Environmental Monitoring Report

PUBLIC

Project Number: 51141-002
Semestral Report (July-December 2023)
April 2024

Bhutan: Health Sector Development Program

CURRENCY EQUIVALENTS
(as of 1 April 2024)

Currency Unit - Ngultrum (BTN)
$1.00 = 82.1

NOTES

(i) The fiscal year (FY) of the Ministry of Health ends on 30 June.
(ii) In this report, “$” refers to United States Dollar.

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HEALTH SECTOR DEVELOPMENT PROGRAM (HSDP)

10th Environmental and Safeguard Monitoring Report
(Reporting Period: July – December 2023)

Project Management and Policy Support Unit,
Ministry of Health
January, 2024

PUBLIC. This information is disclosed to the public in accordance with ADB’s Access to information Policy.
Abbreviations
ADB    Asian Development Bank
AIDS   Acquired Immunodeficiency syndrome
BCC    Behavior Change Communication
BHRM   Bhutan Resident Mission
BHSQA  Bhutan Health Standard for Quality Assurance
BHTF   Bhutan Health Trust Fund
BHU    Basic Health Unit
DHO    District Health Officer
DMS    Department of Medical Supplies
EA     Executing Agency
EARF   Environmental Assessment Review Framework
HIV    Human Immunodeficiency Virus
EMP    Environment Management Plan
GAP    Gender Action Plan
HCF    Health Care Facility
HIS    Health Information System
HIDDD  Health Infrastructure Development Division
HPD    Health Promotion Division
HSDP   Health Sector Development Program
ICT    Information Communication & Technology
IEE    Initial Environmental Examination
IPC    Interpersonal Counseling
LPG    Liquid Petroleum Gas
M&E    Monitoring and Evaluation
MOH    Ministry of Health
MOIC   Ministry of Information and Communication
MOU    Memorandum of Understanding
NCWC   National Commission for Women and Children
OHS    Occupational Health and Safety
OPD    Outpatient Department
PAVA   Property Assessment and Valuation Agency
PHC    Primary Health Center
PMPSU  Project Management and Policy Support Unit
PMU    Project Management Unit
PPD    Policy and Planning Division
PPE    Personal Protective Equipment
PSC    Project Steering Committee
QASD   Quality Assurance and Standardization Division
RGOB   Royal Government of Bhutan
RRP    Report and Recommendation of the President
SDP    Sector Development Program
SPS    Safeguard Policy Statement
STD    Sexually Transmitted Diseases
TB     Tuberculosis
THO    Thromde Health Officer
THC    Thromde Health Center
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PT/Health-08/2021-22/02447                                       December 8, 2021.

Project Director
Health Sector Development Program, ADB, MoH
Thimphu

Sub: Approval for construction of satellite clinic

Sir,

With reference to your letter no MoH/PMPSU/ARID 21/2021/992 dated 26th October 2021, Development Regulatory Division of Phuentsholing Thromde has completed reviewing the designs and drawing for construction of a satellite clinic in Phuentsholing.

In this regard, we are pleased to accord the approval and would like to request you to initiate the tendering and other required formalities so that the construction can be taken up at the earliest.

Thanking you

Your Sincerely

(Uttar Kumar Rai)
Thrompon

CC to-
1. Hon’ble Secretary, MoH, Thimphu for kind information.
2. Project Manager, PMSU, ADB, HSDP, MoH for information.
1 Executive Summary

This monitoring report is for the period July to December 2023 for the ongoing Health Sector Development Program. The report is based on some site visits and progress reports compiled by project civil engineer.

The overall civil works for the project consists of eight civil works packages, out of which five packages are for small infrastructure and renovation works at districts and three packages are for the construction of five satellite Clinics in two urban areas of Thimphu and Phuntsholing. As of December 2023, three civil works packages at districts are completed and two are nearing completion. While out of five satellite clinics (three packages), three are completed, and two are nearing completion.

Works in the eight project-focused districts consist of small infrastructure and renovation works and are physically spread across health facilities within the districts, whereas construction of satellite clinics in Thimphu and Phuntsholing town are within a single location.
Given the works are spread across different location within districts, constant monitoring is quite a challenge for Project Management Unit as well as government engineers. While every effort is made to make a monitoring visit to all ongoing sites with civil works, some sites at Districts are left out at times. However, proper supervision and monitoring from Contractors, District Health Officer, and District Engineers is considered in addition to monitoring done by Project Management Unit to ensure safeguard and environmental compliance for the ongoing sites.

For this reporting period, monitoring visits were made to most of the sites, which included two ongoing satellite clinic construction sites at Thimphu and Phunstholing as well as sites spread across districts in Samdrup Jongkhar and Pemagatshel. For the completed sites at districts, monitoring visits were made to one district of Dagana.

As of this reporting period, no environmental or social issues were reported at any of the sites. All project sites were observed to have followed minimum work and safety requirements, also no major accidents were recorded, and no community grievances have been received.

All civil works completed so far have been handed over to District Administration and are being fully utilized by health facilities for the benefit of the community.

2 Introduction

2.1 Project Summary

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Health Sector Development Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Bhutan</td>
</tr>
<tr>
<td>Project Number</td>
<td>51141-002</td>
</tr>
<tr>
<td>Grant Number</td>
<td>0615-BHU(SF) for Program</td>
</tr>
<tr>
<td></td>
<td>0616-BHU(SF) for Project</td>
</tr>
<tr>
<td>Borrower</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>Recipient</td>
<td>Kingdom of Bhutan</td>
</tr>
<tr>
<td>Executing Agency</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Implementing Agencies</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Technical Assistance (TA) No.</td>
<td>9606-BHU</td>
</tr>
<tr>
<td>TA Amount</td>
<td>500000 USD</td>
</tr>
<tr>
<td>Total program/project cost</td>
<td>41.22 Million USD</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>ADB Grant amount</td>
<td>20 Million USD</td>
</tr>
<tr>
<td>Grant Negotiation date</td>
<td>30 July 2018</td>
</tr>
<tr>
<td>Grant Approval by ADB Board</td>
<td>5 October 2018</td>
</tr>
<tr>
<td>Grant agreement signing date</td>
<td>29 November 2018</td>
</tr>
<tr>
<td>Grant effectiveness date</td>
<td>19 February 2019</td>
</tr>
<tr>
<td>Grant completion date</td>
<td>31 August 2023</td>
</tr>
<tr>
<td>Grant closing date</td>
<td>28 February 2024</td>
</tr>
<tr>
<td>Fact-Finding Mission</td>
<td>10-19 April 2018</td>
</tr>
<tr>
<td>Review Mission</td>
<td>11-15 March 2019</td>
</tr>
<tr>
<td>Mid-term Review Mission</td>
<td>19-20 July 2022</td>
</tr>
<tr>
<td>Gender Equity and Mainstreaming</td>
<td>Effective gender mainstreaming</td>
</tr>
<tr>
<td>Safeguard Category</td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td>B</td>
</tr>
<tr>
<td>Involuntary Resettlement</td>
<td>C</td>
</tr>
<tr>
<td>Indigenous People</td>
<td>C</td>
</tr>
</tbody>
</table>

2.2 Overall Project Impact and Outcome

The impact of the Health Sector Development Program is aligned with Bhutan’s National Health Policy of 2011, i.e. to achieve national health goals and its aspiration towards self-reliance and sustainability in health service delivery.

The overall sustainability of health service delivery will be supported by the outcome of improved equitable access, efficiency, and financial sustainability of the health system.

Figure 1
Map showing priority districts of the project
2.3 Program Outputs

The HSDP has three outputs, Output 1 is funded under the project grant and Output 2 and Output 3 are funded through program grant/budgetary support.

**Output 1: Primary health services especially in underserved areas improved.**

This project-based output will support improvements in PHC service delivery, especially in underserved areas. The enhanced focus on PHC will help bridge regional health disparities and improve the cost-effectiveness of the health delivery system. Activities under this output are (i) construction of five PHC satellite clinics in urban peripheries; (ii) upgrading primary health facilities with improved infrastructure provisions for infection control and waste management; (iii) medical equipment support for enhanced PHC service delivery, including immunization, and transportation of laboratory samples; (iv) support for capacity development to roll-out the Bhutan Health Standards and Quality Assurance mechanism at PHC facilities; and (v) support for health advocacy, awareness and behavior change communication through civil society organizations.

**Output 2: Support for health sector financing enhanced.**
This policy-based output will support enhanced health financing equity and sustainability of the Bhutan Health Trust Fund (BHTF), whose core mandate is to support PHC primarily through the financing of vaccines and essential medicines. The policy actions include measures to (i) enhance the BHTF operations through strengthened capital, capacity, and governance; (ii) improve equitable distribution of public health financing benefits through a benefit-incidence analysis; and (iii) develop a legal basis to support provisions for health financing equity, efficiency, and sustainability in the form of a health bill. Asian Development Bank (ADB)’s budget support under this output contributes to BHTF’s capital enhancement and diversification of its investment offshore.

**Output 3: Disease surveillance and health information system enhanced.**

This policy-based output will improve the management and governance of Bhutan’s Health Information System (HIS) to support PHC and patient management, disease surveillance, and overall sector management efficiency. The program will facilitate Bhutan’s incremental move to an interoperable national HIS, from the current stage of fragmented individual systems. Policy actions include (i) development and adoption of a national e-health strategy, (ii) creation of HIS governing body, (iii) development and adoption of HIS enterprise architecture for interoperability, and (iv) development and adoption of technical standards for health data exchange. The implementation of the e-health strategy and interoperable HIS is also reflected in the 12th Five Year Plan document. ADB’s budget support under this output is expected to contribute towards government spending in areas such as strategy and governance, information technology infrastructure, services and applications, data standards for interoperability, and workforce capacity development.

### 2.4 Program cost and financing

The SDP is estimated to cost $41.22 million, of which ADB will finance a total of $20 million, comprising a project grant of $6 million equivalent, and a policy-based grant of $14 million. The government will provide counterpart funds totaling $21.22 million equivalent, comprising $0.52 million for **Output 1**, $7.71 million for **Output 2**, and $13 million for **Output 3**.

The grant for **Output 1** (project grant) is estimated to cost $6 million. ADB will finance the expenditures for civil works, goods, consulting services, and capacity development. The government will provide counterpart support in the form of additional staff, office...
accommodation, meeting venues, and other in-kind contributions including local taxes and duties through exemption.

2.5 Program Duration

The program was approved by the board on 5 October 2018 and the grant will close by 28 February 2024.

2.6 Civil works under the projects

Civil works under the project comes under Output 1, which is a project based support consisting of several small civil works, equipment procurement and trainings. Details of civil works are as follows:

1. Construction of five satellite clinics in urban peripheries of Thimphu and Phuentsholing town.
   i. Four Satellite clinics in Thimphu town under Thimphu District.
   ii. One Satellite clinic in Phuntsholing town under Chhukha District

2. Upgrading and renovation works at PHC/BHU-I, and Hospitals in eight districts (Dagana, Mongar, Pemagatshel, SamdrupJongkhar, Trashigang, TrashiYangtse, Trongsa, and Zhemgang) including infrastructure provisions for infection control and waste management.

Work activity at Districts include:
   i. Construction of 101 deep burial pits for all PHCs & Hospitals,
   ii. Construction of 25 waste storage rooms for Hospitals,
   iii. Construction of 30 OPD toilets at PHCs where they don’t have,
   iv. Construction of 85 water reservoirs at PHCs to ensure 24-hour running water and water source protection (through the construction of a simple fence)

Dimensions of civil works:

(i) Dimension of Deep Burial Pit is 2 meter (Length) x 2 meters (Breadth) x 3 meters (Depth) for Hospital and 1.5 meter (Length) x 1.5 meters (Breadth) x 2.5 meters (Depth) for Primary Health Centers.

(ii) Maximum area of the Waste Storage Room is 94.4 square meters (14.75 meters x 6.4 meters)

(iii) Area of the OPD toilet is 29.9 square meter (6.5 meters x 4.6 meters)

(iv) Capacity of the Water Reservoir tank is 4 cubic meters.

(v) Total build up area of satellite Clinic is 345.28 square meters with adequate provision for parking and other amenities.
Table 1

Distribution of infrastructure works by Districts

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Dzongkhag/Town</th>
<th>Deep Burial Pit</th>
<th>OPD Toilet</th>
<th>Water storage &amp; source protection</th>
<th>Waste Storage Room</th>
<th>Satellite Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dagana</td>
<td>10</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Mongar</td>
<td>23</td>
<td>14</td>
<td>22</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Pemagatshel</td>
<td>12</td>
<td>0</td>
<td>11</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>SamdrupJongkhar</td>
<td>12</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Trashigang</td>
<td>20</td>
<td>0</td>
<td>14</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Trashiyangtse</td>
<td>9</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Trongsa</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Zhemgang</td>
<td>14</td>
<td>8</td>
<td>11</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Thimphu</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>Chhukha/Phuntsholing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>101</td>
<td>30</td>
<td>85</td>
<td>25</td>
<td>5</td>
</tr>
</tbody>
</table>

2.7 Environmental Category of project

The Safeguard Policy Statement (SPS) 2009 sets the requirements for the environmental safeguard that applies to all ADB-financed grants and projects. Likewise, HSDP is categorized as Category C, for both Involuntary Resettlement safeguard and for Indigenous people resettlement safeguard, but it is categorized under Category B for Environmental impact. Accordingly, Initial Environmental Examination (IEE) was prepared following the procedures described in the Environmental Assessment Review Framework (EARF) established for the project. The initial environmental examination was also disclosed through the ADB website in July 2018.

Since the project was approved, there have been some changes to the location of the Satellite Clinics. As required, IEE for new sites were updated by the consultants recruited directly by Bhutan Resident Mission, ADB.

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2.8 Scope of the Report

This monitoring report covers the Health Sector Development Program (HSDP) for the period of six months from July to December 2023, and it is based on site visits and progress reports submitted by the civil engineer.

The report is prepared for all the ongoing and completed construction sites, which includes following work:

(i) Construction of 5 Satellite Clinics (broken into 3 work packages) and
(ii) Construction and renovation of small works in 8 districts (broken into 5 work packages)

This report compiles the compliance of EMP for all the ongoing and completed sites under the HSDP. Out of five work packages in Districts, three are completed, and two are nearing completion. Out of five satellite clinic, two are nearing completion, and three are completed.

2.9 Progress on project activities

The package wise progress of civil works as of December 2023 remains as follows:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Package</th>
<th>Work Activity &amp; Location</th>
<th>District/Location</th>
<th>Contractor</th>
<th>Start date</th>
<th>Completion date</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>W-01</td>
<td>Satellite Clinics Babena (Lot-1), Simtokha (Lot-2) Motithang (W-01 (B))</td>
<td>Thimphu City</td>
<td>M/s. Druk Chapchab Construction M/s Dungkar Construction Pvt. Ltd.</td>
<td>4 April 2022, 17 Feb. 2022, 27 March 2023</td>
<td>April 2023, Feb. 2023, 27 March 2024</td>
<td>100% 100% 91%</td>
</tr>
<tr>
<td>2</td>
<td>W-02</td>
<td>Satellite Clinic at Depsi</td>
<td>Thimphu District</td>
<td>M/s. JM Builders</td>
<td>9 July 2021</td>
<td>January 2023</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>W-03</td>
<td>Satellite Clinic at Phuntsholing</td>
<td>Phuntsholing City</td>
<td>M/s Gaygur Construction</td>
<td>26 Dec. 2022</td>
<td>Dec. 2023</td>
<td>90%</td>
</tr>
<tr>
<td>S. No</td>
<td>Package</td>
<td>Work Activity &amp; Location</td>
<td>Male labours</td>
<td>Female labours</td>
<td>Nationality</td>
<td>Labour Strength</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>W-01</td>
<td>Satellite Clinics at Motithang</td>
<td>15 nos.</td>
<td>0</td>
<td>Indian</td>
<td>15 nos.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>W-03</td>
<td>Satellite Clinic at Phuntsholing</td>
<td>11 nos.</td>
<td>0</td>
<td>Indian</td>
<td>11 nos.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>W-06</td>
<td>Small works and Renovation works at Samdrup Jongkhar &amp; Pemagatshel</td>
<td>25 nos.</td>
<td>0</td>
<td>20 Indian, 5 Bhutanese</td>
<td>25 nos.</td>
<td></td>
</tr>
</tbody>
</table>

2.10 Workers strength at sites

The number of labor at ongoing sites as per monitoring visit is as follows:
2.11 Institutional Arrangement for Safeguard Implementation

2.11.1 Project Implementation Unit

Project implementation is the responsibility of the Ministry of the Health through its Project Management and Policy Support Unit (PMPSU). For Output 1, the implementing units of MOH include (i) Health Infrastructure Development Division (HIDD) for procurement and supervision of civil works, (ii) Medical Supplies Procurement Division for procurement and supervision of goods, (iii) Quality Assurance and Standardization Division (QASD) responsible for the training of health workers on BHSQA, (iv) Health Promotion Division (HPD) responsible for the training of health workers on interpersonal counseling and (v) Department of Medical Supplies (DMS) responsible for the operation of urban satellite clinics. Civil works in Districts are being monitored by the respective District Administration.

2.11.2 Project Management and Supervision Consultant

Project Implementation consultants including Project Manager, Civil Engineer, and M&E Specialist recruited under the project do regular monitoring of project sites along with other functions. Civil Engineer along with construction monitoring also reports on environmental and safeguard monitoring at sites through quarterly progress report. M&E Specialist also makes project site visits to supplement on the reporting done by civil engineer.

Details of Environmental focal:

Ugyen Gyeltshen
Civil Engineer
Health Sector Development Program
Ministry of Health

2.11.3 Civil Works Contracts and Contractors

Contractors are required to follow EMP provided in the bidding documents, which is monitored by Civil Engineer and M&E Specialist.
## 3 Environmental Compliance Monitoring

### 3.1 Compliance with National Statutes and Regulations

<table>
<thead>
<tr>
<th>Regulation/Policy</th>
<th>Requirement for Project</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Assessment Act 2000, National Environment Protection Act 2007,</td>
<td>Clearance for Construction works from Competent Authorities.</td>
<td><strong>Complied:</strong> All clearance where required has been obtained from the Competent authority like the Building approval for Satellite Clinics. (Annexure 3)</td>
</tr>
<tr>
<td>Regulation for the Environmental Clearance of Projects 2016.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labour and Employment Act 2007, Regulations on Working Conditions 2009,</td>
<td>Need to follow certain requirements, during worker recruitment and Construction phase.</td>
<td><strong>Complied:</strong> As required under the regulation, no minors are recruited at any sites.</td>
</tr>
<tr>
<td>Water Act of Bhutan 2011, Water Regulation of Bhutan 2014, Bhutan Environmental</td>
<td>Need to follow certain requirements during construction phase.</td>
<td><strong>Complied:</strong> None of the sites are near rivers or streams, so no noncompliance recorded.</td>
</tr>
<tr>
<td>Standards 2010, Drinking Water Quality Standards 2016.</td>
<td></td>
<td>No environmental discharges into rivers and streams from construction sites recorded.</td>
</tr>
<tr>
<td>Forest and Nature Conservation Act 1995,</td>
<td>Need to follow certain requirements during</td>
<td><strong>Complied:</strong> No cutting of trees are recorded till date.</td>
</tr>
<tr>
<td></td>
<td>construction phase.</td>
<td></td>
</tr>
</tbody>
</table>
### Regulation/Policy

<table>
<thead>
<tr>
<th>Regulation/Policy</th>
<th>Requirement for Project</th>
<th>Status</th>
</tr>
</thead>
</table>

### 3.2 Compliance with Environmental Loan Covenants

#### Schedule 3

**Environment**

The recipient shall ensure or cause MOH to ensure that the preparation, design, construction, implementation, operation, and decommissioning of the project and all Project facilities comply with (a) all applicable laws and regulations of the recipient relating to environment, health and safety; (b) the Environmental Safeguards; (c) all measures and requirements set forth in the IEE, the EMP and any corrective or preventative actions set forth in a Safeguards Monitoring Report.

**Responsibility**: EA/MOH  
**Period**: Before project implementation.  
**Status**: Complied: RGOB and ADB have approved the IEE reports of the project including EMPs, which have been prepared in line with all applicable laws and regulations.

#### Involuntary Resettlement and Indigenous People

The recipient shall ensure or cause MOH to ensure that the project does not have any involuntary resettlement or Indigenous people’s impact, and within the meaning of the SPS. In the event that the project does have any such impacts, the recipient shall take all steps required to ensure that the project complies with the applicable laws and regulations of the recipient and with the SPS.

**Responsibility**: EA/MOH  
**Period**: Before project implementation.  
**Status**: Complied: The project as specified in initial safeguards documents does not have any involuntary resettlement or impact on Indigenous people.
<table>
<thead>
<tr>
<th><strong>Human and Financial resources to implement safeguards Requirements</strong></th>
<th>EA/MOH</th>
<th>During project implementation</th>
<th><strong>Complied:</strong> The PMU has designated Project Engineers and M&amp;E officer to ensure implementation of the EMP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The recipient shall make available or cause MOH to make available necessary budgetary and human resources to fully implement the EMP.</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Safeguards related provisions in bidding documents and works contracts</strong></th>
<th>EA/MOH</th>
<th>During project implementation</th>
<th><strong>Complied:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The recipient shall ensure or cause MOH to ensure that all bidding documents and contracts for works contain provisions that require contractors to:</td>
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<tr>
<td>a) Comply with measures relevant to the contractor set forth in the IEE and EMP (to the extent they concern impacts or affected people during construction), and any corrective or preventive actions set forth in the Safeguards Monitoring Report.</td>
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<tr>
<td>b) Make available a budget for all such environmental measures and</td>
<td></td>
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<tr>
<td>c) Provide the recipient with a written notice of any unanticipated environmental risks or impacts that arise during construction in IEE, or the EMP or any resettlement or indigenous people risks or impact that arise during construction, implementation or operation of the project.</td>
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<thead>
<tr>
<th><strong>Safeguard Monitoring and Reporting</strong></th>
<th>EA/MOH</th>
<th>During Project Implementation</th>
<th><strong>Complied:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Recipient will do or cause MOH to do the following:</td>
<td></td>
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<tr>
<td>(a) submit semi-annual Safeguards Monitoring Reports to ADB and disclose relevant</td>
<td></td>
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</table>
| | | | Semi-annual safeguard monitoring report is
information from such reports to affected persons promptly upon submission;

(b) if any unanticipated environmental and/or social risks and impacts arise during construction, implementation or operation of the Project that were not considered in the IEE and the EMP, promptly inform ADB of the occurrence of such risks or impacts, with detailed description of the event and proposed corrective action plan; and

(c) report any actual or potential breach of compliance with the measures and requirements set forth in the EMP promptly after becoming aware of the breach.

<table>
<thead>
<tr>
<th>Labour standards, Health, and Safety</th>
<th>EA/MOH</th>
<th>During project implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Recipient shall ensure or cause MOH to ensure that the core labour standards and the recipients’ applicable laws and regulations are complied with during project implementation. The recipient shall include provisions in the bidding documents and contracts financed by ADB under the project requiring that the contractors among other things:</td>
<td>Complied:</td>
<td></td>
</tr>
<tr>
<td>(a) comply with Recipient’s applicable labour laws and regulations and incorporate applicable workplace occupational safety norms;</td>
<td>Recipient’s labour law and existing regulations are duly complied at all project sites. The provisions to follow existing laws and regulations are equally included in the bidding documents. Among others, workplace safety norms are followed.</td>
<td></td>
</tr>
<tr>
<td>(b) do not use child labour</td>
<td>No use of child labour is recorded.</td>
<td></td>
</tr>
<tr>
<td>(c) do not discriminate workers in respect to employment and occupation,</td>
<td>No discrimination at work is recorded.</td>
<td></td>
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<tr>
<td>(d) do not use forced labour,</td>
<td>No forced labour use is recorded.</td>
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<tr>
<td>(e) allow freedom of association and effectively recognize the right to collective bargaining, and</td>
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<tr>
<td>(f) Disseminate or engage appropriate service providers to disseminate information on the risk</td>
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</table>

No unanticipated environmental and social risks and impacts recorded, if anything arises the same will be informed to ADB. No breach of compliance with EMP requirements has been recorded till date.
of sexually transmitted disease, including HIV/AIDS, to the employees of contractors engaged under the project and to members of the local communities surrounding the project area, particularly women.

| Freedom of association desired by workers is allowed. Information on health risk and STDs are disseminated by health officials of PHCs. |

### 4 Compliance with Environmental Management Plan

#### 4.1 Status of compliance to activities proposed in EMP

<table>
<thead>
<tr>
<th>Potential Negative Impacts</th>
<th>Mitigation Activities and Method</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Construction phase</td>
<td></td>
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<tr>
<td>Potential Negative Impacts</td>
<td>Mitigation Activities and Method</td>
<td>Status</td>
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</tr>
<tr>
<td>Non-integration of environmental requirements into the project life-cycle and limited delivery of health services.</td>
<td>➢ Design of new healthcare facility as well as Burial pits must be in line with Bhutan Services Standards for Satellite Clinics and PHC/BHUs.&lt;br&gt;➢ Training of Project staff and Health officials on Environmental safeguards and ADB requirements, EMP implementation and environmental monitoring.&lt;br&gt;➢ Review and integration of ECOPS in Contract document and clear delineation of responsibilities between project supervision and contractor.</td>
<td>✓ Design of healthcare facility is as per MoH standards for Satellite Clinics and PHC/BHUs.&lt;br&gt;✓ Project staffs (Project Manager &amp; Civil Engineer) were trained on Environmental safeguards and ADB requirements in Oct. 2019 by ADB in Thimphu. M&amp;E expert has completed online course on safeguards offered by ADB. Also DHOs and Engineers are made aware of the importance of following EMP and safeguards.&lt;br&gt;✓ ECOPS is integrated in the contract document.</td>
</tr>
<tr>
<td>Construction phase</td>
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<tr>
<td>Increase in air emissions from vehicular, movement during drop off of materials at construction sites and increased in vehicular traffic.</td>
<td>➢ Emissions from on-road and off-road vehicles should comply with national or RSTA regulations</td>
<td>It is observed that:&lt;br&gt;✓ All vehicle comply with RSTA standards in the country.&lt;br&gt;✓ Vehicular traffic is not an issue, given few vehicles are required at sites.</td>
</tr>
<tr>
<td>Pollution from fires lit in worker camps or from burning debris.</td>
<td>➢ Contractor shall supply kerosene or LPG at camps and restrict use of firewood for cooking and heating.&lt;br&gt;➢ Prohibit open burning of solid wastes within municipality and enforce it strictly.</td>
<td>It is observed that:&lt;br&gt;✓ Worker camps are provided electricity and Liquid Petroleum Gas at sites and firewood is not used.&lt;br&gt;✓ No burning of waste is allowed. Waste is disposed into municipal trucks which collects waste on regular basis.</td>
</tr>
<tr>
<td>Increase in dust from excavation</td>
<td>➢ Remove and reuse all excess excavated soil.</td>
<td>It is observed that:</td>
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<tr>
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| work or dust may blow from construction work or from open piles of materials stored such as sand. | ➢ Use dust control methods, such as sprinkling water on newly excavated area.  
➢ Cordon off work area, especially excavated area to reduce dust from being carried by wind.  
➢ Cover stockpiles of sand or other loose material to prevent it from being carried off by wind. | ✓ Excavated soils are stored properly to be reused at sites.  
✓ Dust control mechanism like sprinkling of water during windy days are carried out.  
✓ Construction sites are enclosed with eco-nets.  
✓ No stockpiles observed at any sites as the work is nearing completion. |
| Disturbance due to use of installed equipment and construction works. | Ensure that noise impacts do not exceed the levels 55dB during daytime and 45 dB at night through the following;  
➢ Carrying out excavation work only during daytime,  
➢ Select equipment with lower sound power levels,  
➢ Notify the school, early daycare center and community of work scheduling. | It is observed that:  
✓ No noise is being generated at sites as the works are in finishing stage. But where necessary  
• All excavations are carried out during day time only.  
• Contractor is informed to consider selecting equipment with low sound level. |
| Disturbance due to workers playing loud music. | ➢ Prohibit workers from playing loud music early morning and evening. | No issues recorded with loud music. |
| Pollution of water sources, streams or other surface and underground water. | ➢ Prohibit disposal of solid and liquid waste into nearby streams or water bodies.  
➢ Store all chemicals, fuel, paint and corrosives in a designated area in leak proof containers with lids and under roof away from rainwater.  
➢ Construct and connect site drains to the nearest public storm water drain, prevent surface runoff and contamination from worksites. | No disposal of waste into water bodies are recorded till date. No construction sites are near the stream or river.  
It is observed that:  
✓ Chemicals, fuels and paints are stored separately in the store for safety of all.  
✓ Where necessary drains are constructed for proper drainage of water and to avoid stagnation of water at site. |
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|➢ The deep burial pits should be at least 50 meters away from habitation, residential areas and water sources.  
➢ The area should not be prone to flooding or erosion.  
➢ The bottom of the burial pit should be at least 1.5 meters above ground water level to prevent pollution of ground water. | The selection of the burial pit sites was finalized in consultation with districts and the PHC In-charge. Few sites do not meet this condition, due to lack of space.  
Sites do not look prone to flooding and erosion, and no such incidents have been reported till date.  
Specifications are being followed as per the design from MOH and the same is provided to the contractors through the bidding document. | |
| Soil contamination. | ➢ The entire pit should be lined with a 30 cm layer of compacted clay or any other suitable low permeability material. | All infrastructure designs are being complied as per bidding document and contract requirement. |
| Generation of odor from accumulation of organic waste or sewage. | ➢ Provide waste bins and a designated area to segregate and store organic waste.  
➢ Provide sewage facilities. | It is observed that:  
✓ Waste bins are provided by contractors to the workers for segregating waste.  
✓ Sewage facility is provided by contractor. |
| There may be localized odor. | ➢ Ensure that storage rooms have adequate ventilation. | It is observed that:  
✓ Storage room have adequate ventilation. |
| Generation of odor from accumulation of waste. | ➢ Maintain cleanliness of the premises and surrounding. | It is observed that:  
✓ Sites are regularly cleaned and waste collected by Municipal trucks. |
| Soil may be contaminated from spillage of chemicals, paint or due to improper | ➢ Store all chemicals, fuel, paint and corrosives in a designated area in leak proof containers with lids or under roof away from rainwater. | It is observed that:  
✓ Chemicals, fuel and paint at the sites are well stored in safe room for safety. |
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| waste management.         | ➢ Minimize work area when dealing with corrosives.  
➢ Make appropriate arrangements and transport excavated soil and construction debris, without spillage to pre-approved dump site.  
➢ Inspect and clean all drains monthly especially during the monsoons and repair all damaged drains.  
➢ Dispose all rubbish and silt removed from drains with other excavated/construction waste. | ✓ Corrosives are handled carefully.  
✓ Excavated soil is dumped at designated approved sites. Municipal rule in place does not allow for spillage of debris.  
✓ It is observed that all sites are clean. Workers are aware and carry out cleaning of drains on regular basis. All rubbish/waste are dumped as per municipal requirements. |
| Risk of diseases can be introduced into host communities. | ➢ Ensure that all migrant workers are screened for HIV/AIDS/STD/TB.  
➢ Ensure migrant workers are oriented on the HIV/STI testing centers and related services. | All non-national workers are screened for HIV/AIDS/STD and COVID-19 before entering the country, as required by law. All workers at sites are oriented on HIV/STI and other related disease and the need to test and follow precaution measures by Health Workers and Engineers. |
| Environmental impacts from improper siting of worker camps. | ➢ Locate labor camps in pre-approved sites only. | All labor camps are constructed on sites approved by municipality authority. |
| Environmental impacts from worker camps. | ➢ Provide workers with adequate housing facilities with, drinking water, electricity, sanitation facilities with soak pits/septic tanks. | It is observed that:  
✓ All workers are provided temporary housing, drinking water, electricity and separate toilet for male and female. |
| Risk of accidents at the workplace. | Implement a health and safety plan that includes:  
➢ Provision of PPE to all workers. | It is observed that:  
✓ PPE including boots, gloves and helmets are provided at all sites. |
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<tr>
<td></td>
<td>➢ Maintain a first aid kit on sites.</td>
<td>✓ First aid kit is made available at sites.</td>
</tr>
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<td></td>
<td>➢ Display emergency contact numbers on site.</td>
<td>✓ Emergency contact numbers are displayed at all sites.</td>
</tr>
<tr>
<td></td>
<td>➢ Conduct orientation/awareness for new recruits.</td>
<td>✓ New recruits are orientated by the contractors and project staffs.</td>
</tr>
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<td></td>
<td>➢ Provide transportation facilities for workers in case of medical emergency.</td>
<td>✓ Contractors are required to provide transportation facilities in case of medical emergency.</td>
</tr>
<tr>
<td></td>
<td>➢ Designate a focal person on site to prepare and ensure procedures are in place in case of accidents, disaster or any other emergency.</td>
<td>✓ The contractor’s site engineer act as the focal person to deal with accidents, disaster and other emergencies.</td>
</tr>
<tr>
<td></td>
<td>➢ Document all accidents, the cause and measures taken.</td>
<td>✓ The focal person documents all accidents at sites in a register.</td>
</tr>
<tr>
<td>Disturbance and risk to public health safety.</td>
<td>Implement a public health and safety plan that includes:</td>
<td>It is observed that:</td>
</tr>
<tr>
<td></td>
<td>➢ Provide information to the public and neighboring schools/institutions about the construction work and schedule via meetings or notification.</td>
<td>✓ No meetings were conducted as the sites are not located near schools or institutions. The information about the construction is provided when asked by public and through the Signboards and at the site.</td>
</tr>
<tr>
<td></td>
<td>➢ Post signboards to notify passers-by of ongoing work.</td>
<td>✓ All sites have signboards to notify passers-by.</td>
</tr>
<tr>
<td></td>
<td>➢ Cordon off all work sites to exclude public from the workplace.</td>
<td>✓ All major construction sites has been cordoned off with eco-nets, to avoid unauthorized entry.</td>
</tr>
<tr>
<td></td>
<td>➢ Instruct workers in advance on required behavior especially in the districts.</td>
<td>✓ All workers are informed about required behavior. No issues have arisen till now from any sites.</td>
</tr>
<tr>
<td></td>
<td>➢ Record and document all accidents to public and measures undertaken.</td>
<td>✓ Any accidents that occur at site are always recorded and appropriate measures are taken.</td>
</tr>
<tr>
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<tr>
<td>Impeded access along access roads and footpaths.</td>
<td>➢ Develop and follow standard procedures to record and respond to complaints within 7 days.</td>
<td>The Grievance Redress Mechanism (GRM) of PMPSU is applicable to contractor, and they are asked to follow it.</td>
</tr>
<tr>
<td>Trucks bringing materials may impede access or create congestion to the neighboring school and community.</td>
<td>➢ Avoid storing or spillage of any construction material or waste along access roads or footpaths.</td>
<td>It is observed that: ✓ All materials are stored in designated area.</td>
</tr>
<tr>
<td>Fire hazards and natural emergencies.</td>
<td>➢ Reduce project traffic during early morning school drop off or pick up times (7.30-8AM and 2.30-4PM). ➢ Unloading of construction materials should be carried in a manner and time to avoid blockage of roads/paths/access.</td>
<td>Given the small nature of work, not much vehicle are used at site, so no congestion at construction is recorded. Also the sites are not located near a schools/institutions. Timing of vehicular movement at site is carefully planned to avoid blockade of roads when necessary. Usually carried out early morning or late evening.</td>
</tr>
<tr>
<td>Fire hazards and natural emergencies.</td>
<td>➢ Use only licensed/qualified or experienced electricians for wiring, installation of electrical equipment. ➢ Provide and keep at least one fire extinguisher, water hose, torch light on site for emergencies. ➢ Ensure that workers/staff are aware of emergency numbers for Police, Fire and Ambulance. ➢ Conduct mock drill for emergencies.</td>
<td>It is observed that: ✓ All electrical works at sites are carried out by certified technical people. ✓ Fire extinguisher and torch lights are made available at satellite clinic construction sites. ✓ Workers are aware of emergency numbers like 110 for Fire, 112 for ambulance and 113 for police. Also the numbers are displayed at the sites. No separate mock drills are conducted. However, some local workers seem to be aware of emergencies as they have attended awareness programs often.</td>
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<tr>
<td>Impact on aesthetics and risk of illness, and fire hazards due to construction waste or camps.</td>
<td>➢ Remove all waste daily to minimize pile up of fuel for fires.</td>
<td>It is observed that: ✓ Construction places are kept clean and tidy. No issue of waste pileup, and thus no risk of fire hazards is observed at sites.</td>
</tr>
<tr>
<td>Risk to workers from natural disasters.</td>
<td>➢ Emergency procedures should be clearly posted at appropriate locations.</td>
<td>It is observed that: ✓ Emergency numbers are posted on the site, so the workers can use it whenever necessary.</td>
</tr>
<tr>
<td>Risk of damage to property during construction.</td>
<td>➢ Compensate and or restore any private/government property damaged during construction to the satisfaction of the owner/government.</td>
<td>No issue of property damage has been recorded till date. As all the sites are within government land the risk of damage to property during construction is less likely.</td>
</tr>
<tr>
<td>Unanticipated environmental impacts.</td>
<td>➢ Institute procedures to deal with unanticipated or chance find impacts.</td>
<td>Contractors have been informed to notify PMPSU, if they find anything significant during construction.</td>
</tr>
<tr>
<td>Impact on aesthetics and congestion, from improper site closure.</td>
<td>➢ At the end of the construction period, proper decommissioning of works (dismantling of worker camps, clearing the site of all construction and domestic debris, seal soak pits/temporary toilets) to be done.</td>
<td>It is observed that: ✓ Proper dismantling and cleaning of sites were carried out at sites where the works are completed. Health Facility in-charge takes care of this matter.</td>
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</table>

<p>| Operation Phase |
|-----------------|-------------------------------------------------|--------|
| Generation of all types of solid health care waste | ➢ Implement collection and segregation, treatment and disposal of waste as per infection prevention and waste management guidelines. | It is observed that: ✓ All health facilities follow the National Guideline on Infection Control and Medical Waste Management for segregation, treatment and disposal of waste. |</p>
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<td></td>
<td>➢ Practice 3Rs (Reduce, Reuse and Recycle) of solid waste and liquid waste (e.g. reuse paper, cardboard and other packaging material. Recycle cardboard, glass, aluminums and plastic, compost food items)</td>
<td>✓ 3Rs are followed by health facilities where applicable.</td>
</tr>
<tr>
<td></td>
<td>➢ Waste minimization through inventory sharing with other HCFs and stock management practices.</td>
<td>✓ The health facilities do share their inventories among themselves to reduce wastage of drugs and chemicals within their districts.</td>
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<tr>
<td></td>
<td>➢ Clear delineation of responsibilities for healthcare waste management. The same staff must be responsible for accurate recording and monitoring of the total waste generated, treated and disposed as well as record of all accidents from waste handling and treatment given to infected personnel.</td>
<td>✓ There are well defined responsibilities, and waste is managed as per the National Guideline on Infection Control and Medical Waste Management of the Ministry of Health.</td>
</tr>
<tr>
<td>Foul odor during operation</td>
<td>➢ For burial pits – after every load of waste, it should be fully covered with soil.</td>
<td>It is observed that: ✓ Odor is not an issue as the pits have tight manhole covers.</td>
</tr>
<tr>
<td>Improper wastewater management</td>
<td>➢ All newly constructed toilets in the districts will be provided with septic tank that are connected to toilets, and or connected to local wastewater treatment plant provided by Thromde.</td>
<td>Health Facility In-charge have the responsibility of managing health facilities, and regular checking of septic tank is part of it.</td>
</tr>
<tr>
<td></td>
<td>➢ Regularly checking of the septic tank and removal of sludge by the thromde and or district.</td>
<td>✓ All new toilets completed so far are connected with septic tanks and new satellite clinics will be connected with treatment plant under the Municipal/Thromde.</td>
</tr>
<tr>
<td></td>
<td>➢ Identify sources, types, hazards of wastewater in the HFC,</td>
<td>All Health centers follow National Guideline on Infection Control and</td>
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<tr>
<td>Monitor trends and prepare simple wastewater management plan for HFCs.</td>
<td>➢ Preparation of wastewater treatment guidelines for all HFCs, while in the meantime follow WB EHS guidelines for HFCs.</td>
<td>Medical Waste Management of the Ministry of Health.</td>
</tr>
<tr>
<td>➢ Restrict discharge of chemical and pharmaceutical waste – such as photographic chemicals, aldehydes, colorants and antibiotics into sewer drain.</td>
<td>➢ Chlorine based disinfectants should be diluted to reach a concentration of less than 0.5% of active chlorine.</td>
<td>In addition to follow National Guideline on Infection Control and Medical Waste Management, Bhutan Healthcare Standard for Quality Assurance (BHSQA) guidelines are also followed.</td>
</tr>
<tr>
<td>➢ Liquid pharmaceuticals in vials (but not cytotoxic material) could be crushed in a closed bucket, mixed with sawdust and encapsulated.</td>
<td>➢ Assess and monitor types of quantities of liquid waste generated and submit annual report.</td>
<td>With waste management protocol in place, chemical and pharmaceutical waste are not discharged into sewer drain.</td>
</tr>
<tr>
<td>➢ Records are maintained by Waste management focal person at all Health centers and are submitted to Waste management Program at the MOH</td>
<td></td>
<td>All chemicals are diluted and disposed safely as per the guidelines on waste management.</td>
</tr>
<tr>
<td>Incorporate the cost of providing infection control and waste management equipment or material into annual budget.</td>
<td></td>
<td>Liquid pharmaceuticals are disposed safely as per the National Guideline on Infection Control and Medical Waste Management.</td>
</tr>
<tr>
<td>Provide personal protective gears such as gloves, masks for personnel handling waste.</td>
<td></td>
<td>Records are maintained by Waste management focal person at all Health centers and are submitted to Waste management Program at the MOH.</td>
</tr>
<tr>
<td>Ensure that standard protocols and precautions such as hand hygiene, decontamination,</td>
<td></td>
<td>Waste management is part of regular activity, so it is budgeted annually.</td>
</tr>
<tr>
<td>Personal protective gears including gloves, masks are provided at all HFCs.</td>
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<tr>
<td>Standard protocols are flowed as per the National Guidelines on Infection Control and Medical Waste Management.</td>
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<td>disinfection, and housekeeping are followed.</td>
<td>Person dealing with infectious waste are part of Health Facility and are open for immediate treatment if infected.</td>
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<tr>
<td></td>
<td>➢ Conduct regular checkup of personnel dealing with infectious waste and provide immediate treatment for personnel who may be infected</td>
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</table>
| Lack of staff awareness on healthcare waste management | ➢ Conduct orientation for new staff and annual refresher training for all healthcare workers involved in handling, waste at the time of induction and thereafter at least once every year.  
➢ Display written instructions for personnel on waste management protocols. | All staff handling waste are oriented and refresher programs are held at times by Waste Management Program, MOH. |
|                           |                                                        | Standards are in place, and SOPs are being followed. |
| Lack of public awareness and risk of infection to public from healthcare waste | ➢ Educate the public through posters on the risk of improper was disposal, infection control and waste management.  
➢ Restrict public access to waste storage and burial and disposal area. | It is observed that:  
✓ Some health centers have posters on infection control and waste management.  
✓ All competed facilities like burial pits have fences and it is locked, to restrict public access. |
| Generation of pollution from the use of cleaning chemicals. | ➢ Promote waste minimization such as the use of mops and cloths rather than chemicals in general areas like toilet, stores and offices etc. | As per BHSQA brooms are not used but moping is being promoted to minimize dust generation during cleaning. |
| Inadequate waste storage | ➢ Waste storage areas should be sized to the quantities of waste generated and designed with impermeable floor and partition. | Waste storage in Hospitals are as per their requirement and it is adequate for the quantities of waste they generate. |
| Lack of disposal facilities for sharps for Satellite Clinics. | ➢ Facilitate disposal for sharps and pathological waste with relevant authorities such as JDWNRH. | It is observed that:  
✓ Sharps like needle are burned with needle burner and disposed of after autoclaving. |
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<th>Status</th>
</tr>
</thead>
</table>
| Use of effective equipment | ➢ Conduct regular checks and maintenance of all equipment.  
➢ Conduct validation of treatment technology (e.g. autoclaves) | All infectious waste are autoclaved. |
| Disaster and natural hazard risk. | ➢ As per National Action Plan for Earthquake Safety of Health facilities, 2013), the National Health Emergency and Disaster Contingency Plan and linkages with the Health Emergency Operation Center (HEOC) to ensure effective communication and coordination for emergency response and disaster management.  
➢ Identify earthquake hazards in the healthcare facilities including risk to equipment, medicines and furnishing and implement measures to protect important equipment and medicines during such events. | All disasters are communicated to Department of Disaster Management in the country. |
|                           |                                 | The Department of Disaster Management, and MOH in the country does create awareness and conducts mock drills from time to time to prepare institutions including hospitals for earthquake hazards. |

5 Monitoring of Environmental Quality

5.1 Ambient Air quality and noise Monitoring

Air quality and noise pollution is not measured using any instrument but contractors are informed to take appropriate measures where possible to minimize noise and dust during construction. Water are sprinkled where necessary to reduce dust generation.
during construction activity. Noise pollution is not an issue as machine producing high sounds are not used at any of the sites.

5.2 Waste Management

Waste at all sites are managed well with the use of pit and garbage box. For sites within the municipal, waste are disposed through municipal trucks, which collect waste on regular basis.

6 Health and Safety monitoring

6.1 Overall OHS Monitoring

Most of the sites were observed to be using protective equipment such as helmets, safety boots, and hand gloves. All satellite clinics sites have the First-aid box and emergency numbers displayed.

6.2 Labor employment

In line with the regulations on recruitment and employment of workers, no children below the age of 18 are employed at any of the sites. All foreign workers are recruited as per the existing law in place, where the Department of Immigration gives permit after screening the workers for deadly communicable disease and their past crime history.

6.3 Incidents of health and safety issues

All works are carried out with full precaution and safety measures at the site. Also no issues of social conflicts, or the spread of infectious diseases within the local community is reported. No incidents of major accidents, and health and safety issues were recorded during this reporting period.

6.4 COVID-19 Preparedness

Although, COVID-19 restrictions have now eased, workers are always advised to wash their hands and wear mask. Also, the MOH constantly educates the public on COVID-19 protocol through various media.
7 Grievance Redress Mechanism

7.1 Summary of grievance redressal

The GRM approved by the Project Steering Committee, vide letter MOH/PMPSU/ADB-4/2020 dated 4 May 2020 is used as guidance for any grievances arising at sites. The Project Steering Committee (PSC) acts as Grievance Redress Committee and PMPSU acts as the facilitator for any project related grievance.

No grievance and complaints have been received from anyone till date.

7.2 Summary on the Stakeholder consultations

No stakeholder’s consultation on any matter was carried out during this reporting period as it was not felt necessary given all the civil works are completed.

8 Conclusion and Recommendation

8.1 Action Plan for the next reporting period

The report endorses that, there are no significant environmental or social issues at any of the sites under this project. Also, no chance findings are reported in any of the sites.

Although regular monitoring at districts are difficult as the civil works are spread across health facilities, efforts are made to maintain environmental and safeguards compliance all sites. The compliance of EMP has increased over time due to constant monitoring.

Also, most of the works at districts being small works like the construction of OPD toilets, water reservoir and deep burial pits within the area of health facilities, no major environmental and safeguard issues are anticipated. For the construction of Satellite clinics, all necessary measures are in place to take care of environmental and safeguard issues.

9 Corrective Actions Plan

Some issues were highlighted by ADB in the previous report, the following are the corrective actions and justifications.
i. As per the corrective action plan more pictures of chemical, fuel and paints were requested to be submitted in this report. However the same could not be provided as all required chemicals, fuel and paints were exhausted as the civil works are complete.

ii. Also a mock drill on fire, earthquake and landslide were to be conducted as per the corrective action plan of previous report. Given the small nature of the work it is felt that such drills are not necessary at the moment, but will be considered in future projects.

iii. Regarding information on the number of staff trained/orientated on handing of healthcare waste, more than 500 staff have been trained who handle waste across all 228 health facilities including Primary Health Center and Hospitals.

iv. On the number of equipment that required maintenance till date, no data is available. This implies that all equipment are functional.

v. Regarding cleanliness of construction sites and labor camps, contractors were instructed to maintain proper cleanliness and provide adequate water and healthy working environment.

10 Annexure:

10.1 Annexure 1: Field visit photographs

Pictures of Completed Works in Districts
OPD Toilet in Yadi PHC, Mongar

Water Tank at Ngatshang PHC, Mongar

Deep Burial Pit at Bidung PHC, Traghigang

OPD Toilet at Jamkhar PHC, Trashiyangtse

Waste Store at Dagapela Hospital, Dagana

Deep Burial Pit at Daga Hospital, Dagana

Pictures of Completed Satellite Clinics

PUBLIC. This information is disclosed to the public in accordance with ADB’s Access to information Policy.
PUBLIC. This information is disclosed to the public in accordance with ADB’s Access to information Policy.
Babena Satellite Clinic

Pictures of Ongoing Satellite Clinics

Motithang Satellite Clinic

PUBLIC. This information is disclosed to the public in accordance with ADB’s Access to information Policy.
Phuntsholing Satellite Clinic

Some pictures of EMP compliance at site

Signboard at the Phuntsholing Satellite Clinic Construction site.

Display of Emergency Numbers at Phuntsholing Satellite Clinic construction site.

PUBLIC. This information is disclosed to the public in accordance with ADB’s Access to information Policy.
Safety warning displayed at Phuntsholing Satellite Clinic construction site.

Fire Extinguisher and First Aid Box at Phuntsholing Satellite Clinic construction site.

Materials properly stored at Store, Motithang Satellite Clinic construction Site.

Water storage tank provided at Phuntsholing Satellite Clinic Construction Site.
Water supply with storage tank at Motithang Satellite Clinic Construction Site.

Toilet for construction workers at Phuntsholing Satellite Clinic Construction site.

Workers camp at Motithang Satellite Clinic Construction Site.

First Aid Box and Accident Register at Motithang Satellite Clinic Construction Site.
Pictures of ongoing works at Districts

Construction of Waste Storage at Pemagatshel Hospital, Pemagatshel District.

Construction of Deep Burial Pit at Samdrupcholing Hospital, Samdrup Jongkhar District.

PUBLIC. This information is disclosed to the public in accordance with ADB’s Access to information Policy.
Construction of Water Storage Tank in Nanong PHC, Pemagatshel District.

*Pictures of usage of completed infrastructure in Districts*

Use of Completed Deep Burial Pit at Chali PHC, Mongar District.

Use of Completed OPD Toilet at Tshakaling PHC, Mongar District.

PUBLIC. This information is disclosed to the public in accordance with ADB’s Access to Information Policy.
### Annexure 2: List of Site visits made by Consultants

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Frequency of visits</th>
<th>Place of Visit</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Every month and as and when required.</td>
<td>Satellite Clinics in Thimphu</td>
<td>August 2023, September 2023, October 2023, November 2023, and December 2023</td>
</tr>
<tr>
<td>2</td>
<td>Once every month or two</td>
<td>Satellite Clinic in Phuntsholing</td>
<td>August 2023, October 2023, and December 2023</td>
</tr>
<tr>
<td>3</td>
<td>Once in several months as sites are spread across 8 Districts</td>
<td>Sites at Districts</td>
<td>August 2023, and December 2023</td>
</tr>
</tbody>
</table>
10.3 Annexure 3: Construction Approval letter for Phuntsholing and Motithang Satellite Clinic

ROYAL GOVERNMENT OF BHUTAN
PHUNTSHOLING THROMDE
POST CODE 201, POST BOX NO. 06, PUNAKHA, BHUTAN

PT/Health-08/2021-22/02447
December 8, 2021.

Project Director
Health Sector Development Program, ADB, MoH
Thimphu

Sub: Approval for construction of satellite clinic

Sir,

With reference to your letter no MoH/PMPSU/ADB 21/2021/992 dated 26th October 2021, Developmental Regulatory Division of Phuentsholing Thromde has completed reviewing the designs and drawing for construction of a satellite clinic in Phuentsholing.

In this regard, we are pleased to accord the approval and would like to request you to initiate the tendering and other required formalities so that the construction can be taken up at the earliest.

Thanking you

Your Sincerely

[Signature]

Thrompon

CC to:
1. Hon’ble Secretary, MoH, Thimphu for kind information.
2. Project Manager, PMPSU, ADB, HSDP, MoH for information.
CONSTRUCTION APPROVAL

Ref no : M22-364
LUC Owner : THROMDE HEALTH CENTRE
Plot No/LUC no : DA1-490 / 7014
Location : Kawang Damesa, Thimphu Thromde (TT)
No. of Floors : 1
No. of structure : 1
Building use : Institutional
Scrubtny and service and amenity fees : 17,805/- (Seventeen thousand eight hundred and five only)
Approval validity : 2 Years from the date of approval

Sir/ Madam,
The above construction approval is accorded with the following conditions;

1. Ensure that the approved drawings and comments are strictly observed at site.
2. Any changes in the design has to be endorsed by Thromde Thromde prior to implementation on site.
3. Ensure that the plot is demarcated by certified surveyor and as per the latest Lagthram.
4. Ensure that necessary safety & precautionary measures are taken during site excavation.
5. Ensure safety at site by providing signage, safety nets, barricades, safety kits, etc.
6. Refrain from blocking drainage system, services line, footpaths and vehicular roads.
7. Material stocking and excavated debris is to be kept within ones plot boundary.
8. Owner has to be fully responsible for any damages caused to periphery area/structures (public & private).
9. Apply white, mud and light brown colors to the exterior of your building.
10. Ensure roof color is green for residential and red for institutional structure.
11. You must apply Bhutanese motifs and pattern to the Bhutanese cornices.
12. Noise emission is prohibited at the site from 9pm to 8 am.
13. For water and sewer line connection, comply with instructions attached and consult O&M Division, TT.
14. Inform to Inspection & Monitoring Section, TT in advance for verification at each stage of construction.
15. Ensure a qualified site Architect/Engineer is present at all time during construction.
16. Any unauthorized deviation from the approved drawings will be dealt as per the regulations of Thromde.
17. Occupancy of the structure is permitted only after issuance of Occupancy Certificate from Thromde.

Architect
Compliance & Enforcement Division
Thimphu Thromde

Copy to:
1. Executive Secretary TT for kind appraisal.
2. Inspection & Monitoring Section, CoED, TT for follow up.

Dato.' Tshering: 00975-2-323665 Executive Secretary:00975-2-340355
PABX: 0075-2-323662/322265/325210, PABX Branch Office: 0075-2-336310/322757
Fax: 00975-2-324315/334252. Email:info@ttc.gov.bt
www.ttc.gov.bt