for GRM | | | |
| | | | All workers should be provided with health and safety information appropriate to the work that they undertake | Contractor | MOH | |
| | | Training | Conduct onsite safety training for all laborers during the EMP training prior to the start of construction activities | Contractor | MOH | |
| | | | Provide training to laborers on the risks of working in a tropical open project site | Contractor | MOH | |
| | | | Provide regular training on implementation of EMP. | Contractor | MOH | |
| | | COVID 19 Hygiene Products | Ensure availability of hygiene facilities within the construction sites including sanitizers, hand washing platforms | Contractor | MOH | |
| | | | Establish working environment protocols in accordance with the guidelines set by | Contractor | MOH | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---------|---------|----------------------|--|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | Health Protection Agency to slow the spread of COVID 19 in workplace and construction sites. (see Appendix H) | | | |
| | | Risk reduction | Special precaution must be undertaken to ensure workers are safe from risk of electrocution. No open electrical wiring or cables shall be kept on site | Contractor | MOH | |
| | | Communication | All communication to workers shall be presented in the local languages and in the case of migrant workers in their local language as well. | Contractor | MOH | |
| | | Emergency procedures | Ensure Emergency Response procedures are in place and communicated to all workers. Always ensure availability of suitable transport to take injured or sick person(s) to the nearest hospital | Contractor | MOH | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---|--------------------------|------------------------|---|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | (Hulhumalé Hospital), which is located in Hulhumalé Phase I. | | | |
| | | Monitoring | Prepare a safety inspection checklist taking into consideration what the workers are supposed to be wearing and monitor and record monthly | Contractor | MOH | |
| DEMOBILIZATION AND HANDOVER TO PROCESS | | | | | | |
| Health & Safety | | | Remove all excess material, equipment, vehicles from the project site prior to complete demobilization | Contractor | MOH | |
| | | | Dismantle all temporary site offices and remove from the site | Contractor | MOH | |
| | | | If the storage site has been dilapidated in any way as per the evaluation of the engineer, reinstate it to the original condition prior to demobilization | Contractor | MOH | |
| OPERATIONAL PHASE | | | | | | |
| Ground Water | Pollution of groundwater | Source water from MWSC | Do not obtain water for operation purposes | MOH | MOF | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|-------------------|--|--|---|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | from any public or community water taps. Ensure proper disposal of solid and liquid wastes. | | | |
| Soil waste | Increase waste dumping and pollution | Proper waste management system | Ensure all waste are placed in the designated areas with adequate safe practices and guidance by WAMCO and HPA, and in accordance with WHO guidelines on waste management. Ensure that appropriate temperature is maintained in cold rooms to prevent vaccine wastage. | MOH | MOF | |
| Health and Safety | Accidents or unforeseen injuries during storage of materials | Location control | Designate loading and unloading location within the site | MOH | MOF | |
| | Hazard risks including fire and oil spills | Health and Safety Plan and Emergency Response Procedures | Ensure adequate budget for the Health and Safety Plan and Emergency response Procedures. | MOH | MOF | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---------|---------|-----------------|--|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | <p>Provide training to involved workers on the plans and procedures, including use of PPEs.</p> <p>Provide appropriate PPEs to workers.</p> <p>Flammable equipment and hazardous materials need to be properly labelled and stored.</p> <p>Smoking should be forbidden, and “No Smoking” signs should be displayed throughout the store.</p> <p>The building should be fitted with fire and smoke detectors connected to an external alarm sounder. If possible, the alarm system should have an automatic telephone connection to the fire service.</p> | | | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---------|---------|-----------------|--|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | <p>There should be at least one carbon dioxide or powder fire extinguisher close to the entrance door for extinguishing electrical fires.</p> <p>In addition, there should be at least two carbon dioxide, powder or water extinguishers within 30 meters of any part of the vaccine store for extinguishing other types of fire.</p> <p>Fire-detection and fire-fighting equipment must be inspected regularly, and staff must receive adequate training in fire-fighting techniques and emergency action. There should be regular fire drills.</p> <p>Special precaution must be undertaken to ensure the place is safe from risk of electrocution. No open electrical wiring or</p> | | | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---------|----------------|------------------------|---|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | <p>cables shall be kept on site. This needs to be addressed and maintained by MOH</p> <p>Ensure Emergency Response procedures are in place and communicated to all workers.</p> <p>Always ensure availability of suitable transport to take injured or sick person(s) to the nearest hospital (Hulhumalé Hospital).</p> <p>In consultation with National Disaster Management Authority (NDMA), emergency operational plan is formulated, and regular drills shall be conducted.</p> | | | |
| | COVID-19 risks | Health and Safety Plan | Ensure availability of hygiene facilities within the sites including sanitizers, hand washing platforms | MOH | MOF | |

| Feature | Impacts | Method Proposed | Proposed Mitigation Measures | Institution Responsibility | | Mitigation Cost (MVR) |
|---------|---------|--------------------------|--|----------------------------|-------------|-----------------------|
| | | | | Implementation | Supervisory | |
| | | | Establish working environment protocols in accordance with the guidelines set by Health Protection Agency to slow the spread of COVID 19 in constructional sites | | | |
| | | Monitoring | Prepare a safety inspection checklist taking into consideration what the workers are supposed to be wearing and monitor and record monthly | MOH | MOF | |
| | | Medical Waste Management | Ensure that all the medical waste generated through immunization program and expired vaccines are managed properly. | MOH | MOF | |
| | | Pest Control | Good housekeeping practices must be observed to minimize infestation by insects, rodents, bats or other pests. | MOH | MOF | |

VIII. ENVIRONMENTAL MONITORING PLAN

222. Environmental monitoring is the systematic measurement of key environmental indicators over time within a particular geographic area (Joseph et al 2015). It is an integral part of any environmental assessment. It shows how the project has or is impacting the baseline environmental conditions that have been assessed as the part of the environmental assessment. It identifies the degree and magnitudes of the predicted environmental impacts for the project are felt on the environment as a result of project implementation. Thus, it will help in implementing the mitigation measures that are already identified in this report or implement further measures if the impacts are identified to be bigger than anticipated.

Aim and Objective of Environmental Monitoring Plan

223. The aim of the proposed environmental monitoring plan is to provide information which would enable effective impact management. Furthermore, the monitoring plan is aimed to better understand how the predicted impacts have impacted the baseline environmental condition hence the impact prediction and effectiveness of mitigation measures can be better understood. Monitoring activities including laboratory analysis for air quality, noise and groundwater are to be carried out by a suitably qualified, experienced, and licensed third-party monitoring organization. Quantitative monitoring activities may be modified during project implementation, depending on the contractors' performance and analytical results obtained. If performance is worse than expected, corrective action will be identified, and environmental monitoring activities will be adjusted accordingly with MOH approval.

224. Among other things, environmental monitoring plan will measure the following environmental indicators:

- i. Ambient Air Quality (vs. IEE baseline)
- ii. Noise Level (vs. IEE baseline)
- iii. Groundwater quality (vs. IEE baseline)

225. The proposed monitoring will ensure that these measured parameters are kept within the baseline limits and predicted impacts are accurate and mitigation measures has been taken effectively.

226. In addition to quantitative monitoring described above, there will also be supervision and monitoring of compliance with applicable laws and regulations, EMP implementation, compliance with safeguards-related loan covenants, and status of grievance redress mechanism.

IX. ENVIRONMENTAL MONITORING REPORT

A. Reporting Format

227. A detailed template of the Environmental Monitoring Report has been attached to the Appendix 5 of this IEE report.

B. Frequency of Reporting

228. Environmental monitoring will commence from the project's loan effectivity and will be continued during operations phase until a project completion report is issued. Semi-annual monitoring reports will be submitted to ADB semi-annually during construction phase and annually during operations phase. Environmental monitoring reports will be submitted to ADB within 30 days from the end of each reporting period.

C. Unanticipated Impacts and Noncompliance

229. In the event of unanticipated environmental impacts during implementation, the IEE may need to be updated and preparation of a corrective action plan for any non-compliance to environmental covenants or the applicable national requirements may be required. The corrective action plan will be time-bound, budgeted, and agreed between MOH and ADB.

D. Environmental Monitoring Plan and Cost

230. The following monitoring plan will be utilized during the construction phase and the operational phase of the proposed construction of central vaccine cold chain storage facility in Hulhumale.’

231. The funding for the monitoring will be from the project budget during the project implementation period.

Table 32: Environmental Monitoring Plan

| Monitoring Requirement | Environmental Indicator | Baseline Data | Technique | Frequency | Cost (USD) | Total Annual Cost |
|----------------------------|---|----------------------|-----------------------|----------------|------------|-------------------|
| Ambient Air Quality | PM _{2.5} , PM ₁₀ , Particles, CO ₂ | Baseline Date of EIA | Air Quality Meter | Quarterly | 200 | 1,200 |
| Noise Levels | Decrease or Increase | Baseline Data of EIA | Type 2 sound meter | Every 4 months | 200 | 1,000 |
| Groundwater quality | Temperature, pH & salinity, Nitrate, Phosphate and Sulphate | Baseline Data of EIA | Laboratory assessment | Every 4 months | 200 | 1,800 |
| Total Cost | | | | | 600 | 4,000 |

*Air and noise testing budgeted for the construction period; groundwater testing budgeted for the entire project implementation duration.

X. CONCLUSION

232. The IEE Report aims to address the environmental issues arising during construction and operation of the proposed construction and operation of Central Vaccine Cold-Chain Storage Facility at Hulhumale’, as a project activity for Maldives: Responsive COVID-19 Vaccination for Recovery Project under the Asia Pacific Vaccine Access Facility. While the project is exempted

from preparing an EIA nor an IEE, an EMP is required for securing national environmental clearance from the EPA prior to commencement of works. Other local permits and requirements will also be secured. This IEE is prepared in compliance with ADB SPS for a category B project.

233. The components of Maldives Responsive COVID-19 Vaccination for Recovery Project which includes a central vaccine cold chain storage facility and procurement of 7 speed boats and 2 refrigerated trucks are anticipated to have impacts which are site specific and can be readily mitigated with scientifically accepted engineering measures and good housekeeping practices. The anticipated environmental impacts include temporary degradation of air quality, possibility of contamination of groundwater aquifer and temporary increase in noise level. These impacts are anticipated to occur during construction phase and are temporary and site-specific in nature. The IEE provides appropriate the mitigation measures for the identified major environmental impacts and monitoring measures.

234. As the IEE is prepared based on preliminary studies, it is recommended that the IEE and the EMP are updated based on detailed design before contract awards.

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XII. LIST OF APPENDIXES

1. REA Checklist for Central Vaccine Cold-chain Storage Facility
2. REA checklist for the transport vehicles and vessels
3. Environmental Standards
4. Sample grievance redress form
5. Semi Annual Environmental Monitoring Report Format
6. WHO Interim Guidance on Water, Sanitation, Hygiene and Waste Management for the COVID-19 virus
7. Water Quality Test Report
8. Standard Operational Procedures (SOP) for Waste management of used COVID-19 vaccines vials and ancillary supply
9. Guideline on Workplace Safety During COVID-19
10. Screening Decision on the Construction of a Vaccine Cold Storage Facility in Hulhumale

Rapid Environmental Assessment (REA) Checklist

Instructions:

- (i) The project team completes this checklist to support the environmental classification of a project. It is to be attached to the environmental categorization form and submitted to the Safeguards Division (SDSS), for endorsement by Director, SDSS and for approval by the Chief Compliance Officer.
- (ii) This checklist focuses on environmental issues and concerns. To ensure that social dimensions are adequately considered, refer also to ADB's: (a) checklists on involuntary resettlement and Indigenous Peoples; (b) poverty reduction handbook; (c) staff guide to consultation and participation; and (d) gender checklists.
- (iii) Answer the questions assuming the "without mitigation" case. The purpose is to identify potential impacts. Use the "remarks" section to discuss any anticipated mitigation measures.

Country/Project Title: Maldives: Responsive COVID-19 Vaccination for Recovery Project under the Asia Pacific Vaccine Access Facility

Sector Division: SAHS

| Screening Questions | Yes | No | Remarks |
|--|-----|----|--|
| A. Project Siting Is the Project area adjacent to or within any of the following environmentally sensitive areas? | | X | The construction of cold chain facility will be within a vacant land allocated to Ministry of Health in Hulhumale. It is not within not adjacent to any environmentally sensitive areas. |
| ▪ Cultural heritage site | | X | |
| ▪ Legally protected Area (core zone or buffer zone) | | X | |
| ▪ Wetland | | X | |
| ▪ Mangrove | | X | |
| ▪ Estuarine | | X | |
| ▪ Special area for protecting biodiversity | | X | |
| B. Potential Environmental Impacts Will the Project cause... | | | |
| ▪ impairment of historical/cultural areas; disfiguration of landscape or potential loss/damage to physical cultural resources? | | X | |
| ▪ disturbance to precious ecology (e.g. sensitive or protected areas)? | | X | Per IBAT results, there are no protected areas nor key biodiversity areas within 1 kilometer from the project site. |

| Screening Questions | Yes | No | Remarks |
|--|-----|----|--|
| <ul style="list-style-type: none"> alteration of surface water hydrology of waterways resulting in increased sediment in streams affected by increased soil erosion at construction site? | X | | There are no surface water resources near the project site. However, construction of the central vaccine cold chain facility will involve a raft foundation which will require de-watering of groundwater. Hence, the ground water hydrology may be affected and soil erosion may occur due to excavation. |
| <ul style="list-style-type: none"> deterioration of surface water quality due to silt runoff and sanitary wastes from worker-based camps and chemicals used in construction? | X | | There are no surface water resources near the project site. However, there is a risk of seepage of construction chemicals to groundwater. No seepage of sanitary wastes is anticipated since Hulhumale' has a proper sewerage management network. |
| <ul style="list-style-type: none"> increased air pollution due to project construction and operation? | X | | The dust generated during the construction may have some temporary increase in air pollution in the vicinity of the project site. No significant impacts on air quality are anticipated during the operational phase of the project. |
| <ul style="list-style-type: none"> noise and vibration due to project construction or operation? | X | | Noise levels and vibration are expected to increase from operation of heavy equipment and transport of materials. Blasting is not expected. |
| <ul style="list-style-type: none"> involuntary resettlement of people? (physical displacement and/or economic displacement) | | X | The land proposed for the construction of the central vaccine cold chain facility is allocated and owned by the Ministry of Health (Implementing Agency of the project). The plot is currently vacant and no economic displacement is anticipated. |
| <ul style="list-style-type: none"> disproportionate impacts on the poor, women and children, Indigenous Peoples or other vulnerable groups? | | X | No adverse impacts on the poor, women and children, Indigenous People and other vulnerable groups are anticipated. |
| <ul style="list-style-type: none"> poor sanitation and solid waste disposal in construction camps and work sites, and possible transmission of communicable diseases (such as STIs and HIV/AIDS) from workers to local populations? | | X | Due to small scale of the construction, a large workforce will not be required for the project. The workforce will be accommodated in existing accommodations near the project site with proper means for sanitation and solid waste management. |
| <ul style="list-style-type: none"> creation of temporary breeding habitats for diseases such as those transmitted by mosquitoes and rodents? | X | | All construction sites are potential breeding site for mosquitos, hence proper housekeeping will be followed to reduce this risk. |
| <ul style="list-style-type: none"> social conflicts if workers from other regions or countries are hired? | | X | No social conflicts are anticipated as most of the workers will be migrant workers who are currently employed by the contractor. |
| <ul style="list-style-type: none"> large population influx during project construction and operation that causes increased burden on social infrastructure and services (such as water supply and sanitation systems)? | | X | No large population influx is anticipated due to small scale nature of the project. |

| Screening Questions | Yes | No | Remarks |
|--|-----|----|---|
| ▪ risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during project construction and operation? | | X | Occupational health and safety risks will be mitigated by the contractor. Minimal hazardous materials such as used oils from equipment are anticipated to be used during the construction of the project. |
| ▪ risks to community health and safety due to the transport, storage, and use and/or disposal of materials such as explosives, fuel and other chemicals during construction and operation? | X | | Only hazardous construction chemicals or oil may be utilized during the project construction phase. Proper mitigation measures will be taken to avoid spill and ensure community health and safety. |
| ▪ community safety risks due to both accidental and natural causes, especially where the structural elements or components of the project are accessible to members of the affected community or where their failure could result in injury to the community throughout project construction, operation and decommissioning? | X | | Only hazardous construction chemicals or oil may be utilized during the project construction phase. Proper mitigation measures will be taken to avoid spill and ensure community health and safety. |
| ▪ generation of solid waste and/or hazardous waste? | X | | Construction waste will be generated. Some hazardous waste will be generated. The waste generated will be managed through the existing waste management facilities in Hulhumale' in collaboration with WAMCO (waste management corporation). |
| ▪ use of chemicals? | X | | Only construction chemicals and paints are anticipated to be used only during the construction phase. Other chemicals required for EPI programme will be stored within the central vaccine cold chain facility during the operational phase. Lubricants and other chemicals for vehicle maintenance and fuel will be utilized for the land and sea vehicles. |
| ▪ generation of wastewater during construction or operation? | X | | Wastewater from dewatering from construction activities and domestic wastewater from operations phase will be connected to existing sewerage system in Hulhumale'. |

A Checklist for Preliminary Climate Risk Screening

Country/Project Title: Maldives: Responsive COVID-19 Vaccination for Recovery Project under the Asia Pacific Vaccine Access Facility

Sector: health

Subsector:

Division/Department: SAHS/SARD

| Screening Questions | | Score | Remarks ¹ |
|---------------------------------------|---|-------|--|
| Location and Design of project | Is siting and/or routing of the project (or its components) likely to be affected by climate conditions including extreme weather-related events such as floods, droughts, storms, landslides? | 1 | The project location is far away from coastline however, there is a risk for flooding during extreme weather events. |
| | Would the project design (e.g. the clearance for bridges) need to consider any hydro-meteorological parameters (e.g., sea-level, peak river flow, reliable water level, peak wind speed etc.)? | 1 | Following building code requirements, wind speed data will be considered for building design. |
| Materials and Maintenance | Would weather, current, and likely future climate conditions (e.g. prevailing humidity level, temperature contrast between hot summer days and cold winter days, exposure to wind and humidity hydro-meteorological parameters likely affect the selection of project inputs over the life of project outputs (e.g. construction material)? | 2 | Extreme temperature and extreme events will impact the vaccine handling and transport activities. |
| | Would weather, current, and likely future climate conditions, and related extreme events likely affect the maintenance (scheduling and cost) of project output(s)? | 2 | Extreme temperature will increase the operational cost of the facility. |
| Performance of project outputs | Would weather/climate conditions, and related extreme events likely affect the performance (e.g. annual power production) of project output(s) (e.g. hydro-power generation facilities) throughout their design lifetime? | 0 | Due to the nature of the building being a cold-chain facility not |

¹ If possible, provide details on the sensitivity of project components to climate conditions, such as how climate parameters are considered in design standards for infrastructure components, how changes in key climate parameters and sea level might affect the siting/routing of project, the selection of construction material and/or scheduling, performances and/or the maintenance cost/scheduling of project outputs.

| | | | |
|--|--|--|--|
| | | | much climatic impacts are anticipated. |
|--|--|--|--|

Options for answers and corresponding score are provided below:

| Response | Score |
|-------------|-------|
| Not Likely | 0 |
| Likely | 1 |
| Very Likely | 2 |

Responses when added that provide a score of 0 will be considered low risk project. If adding all responses will result to a score of 1–4 and that no score of 2 was given to any single response, the project will be assigned a medium risk category. A total score of 5 or more (which include providing a score of 1 in all responses) or a 2 in any single response, will be categorized as high risk project.

Result of Initial Screening (Low, Medium, High): High

Other Comments: _____

Prepared by: Dai-Ling Chen, Young Professional, SAHS *Dai-Ling Chen*

Rapid Environmental Assessment (REA) Checklist

Instructions:

- (i) The project team completes this checklist to support the environmental classification of a project. It is to be attached to the environmental categorization form and submitted to the Safeguards Division (SDSS), for endorsement by Director, SDSS and for approval by the Chief Compliance Officer.
- (ii) This checklist focuses on environmental issues and concerns. To ensure that social dimensions are adequately considered, refer also to ADB's: (a) checklists on involuntary resettlement and Indigenous Peoples; (b) poverty reduction handbook; (c) staff guide to consultation and participation; and (d) gender checklists.
- (iii) Answer the questions assuming the "without mitigation" case. The purpose is to identify potential impacts. Use the "remarks" section to discuss any anticipated mitigation measures.

Country/Project Title: Maldives: Responsive COVID-19 Vaccination for Recovery Project under the Asia Pacific Vaccine Access Facility

Sector Division: SAHS

| Screening Questions | Yes | No | Remarks |
|--|-----|----|---|
| A. Project Siting Is the Project area adjacent to or within any of the following environmentally sensitive areas? | | X | This project activity involves procurement and operation of 7 speed boats and 4 land vehicles for transportation of vaccines. |
| ▪ Cultural heritage site | | X | |
| ▪ Legally protected Area (core zone or buffer zone) | | X | |
| ▪ Wetland | | X | |
| ▪ Mangrove | | X | |
| ▪ Estuarine | | X | |
| ▪ Special area for protecting biodiversity | | X | |
| B. Potential Environmental Impacts Will the Project cause... | | | |
| ▪ impairment of historical/cultural areas; disfiguration of landscape or potential loss/damage to physical cultural resources? | | X | No construction works are involved in this project activity. |
| ▪ disturbance to precious ecology (e.g. sensitive or protected areas)? | | X | Transportation of vaccines will be done by land and sea. No impacts on ecology are anticipated. |

| Screening Questions | Yes | No | Remarks |
|--|-----|----|---|
| ▪ alteration of surface water hydrology of waterways resulting in increased sediment in streams affected by increased soil erosion at construction site? | | X | No impact anticipated. |
| ▪ deterioration of surface water quality due to silt runoff and sanitary wastes from worker-based camps and chemicals used in construction? | | X | No impact anticipated. |
| ▪ increased air pollution due to project construction and operation? | X | | No civil works are involved but operation of speed boats and vehicles may result in minimal emissions if these are not properly maintained. |
| ▪ noise and vibration due to project construction or operation? | X | | No civil works are involved but operation of speed boats and vehicles may result in increase in noise if these are not properly maintained. |
| ▪ involuntary resettlement of people? (physical displacement and/or economic displacement) | | X | No impact anticipated. |
| ▪ disproportionate impacts on the poor, women and children, Indigenous Peoples or other vulnerable groups? | | X | No impacts on the poor, women and children, Indigenous People and other vulnerable groups are anticipated. |
| ▪ poor sanitation and solid waste disposal in construction camps and work sites, and possible transmission of communicable diseases (such as STIs and HIV/AIDS) from workers to local populations? | | X | No impact anticipated. |
| ▪ creation of temporary breeding habitats for diseases such as those transmitted by mosquitoes and rodents? | | X | No impacts anticipated. |
| ▪ social conflicts if workers from other regions or countries are hired? | | X | No impact anticipated. |
| ▪ large population influx during project construction and operation that causes increased burden on social infrastructure and services (such as water supply and sanitation systems)? | | X | No impact anticipated. |
| ▪ risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during project construction and operation? | X | | Transportation of vaccine by land or sea will involve a risk of accidents. Hence, all road and sea safety measures will be taken during the deployment of these boats and vehicles and during operational phase of the project. |
| ▪ risks to community health and safety due to the transport, storage, and use and/or disposal of materials such as explosives, fuel and other chemicals during construction and operation? | X | | There is a risk of oil spillage during the deployment of speed boat and vehicles and during the operation phase. |
| ▪ community safety risks due to both accidental and natural causes, especially where the structural elements or components of the project are accessible to members of the affected community or where their failure could result in injury to the community throughout project construction, operation and decommissioning? | X | | Transportation of vaccine by land or sea will involve a risk of accidents. Hence, all road and sea safety measure will be taken during the deployment of these boats and vehicles and during operational phase of the project. |

| Screening Questions | Yes | No | Remarks |
|--|-----|----|--|
| ▪ generation of solid waste and/or hazardous waste? | X | | Some minor waste may be generated during the maintenance of the speed boats and vehicles. |
| ▪ use of chemicals? | X | | Lubricants and other chemicals for vehicle maintenance and fuel will be utilized in vehicle maintenance. |
| ▪ generation of wastewater during construction or operation? | | X | No impact anticipated. |

A Checklist for Preliminary Climate Risk Screening

Country/Project Title: Maldives: Responsive COVID-19 Vaccination for Recovery Project under the Asia Pacific Vaccine Access Facility

Sector: health

Subsector:

Division/Department: SAHS/SARD

| Screening Questions | | Score | Remarks ¹ |
|---------------------------------------|---|-------|--|
| Location and Design of project | Is siting and/or routing of the project (or its components) likely to be affected by climate conditions including extreme weather-related events such as floods, droughts, storms, landslides? | 2 | The transportation of vaccine via sea will be particularly vulnerable to the storms. |
| | Would the project design (e.g. the clearance for bridges) need to consider any hydro-meteorological parameters (e.g., sea-level, peak river flow, reliable water level, peak wind speed etc.)? | 1 | Weather information shall be relied during the transport of vaccine via the speed boats. |
| Materials and Maintenance | Would weather, current, and likely future climate conditions (e.g. prevailing humidity level, temperature contrast between hot summer days and cold winter days, exposure to wind and humidity hydro-meteorological parameters likely affect the selection of project inputs over the life of project outputs (e.g. construction material)? | 0 | No major consideration on climate proofing is required for the speed boats and vehicles. |
| | Would weather, current, and likely future climate conditions, and related extreme events likely affect the maintenance (scheduling and cost) of project output(s)? | 2 | The extreme weather events will increase the maintenance cost of the speed boats and vehicles. |
| Performance of project outputs | Would weather/climate conditions, and related extreme events likely affect the performance (e.g. annual power production) of project output(s) (e.g. hydro-power generation facilities) throughout their design lifetime? | 2 | The extreme weather events will affect the performance of vaccine transport. |

¹ If possible, provide details on the sensitivity of project components to climate conditions, such as how climate parameters are considered in design standards for infrastructure components, how changes in key climate parameters and sea level might affect the siting/routing of project, the selection of construction material and/or scheduling, performances and/or the maintenance cost/scheduling of project outputs.


Options for answers and corresponding score are provided below:

| Response | Score |
|-------------|-------|
| Not Likely | 0 |
| Likely | 1 |
| Very Likely | 2 |

Responses when added that provide a score of 0 will be considered low risk project. If adding all responses will result to a score of 1–4 and that no score of 2 was given to any single response, the project will be assigned a medium risk category. A total score of 5 or more (which include providing a score of 1 in all responses) or a 2 in any single response, will be categorized as high risk project.

Result of Initial Screening (Low, Medium, High):High

Other Comments: _____

Prepared by: Dai-Ling Chen, Health Specialist, SAHS 

Applicable Ambient Air Quality Standards for Maldives Projects

| Parameter | Maldives Ambient Air Quality Standard ($\mu\text{g}/\text{m}^3$) ^a | WHO Air Quality Guidelines ($\mu\text{g}/\text{m}^3$) | | Applicable Per ADB SPS ^d ($\mu\text{g}/\text{m}^3$) |
|-------------------------|---|---|-----------------------------------|--|
| | | Global Update ^b 2005 | Second Edition ^c 2000 | |
| PM ₁₀ | - | 20 (Annual) 50 (24-hr) | - | 20 (Annual) 50 (24-hr) |
| PM ₂₅ | - | 10 (Annual) 25 (24-hr) | - | 10 (Annual) 25 (24-hr) |
| SO ₂ | - | 20 (24-hr) 500 (10-min) | - | 20 (24-hr) 200 (1-hr) |
| NO ₂ | - | 200 (1-hr) | - | 100 (24-hr) 150 (8-hour) 200 (1-hr) |
| CO | - | - | 10,000 (8-hr) 100,000 (15-min) | 1,000 (8-hr) 3,000 (1-hr) 58,000 (anytime) |
| Ozone (O ₃) | - | 100 (8-hr) | | 100 (8-hr) 200 (1-hr) |

^a Maldives currently does not have national ambient air quality standards set.

^b WHO Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide. *Global update 2005*. WHO. 2006

^c Air Quality Guidelines for Europe Second Edition. WHO 2000.

^d Per ADB SPS, the government shall achieve whichever of the ambient air quality standards is more stringent. If less stringent levels or measures are appropriate in view of specific project circumstances, the executing agency of the government will provide full and detailed justification for any proposed alternatives that are consistent with the requirements presented in ADB SPS.

Applicable Ambient Noise Level Standards for Maldives Projects

| Receptor/ Source | Maldives National Noise Level Standards ^a (dBA) | | WHO Guidelines Value For Noise Levels Measured Out of Doors ^b (One Hour LA _q in dBA) | | Applicable Per ADB SPS ^c (dBA) | |
|---|--|-------|--|---------------|---|------------|
| | Day | Night | 07:00 – 22:00 | 22:00 – 07:00 | Day time | Night time |
| Residential, institutional, educational | - | - | 55 | 45 | 55 | 45 |
| Industrial, commercial | - | - | 70 | 70 | 70 | 70 |

^a Maldives currently does not have noise level standards.

^b Guidelines for Community Noise. WHO. 1999

^c Per ADB SPS, the government shall achieve whichever of the ambient air quality standards is more stringent. If less stringent levels or measures are appropriate in view of specific project circumstances, the executing agency of the government will provide full and detailed justification for any proposed alternatives that are consistent with the requirements presented in ADB SPS.

Applicable Drinking Water Quality Standards for Maldives Projects

| Group | National Standards for Drinking Water ^a | | | WHO Guidelines for Drinking-Water Quality, 4 th Edition, 2011 ^b | Applicable Per ADB SPS ^c |
|-----------------|--|----------------------|---------------------|---|-------------------------------------|
| | Parameter | Unit | Standard | | |
| Physical | Turbidity | NTU | <1 | - | <1 |
| | pH | | 6.5 to 8.5 | none | 6.5 – 8.5 |
| | Color | | Clear and colorless | none | Clear and colorless |
| | Taste and Odor | | - | - | - |
| | Electrical conductivity | µs/cm | <1,000 | - | <1,000 |
| | TDS | mg/l | <500 | - | <500 |
| | Suspended Solids | mg/l | 5 – 750 | - | 5 – 750 |
| Chemical | Iron | mg/l | <0.3 | - | <0.3 |
| | Manganese | mg/l | 0.1 | - | 0.1 |
| | Arsenic | mg/l | <0.01 | 0.01 | <0.01 |
| | Boron | mg/l | <0.3 | - | <0.3 |
| | Bromine | mg/l | 0.05 – 4.50 | - | 0.05 – 4.50 |
| | Cadmium | mg/l | <0.003 | 0.003 | <0.003 |
| | Chromium | mg/l | <0.05 | 0.05 | <0.05 |
| | Cyanide | mg/l | <0.07 | - | <0.07 |
| | Fluoride | mg/l | <1.5 | 1.5 | <1.5 |
| | Hydrogen Sulphide | mg/l | 0.05 | - | 0.05 |
| | Lead | mg/l | <0.01 | 0.01 | <0.01 |
| | Phosphate | mg/l | <5 | - | <5 |
| | Potassium | mg/l | 0 - 50 | - | 0 - 50 |
| | Ammonia | mg/l | <0.02 – 2.50 | none established | <0.02 – 2.50 |
| | Chloride | mg/l | <200 | none established | <200 |
| | Sulphate | mg/l | <250 | none | <250 |
| | Nitrate | mg/l | <50 | 50 | <50 |
| | Copper | mg/l | <2.0 | 2 | <2.0 |
| | Total Hardness | mg/l | <75 | - | <75 |
| | Calcium Hardness | mg/l | <60 | - | <60 |
| | Mercury | mg/l | <0.001 | 0.006 | <0.001 |
| | Free Chlorine | mg/l | 0.04 – 0.2 | - | 0.04 – 0.2 |
| | Anionic detergents | mg/l | 0.002 – 0.275 | - | 0.002 – 0.275 |
| | Phenolic compounds | mg/l | 0.002 – 0.2 | - | 0.002 – 0.2 |
| | Sodium | mg/l | <200 | - | <200 |
| | Total petroleum hydrocarbon | mg/l | 0 | - | 0 |
| Microbiological | Total coliform | Counts per 100ml CFU | 0 | - | 0 |
| | Fecal | Counts per | 0 | - | 0 |

| Group | National Standards for Drinking Water ^a | | | WHO Guidelines for Drinking-Water Quality, 4 th Edition, 2011 ^b | Applicable Per ADB SPS ^c |
|-------|--|----------------------|----------|---|-------------------------------------|
| | Parameter | Unit | Standard | | |
| | coliform | 100ml CFU | | | |
| | Enterococci | Counts per 100ml CFU | 0 | - | 0 |
| | Salmonella Typhi | Counts per 100ml CFU | 0 | - | 0 |
| | Shigella spp. | Counts per 100ml CFU | 0 | - | 0 |
| | Vibrio Cholerae | Counts per 100ml CFU | 0 | - | 0 |

^a Maldives Environmental Protection Agency Supply Quality Standard

^b Health-based guideline values.

^c Per ADB SPS, the government shall achieve whichever of the ambient air quality standards is more stringent. If less stringent levels or measures are appropriate in view of specific project circumstances, the executing agency of the government will provide full and detailed justification for any proposed alternatives that are consistent with the requirements presented in ADB SPS.

Applicable Domestic Wastewater Discharge Standards (Maximum Allowable Concentrations) for Maldives Projects

| Parameters | Unit | Discharge To | |
|--|----------------|-------------------------|---|
| | | Deep Sea ^a | Land for Surface Recharge of Groundwater ^a |
| Fecal coliforms | org per 100 ml | 100 | 10 |
| E. coli | org per 100 ml | 1 | 0 |
| pH | | 5 – 9.5 | 5 – 9.5 |
| Suspended Solids | mg/L | 150 | 15 |
| Residual chlorine | mg/L | 0.1 | 0.2 – 0.8 |
| Temperature | | | Not more than 3°C above the receiving water |
| Nitrate as N | mg/L | 15 | 6 |
| Free and saline Ammonia as N | mg/L | 10 | 10 |
| Ortho-phosphate as P | mg/L | 10 | 1 |
| Surfactants | mg/L | 10 | 10 |
| Conductivity | | < surrounding sea water | Equal or less than receiving groundwater |
| Soap, oils, and grease (food related) | mg/L | 5 | 5 |
| Oils, grease and waxes | mg/L | 5 | 1 |
| Chemical oxygen demand (after chloride correction) | mg/L | 50 | 5 |
| Biological Oxygen demand (5-day) | mg/L | 40 | 5 |
| Phenolic compounds as Phenol | mg/L | 1 | 1 |
| Dissolved oxygen | - | - | 75% saturation |
| Arsenic as As | mg/L | | 0.05 |
| Calcium as Ca | mg/L | | 80 |
| Cyanide as Cn | mg/L | | 0.5 |
| Chloride as Cl | mg/L | | 200 |
| Sulphide as S | mg/L | | 0.05 |
| Sulphates | mg/L | | 250 |
| Fluoride as F | mg/L | | 1 |
| Sodium as Na | mg/L | | 200 |

| | | | |
|---------------------------|------|---|-------|
| Zinc as Zn | mg/L | | 5 |
| Cadmium as Cd | mg/L | | 0.005 |
| Mercury as Hg | mg/L | | 0.02 |
| Selenium as Se | mg/L | | 0.05 |
| Boron as B | mg/L | | 0.5 |
| Hexavalent Chromium as Cr | mg/L | | 0.05 |
| Total Chromium as Cr | mg/L | | 0.5 |
| Copper as Cu | mg/L | | 1 |
| Lead as Pb | mg/L | | 0.1 |
| Iron as Fe | mg/L | | 1 |
| Manganese as Mn | mg/L | | 0.1 |
| Magnesium as Mg | mg/L | | 100 |
| Aluminum as Al | mg/L | | 0.3 |
| Sum of metals | mg/L | 5 | 1 |
| Acute toxicity | mg/L | 0 | 0 |

Note for the standards set for discharge to land for groundwater recharge: Groundwater samples should be taken at least every three months. If an increase of the components is confirmed, the relevant guideline values have to be lowered and/or the wastewater volumes used for recharge have to be restricted.

^a National Waste Water Quality Guidelines, Maldives Environmental Protection Agency. Revision 1. 2007.

Applicable Standards (Maximum Allowable Concentrations) for Combined Domestic and Industrial Wastewater for Maldives Projects

| Parameters | Unit | Standards^a |
|--|----------------|--|
| Fecal coliforms | org per 100 ml | 100 |
| E. coli | org per 100 ml | 1 |
| pH | | 5 – 9.5 |
| Suspended Solids | mg/L | 150 |
| Residual chlorine | mg/L | 0.2 – 0.8 |
| Temperature | | Not more than 44°C |
| Nitrate as N | mg/L | 15 |
| Free and saline Ammonia as N | mg/L | 10 |
| Ortho-phosphate as P | mg/L | 10 |
| Surfactants | mg/L | 10 |
| Conductivity | | Equal or less than the receiving sea water |
| Soap, oils, and grease (food related) | mg/L | 5 |
| Oils, grease and waxes | mg/L | 5 |
| Chemical oxygen demand (after chloride correction) | mg/L | 50 |
| Biological Oxygen demand (5-day) | mg/L | 40 |
| Phenolic compounds as Phenol | mg/L | 1 |
| Dissolved oxygen | - | 75% saturation |
| Arsenic as As | mg/L | 2 |
| Calcium as Ca | mg/L | 80 |
| Cyanide as Cn | mg/L | 10 |
| Chloride as Cl | mg/L | 200 |
| Sulphide as S | mg/L | 1 |
| Sulphates | mg/L | 250 |
| Fluoride as F | mg/L | 1 |
| Sodium as Na | mg/L | 200 |
| Zinc as Zn | mg/L | 20 |
| Cadmium as Cd | mg/L | 0.05 |
| Mercury as Hg | mg/L | 0.05 |

| Parameters | Unit | Standards^a |
|---------------------------|-------------|------------------------------|
| Selenium as Se | mg/L | 0.05 |
| Nickel | mg/L | 10 |
| Boron as B | mg/L | 0.5 |
| Hexavalent Chromium as Cr | mg/L | 0.05 |
| Total Chromium as Cr | mg/L | 3 |
| Copper as Cu | mg/L | 3 |
| Lead as Pb | mg/L | 5 |
| Iron as Fe | mg/L | 5 |
| Manganese as Mn | mg/L | 0.1 |
| Magnesium as Mg | mg/L | 100 |
| Aluminum as Al | mg/L | 0.3 |
| Sum of metals | mg/L | 5 |
| Acute toxicity | mg/L | 0 |

^a National Waste Water Quality Guidelines, Maldives Environmental Protection Agency. Revision 1. 2007.

Grievance Redress Form for Receipt of Complaint/Suggestion/Comment/Question

(to be available in local language and to be completed by contact or alternatively questions to be asked by focal registering the grievance if made verbally)

(Name of EA) welcomes complaints, suggestions, queries, and comments regarding the project implementation. We encourage any person or group with a grievance to provide their name and contact information so we can get in touch with you for clarification and feedback. Should you choose to include your details but want that information to remain confidential, please inform us by writing/typing ***CONFIDENTIAL*** above your name.

Thank you.

| | | | | | |
|---|--|------------------------------|-------------|-----|--|
| Date | | Place of Registration | | | |
| Contact Information/Personal Details | | | | | |
| Name | | Gender | Male/Female | Age | |
| Home Address | | | | | |
| Village / Town | | | | | |
| ID Number | | | | | |
| District | | | | | |
| Phone No. | | | | | |
| E-mail | | | | | |
| Complaint/Suggestion/Comment/Question | | | | | |
| Please provide details of the grievance (who, what, where, why, how etc.): | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| *Note: You may attach a document, letter, or note with the grievance form | | | | | |
| How do you want us to reach you for feedback or updates on your complaint/suggestion/comment/question? | | | | | |

FOR OFFICIAL USE ONLY

| | |
|---|--------|
| Registered by: (Name of GRM Focal/Official Registering Grievance) | |
| Mode: | |
| <ul style="list-style-type: none"> ▪ Letter/Note ▪ E-mail ▪ SMS ▪ Verbal/In Person ▪ Verbal/Telephonic | |
| Reviewed by: (Name, Signature, Position) | |
| Action Taken: (Date, Venue of Meeting, Other Details) | |
| Whether Action Taken Disclosed: | Yes/No |
| Means of Disclosure: | |

Grievance Redress Register Format

[illegible]

SAMPLE Semi-Annual Environmental Monitoring Report Template

1. INTRODUCTION

- Overall project description and objectives
- Environmental category as per ADB Safeguard Policy Statement, 2009

2. PROJECT SAFEGUARDS TEAM

- Identify the role/s of Safeguards Team including schedule of on-site verification of reports submitted by consultants and contractors.

| Name | Designation/Office | Email Address | Contact Number |
|----------------|--------------------|---------------|----------------|
| 1. PMU | | | |
| | | | |
| | | | |
| | | | |
| 2. Consultants | | | |
| | | | |
| | | | |
| | | | |

3. OVERALL PROJECT AND SUBPROJECT/PACKAGE PROGRESS AND STATUS

- Indicate (i) status of design – preliminary design or final design, (ii) status of implementation - under bidding, contract awarded but no works yet, contract awarded with works, civil works completed, or O&M

| Package Number | Components/List of Works | Type of Contract (specify if DBO, DB or civil works) | Status of Implementation (specify if Preliminary Design, Detailed Design, On-going Construction, Completed Works, or O&M phase) ¹ | Contract Status (specify if under bidding or contract awarded) | If On-going Construction | |
|----------------|--------------------------|---|---|---|--------------------------|--------------------------|
| | | | | | %Physical Progress | Expected Completion Date |
| | | | | | | |
| | | | | | | |
| | | | | | | |

- For package with awarded contract, provide name/s and contact details of contractor/s' nodal person/s for environmental safeguards.

Package-wise Contractor/s' Nodal Persons for Environmental Safeguards

| Package Name | IEE Cleared by ADB (provide date) | Contractor | HSE Nodal Person | Email Address | Contact Number |
|--------------|--------------------------------------|------------|------------------|---------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

¹ If on-going construction, include %physical progress and expected date of completion

4. STATUS OF IEE PER SUBPROJECT/PACKAGE

- Provide status of updated/final IEE² per package.

Package-wise Implementation Status

| Package Number | Final IEE based on Detailed Design | | | | Site-specific EMP (or Construction EMP) approved by Project Director? ³ (Yes/No) | Remarks |
|----------------|--|--|--|--|--|---------|
| | Not yet due (detailed design not yet completed) | Submitted to ADB (provide date of submission) | Disclosed on project website (provide link) | Final IEE provided to Contractor/s (Yes/No) | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

5. COMPLIANCE STATUS WITH NATIONAL/STATE/LOCAL STATUTORY ENVIRONMENTAL REQUIREMENTS⁴

| Package No. | Statutory Environmental Requirements ⁵ | Status of Compliance (Specify if obtained, submitted and awaiting approval, application not yet submitted) | Validity Date(s) (if already obtained) | Action Required | Specific Conditions that will require environmental monitoring ⁶ |
|-------------|---|--|---|-----------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

6. COMPLIANCE STATUS WITH ENVIRONMENTAL LOAN COVENANTS

| Schedule No. and Item (see Project Loan Agreement and list provisions relevant to environmental safeguards, core labor standards and occupational health and safety) | Covenant | Status of Compliance | Action Required |
|---|----------|----------------------|-----------------|
| | | | |
| | | | |
| | | | |

7. COMPLIANCE STATUS WITH THE ENVIRONMENTAL MANAGEMENT PLAN (refer to EMP tables in approved IEE/s)

- Confirm in IEE/s if contractors are required to submit site-specific EMP (SEMP)/construction EMPs (CEMP). If not, describe the methodology of monitoring each package under implementation.
- Provide over-all compliance of the contractors with SEMP/CEMP. This should be supported by contractors' monthly monitoring reports to PIU(s) and/or verification reports of PIU(s) or project consultants. **Include as appendix** supporting documents such as **signed** monthly environmental site inspection reports prepared by consultants and/or contractors.

² IEE prepared based on preliminary design and cleared by ADB with condition that updated/Final IEE based on detailed design will be submitted.

³ Works will not be allowed until SEMP/CEMP is approved by project implementation unit or project management unit.

⁴ All statutory clearance/s, no-objection certificates, permit/s, etc. should be obtained prior to award of contract/s. Attach as appendix all clearance obtained during the reporting period. If already reported, specify in the "remarks" column.

⁵ Specify statutory requirements: environmental clearance? Permit/consent to establish? Forest clearance? Workers/Labor permit, etc.

⁶ Example: Environmental Clearance requires ambient air quality monitoring, Forest Clearance/Tree-cutting Permit requires 2 trees for every tree, etc.

Overall Compliance with SEMP/CEMP

| Package No. | Status of SEMP/CEMP Implementation (Excellent/ Satisfactory/ Partially Satisfactory/ Below Satisfactory) | Action Proposed and Additional Measures Required |
|-------------|---|--|
| | | |
| | | |
| | | |

- Provide description based on site observations and records:
 - Confirm if any dust was noted to escape the site boundaries and identify dust suppression techniques followed for site/s.
 - Identify muddy water was escaping site boundaries or muddy tracks were seen on adjacent roads.
 - Identify type of erosion and sediment control measures installed on site/s, condition of erosion and sediment control measures including if these were intact following heavy rain;
 - Identify designated areas for concrete works, chemical storage, construction materials, and refueling. Attach photographs of each area.
 - Confirm spill kits on site and site procedure for handling emergencies.
 - Identify any chemical stored on site and provide information on storage condition. Attach photograph.
 - Describe management of stockpiles in each work site (construction materials, excavated soils, spoils, etc.). Provide photographs.
 - Describe management of solid and liquid wastes on-site (quantity generated, transport, storage and disposal). Provide photographs.
 - Provide information on barricades, signages, and on-site boards. Provide photographs.
 - Provide information on workers labor camp(s). Provide photographs.
 - Provide information on work-related accidents and incidents. Describe actions implemented.
 - Provide information on if there are any activities being under taken out of working hours and how that is being managed.
- Provide list of trainings on environmental safeguards, core labor standards, and OSH conducted during the reporting period. Include ADB-organized workshop, trainings, seminars, etc)

Trainings, Workshops and Seminars Conducted

| Date | Topic | Conducted by | No. of Participants (Total) | No. of Participants (Female) | Remarks |
|------|-------|--------------|--------------------------------|---------------------------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |

- Provide the monitoring results as per the parameters outlined in the approved EMP (or site-specific EMP/construction EMP when applicable).

Summary of Environmental Monitoring Activities (for the Reporting Period)⁷

| Impacts (List from SEMP/CEMP) | Mitigation Measures (List from SEMP/CEMP) | Parameters Monitored (As identified in the SEMP/CEMP) | Method of Monitoring (Visual, Actual Sampling, etc) | Location of Monitoring (Provide GPS Coordinates) ⁸ | Date of Monitoring Conducted | Person Who Conducted the Monitoring |
|----------------------------------|--|--|--|--|------------------------------|-------------------------------------|
| Design Phase | | | | | | |
| | | | | | | |
| | | | | | | |
| Pre-Construction Phase | | | | | | |
| | | | | | | |
| | | | | | | |

⁷ Attach Laboratory Results and Sampling Map/Locations

⁸ If GPS coordinate is not available, provide landmark(s) and/or chainage.

| Impacts (List from SEMP/CEMP) | Mitigation Measures (List from SEMP/CEMP) | Parameters Monitored (As identified in the SEMP/CEMP) | Method of Monitoring (Visual, Actual Sampling, etc) | Location of Monitoring (Provide GPS Coordinates) ⁸ | Date of Monitoring Conducted | Person Who Conducted the Monitoring |
|-------------------------------------|--|---|--|--|------------------------------------|---|
| Construction Phase | | | | | | |
| | | | | | | |
| | | | | | | |
| Operational Phase | | | | | | |
| | | | | | | |
| | | | | | | |

8. MONITORING OF ENVIRONMENTAL IMPACTS ON PROJECT SURROUNDINGS

- Confirm records of pre-work condition of roads, agricultural land or other infrastructure prior to starting to transport materials and construction.

| Package No. | Status of Pre-Work Conditions (Recorded / Not Recorded) | Baseline Environmental Conditions (air, water, noise) Documented (Yes / No) | Action Proposed and Additional Measures Required |
|-------------|---|--|--|
| | | | |
| | | | |
| | | | |

- Provide information on monitoring activities conducted during reporting period. If not conducted, provide justification. Compare results with baseline and internationally recognized standards.⁹

Air Quality Monitoring Results

| Site No. | Date of Testing | Site Location (Provide GPS Coordinates) ¹⁰ | Parameters (as required by statutory clearances or as mentioned in the IEE) | | | Remarks |
|----------|-----------------|---|---|--------------|--------------|---------|
| | | | PM10 µg/m3 | SO2 µg/m3 | NO2 µg/m3 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Water Quality Monitoring Results

| Site No. | Date of Sampling | Site Location | Parameters (as required by statutory clearances or as mentioned in the IEE) | | | | | | Remarks |
|----------|------------------|---------------|---|-----------------------|-------------|-------------|------------|------------|---------|
| | | | pH | Conductivity µS/cm | BOD mg/L | TSS mg/L | TN mg/L | TP mg/L | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Noise Quality Monitoring Results

| Site No. | Date of Testing | Site Location | LAeq (dBA) (as required by statutory clearances or as mentioned in the IEE) | Remarks |
|----------|-----------------|---------------|---|---------|
| | | | | |

⁹ ADB Safeguard Policy Statement (SPS) Appendix 1, para 33: During the design, construction, and operation of the project the borrower/client will apply pollution prevention and control technologies and practices consistent with international good practice, as reflected in internationally recognized standards such as the World Bank Group's Environment, Health and Safety Guidelines. These standards contain performance levels and measures that are normally acceptable and applicable to projects. When host country regulations differ from these levels and measures, the borrower/client will achieve whichever is more stringent. If less stringent levels or measures are appropriate in view of specific project circumstances, the borrower/client will provide full and detailed justification for any proposed alternatives that are consistent with the requirements presented in the SPS.

¹⁰ If GPS coordinate is not available, provide landmark(s) and/or chainage.

| | | | | | |
|--|--|--|-----------------|-------------------|--|
| | | | Day Time | Night Time | |
| | | | | | |
| | | | | | |
| | | | | | |

9. INFORMATION DISCLOSURE AND CONSULTATIONS

- Confirm PMU/PIU/contractors provide project-related information to stakeholders, communities and/or affected people before and during construction works.¹¹
- Provide information on consultations conducted during reporting period such dates, topics discussed, type of consultation, issues/concerns raised, safeguards team member present. Attach minutes of meetings (ensure English translation is provided), attendance sheet, and photos.

| Date of Consultation | Location | Number of Participants <i>(specify total, male and female)</i> | Issues/Concerns Raised | Response to issues/concerns |
|-----------------------------|-----------------|--|-------------------------------|------------------------------------|
| | | | | |
| | | | | |
| | | | | |

10. GRIEVANCE REDRESS MECHANISM

- **Grievance Redress Mechanism.** Provide information on establishment of grievance redress mechanism and capacity of grievance redress committee to address project-related issues/complaints. Include as appendix **Notification of the GRM (package-wise if applicable)**.
- **Complaints Received during the Reporting Period.** Provide information on number, nature, and resolution of complaints received during reporting period. Attach records as per GRM in the approved IEE. Identify safeguards team member/s involved in the GRM process. Attach minutes of meetings (ensure English translation is provided).

11. SUMMARY OF KEY ISSUES/CONCERNS IDENTIFIED DURING THE REPORTING PERIOD AND REMEDIAL ACTIONS

- Provide corrective action plan which should include all issues/concerns, actions required to be implemented, responsible entities, and target dates.

12. STATUS OF CORRECTIVE ACTIONS FROM PREVIOUS SEMR(S)

- Provide information on corrective actions to be implemented as reported in the previous SEMR(s). Include status of implementation of feedbacks/comments/suggestions as provided by ADB, if any.

Corrective Action Plan Status

| Issues/Concerns | Corrective Action | Status | Remarks |
|------------------------|--------------------------|---------------|----------------|
| | | | |
| | | | |
| | | | |

13. APPENDIXES

- Photos
- Records of consultations

¹¹ Check EMP requirement on information disclosure. At a minimum, PIU thru the contractor should notify communities/affected persons/sensitive receptors 7 days and again 1 day before start of works.

- Copies of environmental clearances and permits (if not provided in the previous SEMR)
- Environmental site inspection report (if not provided in the previous SEMR)
- Other

Water, sanitation, hygiene, and waste management for SARS-CoV-2, the virus that causes COVID-19

Interim guidance

29 July 2020

Background

This interim guidance supplements the infection prevention and control (IPC) documents by summarizing WHO guidance on water, sanitation, hygiene (WASH) and waste management relevant to viruses, including coronaviruses. This document is an update to the interim guidance document entitled ‘Water, sanitation, hygiene, and waste management for the COVID-19 virus’, published on 23 March 2020. It is intended for water and sanitation practitioners and providers, and health-care providers who want to know more about WASH and waste risks and practices in relation to COVID-19.

The provision of safe water, sanitation and waste management and hygienic conditions is essential for preventing and for protecting human health during all infectious disease outbreaks, including of coronavirus disease 2019 (COVID-19). Ensuring evidenced-based and consistently applied WASH and waste management practices in communities, homes, schools, marketplaces, and health-care facilities will help prevent human-to-human transmission of pathogens including SARS-CoV-2, the virus that causes COVID-19.

This guidance was originally published in March 2020. This third edition provides additional details on risks associated with excreta and untreated sewage, hand hygiene, protecting WASH workers and supporting the continuation and strengthening of WASH services, especially in underserved areas. This additional information has been prepared in response to questions that the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) have received about the prevention and control of COVID-19 in settings where WASH services are limited.

The most important information concerning WASH and the SARS-CoV-2 is summarized here.

- Frequent and correct hand hygiene is one of the most important measures to prevent infection with SARS-CoV-2. WASH practitioners should work to enable, inform and motivate more frequent and regular hand hygiene by building a supportive

environment to improve and sustain access to hand hygiene facilities and by using a multimodal strategy (refer to hand hygiene practices) to support good hand hygiene behaviour. Performing hand hygiene at the right time, using the right technique with either alcohol-based hand rub or soap and water is critical.

- Existing WHO guidance on the safe management of drinking-water and sanitation services also applies to the COVID-19 pandemic. Water disinfection and wastewater treatment can reduce viruses. Sanitation workers should have proper training and access to personal protective equipment (PPE) and in many scenarios, a specific combination of PPE elements is recommended.
- Many other infectious diseases can be prevented and health co-benefits realized by safely managing water and sanitation services, and by applying good hygiene practices and waste management.

Based on existing knowledge and research there is no indication that SARS-CoV-2 can persist in drinking water. For wastewater, some recent studies have found RNA fragments but not infectious virus (see section 2 for details) in wastewater. The morphology and chemical structure of this virus are similar to those of other coronaviruses^a for which there are data both on their survival in the environment and on effective measures to inactivate them. This guidance draws on the existing evidence base and current WHO guidance on how to protect against possible exposure to viruses in wastewater, drinking-water and waste.

1. COVID-19 transmission

The main routes of transmission of SARS-CoV-2 are respiratory droplets and direct contact. Any person who is in close contact with an infected individual is at risk of being exposed to potentially infective respiratory droplets. (1,2) Droplets may also land on surfaces where the virus could remain viable; thus, the immediate environment of an infected individual can serve as a source of transmission.

^a These coronaviruses include: human coronavirus 229E (HCoV), human coronavirus HKU1, human coronavirus OC43, severe acute respiratory syndrome coronavirus

(SARS). In addition, evidence is drawn from transmissible gastroenteritis virus (TGEV) and mouse hepatitis virus (MHV).

The risk of transmission of SARS-CoV-2 from the faeces of an infected person and the fecal-oral pathway appears to be low. While several studies have detected SARS-CoV-2 viral RNA fragments in the faecal matter of patients throughout their illness and after recovery, (3-5) current evidence underscores the difficulty of culturing virus in excreta. Three studies report infectious virus in faeces (6-8), while others have not found infectious virus in this medium. (9) Furthermore, shed virus is rapidly inactivated during transit through the colon. (10) One study found infectious SARS-CoV-2 in the urine of one patient (11) and viral RNA has been detected in gastrointestinal tissue. (3)

2. Persistence of SARS-CoV-2 in drinking-water, wastewater and on surfaces

While the presence of SARS-CoV-2 in untreated drinking-water is possible, infectious virus has not been detected in drinking-water supplies. There is at least one documented instance of detecting RNA fragments of SARS-CoV-2 in a river, during the peak of the epidemic in northern Italy. It is suspected the river was affected by raw, untreated sewage. (12) Other coronaviruses have not been detected in surface or groundwater sources and thus the risk coronaviruses pose to drinking-water supplies is low. (13)

Within wastewater, infectious SARS-CoV-2 has not been detected in untreated or treated sewage. RNA fragments of SARS-CoV-2 have been detected in untreated sewage and sludge in a number of countries and municipalities, with RNA signals, generally starting around the same time cases were first reported (February and March 2020) and increasing as the number of confirmed cases increase. (14-17) The RNA signal reduces considerably once community caseloads decrease. In addition, efforts are ongoing to analyse historical wastewater samples for SARS-CoV-2. For example, a pre-print (not peer reviewed) paper from Santa Catalina Brazil, RNA suggests that fragments of SARS-CoV-2 were first detected in late November 2019, while the first case was not reported until early March 2020. (18)

In the majority of sampling exercises, RNA fragments of SARS-CoV-2 have not been detected in treated sewage, but there have been at least two instance where small concentrations of RNA fragments were detected in sewage that had undergone partial but not full treatment. (12, 17, 19)

SARS-CoV-2 is enveloped and thus less stable in the environment compared to non-enveloped human enteric viruses with known waterborne transmission (such as adenoviruses, norovirus, rotavirus and hepatitis A virus). One study found that other human coronaviruses^b persisted two days in dechlorinated tap water and in untreated hospital wastewater at 20°C. (20) In comparison, high levels of reduction (>4 log) of the influenza virus were found in drinking-water^c after contact time of only five minutes and a chlorine residual of 0.3 mg/L. (21) Other studies find similar

reductions in days to weeks. Significant (99.9% reduction) of coronaviruses was observed in two days in primary sewage effluent^d at 23°C, two weeks in pasteurized settled sewage at 25 °C and four weeks in reagent grade water^e at 25°C. (22, 23). Higher temperature, high or low pH and sunlight all facilitate virus reduction.

Recent experimental evidence indicates that SARS-CoV-2 survival on surfaces is similar to that of SARS-CoV-1 (24), the virus that causes severe acute respiratory syndrome (SARS). In laboratory controlled conditions, the median half-life of infectious SARS-CoV-2 on surfaces is 1-7 hours depending on the surface (copper being the shortest and plastic the greatest). (25) However, infectious virus can be detected as long as 7 days (25,26). In health care facilities, at least one study has found RNA fragments on surfaces including the floor and bedrails, (27) while another found no RNA on surfaces at all. (19) The survival time of the virus depends on several factors, including the initial virus concentration, type and smoothness of the surface, temperature and relative humidity. The same study also found that effective inactivation could be achieved within 1 minute using common disinfectants, such as 70% ethanol or 0.1% sodium hypochlorite (see cleaning practices).

3. Safely managing wastewater and faecal sludge

Though little evidence is available, some data suggest that transmission via faeces, is possible but unlikely, especially where faeces become aerosolized (see further the section entitled “Sanitation and plumbing”). Because of the potential infectious disease risks from excreta, including the potential presence of SARS-CoV-2, wastewater and sludge should be contained, and treated either on-site or conveyed off-site and treated in well-designed and managed wastewater and/or faecal sludge treatment plants. Standard treatment processes are effective for enveloped viruses, including SARS-CoV-2. Each stage of treatment combining physical, biological and chemical processes (e.g. retention time, dilution, oxidation, sunlight, elevated pH, and biological activity) results in a further reduction of the potential risk of exposure and accelerates pathogen reduction. A final disinfection step may be considered if existing treatment plants are not optimized to remove viruses.

Sanitation services and workers are essential for operational support during the COVID-19 pandemic. Existing recommendations for protecting the health of sanitation workers should be followed. (28) Workers should follow standard operating procedures which includes wearing appropriate PPE (protective outerwear, heavy-duty gloves, boots, medical mask, goggles and/or a face shield), minimising spills, washing dedicated tools and clothing, performing hand hygiene frequently, obtaining vaccinations for sanitation related diseases and self-monitoring for any signs of COVID-19 or other infectious disease with support of the employer. Additional precautions to prevent transmission between workers, which apply to the general

^b Observed inactivation of severe acute respiratory-associated coronavirus (SARS-CoV).

^c H5N1 avian influenza virus is also an enveloped virus.

^d Observed inactivation of human coronavirus 229E (HCoV) and feline peritonitis virus (FIPV).

^e Observed inactivation of transmissible gastroenteritis virus (TGEV) and mouse hepatitis virus (MHV).

population as well, include avoiding touching the eyes, nose or mouth with unwashed hands, sneezing into one's sleeve or a disposal tissue, practising physical distancing while working, travelling to and from work and staying home if one develops symptoms associated with COVID-19 (e.g. fever, dry cough, fatigue).

4. Keeping water supplies safe

Several measures can improve water safety. These include: protecting the source water; treating water at the point of distribution, collection or consumption; and ensuring that treated water is safely stored at home in regularly cleaned and covered containers. Such measures can be effectively planned, implemented and monitored using water safety plans. (29)

Conventional, centralized water treatment methods that utilize filtration and disinfection should significantly reduce the concentration of SARS-CoV-2. Other human coronaviruses have been shown to be sensitive to chlorination and disinfection with ultraviolet (UV) light. (30, 31) For effective centralized disinfection, there should be a residual concentration of free chlorine of ≥ 0.5 mg/L after at least 30 minutes of contact time at pH < 8.0 . (13) A chlorine residual should be maintained throughout the distribution system including distribution via water trucks or alternative transport systems (e.g. bicycle, cart, etc).

In addition, for effective water treatment, water utility managers can adopt several other preventive measures, as part of a broader water-safety planning approach. These measures include: ensuring adequate stocks of chemical additives and consumable reagents for water-quality testing, ensuring that critical spare parts, fuel and contractors can still be accessed and that there are contingency plans for staff and training to maintain the required supply of safe drinking-water.

Water utilities personnel should be briefed on COVID-19 preventive measures. They may wear masks according to global recommendations (32) and depending on local government mask use policy, they may respect physical distancing between workers and with the public, and practise and hygiene frequently.

In places where centralized water treatment and safe piped-water supplies are not available, a number of household water treatment technologies are effective in removing or destroying viruses. These include: boiling or using high-performing ultrafiltration or nanomembrane filters, solar irradiation and, in non-turbid waters, ultraviolet (UV) irradiation and appropriately dosed chlorine products such as sodium hypochlorite and NaDCC.^f

Due to the closure of public or private buildings as part of the pandemic response, many premises may experience low or no water flow over a period of weeks or months. This may result in water stagnation and an associated deterioration of water quality (e.g. survival or regrowth of microbial pathogens due to chlorine decay and leaching of harmful metals from pipework). This deterioration may present a public health risk when such premises are re-inhabited. To minimize such risks, a site-specific programme of flushing pipes should be undertaken within the premises before re-occupancy. This should ensure that all stagnant water throughout the premises is replaced with safe (disinfected), fresh water from the distribution main. Before use, hot water systems should be returned to an operating temperature of 60°C or greater and a circulation temperature exceeding 50°C to manage microbial risks, including those from *Legionella*.^g Cold water systems should be returned to less than 25°C and ideally below 20°C. On-site storage tanks or cooling towers may require batch-disinfection before becoming operational again.(33) Water quality testing should be performed in advance of re-occupancy to verify that the water used within the premises meets national drinking-water quality regulations and standards and that it is safe for human consumption and other relevant uses (such as showering).^h

5. Surveillance of SARS-CoV-2 in wastewater and sludge

Research is underway in many countries to detect non-infective viral fragments of SARS-CoV-2 in wastewater and sludge. Similar methods have been successfully used in the polio eradication programme to detect virus circulation in the population including among asymptomatic cases, and thereby complementing surveillance in humans. Further research and capacity building are needed on the analytical methods (particularly for settings with low sewerage coverage), modelling, interpretation of data to inform decision making and public health actions. Surveillance of COVID-19 in wastewater and sludge may compliment public health data and provide, for example, information on when cases may spike 5-7 days in advance of such spikes being detected by health facilities and health authorities. (14)

Environmental surveillance should not be used as a substitute for robust surveillance of COVID-19 cases. In addition, the primary aim of governments, utilities and investments should focus on continuity and expanding safely managed sanitation services to protect against COVID-19 and a number of other infectious diseases.

WASH in health care settings

^f Generally, the listed technologies are effective in inactivating viruses, but performance can vary widely depending on the manufacturing process, type of materials, design and use. It is important to verify the performance of a specific technology.

^g For further information and links to guiding resources on *Legionella*, visit <https://www.who.int/news-room/fact-sheets/detail/legionellosis>

^h For further information on the safe management of drinking water in buildings, see *Water safety in buildings* (WHO, 2011)

https://apps.who.int/iris/bitstream/handle/10665/76145/9789241548106_eng.pdf;jsessionid=E6B079A1590740875EEA1C5E98C45945?sequence=1

Existing recommendations for WASH and waste measures in health-care settings are important for providing adequate care for patients and protecting patients, staffⁱ and caregivers from infection risks. (34) New WASH recommendations are not required to prevent SARS-CoV-2 transmission, but the following standard WASH related actions are particularly important for this:

- engaging in frequent hand hygiene using appropriate techniques;
- implementing regular environmental cleaning and disinfection practices;
- managing excreta (faeces and urine) safely;
- safely managing health-care waste produced by COVID-19 cases
- and safely managing dead bodies

Other important and recommended measures include providing sufficient and safe drinking-water to staff, caregivers and patients; ensuring that personal hygiene can be maintained, including hand hygiene for patients, staff and caregivers; regularly laundering bedlinen and patients' clothing; providing adequate and accessible toilets (including separate facilities for confirmed and suspected COVID-19 cases); and segregating and safely disposing of health-care waste. (34)

1. Hand hygiene practices

Hand hygiene is extremely important to prevent the spread of SARS-CoV-2. All health-care facilities should have regular programmes aimed at promoting best hand hygiene practices and at ensuring the availability of the necessary infrastructure (equipment and supplies) as well as operation and maintenance protocols.

All health-care facilities should establish hand hygiene programmes, if they do not have them already, or strengthen existing ones. In addition, rapid activities to prevent the spread of SARS-CoV-2 are needed, such as procurement of adequate quantities of hand hygiene supplies; hand hygiene refresher courses and communications campaigns. Cleaning hands using an alcohol-based hand rub or with water and soap should be done according to the instructions known as “My 5 moments for hand hygiene”. (35) These are: 1. before touching a patient, 2. before clean/aseptic procedures, 3. after body fluid exposure/risk, 4. after touching a patient, and 5. after touching patient surroundings.^j If hands are not visibly dirty, the preferred method is using an alcohol-based hand rub for 20–30 seconds using the appropriate technique. (36) When hands are visibly dirty, they should be washed with soap and water for 40–60 seconds using the appropriate technique. In addition to performing hand hygiene at each of the five moments, it should be performed in the following situations: before putting on PPE and after removing it; when changing gloves; after any contact with a patient with suspected or confirmed SARS-CoV-2 infection, their waste or the environment in that patient's immediate surroundings;

after contact with respiratory secretions; before food preparation and consumption; and after using the toilet. (37)

Functional hand hygiene facilities should be available for all health-care workers at all points of care, in areas where PPE is put on or taken off, and where health-care waste is handled. In addition, functional hand hygiene facilities should be available for all patients, family members, caregivers and any other visitors, and should be available within 5 metres of the toilets, as well as at the entry/exit of the facility, in waiting and dining rooms and in other public areas.

An effective alcohol-based hand rub product should contain between 60% and 80% of alcohol and its efficacy should be proven according to the European Norm 1500 or the standards of the ASTM International (formerly, the American Society for Testing and Materials) known as ASTM E-1174. These products can be purchased on the market, but can also be produced locally in pharmacies using the formula and instructions provided by WHO. (38)

2. Sanitation and plumbing

People with suspected or confirmed SARS-CoV-2 infection should be provided with their own toilet (either a flush or dry toilet). Where this is not possible, patients sharing the same ward should have access to toilets that are not used by patients in other wards. Each toilet cubicle should have a door that closes. Flush toilets should operate properly and have functioning drain traps. The toilet should be flushed with the lid down to prevent droplet splatter and aerosol clouds.(39) If it is not possible to provide separate toilets for COVID-19 patients, then the toilets they share with other non-COVID-19 patients should be cleaned and disinfected more regularly (e.g. at least twice daily by a trained cleaner wearing PPE-impermeable gown, or if not available, an apron, heavy-duty gloves, boots, mask and goggles or a face shield). Health-care staff should have access to toilet facilities that are separate from those used by patients.

WHO recommends the use of standard, well-maintained plumbing, such as sealed bathroom drains, and backflow valves on sprayers and faucets to prevent aerosolized faecal matter from entering the plumbing or ventilation system(40), together with existing recognised wastewater and sludge treatment processes.(28) Regularly flushing water through seals to ensure they are functioning is important. Faulty plumbing and a poorly designed air ventilation system were among the contributing factors for the spread of the aerosolized SARS-CoV-1 coronavirus in a high-rise apartment building in Hong Kong Special Administrative Region in 2003. (41) If health-care facilities are connected to sewers, a risk assessment should be conducted to confirm whether wastewater is contained and does not leak from the system before it reaches a functioning treatment and disposal site. Risks related to the adequacy of the collection system or to treatment and disposal methods should be assessed following a sanitation safety planning approach. (42)

ⁱ Staff includes not only health-care staff but also ancillary staff, such as cleaning staff, hygienists, laundry staff and waste workers.

^j Further resources are available at <https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>

If health-care facility toilets are not connected to sewers, hygienic on-site containment and treatment systems should be ensured such as pit latrines and septic tanks. Sludge should be safely contained and when containers are full transported for off-site treatment or treated on-site where space and soil conditions permit. For unlined pits, precautions should be taken to prevent contamination of the environment, ensuring that at least a distance of 1.5m between the bottom of the pit and the groundwater table (more space should be allowed in coarse sands, gravels and fissured formations) and that the latrine pits are located at least 30 m horizontally from any groundwater source (including both shallow wells and boreholes). (43)

There is no reason to empty latrine pits and holding tanks of excreta from suspected or confirmed COVID-19 cases unless they are at capacity. In general, the best practices for the safe management of excreta should be followed. Pit latrines or holding tanks should be designed to meet patient demand, considering potential sudden increases in cases, and there should be a regular schedule for emptying them, based on the excreta and wastewater volumes generated.

A properly-designed septic tank will remove most solids from sewage, and the liquid effluent can infiltrate into the ground through a leach field or soakpit. If soil conditions are not favourable for infiltration, fully lined tanks can be used, however combined excreta and flushing water will necessitate frequent emptying. Latrine pits or holding tanks should be designed to meet patient demand, and there should be a regular schedule for emptying them based on the wastewater volumes generated. There is no reason to empty latrine pits and holding tanks of excreta from suspected or confirmed COVID-19 cases unless they are full. Faecal sludge can be treated in a specialized treatment plant, either located off-site or on the premises of the health-care facility. Municipal authorities may position faecal sludge transfer stations near health facilities to reduce the time, cost and potential for uncontrolled dumping of sludge in drains and agricultural areas. (28)

For personnel working with untreated sewage for which there are considerable infectious risks, standard PPE should be worn (protective outerwear, heavy-duty gloves, boots, masks, goggles or a face shield). It should be worn at all times when handling or transporting excreta offsite, and great care should be taken to avoid the splashing and release of droplets. For sanitation workers, this includes pumping out tanks or unloading pumper trucks. After handling the waste and once there is no risk of further exposure, individuals should safely remove their PPE and perform hand hygiene before entering the transport vehicle. Soiled PPE should be put in a sealed bag for safe laundering later (see Environmental cleaning and laundry). Workers should be properly trained in how to put on and remove PPE, so that these protective barriers are not breached. (44) If PPE is not available or the PPE supply is limited, the frequency of correct hand hygiene should increase, and workers should keep at least 1m distance from suspected or confirmed cases.

Untreated faecal sludge and wastewater from health facilities should never be released on land used for food production, aquaculture or disposed of in recreational waters.

3. Toilets and the handling of faeces

It is critical to perform hand hygiene (see Hand hygiene general recommendations) when there is suspected or known contact with faeces. If the patient is unable to use a toilet, excreta should be collected in either a diaper or a clean bedpan and immediately disposed of carefully into a separate toilet or pit latrine used only by suspected or confirmed COVID-19 cases. In all health-care settings, including those with suspected or confirmed COVID-19 cases, faeces must be treated as a biohazard.

After disposing of excreta, bedpans should be cleaned with a neutral detergent and water, disinfected with a 0.5% chlorine solution, and then rinsed with clean water. The rinse water should be disposed of in a drain or toilet. Other effective disinfectants include commercially available quaternary ammonium compounds and peracetic or peroxyacetic acid. (45)

Chlorine is not effective for disinfecting matter containing large amounts of solid and dissolved organic matter. Therefore, it is neither useful nor recommended to add chlorine solution to fresh excreta and, possibly, such addition can introduce risks associated with splashing.

4. Safe management of health care waste

Best practices for safely managing health-care waste should be followed, including assigning responsibility and sufficient human and material resources to segregate, recycle and dispose of waste safely. There is no evidence that direct, unprotected human contact during the handling of health-care waste has resulted in the transmission of the COVID-19 virus. Health care waste generated from facilities treating COVID-19 patients is no different than waste coming from facilities without COVID-19 patients. Additional treatment or disinfection beyond existing safe waste management recommendations are not needed.

The majority of waste generated in health care facilities is general, non-infectious waste (e.g. packing, food waste, disposable hand drying towels). General waste should be segregated from infectious in clearly marked bins, bagged and tied, and disposed as general municipal waste. Infectious waste produced during patient care, including those with confirmed COVID-19 infection (e.g. sharps, bandages, pathological waste) and should be collected safely in clearly marked lined containers and sharp boxes. This waste should be treated, preferably on-site, and then safely disposed. Preferred treatment options are high temperature, dual chamber incineration or autoclaving. (46) If waste is moved off-site, it is critical to understand where and how it will be treated and disposed. Waste generated in waiting areas of health-care facilities can be classified as non-hazardous and should be disposed in strong black bags and closed completely before collection and disposal by municipal waste services. If such municipal waste services are not available, as interim measure, safely burying or controlled burning may be done until more sustainable and environmentally friendly measures can be put in place. All those who handle health-care waste should wear appropriate PPE (long-sleeved gown, heavy-duty gloves, boots, mask, and goggles or a face shield) and perform hand hygiene after removing it.

Many cities report a large increase (5 times greater than before the pandemic) of medical waste generated in hospitals, especially through the use of PPE. (47) Therefore, it is important to increase capacity to handle and treat this health-care waste without delay. Additional waste treatment capacity, preferably through alternative treatment technologies, such as autoclaving or high temperature burn incinerators, may need to be procured and systems may need to be put in place to ensure their sustained operation. (48) Ideally safe waste disposal is linked to purchasing and investments in PPE. As an interim measure safely burying health care waste may be done until more sustainable measures can be put in place. Manual chemical disinfection of waste is not recommended, as it is not regarded as a reliable and efficient method. In addition, countries should work to establish sustainable waste management chains, including addressing logistics, recycling, treatment technologies and policies.

5. Environmental cleaning and laundry

Existing recommended cleaning and disinfection procedures for health-care facilities should be followed consistently and correctly. (49) Linen should be laundered and the areas where COVID-19 patients receive care should be cleaned and disinfected frequently (at least twice daily, but more frequently for high touch surfaces such as light switches, bed rails, tables and mobile carts). (50) Many disinfectants are active against enveloped viruses, such as SARS-CoV-2, including commonly-used hospital disinfectants. Currently, WHO recommends using:

- 70% ethyl alcohol to disinfect small surface areas and equipment between uses, such as reusable dedicated equipment (for example, thermometers);
- sodium hypochlorite at 0.1% (1000 ppm) for disinfecting surfaces and 0.5% (5000 ppm) for disinfection of blood or bodily fluids spills in health-care facilities.

The efficacy of all disinfectants is affected, to different degrees, by organic material. Thus, it is essential to clean surfaces with a detergent and water before applying a disinfectant. The concentration and exposure time of any disinfectant are critical parameters for its efficacy. After applying disinfectant to a surface, it is necessary to wait for the required exposure time and drying to ensure that surface microorganisms are killed. Spraying disinfectants is not recommendation, especially on individuals as this could result in serious harm and has no proven efficacy. For more details on this topic, see WHO guidance on cleaning and disinfection. (50)

All individuals in charge of environmental cleaning, laundry and dealing with soiled bedding, towels and clothes from patients with SARS-CoV-2 infection should wear appropriate PPE, including heavy-duty gloves, a mask, eye protection (goggles or a face shield), a long-sleeved gown, and boots or closed shoes. They should perform hand hygiene after exposure to blood or body fluids and after removing PPE. Soiled linen should be placed in clearly labelled, leak-proof bags or containers, after carefully removing any solid excrement and putting it in a covered bucket to be disposed of in either a flush or dry toilet. Machine washing with warm water at 60–90°C and laundry detergent is recommended. The laundry can then be dried according to routine procedures. If machine washing is not possible, linens can be

soaked in hot water and soap in a large drum using a stick to stir, taking care to avoid splashing. The drum should then be emptied, and the linens soaked in 0.05% chlorine for approximately 30 minutes. Finally, the laundry should be rinsed with clean water and the linens allowed to dry fully, if possible in sunlight.

Excreta found on surfaces such as linen or the floor should be carefully removed with towels and immediately disposed of safely in a toilet. If the towels are single use, they should be treated as infectious waste; if they are reusable, they should be treated as soiled linens. The area should then be cleaned and disinfected following published guidance on cleaning and disinfection procedures for spilled body fluids. (49)

6. Safe disposal of greywater or water from washing PPE, surfaces and floors

WHO recommends that utility gloves and heavy-duty, reusable plastic aprons are cleaned with soap and water, and then decontaminated with 0.5% sodium hypochlorite solution each time they are used. Single-use gloves and gowns should be discarded as infectious waste after each use and not reused; hand hygiene should be performed after PPE is removed. If greywater includes disinfectant used in prior cleaning, it does not need to be chlorinated or treated again. Likewise, used bathing water from COVID-19 patients does not need to be disinfected. However, it is important that such water is disposed of in drains connected to a septic system, a sewer or in a soak-away pit. If greywater is disposed of in a soakaway pit, the pit should be fenced off within the health facility grounds to prevent tampering and to avoid possible exposure in the case of overflow.

7. Safe management of dead bodies

While the risk of transmission of COVID-19 from handling the body of a deceased person is low, health care workers and others handling dead bodies should apply standard precautions at all times. Health care workers or mortuary staff preparing the body should wear: scrub suit, impermeable disposable gown (or disposable gown with impermeable apron), gloves, mask, face shield (preferably) or goggles, and boots. After use, PPE should be carefully removed and decontaminated or disposed of as infectious waste as soon as possible and hand hygiene should be performed. The body of a deceased person confirmed or suspected to have SARS-CoV-2 infection should be wrapped in cloth or fabric and transferred without delay to the mortuary area. Body bags are not necessary for SARS-CoV-2 although they may be used for other reasons (e.g. excessive body fluid leakage). (51)

Considerations for WASH practices in homes and communities

Upholding recommended water, sanitation and health-care waste practices in the home and in the community is important for reducing the spread of COVID-19. The provision of water enables regular hand hygiene and cleaning. Water services should not be cut off because of consumers' inability to pay, and governments should prioritize providing access to people without access to water services, through

other immediate actions such as. protected boreholes, tanker trucks, extending piped supplies etc.).

Individuals and organizations involved in providing water, sanitation and hygiene services such as treatment plant operators, sanitation workers and plumbers should be designated as providing essential services and be allowed to continue their work during movement restrictions and have access to PPE and hand hygiene facilities to protect their health. This also applies to those promoting hygiene in the community.

1. Hand hygiene general recommendations

Hand hygiene has been shown to prevent respiratory illness. (52) Handwashing is recommended after coughing and sneezing and/or disposing of a tissue, on entering the home having come from public places, before preparing food, before and after eating and feeding/breastfeeding, after using the toilet or changing a child's diaper and after touching animals. For people with limited WASH services it is vital to prioritize the key times for hand hygiene.

As part of a new hand hygiene campaign, WHO recommends that universal access to hand hygiene facilities should be provided in front of all public buildings and transport hubs – such as markets, shops, places of worship, schools and train or bus stations. (53) In addition, functioning handwashing facilities with water and soap should be available within 5m of all toilets, both public and private.

The number or size of these hand hygiene stations should be adapted to the number and type of users such as children or those with limited mobility, to encourage use and reduce waiting times. The installation, supervision and maintenance of equipment, including where necessary, regular refilling of water and soap and/or alcohol-based hand rub should be under the overall leadership of local public health authorities. Maintaining supplies should be the responsibility of the manager of the building or store, transport provider etc. Civil society and the private sector can be engaged to support the functioning and correct use of such facilities and to prevent vandalism.

2. Hand hygiene materials

The ideal hand hygiene materials for communities and homes in order of effectiveness are:

- Water and soap **or** alcohol-based hand rub
- Ash
- Water alone

Hand hygiene stations can consist of either water,^k such as sinks attached to a piped-water supply, refillable water reservoir or clean, covered buckets with taps equipped with plain soap or alcohol-based hand rub dispensers. Where

alcohol-based hand rub or bar soap is not feasible, commercial liquid soap or locally-made "soapy water" solutions made by mixing detergent with water can be used^l. The ratio of detergent to water will depend on types and strengths of locally available product. (54) Soap does not need to be antibacterial and evidence indicates that normal soap is effective in inactivating enveloped viruses, such as coronaviruses. (55,56) Alcohol-based hand rub should contain at least 60% alcohol. Such products should be certified and, where supplies are limited or prohibitively expensive, can be produced locally according to WHO-recommended formulations. (38) Highly concentrated alcohol is toxic if ingested and hence needs to be handled with care. It needs to be kept out of reach of children, and children must be supervised by an adult when using alcohol-based hand-rub.

The ability to dry hands after washing is important for effective hand hygiene. The level of residual moisture left on hands after washing can be an important determinant of pathogens being transmitted from hands to surfaces and vice versa. (57) While clean, single-use towels are recommended they may not be available and can add to environmental waste. Alternatively, air-drying hands with an air-drying system or by shaking can be done.

When soap and water or alcohol-based hand rub are not available within households, the use of ash can be considered. (36,58,59) Ash, in particular, may inactivate pathogens by raising the pH. (60) Finally, washing with water alone, although the least effective of the four options, can result in reductions in faecal contamination on hands and in diarrhoea. (61,62) Regardless of the type of material, the washing and rubbing of hands, and the amount of rinsing water in particular, are important determinants in the reduction of pathogen contamination on hands. (63)

3. Water quality and quantity requirements for handwashing

The quality of water used for handwashing does not need to meet drinking-water standards. Evidence suggests that even water with moderate faecal contamination when used with soap and the correct technique can be effective in removing pathogens from hands. (64) However, efforts should be made to use and source water of the highest quality possible (e.g. at least an improved water source)^m. Reported quantities of water used for handwashing that have enabled reduction of faecal contamination ranges from 0.5-2 litres per person, per handwashing session. (63) Recent experience from the field suggest a handwashing session with as little as 0.2 litres is sufficient. (65) Furthermore, the quantity of water used has been associated with less viral contamination of hands. (66) Where water is limited, hands can be wetted with water, the water then turned off while lathering with soap and scrubbing for at least 20 seconds, and then the water can be turned on again to rinse. Water should always be allowed to flow to a

^k Water does not need to be drinking-water quality.

^l If alcohol-based hand rubs or soap and water are not available or feasible, then using chlorinated water (0.05%) for handwashing is an option as a short-term measure.

^m An improved water source is one that is protected from faecal contamination and included piped water, public tap,

boreholes, protected dug wells, protected springs and rainwater (source: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene: <https://washdata.org/>)

drainage area or receptacle, and hands should not be rinsed in a communal basin, as this may increase contamination.

4. Handwashing facility options

A number of design features should be considered in selecting and/or innovating on existing handwashing facility options. These features include:

- turning the tap on/off: either a sensor, foot pump, or large handle so the tap can be turned off with the arm or elbow;
- soap dispenser: for liquid soap either sensor-controlled or large enough to operate with the lower arm; for a bar of soap, the soap dish should drain well, so that the soap does not get soggy;
- grey water: ensure the grey water is directed to, and collected in, a covered container if not connected to a piped system;
- drying hands: paper towels and a bin provided; if not possible encourage air drying for several seconds;
- materials: generally, the materials should be easily cleanable and repair/replacement parts can be sourced locally;
- accessible: should be accessible to all users, including children and those with limited mobility.
- physical distancing between users should be of 1m at least, this can be done by marking the ground, and by ensuring adequate numbers of hand-washing facilities to prevent crowds building up.

A number of handwashing designs have been implemented in households, schools and in public settings in both developed and developing countries. (67) In schools, a number of simple, easy-to-maintain, and durable low-cost designs have been successfully implemented. (68)

5. Disinfection at home and safe management of excreta

When there are suspected or confirmed cases of COVID-19 in the home setting, immediate action must be taken to protect caregivers and other family members from the risk of contact with respiratory secretions and excreta that may contain SARS-CoV-2. Support must include clear instructions on the safe and correct use and storage of cleaners and disinfectants, including keeping them out of reach of children to prevent harms from misuse including poisoning. (69) Frequently touched surfaces throughout the patient's care area should be cleaned regularly, such as tables and other bedroom furniture. Cutlery and crockery should be washed and dried after each use and not shared with others. Bathrooms shared by COVID-19 patients and other household members should be cleaned and disinfected at least once a day. Regular household soap or detergent should be used for cleaning first and then, after rinsing, regular household disinfectant containing 0.1% sodium hypochlorite (that is, equivalent to 1000 ppm or 1 part household bleach with 5% sodium hypochlorite to 50 parts water) should be applied. PPE should be worn while cleaning, including mask, goggles, a fluid-resistant apron and gloves, (36) and hand hygiene should be performed after removing PPE. Where households have limited resources, efforts should be made to

provide PPE supplies – at a minimum, masks – and hand hygiene supplies to households caring for COVID-19 patients. Consideration should be given to safely managing human excreta throughout the entire sanitation chain, starting with ensuring access to regularly cleaned, accessible and functioning toilets and to the safe containment, conveyance, treatment and eventual disposal of sewage and sludge.

6. Management of waste generated at home

Waste generated at home during quarantine, while caring for a sick family member or during the recovery period should be packed in strong bags and closed completely before disposal and eventual collection by municipal waste services. If such services are not available, as interim measure, safely burying or controlled burning may be done until more sustainable and environmentally friendly measures can be put in place. Tissues or other materials used when sneezing or coughing should immediately be thrown in a waste bin. After such disposal, correct hand hygiene should be performed.

In places where there is limited supply and a high demand for masks, there is a likelihood of people collecting used face masks and re-selling them. Therefore, efforts are needed to ensure and improve safe waste disposal and fenced, regulated waste areas. Masks and other PPE may also clog sewers and waterways resulting in human and broader ecological impacts. Investments in waste management, including sourcing environmentally friendly products along with regulation on improper disposal can help reduce such issues. Finally, those tasked with collecting waste should wear PPE (heavy duty gloves, boots, coveralls, and masks when working in confined spaces) and have facilities for regularly conducting hand hygiene.

7. Use of public pools and beaches

Risk of transmission of SARS-CoV-2 from fresh and coastal water or swimming pools and spas water contaminated with faeces is very low. Existing recommendations for managing the quality of bathing water apply. (70,71)

For a conventional public or semi-public swimming pool with good hydraulics and filtration, operating within its engineered bathing load, adequate routine disinfection should be achieved with a free chlorine level of 1 mg/l throughout the pool. Lower free chlorine concentrations (0.5 mg/l or less) will be adequate when chlorine is used in combination with ozone or UV disinfection. The pH should be maintained between 7.2 and 7.8 for chlorine disinfectants. This should be sufficient to eliminate enteric pathogens and enveloped viruses, like coronaviruses, which are sensitive to chlorine disinfection.

The risk of transmission of SARS-CoV-2 increases where bathers and people visiting beaches, pools and spas are in small, crowded conditions including in changing rooms, toilets and showers, restaurants and kiosks. General recommendations on hand hygiene, physical distancing and the use of face masks (32) when appropriate are recommended along with regular cleaning (once or more times a day) and maintenance of toilet facilities.

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WHO and UNICEF continue to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO and UNICEF will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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LB-TEST-090

WATER QUALITY TEST REPORT
 Report No: 500191188

Customer Information:

Hamdhoon Mohamed (A076983)
 G.Maavaarulu
 Shabnam Magu
 -

Report date: 27/04/2022

Test Requisition Form No: 900194291

Sample(s) Recieved Date: 20/04/2022

Date of Analysis: 20/04/2022 - 20/04/2022

| Sample Description ~ | CT1 | WS1 | TEST METHOD | UNIT |
|----------------------|----------------------|----------------------|--|------|
| Sample Type ~ | Ground Water | Ground Water | | |
| Sample No | 83228726 | 83228727 | | |
| Sampled Date ~ | 19/04/2022 10:30 | 19/04/2022 10:30 | | |
| PARAMETER | ANALYSIS RESULT | | | |
| Physical Appearance | Clear with particles | Clear with particles | | |
| pH * | 7.4 | 7.4 | Method 4500-H+ B. (adapted from Standard methods for the examination of water and waste water, 23rd edition) | - |
| Salinity | 0.56 | 0.55 | Method 2520 B. (adapted from Standard methods for the examination of water and waste water, 23rd edition) | ‰ |
| Temperature | 21.3 | 21.2 | Electrometry | °C |
| Nitrate * | 3.8 | 1.3 | HACH Method 8171 | mg/L |
| Sulphate * | 100 | 85 | HACH Method 8051 | mg/L |
| Phosphate * | 0.49 | 0.41 | HACH Method 8048 | mg/L |

Keys: ‰ : Parts Per Thousand, °C : Degree Celcius, mg/L : Milligram Per Liter

Checked by

Aminath Sofa
 Laboratory Executive

Approved by

Mohamed Eyman
 Assistant General Manager, Quality

Notes:

Sampling Authority: Sampling was not done by MWSC Laboratory.

This report shall not be reproduced except in full, without written approval of MWSC.

This test report is ONLY FOR THE SAMPLES TESTED.

~ Information provided by the customer. This information may affect the validity of the test results.

*Parameters accredited by EIAC under ISO/IEC 17025:2017

***** END OF REPORT *****

STANDARD OPERATING PROCEDURE (SOP)

Waste management of used COVID-19 vaccines vials and ancillary supply

CONTENTS:

1. Glossary
2. Purpose
3. Scope
4. Principles
5. Materials
6. Assumptions
7. Procedures

1. Glossary

| | |
|------------------|---|
| SOP: | Standard Operational Procedure. |
| HCWM: | Health Care Waste Management. |
| COVID-19: | CORONA VIRUS Diseases. |
| HTH: | Sodium Hypochlorite. Chlorine-based disinfecting agent |
| NaDCC: | Dichloroisocyanurates (NaDCC). Chlorine-based disinfecting agent |
| PPE: | Personal Protective Equipment. |
| Sharp Container: | Container dedicated specifically to contain sharps (needles, syringes, etc.), containing them in a secured and safe way, to prevent puncture accidents and blocking transmission of diseases. |
| Safety Box: | See "Sharp Container". |
| Neutralize: | Treatment process that kills and eliminate infectious agent |

2. Purpose

The purpose of this Standard Operating Procedure (SOP) is to describe the detailed process on how to manage discarded COVID-19 vaccine vials and associated waste after COVID-19 vaccination activities end. The SOP provides clear instructions on how to perform the appropriate treatment and safe disposal of these wastes to minimize any associated health risk with consideration to local context.

3. Scope

This SOP is intended for study staff involved in the COVID-19 vaccination activity and covers the procedures from the collection of vaccination waste until the final destruction and disposal of the waste.

4. Principles

It is inherent to any vaccination activity that all used and discarded vaccine vials, including the used ancillary supplies and consumables MUST be safety **collected**, **treated**, **transported** and **disposed**,

Used COVID-19 vaccine vials and ancillary supplies are considered infectious material, and they must be correctly and safely stored, collected, treated and disposed, under the supervision of well-trained staff or HCWM specialist technician.

The management of used and discarded COVID-19 vaccine vials and associated waste **MUST** be incorporated in the vaccination campaign operational plan with clear budget line items. Therefore, the allocation of required resources and implementation of the waste management procedures are integrated from the start of the vaccination campaign.

Staff involved in COVID-19 waste management **MUST BE** properly trained on the technical specifications and have a general knowledge in WHO's HCWM principles and procedures.

Prior to the launch of COVID-19 vaccine activities, responsible personnel should ensure that both the waste management procedures are always correctly applied and the required waste management and supporting infrastructures are available and functional.

5. Materials:

- Plastic container with cover (for collecting discarded COVID-19 vaccine vials)
- Safety boxes, for sharps collection
- Chlorine product (HTH, NaDCC)
- Autoclave/sterilization device
- Incinerator, ash and sharp pits
- PPE sets (surgical gloves, heavy duty gloves, goggles, boots, mask, gown, etc.)

6. Procedures

6.1 *Collection of waste during the COVID-19 vaccination activity*

Collection of vaccine vials

- Any used or discarded COVID-19 vaccine vials **MUST** be collected safely and separately from the rest of the waste. Both the empty vials and those with remaining vaccine doses discarded at the end of the daily vaccination activity shall be collected and safely stored until they are collected for final treatment and disposal. These vials must be counted and recorded by the responsible team for the purpose of vaccination activity analysis (e.g. utilization, coverage, wastage, etc.).
- Used vials should be collected in leak proof bag, preferably with no less than 40-50 microns and not bigger than 15L to fit in the dimension of the main chamber of incinerators available in the field. If only normal bags (waste bags) are available, it is recommended to place the waste in double bag and place any absorbent material (e.g. paper tissue, absorbent pad or similar) to retain any possible leakage from the waste materials.

Collection of syringes and sharp waste

- In parallel, all sharp wastes (e.g. needles, auto-block syringes, scalpels, etc.) **MUST** be collected inside the appropriate and dedicated container, such as sharps container or safety box.

Collection of other waste materials: used PPE, cottons, wrap, etc.



- Used PPE, cottons and wrap should be collected in leak proof bag, preferably with no less than 40-50 microns and not bigger than 15L to fit in the dimension of the main chamber of incinerators available in the field.

Interim waste disposal at lower facility

- At the end of the day, upon return to the base and after counting and recording the number of vials and syringes used, the waste may be transferred to a centralized dedicated container for potentially infectious materials. This container should have a secured lid cover, safe, and made of rigid plastic. Clean and disinfect “field” waste containers to make them available for the following days.
- Keep all generated waste (discarded COVID-19 vaccine vials, used sharps and the rest of the solid waste) in an enclosed and securely locked place in the base until they are collected for treatment and final disposal. The waste storage should be placed under supervision and with limited access only to the responsible personnel.

6.2 Storage of the collected waste

All wastes must be stored in the following condition until they are collected for delivery in an appropriate waste treatment and disposal facility:

1. Protected from the sun to ensure the integrity of the packaging.
2. Protected from rain and water, to ensure the integrity of the packaging and the avoid leakage and spread of the products due to contact with water. The water in contact with waste should be collected and managed as the rest of the wastes.
3. Protect from rodents and other plagues to ensure the integrity of the packaging and avoid the spread of the waste.
4. Isolated from food and water sources to avoid contamination.
5. Protected from other staff to avoid improper manipulation and accidental exposure to reagents and other infectious/toxic products.

6.3 Treatment of the discarded COVID-19 vaccine vials before final disposal:

- Before performing the following procedures, you must first wash your hands and put on surgical gloves for your personal protection.
- Before subjecting the vaccine vials to any treatment procedures, remove all vial caps (with the aluminium seal) and labels – if any to ensure effective treatment. Collect all caps in a plastic bag and set aside for latter incineration. Once done, vials are ready for treatment.

Treatment by disinfection with chlorine solution:

- Disinfection of used vials with 0.5% chlorine solution is often the quick and easy method at the field level. This can be done with any available chlorine-containing products (e.g. HTH, NaDCC, bleach, bleach powder, etc.).
- Prepare the 0.5% disinfection solution in quantity enough to completely fill the plastic container with discarded vials.



- Using heavy-duty gloves, submerge the vials in the chlorine solution making sure the disinfecting solution gets inside each of them and reaching all surfaces. Let them react for at least 30 minutes.
- After the 30-minute reaction time, remove all vials from the disinfecting solution. Make sure you are wearing heavy-duty gloves and all vials are emptied. Collect the vials for their final disposal.
- Used disinfecting solution (0.5% Chlorine) MUST be disposed in a safe and appropriate manner to protect the environment and bodies of water.

Note: Discharge used chlorine solution into the toilets / latrines, if possible. If not, leave the solution exposed to sunlight for several hours prior discharging in a controlled place, far from water sources and/or food gardens.

Treatment by sterilization through autoclaving process:

If an autoclave is available, use it to effectively sterilize discarded COVID-19 vaccine vials before final disposal.

- First wash your hands and put on surgical gloves.
- Place the vials inside of the autoclave, following specified instructions for using the equipment.
- Turn on the autoclave and allow sterilization process to complete. Then, collect the sterilized vials from the autoclave for their final's disposal.

6.4 Treatment of other associated waste:

- Collect all sharp wastes (e.g. needles, scalpels, etc.) in a dedicated “sharps container” (safety box). Dispose used sharps inside the “sharps pit” without removing them from the safety box. There is no need to sterilize before disposal.
- The rest of the solid waste WILL NOT be treated before incineration.

6.5 Transport of the waste

- The staff in charge of transporting waste should wear gloves and goggles during the manipulation of waste to prevent leakage of toxic reagents and other products during transport.
- It is recommended to use vans, pick-ups or similar vehicles which has a separate driving zone from the cargo zone to ensure protection of the staff.
- Comply with national regulations' requirement for labelling the vehicle used for transporting waste, if any.

6.6 Final disposal of the waste from COVID-19 vaccine:

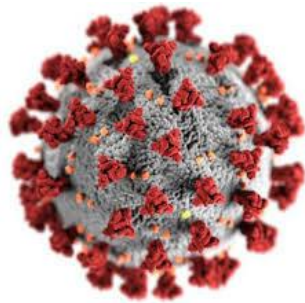
- All used syringes and sharp wastes: MUST be treated by incineration (preferably using an appropriate incinerator that is able to reach high temperatures, with double chamber to reduce emissions of toxic gases).
- Follow recommended methods for proper final disposal of resulting ashes.



- After incineration, dispose “solid waste fraction” inside the dedicated “ash pit” previously identified in the selected Health Structure.
- Neutralized COVID-19 vaccine vials can be safely disposed in a manner that is not accessible or reusable, and neither being an environmental nor a health threat.
- COVID-19 vaccine vials (preferably not crushed) MUST be properly disposed inside the dedicated “ash pit” previously identified in the selected Health Structure. Make sure the “ash pit” capacity is adequate and compliant with national standards.
- In absence of any dedicated structure (e.g. “Sharps pit”), used sharps may be encapsulated (preferably not crushed). This will prevent them from being reused and accessible, and no longer pose a risk to both the population and environment.

Encapsulation is done by placing already treated COVID-19 vaccine vials in a container, mixing them within cement, lime and water mixture (3/3/1 parts by weight) in a sealed metallic drum. Once mixture solidified, the whole block is buried within a secured area (either inside the waste zone of the hospital or health centre, in a dedicated dumping area, or any proper identified place)

Version 1



**GUIDELINE ON WORK PLACE SAFETY
DURING COVID-19
14.06.2020**

Health Protection Agency
Ministry of Health

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ABBREVIATION

| | |
|----------|--------------------------------------|
| COVID-19 | Coronavirus Disease 2019 |
| HPA | Health Protection Agency |
| IPC | Infection Prevention and Control |
| MOH | Ministry of Health |
| PPE | Personal Protective Equipment |
| WHO | World Health Organization |
| WAMCO | Waste Management Corporation Limited |

1. INTRODUCTION AND BACKGROUND

COVID-19 is a respiratory illness and the transmission route is through person-to-person contact and through direct contact with respiratory droplets generated when an infected person coughs or sneezes. These droplets can be inhaled or can land on objects and surfaces around the person such as tables, doorknobs and handrails, hence people can become infected-by touching these objects or surfaces and then touching their eyes, nose or mouth (WHO, 2020).

The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that may be seen less often and may affect some persons include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhoea, loss of taste or smell or a rash on skin or discoloration of fingers/toes. However, a person may also be asymptomatic or may have very mild symptoms (WHO, 2020).

To prevent the transmission of COVID-19 in the workplace, it is important that all offices and work places develop or adopt and implement a clear plan to prevent the risks of transmission of COVID-19 in their workplaces. Responsibilities of the employer, employees and customers/visitors remain including physical distancing, hand wash and hygiene, respiratory hygiene, environmental hygiene, waste management and clear roles (OSHA, 2020)

The purpose of this guideline is to give a general guidance for non-health care workplace settings to ensure protective measures are followed by the employers and employees. It also gives guidance on the necessary measures for specialised workplaces with different exposure risks and specific recommendations for protection of the health and safety of all the workers.

Principles:

The guideline is based on the five main safety principles that has to be followed by everyone in the work place;

1. Wear clothe masks at all times (refer to COVID19 webpage <https://covid19.health.gov.mv/>)
2. Ensure respiratory and hand hygiene etiquettes
3. Ensure physical distancing (maintain at least 3 feet gap between persons)
4. Ensure Infection Prevention and Control (IPC) measures including cleaning and disinfection procedures (refer to COVID19 webpage <https://covid19.health.gov.mv/>)

5. Decreasing contact between different shifts/ teams to ensure business continuity even if one employee becomes positive for Covid-19 and their contacts have to go into quarantine.

When making individual plans for different types of workplaces, the above principles should be considered and adhered to.

2. WORKPLACE RISK ASSESSMENT AND ACTION PLAN

Workplace Risk Assessment

The risk of work-related exposure to COVID-19 depends on the probability of coming into close (less than 3 feet) or frequent contact with people who may be infected with COVID-19 and through contact with contaminated surfaces and objects. (WHO, 2020)

In the same work setting there may be jobs with different levels of risk or may have similar levels of exposure. Therefore, the risk assessment should be carried out for each specific work setting and each job or group of jobs considering the work environment, the processes involved in doing a task, the level of threat(if any) (e.g. for frontline staff), and resources available, such as PPE. (WHO, 2020)

The following risk levels may be useful in carrying out a workplace risk assessment for exposure to COVID-19 and planning for preventive measures in non-healthcare workplaces. (WHO, 2020)

1. Low exposure risk:

- Jobs or work tasks without frequent, close contact with the general public and other co-workers, visitors, clients or customers, or contractors, and that do not require contact with people known to be or suspected of being infected with COVID-19.
- Workers in this category have minimal occupational contact with the public and other co-workers

2. Medium exposure risk:

- Jobs or work tasks with close, frequent contact with the general public, or other co-workers, visitors, clients or customers, or contractors, but that do not require contact with people known to be or suspected of being infected with COVID-19.
- In areas where COVID-19 cases continue to be reported, this risk level may be applicable to workers who have work-related frequent and close contact with the general public, visitors, or customers, etc.
- Work tasks that require close and frequent contact between co-workers.
- In areas without community transmission of COVID-19, work tasks that require frequent contact with persons returning from areas with community transmission

3. High exposure risk:

- Jobs or work tasks with high potential for close contact with people who are known or suspected of having COVID-19, as well as contact with objects and surfaces possibly contaminated with the virus.
- Examples include:
 - transportation of persons known or suspected to have COVID-19 in enclosed vehicles without separation between the driver and the passenger,
 - providing domestic services or home care for people with COVID-19,
 - contact with dead bodies of persons who were known or suspected of having COVID-19 at the time of their death.

Plan of action:

1. Workplaces should develop action plans for prevention and mitigation of COVID-19 as part of the business continuity plan and according to the results of the risks assessment and based on the current situation. (WHO, 2020)
2. The plan should also include measures for protecting health, safety, and security in re-opening, closing, and modifying workplaces and work arrangements. (WHO, 2020)
3. Re-opening of workplaces should be carefully planned in advance and all possible risks for health and safety should be properly assessed and controlled. (WHO, 2020)

3. GENERAL CONDITIONS

1. To help with the transition, consider gradual re-opening of workplace activities (e.g. reduced number of activities) at the start of the return to work period.
2. Determine which workers should return to work first based on the needs of the organisation.
3. Consideration should be given to compliance with ongoing restrictions regarding workplace operations and compliance with health precautions such as physical distancing.
4. To limit the congestion in the workplace, flexible working hours and staggering start times, breaks or staggering days that workers are in the workplace can be considered.
5. Prepare the workplace for the return of workers, look into the workplace layout and implement changes to allow for physical distancing, put in place a plan for systematic cleaning and disinfection of workspaces, etc., and stocking up on cleaning supplies and any protective equipment that are required.
6. As the epidemiological situation changes the requirements may change rapidly and will need to be incorporated into workplace policies and practices.
7. Inform and educate all workers about COVID-19 including topics such as COVID-19 symptoms prevention measures, current restrictions (e.g. travel bans), and the rationale behind physical distancing.
8. Ensure instruction and easy to understand media and signs are placed in an easy visible manner and in Dhivehi and English and any other language as may be needed.
9. Make sure all workers are well aware of “return to work” plans and procedures.
10. Take steps to support the mental well-being of workers, taking into account the diversity of circumstances.
11. Managers and supervisor’s should repeatedly emphasise/remind the ongoing requirements for preventive and protective measures, and ensure that they are being consistently applied.
12. If possible, avoid mixing different teams of workers in the same space at the same time.

13. Encourage all workers to use 'TraceEkee' app

If any worker is quarantined or isolated allowances should be given for the required leaves. Allowances on working from home should be arranged to the workers who live in under monitoring homes/apartments/buildings

4. PHYSICAL WORKPLACE

Reception Areas

1. Ensure pre-screening (temperature screening) of workers and customers at the entry point.
2. Visible partition should be installed at the main reception, service counters or check-in points.
3. Re-arrange seating area of the reception, customer waiting area and any similar waiting area to facilitate physical distancing and a minimum of 3 feet between persons.
4. To maintain hygiene and avoid contamination, remove materials such as leaflets, application forms etc., from the general display and keep them inside a counter to be given from the counter directly to the customer seeking it. Online filling and submission of forms should be encouraged where possible.
5. Minimise interactions between customers and employees, such as limiting the number of customers permitted at the establishment or serving customers over phone or establishing online applications for services provided. Consider different timings for different services to reduce crowding.
6. Establish online queue system for services and encourage customers to use these services where applicable. Alternatively, move to an online appointment system if possible.
7. Encourage cashless payment methods. Establish systems for cashless transactions before opening up services.
8. Place sanitising hand rub dispensers for employees and for customers/clients. Make sure these dispensers are regularly refilled
9. Display posters, promoting preventive measures against COVID-19. Posters/ standee banners/ audio visual media to increase awareness on COVID-19 should be displayed prominently at entrances and within the workplace. Ensure that these are appropriate for the employee's/ customers language preferences.
10. Keep a record of clients who entered the premises and the staff who interacted with the client. They may be needed for contact tracing.

Lift

1. It is advisable to mark the number of people who can enter lift at one time to ensure physical distancing, if possible markings on the floor of limit to show where to stand, to limit the number of people using the elevator at the same time.
2. Encourage workers to avoid using elevators whenever possible. If this is not possible, limit the number of people using the elevator at the same time. Instruct employees to to keep distance as marked in the lift and to stand back to back inside the lift.
3. Lift buttons are a high touch surface that needs to be frequently cleaned and disinfected.
4. Ensure entry areas in front of lift do not get crowded.

Workstation Areas

1. Assess how many work stations are at the work place.
2. Work stations should be arranged to accommodate minimum 3 feet physical distancing.
3. Encourage workers to clean their own workstations, used equipments, items, etc.
4. Ensure a good supply of cleaning agents are available.
5. If workstations are shared, they should be cleaned at the end of every shift.

Conference / meeting rooms

1. Arrange chairs at minimum 3 feet distance.
2. Encourage virtual communications/video meetings as much as possible.
3. Tea/ coffee making facility (if provided) must be in a manner that minimises contact .

Toilet facilities

1. Remind all staff to wash hands with soap and water after using the toilet.
2. Respect physical distancing as much as possible, for example limiting the number of people present in the toilet area/ toilet que at the same time.
3. Ensure availability of liquid soap to wash hands (rather than a bar soap), and paper towels to dry hands (rather than towels or electric dryers).
4. Ensure closed lidded bins are placed, which are lined with bags.
5. Ensure regular cleaning of toilet facilities (preferably every 4 hours, based on the frequency/number of people using the toilet) and disinfection at the end of each work day.

Tea room

1. Minimise number of employees who use the tea room at the same time.
2. Promote regular and thorough hand washing prior to entering the tea room
3. Re-arrange the canteen area to enable physical distancing measures (i.e. place tables and chairs with recommended physical distancing, limit the number of chairs at each table).
4. Keep tea room areas clean and hygienic, especially the utensils such as cutlery, tableware, and glasses. Employees should be encouraged not to share utensils (cups, plates, cutlery).

Ventilation

1. In the context of COVID-19 it is advised to ensure proper ventilation in rooms/spaces of the workplace.
2. In air-conditioned workplaces, it is recommended to open the windows for some time during each shift for air circulation
3. Ensure regular airing by opening the windows even in mechanically ventilated buildings.
4. In buildings with mechanical ventilation consider switching ventilation to nominal speed at least 2 hours before the start of the building usage time and switching to lower speed 2 hours after the end of the building usage time.

Physical distancing measures

1. Introduce measures to keep minimum 3 feet distance between people and avoid direct physical contact with other persons (i.e. shaking hands, hugging, touching, etc.)
2. Strict control over external access and queue management (eg, marking on the floor, barriers).
3. Suspend workplace events/gatherings that involve close and prolonged contact among participants, including social gatherings.
4. Nominate a person to be responsible at the entrance for managing the waiting area floor to remind and keep customers / staffs in the required 3 feet distance. Wherever possible organise separate entry and exit for workers and visitors.
5. Employees should reduce movement within the workplace and those working in one area should refrain from going into other areas.

Measures to limit the number of high touch/high traffic areas

1. Leave some internal doorways open (bearing in mind fire doors).
2. Discourage staff from sharing common office supplies (e.g. pens, staplers) and items such as cups, plates and cutlery.
3. Remove magazines and newspapers from reception areas

5. PERSONAL AND ENVIRONMENTAL HYGIENE MEASURES

Environmental Hygiene measures

Cleaning and disinfection of work places and facilities

1. Establish daily cleaning protocols to ensure workplace, workstations, and facilities are clean and tidy.
2. For cleaning use soap or a detergent, water, and mechanical action (brushing, scrubbing) to remove dirt, debris, and other materials from surfaces.
3. Frequently touched surfaces/high traffic areas such as door and window handles, light switches, touchscreen personal devices, personal computer keyboards, work surfaces, buttons of elevator doors, toilet doors and surfaces, washbasin taps, soap dispensers, kitchen and food preparation areas, etc., must be with soap and detergent several times a day or at least every 4 hourly or when visibly dirty.
4. Daily clean the toilets with detergent and water and disinfect with bleach solution.
 - a. Bleach Solution - Mix 120 ml bleach (1/2 cup) and 1000ml water (ratio 1:9).
The solution must be used within 24 hours, and the bottle/container must be properly labelled with name and date and must be kept with the cleaning products. Bleach is not advised for cleaning metal products as it may corrode.
 - b. 70% alcohol based solutions (wipes or liquid) can be used to disinfect metal products.
 - c. It is not advised to SPRAY BLEACH solution or any disinfectant solution to the surfaces or areas or public spaces.
5. Vomitus or respiratory secretions or any other fluids must be wiped with tissue/paper/dirty cloth (discard after cleaning), first clean with soap and water and then disinfect with bleach solution.
6. Places where large numbers of public gather regularly such as ATMs, banks, shops, eateries, airports, universities, schools, and other such places should be cleaned with detergent and water at least twice a day.
7. When diluting and cleaning with bleach solution the cleaning staff must ensure to wear mask and heavy duty gloves and wash their hands thoroughly with soap and water or use an alcohol-based hand sanitiser before wearing and after removal of gloves.

8. Cleaning staff (in house or outsourced) should be educated on proper procedures of putting on and removing gloves and masks, cleaning and disinfection procedures and hand washing/sanitising.
9. Spraying of people with disinfectants or disinfection by any other method is NOT RECOMMENDED under any circumstances (WHO, 2020).
10. In indoor workplaces, routine application of disinfectants to environmental surfaces via spraying or fogging or large-scale spraying or fumigation is NOT RECOMMENDED by WHO, as it is ineffective at removing contaminants outside of direct spray zones. Spraying can cause eye, respiratory, skin irritation and other toxic effects.

Waste management

1. Keep adequate amounts of lined, lidded foot operating dustbins in the workplace and a separate area to keep wastes till the collection from WAMCO.
2. When 2/3rd of the waste bin is full, remove and tie the bag properly.
3. Arrange to remove waste from the building daily.
4. Set up a system for disposing bin contents and disinfecting bins.

Personal Hygiene

Hand washing

1. Hand hygiene is extremely important in the prevention of the spread of the COVID-19 virus. Ensure that workers have facilities to wash their hands properly and regularly with soap and water.
2. Encourage employees to wash hands frequently when in office for at least 20 seconds, especially upon arrival at work, after using toilet, after blowing their nose/coughing/sneezing, and before eating.
3. Remind employees that hands need to be washed frequently, with soap and water.
4. Place posters and signs promoting correct hand washing (bright clear infographics without too much accompanying text seem to be the most effective).
5. Provide alcohol-based hand sanitisers (containing 70% alcohol) in places where it is not possible to wash hands with soap and water.
6. Instruct workers to avoid contact with objects or surfaces used or touched by other people (e.g. door handles) and to wash hands after contact with such surfaces or objects.

Respiratory hygiene

1. Promote respiratory etiquette by all people at the workplace.
2. Encourage to wear face masks and follow the procedures in line with the SOP's in COVID-19 website.
3. Remind workers about the need to cover coughs or sneezes with a tissue or elbow and to immediately discard the used tissues.
4. Place posters and signs reminding workers that they should avoid touching their nose, eyes or mouth.

6. MEASURES TO CONSIDER INSIDE THE WORKPLACE

Measures inside the workplace

1. Instruct workers not to go to rooms or places where they do not have to be present or if they do not have a particular task to do.
2. Remind workers to respect minimum 3 feet physical distancing rules when moving across the workspace to the full extent possible.
3. Use tools such as floor markings or tapes to indicate safe walkways as clearly as possible.
4. Consider introducing one-way traffic or priority rules on narrow stairs where people cannot keep a sufficient distance when passing each other (for example, priority for those coming down).
5. Consider introducing one-way traffic in corridors where people meet often or without sufficient distance.

Meetings and travels

1. Cancel or postpone all non-essential meetings, trainings and travels.
2. Use alternatives to face-to-face meetings, such as video conferencing and online meetings.
3. If a face-to-face meeting is necessary, reduce the number of attendees based in adequate size of the room to ensure physical distance, and keep the room clean and well ventilated. Consider keeping the list and contact details of the meeting participants for at least 14 days to facilitate contact tracing if need be.

4. For meeting rooms, consider indicating the maximum number of people that can safely stay in the room at the same time while ensuring physical distancing.
5. During meetings minimize touching surfaces and minimize the use of paper.

7. IMPORTANT ADVICE TO THE EMPLOYEES

Before leaving home:

Instruct employees to stay home if they develop any symptoms of COVID-19 (fever, any respiratory symptoms, etc), inform supervisor and call hotline **1676**.

Transport to and from work

1. For short distances, encourage workers to come to work on foot or by bicycle.
2. Encourage workers to avoid public transport, especially at peak times. The workers who need to travel by public transport should follow the transport guidelines published (refer to COVID19 webpage <https://covid19.health.gov.mv/>)
3. Remind workers about the importance of maintaining good hand and respiratory hygiene before, during and after travel.
4. If an employer provides transport (e.g. a van or a bus, ferry, etc) follow the guidelines published (refer to COVID19 webpage <https://covid19.health.gov.mv/>) Physical distancing must be maintained when workers are being transported.

Leaving the workplace

1. Instruct the workers to wash their hands before exiting the workplace.
2. As much as possible, spread out the exit times, to avoid congestion.
3. Remind workers to wash hands upon arrival at home.

8. RESPONSIBILITIES OF EMPLOYER

Managing employee numbers with phased return

1. Managing the number of workers will be critical in protecting worker's health.
2. Assess and identify vulnerable groups (workers with underlying health conditions (list in Annex 1) and those above 60 years of age). They should be given opportunity to work from home or make other arrangements, till the situation returns to normal.
3. Set up ways to communicate with workers online and communicate with them daily.
4. Make arrangements for staffs to work in shifts (preferably the same group of people who work together in the same days/shifts) and then arrange shift duties to ensure physical distancing is maintained, especially in workplaces that may become crowded at times. For high risk groups arrange for work from home option where possible.
5. A long-term plan should be made to address the overcrowding at workplaces, in order to arrange workstations at 3 feet distance including workspace between each station.
6. Implement flexible sick leave policies and practices, and flexible work hours, if feasible.
7. Arrange shifts and work timings to ensure as little mixing as possible between groups of employees.
8. Also consider cross-training of employees in the most critical functions. If employer is providing accommodation, consider segregating employees who work together.

9. MANAGEMENT OF SICK EMPLOYEES

Workplaces should have a plan on what should be done if a worker develops COVID-19 symptoms such as fever, cough, shortness of breath, etc., while at the workplace.

The following should be considered:

1. Employee/ Employees with symptoms (fever, cough, or shortness of breath) at work should immediately be isolated from others (preferably in a separate room, keep the windows open for ventilation), provide a surgical mask if possible and inform the hotline 1676 or reach out to the nearest flu clinic and follow the advice given.
2. In case of an emergency (a worker has severe symptoms such as shortness of breath), call ambulance services and report to ER immediately followed by reporting to 1676.
3. Restrict contact with the staff to what is absolutely necessary. Any person providing assistance to him/her should wear a mask and gloves
4. Clean the areas used by the affected worker in line with the guidance published (refer to COVID19 webpage <https://covid19.health.gov.mv/>)
5. Follow the instructions of the HPA and collaborate with them in any epidemiological investigation. Identify the affected worker's close contacts among co-workers (up to 2 days prior to the symptom onset) to identify other workers who could be considered as being exposed.
6. Establish procedures for safely transporting anyone sick to a healthcare facility or wherever applicable with HPA guidance.

10. RESPONSIBILITIES OF EMPLOYEE, FOR IPC AT WORKPLACE

1. The employee must ensure self-monitoring for fever or respiratory symptoms. If any symptoms develop stay home and report to supervisor and call 1676.
2. Be up to date with the COVID-19 related information shared by relevant authorities.
3. Ensure to maintain physical distancing (minimum 3 feet between persons) at all times in the workplace and when taking breaks.
4. The employee must wear face mask at all times if tolerated (refer to COVID19 webpage <https://covid19.health.gov.mv/>)
5. Avoid touching eyes, nose or mouth with unwashed hands.
6. When coughing or sneezing, cover mouth and nose with tissue or cover with flexed elbow. Immediately discard the used tissue in a dustbin.

7. Wash hands frequently with soap and water (wash for at least 20 seconds) (Refer to Annex 2)
8. Employee must follow the hygiene etiquettes:
 - o Proper disposal of used tissues
 - o Used cloth masks that are reusable should be kept in a zipped cloth pouch, separate from clean masks. They should be washed before reuse.
 - o Clean the frequently touched areas in work stations.

11. RISK COMMUNICATION, TRAINING AND EDUCATION

1. Provide posters, videos, and electronic message boards to increase awareness of COVID-19 among workers, promote safe individual practices at the workplace, engage workers in providing feedback on the preventive measures and their effectiveness (WHO, 2020).
2. Provide regular information about the risk of COVID-19 using information shared from HPA and emphasise the effectiveness of adopting protective measures and counteracting rumours and misinformation (WHO, 2020).
3. Special attention should be given to reaching out to engage vulnerable and marginalised groups of workers, such as migrant workers (WHO, 2020), and people with disabilities.

12. SPECIFIC INSTRUCTION FOR THE MANAGEMENT OF BANKS

Have a COVID-19 preparedness plan, which includes appointing a suitable officer responsible for implementing and monitoring the plan and staff orientation on new normalcy.

1. Frequently clean commonly touched surfaces like cash counters, ATMs, common telephones, fax machines, printer, fingerprint scanners, desks public seats, etc.
2. Arrange the floor plan with minimum 3 feet spacing at queuing areas.
3. Recommend the customers to first consider using E-banking or ATM for day-to-day business.
4. Rearrange the business hours or arrange for prior appointments to accommodate the minimum number of customers at a time.
5. Ensure adequate hand wash facilities for the employees and encourage use of personal hand sanitizer when needed.

REFERENCE

1. (WHO 2020) Considerations for the public health and social measures in the workplace in the context of COVID-19, 10 March 2020,
https://apps.who.int/iris/bitstream/handle/10665/332050/WHO-2019-nCoV-Adjusting_PH_measures-Workplaces-2020.1-eng.pdf?sequence=1&isAllowed=y
2. (ILO 2020) Safe return to work: guide for employers on COVI-19 prevention
https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---act_emp/documents/publication/wcms_744033.pdf
3. (OSHA 2020) Guidance on preparing workplaces for COVID-19
<https://www.osha.gov/Publications/OSHA3990.pdf>


ANNEX I: HIGH RISK CATEGORIES OF UNDERLYING MEDICAL CONDITIONS FOR COVID-19

1. Asthma (moderate to severe)
2. Chronic kidney disease
3. Chronic lung disease
4. Diabetes
5. Hemoglobin disorder (Thalassemia, sick cell anemia)
6. Immunocompromised (HIV, Cancer, organ transplantation, immune deficiencies, prolonged use of corticosteroids)
7. Chronic liver disease
8. Severe obesity
9. Serious Heart Conditions (heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, pulmonary hypertension)
10. In addition, those who are above 60 years are considered high risk.

Hand Hygiene Techniques

HOW TO HANDWASH?

with Soap and water

 **Duration:** At least 20 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rub each wrist with opposite hand;



Rinse hands with water;



Use tissue to turn off faucet;



Dry hands thoroughly with a tissue;



Your hands are safe.



سرسره نمبر: 203-ECA/23/2022/1

سَوَ لَا يَرْسُوْا ۚ لَا يَخْرُجُ مِنْ خِيَرَتِهِ ۚ سِرٌّ خِيَرَتِي سَوَ

Screening Decision

This is an official document issued to **Ministry of Health**, for communicating the decision made after screening of the project: **Construction of a vaccine cold storage facility in Hullhumale**

| | |
|--|-------------------------------------|
| <p>چۇر دىسەنمىزكى سەھەبىي مەدەنىيەت ئورمانلىرىنىڭ تەسىرىگە ئۇچرايدۇ، چۇر، مەدەنىيەت ئورمانلىرىنىڭ تەسىرىگە ئۇچرايدۇ.</p> | <input type="checkbox"/> |
| <p>This project is likely to cause significant negative environmental impacts. Hence, please submit an EIA report.</p> | |
| <p>چۇر دىسەنمىزكى دۆلەت باغچىسىنىڭ مەدەنىيەت ئورمانلىرىنىڭ تەسىرىگە ئۇچرايدۇ.</p> | <input type="checkbox"/> |
| <p>Submit an Initial Environmental Examination for this project.</p> | |
| <p>چۇر دىسەنمىزكى دۆلەت باغچىسىنىڭ مەدەنىيەت ئورمانلىرىنىڭ تەسىرىگە ئۇچرايدۇ.</p> | <input checked="" type="checkbox"/> |
| <p>Submit an Environmental Management Plan for this project.</p> | v |
| <p>چۇر دىسەنمىزكى سەھەبىي مەدەنىيەت ئورمانلىرىنىڭ تەسىرىگە ئۇچرايدۇ، چۇر، دىسەنمىزكى دۆلەت باغچىسىنىڭ تەسىرىگە ئۇچرايدۇ.</p> | <input type="checkbox"/> |
| <p>This project is unlikely to have a significant negative impact on the environment. Hence, you may proceed with the project.</p> | |
| <p>چۇر دىسەنمىزكى سەھەبىي مەدەنىيەت ئورمانلىرىنىڭ تەسىرىگە ئۇچرايدۇ، چۇر، دىسەنمىزكى دۆلەت باغچىسىنىڭ تەسىرىگە ئۇچرايدۇ.</p> | <input type="checkbox"/> |
| <p>The measures stipulated by this agency shall be used to mitigate the negative environmental impacts of the project.</p> | |

This is an environmental screening. Hence, obtain all necessary approvals/permits from other relevant government authorities before commencement of the project activities. The date of expiry stated in this Environmental Screening Decision Statement is the duration given to implement the decision made by this agency.

Noting that

