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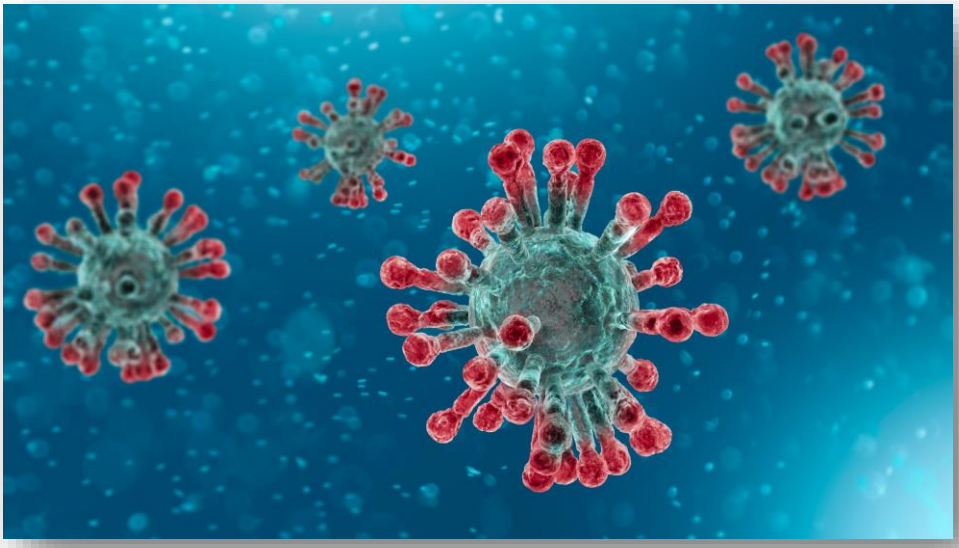
МИНИСТЕРСТВО ЗА ТРУД И СОЦИЈАЛНА ПОЛИТИКА

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

for the Project

"North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project"



September 2020

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF)

for the

"North Macedonia COVID-19 Emergency Response and Health Systems Preparedness" Project

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Abbreviations

AFB	Acid-Fast Bacilli
AMR	Antimicrobial Resistance
BMBL	Biosafety in Micro Biological and Biomedical Laboratories
BMW	Bio Medical Waste Management
BSC	Biological Safety Cabinets
BSL	Biosafety Level
CDC	Centre for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
EOC	Emergency Operating Centre
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESHS	Environmental, Social, Health and Safety
EHS	Environmental, Health and Safety
ERP	Emergency Response Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
HCF	Healthcare Facility
HCW	Healthcare Waste
HEPA	High Efficiency Particulate Air filter
HIV	Human Immunodeficiency Virus
HWMS	Healthcare Waste Management System
HVAC	Heating, Ventilation and Air Conditioning
ICWMP	Infection Control and Waste Management Plan
IPC	Infection and Prevention Control
OHS	Occupational Health and Safety
POE	Point of Entry
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
Resettlement Action Plan	RAP
Resettlement Policy Framework	RPF
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
TA	Technical Assistance
TB	Tuberculosis
WB	World Bank
WHO	World Health Organization
WWTP	Wastewater Treatment Plant

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

FOR NORTH MACEDONIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

Introduction

This *Environmental and Social Management Framework* (ESMF) assists the Republic of North Macedonia in identifying the type of environmental and social assessment that should be carried out ***for all proposed project activities as a response to COVID-19,*** and in developing the environmental and social (E&S) management plans in accordance with the World Bank's Environmental and Social Framework (ESF).

The World Bank is providing support to Governments for preparedness planning to provide optimal medical care, maintain essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials). As COVID-19 places a substantial burden on inpatient and outpatient health care services, support will be provided for a number of different activities, all aimed at strengthening national health care systems.

This ESMF has been developed for use in such projects. It includes templates for the *Environmental and Social Management Plan* (ESMP) Check list for installation of mobile COVID 19 Hospital within the existing (17) hospitals (Annex III) and the *Infection Control and Waste Management Plan* (ICWMP) (Annex IV). The ESMP Check list identifies project activities for installation of mobile COVID 19 Hospital within the existing hospital, environmental category, potential environmental, social, health and safety issues associated with the installation of mobile hospitals in response to COVID-19. The ICWMP template focuses on infection control and healthcare waste management practices during the operation of healthcare facilities. The ICWMP should set out appropriate measures for infection control and waste management during operation of the relevant healthcare facility.

In developing the ESMF and ESMP Check list, it is also important to identify other specific E&S instruments and management tools required by the ESF, such as the Stakeholder Engagement Plan (SEP), Labor Management Procedures (LMP), and/or Medical Waste Management Plan. The details of when these instruments and tools will be developed and implemented, together with the party responsible for doing so, will be set out in the project's Environmental and Social Commitment Plan (ESCP).

Executive summary

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteen fold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of August 23, 2020, 23,243,621 cases of COVID-19 have been reported, including 805 740 deaths. As of August 23, 2020, 13,595 cases have been identified in North Macedonia, including 564 deaths.

Given the novelty, transmission method and lack of effective antidotes, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, travel and associated industries, financial markets, commodity prices and availability of basic essentials, and economic losses in both developed and developing countries. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past six months and is expected to remain depressed for months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity

of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there are is a concerted, fast track response to support developing countries, where health systems are often weak. With proactive containment measures, the loss of life and economic impact of the outbreak could be mitigated.

The objectives of the "North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project" are to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF), with additional financing from North Macedonia's IBRD allocation.

The project will provide support to increase capacity for case detection, contact tracing, reporting, and monitoring; strengthen the capacity of the health system to handle a surge in severe cases by bolstering the human and technical capacity of hospitals and intensive care units (ICUs); improve the critical care capacity and infrastructure of the Clinic for Infectious Diseases; support the costs of health services; and support social assistance efforts to mitigate the effect of containment measures on the poor.

The project would finance interventions that address immediate needs as well as those that lay the foundation for the health systems preparedness for public health emergencies.

The main environmental and social risks from the Project are: the occupational health and safety issues related to testing and handling of supplies; medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare wastes and other generated types of waste during the all project's phases; temporary medium impact during installation of the mobile COVID 19 hospitals related to air, water, noise emissions and waste (hazardous and non - hazardous waste), traffic safety, OH&S and community health and safety.

According the assessment of ES risk, both the Environmental and Social risks are categorized as Substantial. It will require appropriate precautionary measures to be planned and implemented.

1. Background

An Environmental and Social Management Framework (ESMF) is considered as the environmental and social risk management instrument for the Project as it consists of a number of different activities and / or investments (referred to as subprojects), and that the risks and impacts cannot be determined until subproject details have been identified and that the Project is at an advanced stage of implementation.

The main objectives of the ESMF are to ensure full compliance with the World Bank's Environmental and Social Standards (ESSs) of the Environmental and Social Framework (ESF) and mitigate potential negative environment and social (E&S) risks and impacts during the implementation of the Project. Specific objectives of the ESMF are to:

- assess the potential E&S risks and impacts of the proposed Project (both positive or negative), and propose mitigation measures which will effectively address these risks/impacts;
- establish clear procedures for the E&S screening, review, approval, and implementation of activities;
- specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring E&S issues/ concerns related to the activities;
- identify the training and capacity building needed to successfully implement the provisions of the ESMF;
- address mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances.

The ESMF provides principles and specific process and technical guidance to the Project implementing agencies and their consultants to assess the E&S risks and impacts of the Project activities, including ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project. The ESMF is applicable to all investments under the COVID-19 Emergency Response Project.

This ESMF includes guidelines for development and implementation of: Screening Form for Potential Environmental and Social Issues; Environmental and Social Management Plan (ESMP) Checklist for installation of mobile COVID 19 Hospital within the existing 17 hospitals in different cities, which is consisted from 3 parts (Part I documenting all relevant site specifics; Part II define activities to be carried and checked according to the envisaged activity type and in the third part the monitoring parameters will be identified and applied according to activities presented in Part 2).

The whole ESMP Checklist filled in table for each of the type of work will be attached as integral part of bidding and work contracts and as analogue with all technical and commercial conditions which should be signed by the contracting parties. The ESMF also includes guidelines for development and implementation of the Infection Control and Waste Management Plan (ICWMP) which will help strengthening the function of the existing health-care infectious control and waste management system including facilities and human capacity; and Stakeholder Engagement Plan (SEP)

2. Project Description

The Project will be implemented under following Components:

Component 1: Emergency COVID-19 Response. This component will provide immediate support to help the Republic of North Macedonia limit the local transmission of COVID-19 through containment strategies. It will support enhancing case detection capacities through the provision of technical expertise, laboratory equipment, and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It will enable North Macedonia to mobilize surge response capacity by financing the salaries of trained and well-equipped front-line health workers who were not envisioned in the state budget. Support will also be provided for limited renovations, if needed to operationalize additional ICU beds, and for medical waste management and disposal systems. This component will provide establishing additional capacities for admission, triage, testing and accommodation of patients in a Stationary center by construction, transport and montage of modular prefabricated containers in 17 existing hospitals (in Gevgelija, Kumanovo, Kavadarci, Strumica, Kicevo, Tetovo, Debar, Gostivar, Struga, Kocani, Ohrid, Shtip, Bitola, Veles, Prilep, Resen and Institute for Lung Diseases – Kozle Skopje).

- ***Subcomponent 1.1: Case detection, confirmation, contact tracing, reporting and monitoring.*** This subcomponent will help to strengthen disease surveillance systems and public health laboratories through the procurement of diagnostic kits, reagents, consumables, PPE, and training on relevant protocols. It will facilitate combining the detection of new cases with active contact tracing, by enhancing the surveillance and contact tracing modules of the health system's current information system (MojTermin) and linking primary care providers to it. It will also support epidemiological investigation and monitoring by training public health workers to undertake contact tracing and monitoring of home-isolated and home-treated cases. Finally, it will help provide on-time and real-time data and information to guide decision-making and response and mitigation activities, by enhancing systems and protocols and building capacity for data reporting, data analysis, and information dissemination. The focus on training and systems and on immediate needs for equipment and supplies should help build long-term surveillance and response capacity, while effectively dealing with the current situation.
    - ***Subcomponent 1.2: Health system strengthening***. This subcomponent will focus on a number of areas critical for strengthening the health system so that it can effectively respond to the health needs of COVID-19 patients and health workers can provide high-quality and safe care. It will include the procurement of medical supplies, devices, and equipment necessary for evaluation, treatment, and monitoring, including ventilators and other equipment necessary for oxygen therapy (oxygen concentrators, pulse oximeters, etc.), infusion pumps, defibrilators, monitors, suction equipment, etc.; and the procurement and distribution of PPE according to WHO guidelines. This subcomponent will also support efforts to repurpose existing health care

facilities to meet the expected surge in demand for hospital beds, especially isolation and intensive care beds; to establish specialized units in a limited number of selected hospitals (focusing primarily on Infectious Diseases Clinic, the Clinic for Children's Diseases, the Clinic for Neurosurgery, and the Center for Anesthesiology, Resuscitation and Intensive Care), bearing in mind the longer-term needs of the country. It will also facilitate the development of health care, and potentially isolation, facilities in nontraditional sites to help address temporary surge needs. Since the Infectious Diseases Clinic is the premier facility for the treatment of infectious diseases in North Macedonia, special attention will be focused on developing its clinical care and infrastructure capacity, including by reconditioning space and providing the installations and utilities needed to accommodate new ICU beds. Based on evaluated needs, it will also provide equipment and supplies to set up new ICU beds, including mechanical ventilators, cardiac defibrillators, mobile x-rays, and other equipment. At the same time, it will build long-term capacity in the Infectious Diseases Clinic for providing critical care by introducing protocols, criteria, and information systems, and will support clinical care capacity building by providing technical assistance, guidelines development, and training of health care workers on identifying and treating COVID-19, on the appropriate use of PPE, and on preventing the spread of respiratory infections within healthcare facilities. It will also strengthen medical waste management and disposal systems in healthcare facilities where COVID-19 patients are treated. To ensure that adequate human resources are available to treat COVID-19 patients, this subcomponent will also finance surge staffing (additional staff who will be hired on a short-term basis to deal with expected high numbers of COVID-19 patients). In order to provide better conditions and sufficient capacity to cope with the influx of people seeking medical attention as a pandemic of COVID -19, this component will provide establishing additional capacities for admission, triage, testing and accommodation of patients in a Stationary center by construction, transport and montage of mobile COVID 19 hospitals (modular prefabricated containers) in 17 existing hospitals (in Gevgelija, Kumanovo, Kavadarci, Strumica, Kicevo, Tetovo, Debar, Gostivar, Struga, Kocani, Ohrid, Shtip, Bitola, Veles, Prilep, Resen and Institute for Lung Diseases – Kozle Skopje).

The main environmental impacts as a result of the civil works during construction of the 17 mobile COVID 19 hospitals related to air, water, noise emissions and waste generation (hazardous and non - hazardous waste) will be managed according the proposed mitigation measures in the site specific ESMP Checklist for each of the mobile COVID 19 hospital that will be integral part of bidding and work contracts and as analogue with all technical and commercial conditions which should be signed by the contracting parties. All civil works will be managed in compliance with the national environmental legislation and WB requirements.

All HCFs should prepare ICWMP with waste management procedures in accordance with the national requirements that outline waste segregation procedures, on site handling, collection, transport, treatment and disposal, and training of staff. Wastes should be segregated at the point of generation by risk, including segregation of organic, recyclables, biological infectious and hazardous health care wastes that are temporary stored for pickup by contracted waste management company on site. Instructions related how to handle medical waste safely are made to relevant people handling medical waste in the hospitals including health and waste workers. The treatment of healthcare waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, temporary stored in special designated areas within the HCFs and then pickup by contracted medical waste management company and transported for safely treatment (autoclaving) in their facilities or incinerated in the incinerator for medical waste in PE Drisla Skopje.

In September 2020, Questionnaire for medical waste management was send to hospital in order to provide relevant data for implemented procedures for medical waste management, way of management with different fraction of medical waste and expected quantities of generated medical waste from the new mobile COVID 19 hospitals.

From the received answer from the hospitals included in the Project (Bitola, Gevgelija, Kumanovo, Gostivar, Veles, Resen, Struga) regarding the way of medical waste management and conversation with the responsible person from company Remondis Medison Bitola, different medical wastes are selected and packaged in appropriate bags/containers according the requirements of national legislation (hazardous medical waste is collected in yellow bags/boxes and pathological medical waste (part of human body and organs including blood) in red bags. The temporary storage of the medical waste is on separate locations within the hospitals and on regular basis the outsource company comes and collect and transport the separated medical waste streams.The Remondis Medison Bitola in Skopje has been licences to deal with medical waste and have signed contracts with many health care facilities in the country (Bitola, Gevgelija, Kumanovo, Gostivar, Veles, Resen, Struga, St. Naum Ohridski and 8th Septemvri Skopje, etc.).

The medical waste in yellow bags have been sterilized in autoclaves at Remondis Medison Bitola facility and finally disposed on landfill Drisla in Skopje.

The packed pathological waste in red bags is collected and transported directly to the incinerator at landfill Drisla in Skopje by authorized companies.

From the received answers on the Questionnaire, the calculation of the average medical waste per patient on annual basis and generated medical waste per bed is based on the 2019 data. In four hospitals: Bitola, Gevgelija, Kumanovo and Veles, In 2019 there were 1231 beds available and annual generated medical waste was in total 39.375 kg for all four hospitals. The total number for patient for 2019 was 178.547 patients. So, the average quantity of medical waste generated is in range of 0,22 kg/patient/year to 0,33 kg/patient/year (0,13 kg/patient for Gevgelija hospital and 0,33 kg/patient in Kumanovo hospital). The average amount of medical waste per bed is 32 kg/bed (29 kg/bed in Kumanovo and 36 kg/bed in Bitola). These data are for the hazardous medical waste packed in yellow bags/boxes, sterilized and finally disposed at landfill Drisla.

Annual quantities of parts of the human body and organs including bags and bottles of blood from the hospitals is from 50 kg (Gevgelija hospital) to 311 kg (Veles hospital). The average amount of pathological waste is 2,8 g/patient/year and 0,4 kg/bed for these four hospitals based from data from hospitals.

The most of the hospital has Projections for generation of medical waste from the mobile COVID 19 hospitals are from 1000 kg to maximum 4000 kg (with 100% bed coverage) total medical waste that could be sterilized and from 6.27 kg to 26,3 kg pathological waste . The most of the hospitals select the hazardous from non – hazardous medical waste and have implemented medical waste management procedures. Some of the hospitals highlight that they need new facility for temporary storage of generated medical waste or rehabilitation of the existing ones (e.g. Hospital in Kumanovo).

The measures supported by the project to avoid or minimize the risk of infection of health care workers will include: training on the procedures to all categories of workers (lab technicians, doctors, nurses, cleaning staff, etc.) on use of PPE, personal hygiene and thorough disinfecting of surfaces on a regular basis; procedures for entry into HCF, such as minimizing visitors and visitor hours, taking temperature checks and having separate area (including entry area) for patients presenting with COVID-19 symptoms/ respiratory illness, who should be taken to a different area and wear a face mask. All persons visiting hospitals should disinfect hands before

entering and before leaving, and there should be simple poster on Macedonian and applicable ethnic language explaining entry procedures.

- ***Subcomponent 1.3: Financing of Health Insurance Premia for Vulnerable Beneficiaries.*** Under the Law on Health Insurance, various government agencies are required to pay premiums on behalf of those in vulnerable groups (for examle the Employment Service Agency must pay for those covered by unemployment insurance, while the MoH must pay for those in other vulnerable groups, including those on social assistance (Guaranteed Minimum Income or GMI) who do not otherwise qualify for health insurance coverage). The expansion of support to these groups to facilitate social distancing planned under Component 2 would represent an increased cost which has not been previously budgeted. This subcomponent would help to cover these costs. This could potentially affect the access to health services for some 85,000 households, comprising up to 300,000 individuals. In order to ensure continuity of coverage, this subcomponent will finance the health insurance contributions for the unemployed and vulnerable groups normally covered by the MoH for a period of nine months.

Component 2 – Household Support to Enable Social Distancing. This component will finance temporary income support to eligible individuals and households to enable them to comply with the social distancing measures the Government has introduced to contain the COVID-19 pandemic.

It will finance the provision of temporary social assistance support through:

(a) the financing of cash transfers to vulnerable households adversely affected by the economic consequences of COVID-19; and

(b) the provision of food and basic supplies to quarantined populations and COVID-19-affected households.

Additionally, it will finance temporary unemployment insurance support through the provision of a cash benefit for the individuals who lost their jobs as a consequence of COVID-19.

- ***Subcomponent 2.1: Temporary social assistance support.*** This subcomponent will provide financing to the GMI program to reduce the financial burden on the less well-off caused by the COVID-19 pandemic and enable them to observe social distancing and support the overall health response. The financing will ensure the maintenance and expansion of GMI benefits for existing and new beneficiaries for 6-9 months. The coverage will be expanded to those who did not receive social transfers before the pandemic, but who have become eligible for GMI support since the crisis hit primarily persons whose employment was terminated but who are not eligible for unemployment benefits; individuals and households who previously engaged in the informal economy; and other vulnerable groups at risk of falling into poverty. The GMI program expansion will include the elimination or adjustment of the eligibility criteria that apply in normal circumstances but are not relevant in an emergency for all new applicants (e.g., a 12-month ban for applying and awarding of GMI, vehicle possession, and real estate property; relaxation of the 3-month rule for income assessment). In-kind support (e.g., packages of basic food and hygienic products) will be provided to beneficiaries of means-tested programs. Delivery of basic packages is expected to further reinforce social distancing measures so that beneficiaries will not need to leave the house to seek necessities. Using the beneficiary information from the Cash Benefits Management Information System (CBMIS), the project will conduct several rounds of phone surveys of social assistance beneficiaries to assess the impact of the COVID-19 pandemic on vulnerable households and on their needs. This will help to tailor future policy interventions on building household resilience and to monitor the project's overall impact. The GMI cash transfers will be implemented using the Treasury system and existing CBMIS platform under the MLSP to ensure efficient response and fast disbursments. Registration requirements for new beneficiaries of the temporary cash assistance will be online applications.

- ***Subcomponent 2.2: Temporary unemployment insurance support.*** This subcomponent will finance additional income support to workers who have been deregistered by their employers in the records held by the Employment Agency and who access unemployment insurance benefits. The Government measure is to provide a cash benefit to those who have lost their jobs because of the crisis, in an amount equal to 50 percent of their average salary in the last 12months for a period of up to 6months, proportional to the number of years in employment. The project will cover these costs for 4 of the 6 months. The number of applications or changes in the unemployment insurance financing needs may change the timeline of support. The capacity of the Employment Agency of the Republic of North Macedonia to manage the unemployment insurance scheme will be strengthened to enable it to respond to surge demand for its services, including the notification of unemployment status and processing of payments. Any waiting periods will be lifted, the deregistration process will be facilitated by remote channels to enable social distancing, and procedures will be streamlined to reduce waiting times.

Component 3. Project Implementation, Communications, Community Engagement, and Monitoring. This component will support the administrative and human resources needed to implement the project and monitor and evaluate progress. It will finance staff, consultant costs, and operating costs associated with project implementation, coordination, and management, including support for procurement, financial management (FM), environmental and social safeguards, outreach activities, communication campaigns, monitoring and evaluation (M&E), reporting, and stakeholder engagement; information system maintenance; operating and administrative costs; technical assistance to strengthen the project's emergency response (e.g., development of testing, treatment, referral and discharge protocols, streamlining of Employment Agency procedures); and longer-term capacity building for pandemic response and preparedness.

This component will support the development of communication, outreach, and awareness-building campaigns to ensure that culturally relevant information is disseminated to properly sensitize citizens to the risks related to COVID-19 and to inform them about the cash and in-kind benefits financed under the project. Information will be disseminated through various accessible channels (e.g., radio, television, internet, printed media), and will be designed to reach even vulnerable and remote populations. The information-sharing activities will initially be supported by the ongoing Social Services Improvement Project (SSIP) (P162246) through outreach mechanisms that are already in place.

In addition, the project will implement a feedback mechanism on the COVID-19 response (temporary cash and in-kind benefits and health activities),to ensure communities can provide just-in-time-feedback to government to ensure that investments respond to local needs and reach vulnerable groups. This will also include a community-based monitoring mechanism and a grievance redress mechanism. The component will support the development of an online platform for all stages of community feedback.

3. Policy, Legal and Regulatory Framework

3.1 National environmental legislation

The EU environmental legislation has been transposed into the national legislation starting from 2005 and almost for all environmental sectors (water, air, waste, noise, climate change, industrial emissions, chemicals and nature and biodiversity) the prescribed standards and emission limits (emission target values for air, water) and waste management principles are in line with EU requirements. The transposition of the EU legislation in to the national legislation is done approximately 85%.

Provisions regarding environmental protection are prescribed in the Constitution of the RM (articles 8 and 43).

1. **The Law on Environment (LoE) (OG of RNM No.53/05,81/05,24/07,159/08, 83/2009, 124/2010, 51/2011, 123/12, 93/13, 187/13 42/14, 44/15 129/15, 192/15, 39/16, 99/18);**

Law on Environment is the basis for environmental policy and management, thus providing guiding principles and policy instruments also. This Law contains the fundamental environmental protection principles, which are basis for determination of the procedures for environment management and which are common for all laws regulating particular environmental media.

According to Article 77 of the LoE regulates the procedure for the environmental impacts assessment of projects that may cause impacts on environmental media. The Project Proponent is obliged to submit a Notification of the intention to perform a project for construction of mobile COVID 19 hospitals within the existing 17 hospitals to the body of the state administration responsible for the affairs of the environment (in accordance with Article 80). This law is a legal base for adoption of several relevant by-laws listed below:

- *Decree on determining projects for which the ESIA procedure should be carry out (Official Gazette of RNM No.74/05, 109/09, 164/12)* – This Decree defines projects for which an EIA procedure is mandatory, generally designated projects that could have a significant impact on the environment for which the need to conduct an EIA procedure is identified, criteria on the basis of which the need for implementation of the procedure for the establishing of new generally defined projects and criteria on the basis of which is determined the need for conducting a procedure under a change in the existing facilities is determined.
- *Rulebook on the information contained in Notification of intent to implement a project and the procedure for determining the need for ESIA of a project (Official Gazette of RNM No.33/06)* – Rulebook defines the content of the notification of the intention to perform the project. Project Proponent shall inform the competent authority of the intention to implement the project in order to determine the need for the implementation of an EIA procedure.
- *Rulebook on the list of projects for which the ESIA Report* – Elaborate should be prepared by the Project Proponent and the ESIA Report need to be adopted by the Ministry of Environment and Physical Planning (Official Gazette of RNM" No. 80/09, 36/12) –This Rulebook covers the categories of activities that may include projects for which the Project Proponent prepares an ESIA Report – Elaborate who is approved by the Ministry of environment and physical planning
- *Rulebook on the list of projects for which the ESIA Report* – Elaborate should be prepared by the Project Proponent and the ESIA Report need to be adopted by the Mayor of the municipality or Mayor of City of Skopje (Official Gazette of RNM" No. 80/09, 32/12) – This Rulebook covers the categories of activities that may include projects for which the Project Proponent prepares an ESIA Report – Elaborate which is approved by the Mayor of the municipality or Mayor of City of Skopje
- *Rulebook on the form and contents of the ESIA Report* – Elaborate, the procedure for their approval, and manner of keeping the register of approved reports (Official Gazette of RNM" No. 50/09, 44/13) – This Rulebook prescribes the form and content of the ESIA Report Elaborate, which is the procedure for its approval, as well as the manner of keeping their register.

3.1.1 National Environmental and Social Impact Assessment (ESIA) Procedure

In the LoE (Official Gazette of RNM No. 53/05, 81/05 24/07, 159/08 и 83/09; 124/10, 51/11, 123/12, 93/13, 163/13, 42/14, 44/15, 129/15, 192/15, 39/16, 99/18) Chapter XI/Articles 76-94 the Environmental and Social Impact Assessment (ESIA) procedure has been prescribed.

The EIA procedure is conducted for projects, which because of their nature, scope and the location they are implemented may have an impact on the environment.

The overall responsibility for the implementation of the EIA procedure has the Ministry of Environment and Physical Planning (MoEPP). First step of the EIA procedure is submission of the Notification Letter to the Ministry of Environment and Physical Planning (MoEPP).

When the MoEPP decides that there is no need for ESIA procedure to be carried out than the environmental assessment of small scale projects should be implemented.

NATIONAL PROCEDURE FOR ENVIRONMENTAL ASSESSMENT OF SMALL SCALE PROJECTS

The environmental assessment of small scale projects (*Environmental Impact Assessment Report – Elaborate*) is prescribed in In the Law on Environment (OG of RNM No. 53/05, 81/05 24/07, 159/08 и 83/09; 124/10, 51/11, 123/12, 93/13, 163/13, 42/14, 44/15, 129/15, 192/15, 39/16, 99/18) Chapter III/Article 24. Environmental Impact Assessment Report – Elaborate needs to be developed when MoEPP decides that there is no need for full EIA procedure to be carried out. This procedure is defined for small scale projects (e.g., Buildings for primary, secondary/tertiary health care; etc.), causing short-term, minor negative impacts to the environment.

Depending on type of the projects the EIA Report-Elaborate should be prepared based on the two Rulebooks:

1. *Rulebook on the list of projects for which the EIA Report – Elaborate should be prepared by the Project Proponent and the ESIA Report need to be adopted by the Ministry of Environment and Physical Planning (Official Gazette of RM" No. 36/12);*
2. *Rulebook on the list of projects for which the EIA Report – Elaborate should be prepared by the Project Proponent and the ESIA Report need to be adopted by the Mayor of the municipality (Official Gazette of RM" No. 32/12) or Mayor of City of Skopje.*

The Rulebook on ESIA Report form and content and procedure for EIA Report adoption (Official Gazette of RM No. 44/13) should be the base for the preparation of the EIA Report – Elaborate. The roles and responsibilities of the authorities during the conducting of the EIA procedure (EIA Report – Elaborate) are shown on **Table 1**.

Table 1 Roles and Responsibilities of the stakeholders in the ESIA procedure (ESIA Report – Elaborate)

Authority/Institution	Roles and Responsibilities
Project Proponent	- Submit the Notification on the intention for project implementation for construction of 17 mobile COVID-19 hospitals within the existing hospitals in different cities in the country to the MoEPP. If the Decision of the MoEPP is that Proponent need to prepare EIA Elaborate for mobile COVID hospitals, than follows, - Preparation of the EIA Report – Elaborate for mobile COVID 19 hospitals
Ministry of Environment and Physical Planning/ (Administration for Environment)	- Prepare the Decision that EIA procedure/or not is need to be carried out (MoEPP) - Issue the Decision for adoption the EIA Report – Elaborate for mobile COVID 19 hospitals
Experts from the List of experts	- Preparation of the Notification on the intention for project implementation for construction of 17 mobile COVID-19 hospitals within the existing hospitals in different cities in the country to the MoEPP - Preparation of the EIA Report – Elaborate for mobile COVID 19 hospitals
State Environmental Inspectorate/ Municipal Environmental Inspectors	- Inspect whether EIA Report – Elaborate for mobile COVID 19 hospitals is prepared and whether it is submitted to the MoEPP/Municipalities - Monitor whether the mitigation measures proposed in the EIA Report – Elaborate are implemented

The ESIA Report – Elaborate should contain data about the main characteristics of the project, the main positive and negative environmental impacts identified taking into account the site-specific baseline

environment. For the environmental assessment of small-scale projects does not require the implementation of public consultation procedure.

The PIU will prepare the Notification Letter with explanations of project activities providing preliminary impact assessment and asking for Opinion on decision about the necessity of development of EIA Report-Elaborate for each sub-project for construction of prefabricated mobile containers – hospitals within the borders of already existing health care institutions. If the MoEPP respond that the EIA Report-Elaborate is required, for each sub-project the EIA Report should be developed and adopted by authority.

2. **Law on Waste (**OG of RNM **No. 68/04, 71/04, 107/07, 102/08, 134/08, 124/10, 51/11, 123/12, 147/13, 163/13, 51/15, 146/15 and 192/15);**

The Law incorporates the basic principles of waste management (principle of environmental protection in waste management – waste minimization, principle of precaution, closeness, service universality, polluter pays principle, system of deposit, etc.). Waste management, as a public service, is based on the principle of service universality (non-discrimination, sustainability, quality and efficiency, transparency, affordable price and full coverage of the territory).

According the Law on waste, Article 21, legal and private entities that generate more than 200 kg hazardous waste (for health care institutions - medical waste) and /or more than 150 tons non-hazardous waste during a calendar year, they are obliged to prepare and implement the Waste Management Program.

- *List of Waste Types (*OG of RNM *No. 100/05)* - The List prescribes types of waste that are classified according to the source of creation and the characteristics

- *Rulebook on the manner of handling asbestos waste and waste from products containing asbestos (*OG of RNM *No.70/04)* - This Rulebook prescribes the manner of handling asbestos waste and waste from products containing asbestos

- *Law on Packaging and Packaging Waste (*OG of RNM *no. 161/09 and amendments No.17/11, 47/11, 136/11, 6/12, 39/12, 163/13 and 146/15)* - This Law regulates the requirements for environmental protection that must be fulfilled by the packaging during its production, placing on the market, putting into service and handling packaging waste including the obligations of the economic operators.

- *Law on Electric and Electronic Equipment and waste Electric and Electronic equipment (WEEE) (*OG of RNM *No. 06/12, 163/13, 146/15, 39/16)* - This Law regulates the requirements for environmental protection that must be fulfilled by legal entities and individuals who produce and placing on the market electrical and electronic equipment in Republic of North Macedonia and who handle waste electrical and electronic equipment.

- *Law on Batteries and Accumulators and waste Batteries and Accumulators* (OG of RNM no. 140/10, 47/11, 148/11, 163/13, 146/15, 39/16), this Law regulates the requirements for environmental protection that must be fulfilled by batteries and accumulators during their production and placing on the market in Macedonia and handling of waste batteries and accumulators.

- *The Law on the Ratification of the Basel Convention on the Control of Trans-boundary Movements of Hazardous Wastes and their Disposal (*OG of RNM *No. 48/97);*

- *Rulebook on the manner and the conditions for waste storage, as well as on the conditions to be met by the sites on which waste storage is performed (*OG of RNM *No. 29/07);*

- *Rulebook of detailed conditions on the handling of hazardous waste, and on the manner of packaging and labeling (*OG of RNM *No. 15/08);*

- *Rulebook on the manner of treatment of medical waste, as well as the method of packaging and marking of medical waste ("OG of the RNM No. 146/07*"), prescribe the manner of medical waste management, labeling and packaging of the medical waste. Appropriate selection, identification, collection, packaging and labeling according to properties of medical waste (infectious, flammable, explosive, etc.), quantities, method of storage, transportation and disposal. The packages can be plastic bags, cardboard boxes, and special containers that with their characteristics (color, shape, size and composition) are enabling the selection at the place of its creation and provide complete protection of human health and the environment. The transport of the waste from the local collection point to the central collection point is done once a day, preferably once a shift by the person in charge. The waste is transported in containers on wheels or carts made of impermeable material, easy to load and unload, with no sharp edges that could damage the medical waste packaging and are easy to clean and disinfect. All packaging labels must be intact and not damaged after transport. Medical waste should be transported along the fastest possible route of movement. Medical waste collection and transportation routes are planned in advance, clearly marked and separated from the area through which routine health activities take place. The external transport of medical waste is performed from the temporarily stored place within a certain period determined in a agreement signed with an authorized company, at least every two days. Infectious waste could be incinerated or treated by sterilization before the disposal.

- *The Guideline for Safe Medical Waste Management (Republic Institute for Health Protection-Skopje, 2009)* is useful guideline for waste managers of health facilities, State Sanitary and Health Inspectors, Environmental Inspectors, members of Commissions for Intra-Hospital Infections, hygiene specialists. It serves to improve the already acquired knowledge in the field of medical waste management, the latest aspects of the relevant national legislation and the European Union, as well as the guidelines of the World Health Organization for risk management in medical waste management.

The guideline includes: legal aspects of medical waste management; health risks related to management of medical waste; the obligations of legal entities that manage waste; and the inspections in medical waste management.

3. **Law on Ambient Air Quality (**OG of RNM **No. 67/04 with amendments Nos. 92/07, 35/10, 47/11, 59/12 and 163/13, 10/15, 146/15)**

Sets the system for management of the ambient air quality. It includes activities directed towards avoidance, prevention or mitigation of hazardous effects of air pollution through: assessment of the ambient air quality, determination of emission limit values and quality values, planning of the ambient air protection, establishment of ambient air monitoring and information systems as well as protection of the ambient air quality in the course of emission control from stationary or diffuse sources of pollution.

4. **Law on Waters (**OG of RNM **No. 87/08, 6 / 09, 161/09, 83/10, 51/11, 44/12, 23/13, 163/13, 180/14 and 146/15);**

The Law incorporates all the aspects of water management: water resource use and allocation; protection against and control of pollution; protection against harmful effects of water and sustainable water management planning.

5. **Law of Noise Protection (**OG of RNM **79/07, 124/10, 47/11,163/13, 146/15);**

The Law assigns to MoEPP the general competence to reduce the level of environmental noise, but also determines that some activities will be implemented jointly, in cooperation and consultation with or through some planning document to be adopted in agreement with other authorities, especially the other ministries, City of Skopje and LSG units.

6. **Law on Chemicals (**OG of RNM **No. 145/10, 53/11, 164/13, 116/15 and 149/15)**

The Law regulates the management of chemicals, their classification, proper storage, labeling, handling, and proper usage of chemicals, safety transportation and final disposal of chemical waste.

National social legislation

3.2.1 Health and Safety

Health and safety laws that are relevant for this project are:

- **Law for Health Protection** (OG of RNM no. 43/12, 145/12, 87/13, 164/13, 39/14, 43/14, 132/14, 188/14, 10/15, 61/15, 154/15, 132/15, 154/15, 192/15, 37/16) regulates the matters related to the system and organization of health protection and the performance of healthcare activity, the guaranteed rights and the established needs and interests of the country in the provision of health protection, the healthcare institutions, the employment, rights and duties, responsibility, assessment, termination of employment, protection and decision-making upon the rights and obligations of healthcare workers and healthcare co-workers, the quality and safety of healthcare activity, the chambers and professional associations, the marketing and advertising of healthcare activity, the performance of healthcare activity in case of emergencies, and the supervision of the performance of healthcare activity.
- **Law on Public Health** (OG of RNM no. 22/10, 136/11, 144/14, 149/15, 37/16) regulates protection and improvement of public health; measures and activities undertaken by the state bodies, institutions, local self-government units and other legal and natural persons in cooperation with health care institutions; providing an appropriate response in case of public health need and urgency and occurrence of a public health emergency and implementation of the international health rules.
- **Law on Protection of Population from Infectious Diseases** (OG of RNM no. 66/04, 139/08, 99/09, 149/14, 150/15 and 37/16) determines the measures for prevention of the occurrence, early detection, prevention of the spread and suppression of infectious diseases and infections, the rights and obligations of the health institutions, legal and natural persons, as well as the supervision over the implementation of the measures, in order to protect the population from infectious diseases.
- **Law on Medicines and Medical Devices** (OG of RNM no. 106/07, 88/10, 36/11, 53/11, 136/11, 11/12, 147/13, 164/13, 27/14, 43/14, 88/15, 154/15, 228/15, 7/16 and 53/16) regulates drugs and medical devices for use in human medicine, conditions and manner of ensuring their quality, safety and efficacy, the manner and procedures for their production, testing, placing on the market, marketing, pricing, quality control, advertising and inspection. This law also regulates narcotic drugs, psychotropic substances and precursors necessary for the production of drugs or medical devices if they are not regulated by another law.

Other laws that cover Health and Safety domain are:

- Law on Safety and Rescue (OG of RNM no. 93/12, 41/14, 71/16, 106/16)

- Law on Health Insurance (OG of RNM no. 25/00, 34/00, 96/00, 50/2001, 11/2002, 31/2003, 84/2005, 37/2006, 18/2007, 36/2007, 82/2008, 98/2008, 6/2009, 67/2009, 50/10, 156/10, 53/11, 26/12, 16/13, 91/13, 187/13, 43/14, 44/14, 97/14, 112/14, 113/14, 188/14, 20/15, 61/15, 98/15, 129/15, 150/15, 154/15, 192/15, 217/15, 27/16, 37/16 and 120/16)
- Law on Sanitary and Health Inspection (OG of RNM no. 71/06, 139/08, 88/10, 18/11, 53/11, 164/13, 43/14, 144/14, 51/15, 150/15, 37/16) regulates the competence, organization of the Sanitary and Health inspection, the appointment of the sanitary and health inspectors, the authorizations and the procedure for performing the inspection. The Inspectorate supervises the generation, selection, packaging and disposal of medical waste. The Inspectorate gives consents and opinions in the procedure for issuing Construction permits for construction of buildings for primary, secondary and tertiary health care facilities.
- and other bylaws

3.2.2 Property and Livelihood

Main national legislation relevant to projects, in regards of Land and Assets take, Livelihood provision are described in the following

- **The Law on Expropriation (**OG of RNM **No. 5/12, 131/12, 24/13, 27/14, 104/15, 192/15, 23/16, 178/16).** Macedonian legislation deals with involuntary resettlement and livelihood restoration under its legal framework for expropriation, with the basic notion that owners of properties are to be compensated for their losses, most often in monetary terms. The law regulates the procedure for the expropriation of property for projects that are of public interest and the connected rights for real estates (immovable properties).

Other laws that cover Property and Livelihood domain are:

- Law on real estate cadaster (OG of RNM no. 55/13, 41/14, 115/14,116/15,153/15, 192/15, 61/16);
- Law on property and other real rights (OG of RNM no. 18/01, 92/08, 139/09,35/10);
- Law on Construction (OG of RNM No. 130/09, 124/10, 18/11, 36/11, 54/11, 13/12, 144/12, 25/13, 79/13, 137/13, 163/13, 27/14, 28/14, 42/14, 115/14, 149/14, 187/14, 44/15, 129/15, 217/15, 226/15, 30/16, 31/16, 39/16, 71/16, 132/16).
- Law on Assessment (OG of RNM No. 115/10, 158/11, 185/11, 64/12, 188/14, 104/15, 153/15, 192/15, 30/16)
- The Law on Access to Public Information (OG of RM no. 13/06, 86/08, 06/10, 42/14, 148/15, 55/16)
- Methodology for assessment of the market value of the real estate (OG of RNM No. 54/12)
- Rulebook on the method of cadastral classification and determination and registration of the change of cadastral culture and land class (OG of RNM No. 144/13, 95/15)
- Law on acting upon illegally constructed buildings (OG of RNM No. 23/11, 54/11, 155/12, 53/13, 72/13, 44/14, 115/14, 199/14, 124/15, 129/15, 217/15, 31/16)
- Law on acting upon complaints and proposals (OG of RNM No.82/2008, 13/13, 156/15, 193/15);

3.2.3 Labor and Workforce

Labor and working conditions issues are covered with the following legislation:

- **Labor Law of Republic of North Macedonia** (OG of RNM no. 62/05; 106/08; 161/08; 114/09; 130/09; 149/09; 50/10; 52/10; 124/10; 47/2011; 11/12; 39/12; 13/13; 25/2013; 170/2013; 187/13; 113/14; 20/15; 33/15; 72/15; 129/15, 27/16),manages relationship between parties involved in the process of employment. It protects and applies to any natural person that has concluded an employment contract with an employer.
- **Law on Pensions and Disability Insurance** (OG of RM no. 53/13, 170/13, 43/14, 44/14, 97/14, 113/14, 160/14, 188/14, 20/15, 61/15, 97/15, 129/15, 147/15, 154/15, 173/15, 217/15, 27/16, 120/16, 132/16) defines the obligatory pension insurance of workers under working contract and the natural persons performing activity, the bases of the capital funded pension insurance, as well as the special conditions how certain categories of insured persons receive the right to pension and enjoy disability insurance. The rights deriving from the pension and disability insurance are the following: right to age-related pension, right to disability pension, right to re-allocation to other adequate, working post, right to adequate employment, right to re-qualification or higher qualification and right to adequate financial compensations, right to family pension, right to monthly compensation for physical damage, and right to minimal pension

Other labor and workforce related laws are:

- Law on employment and insurance against unemployment
- Law on labor inspection;
- Law on records in the field of labor;
- Law on employment of disabled persons;
- Law on temporary employment agencies;
- Law on volunteering;
- Law on peaceful settlement of labor disputes
- Law on employment and work of foreigners;
- Law on minimum wage;
- Law on protection from harassment in the workplace
- and other by-laws.

- **Law on Social Protection** (OG of RNM no. 79/09, 148/13,164/13, 187/13, 38/14, 44/14, 116/14, 180/14, 33/15, 72/15, 104/15, 150/15, 173/15, 192/18, 30/16, 163/17, 51/18). Social welfare and protection in Macedonia comprises of services and benefits from the tax-financed social welfare system (social prevention – which according to the Law on Social Protection includes – educational and advisory work, development of self-assistance forms, volunteering work etc., institutional care, non-institutional care and monetary assistance) and contributory- based social insurance system (pensions and disability, health and unemployment insurance).

COVID-19 related Guidelines enacted by MoH:

- Guidelines for home treatment of patients with light symptoms of COVID-19 infection
- Guidelines for home treatment of patients with suspected infection with 2019-nCoV
- Recommendations for patients with rare diseases in conditions of pandemic with CoVid 19
- Notification for patients in self-isolation
- Dealing with social distance, quarantine and isolation

Adopted Decrees regarding social protection:

- Decree with legal force for application of the Law on refund of part of the VAT to physical persons during the state of emergency, adopted at the 46th session of the Government of RNM;

- Decree with legal force amending the Decree with legal force for application of the Law on Social Protection during the state of emergency, adopted at the 46th session of the Government of RNM;
- Decree with legal force to supplement the Decree with legal force for limitation of payment of allowances and salary compensations for the employees in the public sector during the state of emergency, adopted at the 46th session of the Government of RNM;
- Decision on amendment the Decision on measures for prevention of introduction and spread of Coronavirus COVID-19, adopted at the 46th session of the Government of RNM

4. Overview of WB Environment and Social Framework and Standards (ESF/ESS)

Since October 01, 2018, all WB funded Investment Project Financing (IPF) are required to follow the Environmental and Social Framework (ESF) consisting ten (10) Environmental and Social Standards (ESS). These ESSs set out their requirement for the borrowers relating to the identification and assessment of environmental and social risks and impacts associated with any project. WB policies are applied in parallel to the national and supranational policies where, as a rule, the stricter one prevails. A brief description of the relevant ESSs including their relations with the project:

ESS1 Assessment and Management of Environmental and Social Risks and Impacts
ESS1 clarifies the borrower's responsibilities in identifying and managing the ES risks of the project. The project will provide health services in response to the global COVID-19 outbreak. Given the nature of how the disease spreads and the medical requirement and resources needed to address the issue, the health-care workers, the community members and the environment are likely to be exposed to health risks from medical, solid and liquid wastes generated from the health facilities (if not properly treated and managed) and the interaction among the potential COVID-19 cases and general public. This ESS illustrates the various ES instruments that will be prepared to address the issues of ES risks and impacts. The MOH and MLSP assessed and managed environmental risks and impacts associated with the Project activities through the preparation of an integrated Environmental and Social Management Framework (ESMF). In keeping with core principles of the World Bank's ESF, the ESMF and other associated documentation are prepared in a manner which is proportionate to the significance of the potential risks and impacts, and which utilizes a mitigation hierarchy approach.

ESS2 Labor and Working Conditions
This ESS deals with labor related issues. The healthcare providers, staff and relevant workers, those treat coronavirus patients in the hospital are among the most important individuals in the fight against this virus and they may be gotten hit hardest by the virus. Given the nature of the outbreak, safety of healthcare workers is utmost important, and for the greater interest community. The project will include repair and renovation work/upgrading in health facilities, which will require employment of local labor and their number is not expected to be significant. A Human and Occupational Resources Management Procedures will be prepared which includes types and number of workers, legal frameworks, nature of their assignment, OHS issues, Grievance Redress Mechanism (GRM) etc.
Project workers will include civil servants (primarily MOH and MLSP), direct workers (construction contractors/companies or consultants), contracted workers (working on minor construction and installation works and consultancy services).

ESS3 Resource Efficiency and Pollution Prevention and Management
The project is likely to generate a significant amount of medical, solid and liquid wastes. These may affect the health of care workers, local communities and the environment. In line with the guidance of this ESS an Infection Control and Waste Management Plan (ICWMP), (including medical, solid and liquid waste management) will be prepared, per template given in Annex, to assess and manage waste of different kinds (solid, liquid, medical, hazardous and nonhazardous). The plan will include separation

of different kinds of waste, treatment, reuse, recycle and transportation, storage and final disposal of wastes in approved sites/ through incineration/ other methods as per ESS 3 and related ESHGs, GIIP, WHO guidelines and national law. The refurbishment and upgrading of hospital facilities to address COVID-19 cases will lead to the generation of hazardous and non-hazardous medical wastes, which could expose workers and the community at large to health risks. Medical waste from COVID-19 facilities will likely include; chemicals and equipment from laboratories and testing facilities; contaminated PPE; pharmaceutical wastes; contaminated food wastes and cleaning supplies; sharps and other used medical instruments.

ESS4 Community Health and Safety

This ESS illustrates the need and requirement for community health and safety issues. Project activities under this project may give rise to a number of risks for community health and safety. The project would support the provision of health services to deter the COVID-19 outbreak through various health facilities. The project will generate both non-hazardous and hazardous waste throughout the renovation and provision of medical service phases. All waste management activities will be guided by this ESS. The Infection Control and Waste Management Plan (ICWMP) will address minimizing exposure to medical waste to the community. Community awareness raising activities and preparedness will be addressed through the Stakeholder Engagement Plan (SEP). The principle risk to community health and safety relates to the increased risks of the increased spread of coronavirus and resulting disease. As mentioned under ESS3, the project itself could exacerbate this risk through poorly implemented waste management procedures at participating hospitals and health facilities as well as by poorly implemented protections for health care providers which could contract the disease and contribute to further spread in the community. There is also the risk of exclusion, particularly of disadvantaged or vulnerable groups, from project benefits (i.e. medical care), and stigma and discrimination towards health workers or people with Covid-19.

ESS10 Stakeholder Engagement and Information Disclosure

This ESS illustrates the need and ways stakeholders will be engaged throughout project preparation and implementation. MoH and MLSP will engage in meaningful consultations with all stakeholders throughout the project lifecycle, paying special attention to the inclusion of women and vulnerable and disadvantaged groups. The project will address the issue of containment and treatment of COVID-19 which is very infectious, face to face communication and meeting/ gathering/ conferring in a closed place with a significant number of individuals will be avoided. A draft Stakeholder Engagement Plan (SEP) has already been made to address issues discussed under this ESS and disclosed publicly on website www.mlsp.gov.mk and www.mh.gov.mk and will be completed as final SEP within 30 days of project effectiveness.

Environment, Health and Safety Guidelines (EHSG)

The EHSG are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP) and are referred to in the ESF. The EHSG contain the performance levels and measures that are normally acceptable to the World Bank Group (WBG), and that are generally considered to be achievable in new facilities at reasonable costs by existing technology. The WBG requires borrowers to apply the relevant levels or measures of the EHSG. When host country regulations differ from the levels and measures presented in the EHSG, projects will be required to achieve whichever is more stringent. In the case of the present Project the General EHSG will apply. The Implementing Agency (IA) will pay particular attention to EHS 1.5 Hazardous Materials Management; EHS 2.5 Biological Hazards; EHS 2.7 Personal Protective Equipment (PPE); EHS 2.8 Special Hazard Environments; EHS 3.5 Transportation of Hazardous Materials; and EHS 3.6 Disease Prevention. A separate EHSG on Health Care Facilities will also apply to this Project intervention. It illustrates waste management, air quality and wastewater disposal guidelines related to HCFs.

All activities financed through the Project are subject to the World Bank Group Environmental, Health and Safety (EHS) Guidelines including those on healthcare facilities, waste management, hazardous materials management, and construction and decommissioning.

International Treaties and Conventions

RNM is also a signatory to a number of International Conventions and Treaties including Stockholm Convention for Persistent Organic Pollutants, Basel Convention on the Control of Trans-boundary Movements of Hazardous Wastes and their Disposal (The Law on the Ratification of the Basel Convention on the Control of Trans-boundary Movements of Hazardous Wastes and their Disposal (Official Gazette No. 48/97) and a number of International Labor Organization (ILO) conventions.

World Health Organization (WHO) Guidance

The WHO is maintaining a website specific to the COVID-19 pandemic with up-to-date country and technical guidance. As the situation remains fluid it is critical that those managing both the national response as well as specific HCF and programs keep abreast of guidance provided by the WHO and other international best practice. WHO resources include technical guidance on: (i) laboratory biosafety, (ii) infection prevention and control, (iii) rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, (iv) water, sanitation, hygiene and waste management, (v) quarantine of individuals, (vi) rational use of PPE, (vii) oxygen sources and distribution for COVID-19 treatment centers.

5. Environmental and Social Baseline

5.1 Background information about North Macedonia

As a central Balkan country, Republic of North Macedonia is situated in South-Eastern Europe, bordering with four countries, to the east with Bulgaria, to the north with Serbia, to the west with Albania and to the south with Greece.

Covers an area of 25,713 km² and 2,022,547 inhabitants, according to the 2002 Census. The country's capital is Skopje with 506,926 inhabitants as most densely populated city in the country. The average population density is 83.2 inhabitants per km².

The country position is very favorable and it is significant cross roads in the Balkans connecting several countries and South-Eastern Europe.

5.2 Health Care System in RNM

The Ministry of Health's core functions focus on health policy formulation and implementation, priority-setting and monitoring of the health system's performance. In terms of managing the healthcare system, the Ministry of Health is accountable to the Government according to the Law in Health Care.

MoH has twelve departments of which the Medical Equipment Department; Department for Secondary and Tertiary Health Care; Department for Preventive and Primary Health Care and Department for Chemicals are the most relevant to the activities of this project. These departments play a major role in providing comprehensive clinical and public health care throughout the country.

The health care system in RNM is organized by public or private property health institutions on three levels: primary, secondary and tertiary level. The health care is delivered at: health centers, general and specialized hospitals, clinical hospitals, university clinics and institutes, Institute of Public Health, and

centers for public health on local level. The health care is practiced by public and private healthcare providers. All parts of the country are covered by a network of health facilities, thereby creating the conditions for affordable health care and meeting the population health needs.

A Health strategy of the Republic of Macedonia 2020 is adopted to ensure efficient and equitable health system, which determines the vision to promote and improve the health system that meets the needs of the population, with clear strategic goals to improve preventive health care and strategic plan for its implementation;

A national COVID-19 Response Plan has been developed that focuses on eight pillars: (a) strengthen coordination by activating multi sectoral, multi-agency coordination mechanisms to support preparedness and response actions; (b) improve risk communication and community engagement activities through a robust and comprehensive risk communication plan; (c) enhance existing surveillance systems, contact tracing, and monitoring of COVID-19 transmission; (d) monitor readiness and response measures at points of entry; (e) strengthen the capacity of the national COVID-19 reference laboratory; (f) improve infection prevention and control capacity at all levels of the healthcare system, including public, private, and traditional practices, and pharmacies; (g) improve designated hospitals' capacity in case management for COVID 19; and (h) map available resources in all sectors and establish a centralized procurement and supply mechanism.

National Behavioral Insight Study in COVID-19: The Institute of Public Health is conducting a survey on behavior related to COVID-19-in order to improve actions taken in response to the coronavirus pandemic. Answers will be used exclusively for scientific purposes, to improve the national response to the virus. Data will be stored at the Institute and can be used for research and lectures in the future. This is a non-commercial study and is supported by the World Health Organization.

Testing for COVID-19

The Institute of Public Health (IPH) is responsible at the national level for epidemiological and laboratory surveillance and the response to all threats from communicable disease and to managing the implementation of the International Health Regulations (IHRs). The IPH is in charge of COVID19 testing through its virology and molecular diagnostics laboratory as the national influenza laboratory. Other national laboratories are included in testing process: the laboratory within the Veterinarian Faculty; laboratory within the Pathophysiology Institute, Macedonian Academy of Science and Arts and in the Institute of Forensic Medicine. In addition, there are four private laboratories that are being used through out-of-pocket payments by patients who want to be tested.

The regional surveillance network for communicable disease is composed of 10 Regional Centres for Public Health and 21 local Units of the Regional Public Health Centres, which are responsible for surveillance of communicable diseases, detection of clusters/outbreaks and response in their corresponding territory.

In line with WHO recommendations, only symptomatic COVID-19 cases are being tested.

From the end of June 2020, the Ministry of Health has procured rapid tests that will be used prior to hospital admission of patients. The results will be issued within 45 minutes which will assist with the triage of patients.

The Institute of Public Health prepares weekly and annual reports that are published on the Institute's website (www.iph.mk). All confirmed COVID-19 cases and deaths are reported within 24 hours to WHO through IHR channels, according to the guidance provided by IHR procedures.

The Institute of Public Health and the Centre of Public Health in Skopje completed a plan for COVID-19 screening to start from 11 May for about 400-500 people of vulnerable groups, including health workers, kindergarten staff, and nursing / elderly homes in the first phase, and in a later phase members of the police, drivers, employees in public service, patients before hospitalization, and patients needing

biological therapy. These are categories where it is essential to assess the risk and identify asymptomatic carriers.

Poor, vulnerable, and marginalized groups are bearing disproportionate costs of lockdowns because their members are more likely to have lost their (formal or informal) jobs. They may not have a stable home or shelter, nor access to food, health care, and other basic services. The disadvantaged are also less likely to be able to observe basic public health measures, including handwashing, because of the lack of proper water and sanitation facilities, so they are more exposed to the risk of infection. The North Macedonia's government is currently putting in place measures to ensure that such groups are not further pushed into poverty and marginalization due to the lockdown and social distancing policies. Cash transfers through social protection interventions could partially compensate the vulnerable population for their loss of income and, as a result, allow them to be able to stay at home and observe the social distancing measures and support the overall health response.

5.3 Waste management

Ministry of Environment and Physical Planning (MOEPP) is responsible for waste management including medical waste management. The Ministry of Health (MoH) and the MoEPP prepare regulations for the management of medical waste and poisons. Inspection control over medical management waste is divided between the State Sanitary Inspectorate for the selection and storage of medical waste, and the State Environmental Inspectorate for Transport and Treatment of medical waste.

All major health facilities (generating more than 50 kg / year hazardous waste) are required to prepare Medical Waste Management Plans. Partial on-site treatment is performed at the Institute of Health Care, the Department of Infectious Diseases and general hospitals throughout the country. Sharp objects, smear plates and small glass test tubes with blood samples are disinfect using small autoclaves before removing.

Regarding the waste generated and collected in healthcare institutions, the level of separation and proper handling of the hazardous and other non-hazardous medical waste within the hospitals is good. Hazardous medical waste is separately collected in all hospitals and is treated in autoclave or burned in a dual chamber incinerator located at the Drisla landfill with capacity of 200 – 250 kg/h (or 500 to 1400 t/year medical waste). The incinerator is heated with a propane-butane burner and it operates at about 850 °C. Since April 2018, the filter of Drisla's incinerator was upgraded in order to comply with national emission standards. The upgraded filter of the medical waste incinerator has a capacity of 2.500 m^3/hour and is made of fireproof stainless-steel sheet that could withstand temperatures up to 1.400 ° C. The released gases, in most CO2, CO, and SO_2 remain in the second chamber where they are burnt at a temperature of 900 ° C. Than the gases passes through the filter when PM_{10} particles are mechanically removed from the exhaust gases. Then the CO and the SO_2 are removed with the porous bronze and activated carbon in the second part of the filter. Activated carbon completely removes the sharp odor from sulfur dioxide. The final purification of the exhaust gas is done through a jet of water mist. At the end of the technological process, the exhaust gas comes out of the filter almost completely purified. According to the monitoring of the air emissions from the Drisla's incinerator for the 2018 (presented on the link http://www.drisla.mk/news) there were no exceedances of the air emission limit values according the Rulebook on emission limit values for waste incineration and combustion conditions and manner of operation of combustion and incineration installations (Official Gazette of RNM, no. 123/2009) for CO, CO_2, SO_2, NOx and PM_{10}.

In 2019, according to the data presented on the Drisla web site (http://www.drisla.mk/), 995,6 tons of medical waste were incinerated at Drisla's incinerator (collected and transported by PE Drisla and other authorized companies for collection and transportation of medical waste). The 17 new mobile hospitals in RNM will include the medical waste from the new mobile COVID 19 hospitals in the contracts signed with the authorized companies for collection, transportation and treatment of the medical waste. According the answers of the Questionnaire received by the hospitals (in Bitola, Gevgelija, Kumanovo, Gostivar, Struga, Veles and Resen), management with medical waste is presented in the next table, including annual quantities of generated medical waste in 2019, generated medical waste per patient,

location of final treatment & disposal, annual quantities of generated parts of the human body and organs including bags and bottles of blood and location of their final disposal. Also, are presented the projected annual quantities of waste from mobile COVID 19 hospitals (according the received answers from the above mentioned hospitals are expected to be generated 35 t/year of non – hazardous medical waste and 18,8 t/year hazardous medical waste).

Table 1 Medical Waste Management in hospitals

Hospital	Annual quantities of generated medical waste in 2019	Generated medical waste per patient	Location of final treatment & disposal of medical waste	Annual quantities of parts of the human body and organs including bags and bottles of blood (kg)	Location of final disposal	Projected annual quantities of waste from mobile hospitals
Bitola	18.571 kg	4,83 kg	Remondis Medison Bitola/ Eko Klub Skopje (autoclaving)	80 kg	Drisla (incineration)	/
Gevgelija	3.915 kg	7,32 kg	Remondis Medison Bitola/ Eko Klub Skopje (autoclaving)	50 kg	Cemetery, municipal landfill	1600 kg medical non – hazardous waste 1200 kg infectious waste
Kumanovo ***need for new waste storage facility for COVID**	27.296 kg	0,33 kg	Remondis Medison Bitola/ After sterilization is disposed at Drisla landfill	60 kg	Remondis Medison Bitola/ incineration in Drisla	30.000 kg medical non – hazardous waste 15.000 kg infectious waste
Gostivar	800 kg	6,5 kg	Remondis Medison Bitola		Drisla	200 kg medical non – hazardous waste
Struga	15.533 kg	1,5 kg	PE Komunalno Struga Disposal within the municipality	0,27 kg	Remondis Medison Bitola	2555 kg medical non – hazardous waste 2190 kg infectious waste
Veles	7.764 kg	4,2 kg	Remondis Medison Bitola	311 kg	Remondis Medison Bitola/ incineration in Drisla	520 kg medical non – hazardous waste 320 kg infectious waste
Resen	427 kg	0,47 kg	Remondis Medison Bitola	/	/	150 kg medical non – hazardous waste 100 kg infectious waste

When considering that the maximum amount of medical waste that could be processed in the incinerator in Drisla (1400 t/year), there is still enough space for incineration of the medical waste from other hospitals within the country.

Communal waste is collected and transported to the local landfill by Public Communal Enterprises. Waste generated at home during quarantine, while caring for a sick family member or during the recovery period is mixed with the communal waste and collected and transported by municipal waste services to the local landfill. There are 54 non-compliant municipal landfills operating without permits. Only one landfill (Drisla in Skopje) covers the region of Skopje; it has an operational permit and is the only waste site compliant with national requirements. The existing non-compliant municipal landfills do not meet even the basic conditions for safe waste disposal. Despite developments in the establishment of regional waste management systems and progress in the preparatory work, none of the regional landfills has been completed.

According the MoEPP's Register of Issued Permits for Transportation of Hazardous Waste, there are 5 licenced companies for transportation of medical waste on national level (Eco Team Skopje, Drisla Skopje, Eco TE Recikle Tetovo, Public health facility Akademik ph.dr. Dimitar Arsov CO Kriva Palanka, Eco MIBA Group Skopje). These companies are responsible for transportation of hazardous waste. They meet their expenses through the service charges it collects directly from the HCFs with whom it enters into a service contract for transport and disposal of the medical waste to the Drisla landfill. Medical waste collected by these companies that have permits for this activity is mostly incinerated at Drisla landfill (especially infectious waste; parts of the human body and organs including bags and bottles of blood). Part of medical waste is sterilized in autoclave by licensed company Remondis Medison Bitola (has all needed permits for medical waste management) in the facility in Skopje and then disposed as communal waste on the landfill Drisla.

Each HCF have multiple waste storage areas designed for different types of wastes and has adopted practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/ carts and routes (separately for hazardous and non – hazardous). Proper maintenance and disinfection of the storage areas is carried out regularly. Waste, especially hazardous waste is never transported by hand due to the risk of accident or injury from infectious material or incorrectly disposed sharps that may protrude from a container. All waste bag seals should be in place and intact at the end of transportation.

In order to prevent environmental pollution, contamination, and transfer of infectious diseases to workers and the community, transportation of medical waste is done by licensed transporters trained staff for medical waste management, in special vehicles for medical waste transportation. They collect the temporary stored medical waste (packed in appropriate packaging according to the provisions of national legislation), from HCFs in strict time as agreed in the Contracts for collection, transport and treatment of medical waste, infectious waste. All workers that collect and transport medical waste wear appropriate PPE and regularly do cleaning and disinfection of vehicles for transportation, equipment machinery and processing area and loads. Only trained personnel is allowed to operate machinery such as autoclaves as these reduce the risk operational injuries.

The Waste Management Information System is not operational. Reports by municipalities, health-care facilities, enterprises on the EPR scheme and public communal companies are submitted on paper, which makes their validation, further processing and publication much more burdensome. Data collection is mostly not evidence based and, because of some overlap in institutional responsibilities, there are significant discrepancies in the published data sets for some waste types.

New national Waste Management Plan for the period 2020–2030 is prepared and is in the process of public consultation, taking into account management with all waste fractions including medical waste. According the Plan, the quantities of medical waste generation are increased in the last years (705t in 2015). Health-care institutions that generate medical waste submit an Annual Report on the generation and treatment of waste to the Ministry of Environment and Physical Planning.

Since 2010, the country has worked on applying the principles of the Strategic Approach to International Chemicals Management (SAICM), upgrading policy and improving practical measures for sound chemicals management, and is focused on preparing for the remediation of contaminated sites

6. Potential Environmental and Social Risks and Mitigation

The North Macedonia COVID – 19 Project would finance a number of subprojects that focus on:

a) *Procurement of goods* such as: diagnostic kits, reagents, consumables, PPE, equipment, medical supplies, devices, and equipment necessary for evaluation, treatment, and monitoring, including ventilators and other equipment necessary for oxygen therapy (oxygen concentrators, pulse oximeters, etc.), infusion pumps, defibrilators, monitors, suction equipment, equipment and supplies to set up new ICU beds, mobile x-rays, mobile echo devices, PCR laboratory, non-medical equipment and inventory (triage), modular hospital (triage and stationary center) and other equipment; provision of food and basic supplies to quarantined populations and COVID-19-affected households, vulnerable groups, beneficiaries of means-tested programs .
b) *Services:* provisions to address capacity building needs of the medical service providers and supporting staff training related to COVID-19 emergency preparedness, infection control and medical waste management; strengthen the project's emergency response (e.g., installation of mobile COVID 19 hospitals for admission, triage, testing and accommodation of patients in a Stationary center; development of testing, treatment, referral and discharge protocols, streamlining of Employment Agency procedures);
c) Communication, outreach, and awareness-building campaigns to ensure that relevant information is disseminated to properly sensitize citizens to the risks related to COVID-19 and to inform them about the cash and in-kind benefits and health activities financed under the project, to ensure communities can provide just-in-time-feedback to government to ensure that investments respond to local needs and reach vulnerable groups.
d) *Works:* limited renovations, if needed to operationalize additional ICU beds, and for medical waste management and disposal systems and repurpose of existing HCF to meet the expected surge in demand for hospital beds, especially isolation and intensive care beds; to establish specialized units in a limited number of selected hospitals (focusing primarily on Infectious Diseases Clinic, the Clinic for Children's Diseases, the Clinic for Neurosurgery, and the Center for Anesthesiology, Resuscitation and Intensive Care), and installation of 17 mobile COVID 19 hospitals within the existing hospitals (in Gevgelija, Kumanovo, Kavadarci, Strumica, Kicevo, Tetovo, Debar, Gostivar, Struga, Kocani, Ohrid, Shtip, Bitola, Veles, Prilep, Resen and Institute for Lung Diseases – Kozle Skopje).

The main environmental and social risks from the Project are: the occupational health and safety issues related to testing and handling of supplies; medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare wastes and other generated types of waste during the all project's phases; medium scale construction impacts (due to short term construction works in area located in hospital borders where will be installed mobile COVID 19 hospitals) related to air, water, noise emissions and waste generation (different types of hazardous and non - hazardous waste), traffic safety, OH&S and community health and safety.

Non-segregation of wastes, treatment, and uncontrolled medical waste disposal should contaminate soil and groundwater from leachates, surface runoff and transmission of infectious diseases. Appropriate mitigation measures should be implemented during all project phases, especially during the operational and decommissioning phase of the mobile COVID 19 hospitals.

According the assessment of ES risk, both the Environmental and Social risks are categorized as Substantial. It will require appropriate precautionary measures to be planned and implemented.

Generated medical waste from the hospitals is stored temporary within the hospital storage area, and then collected and transported by the companies that have permits for medical waste management in special vehicles for medical waste transportation. They collect the temporary stored medical waste

(packed in appropriate packaging according to the provisions of national legislation), from HCFs in strict time as agreed in the Contracts for collection, transport and treatment of medical waste, infectious waste. All workers that collect and transport medical waste wear appropriate PPE and regularly do cleaning and disinfection of vehicles for transportation, equipment machinery and processing area and loads. Only trained personnel is allowed to operate machinery such as autoclaves as these reduce the risk operational injuries.

Each HCF have multiple waste storage areas designed for different types of wastes and has adopted practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/ carts and routes (separately for hazardous and non – hazardous). Proper maintenance and disinfection of the storage areas is carried out regularly. Waste, especially hazardous waste is never transported by hand due to the risk of accident or injury from infectious material or incorrectly disposed sharps that may protrude from a container. All waste bag seals should be in place and intact at the end of transportation. Some of the HCFs need more space for temporary storage of the medical waste or upgrading of the capacity of existing ones (e.g. hospital in Kumanovo mentioned in the questionnaire that need more capacity for medical waste storage).

Part of medical waste (collected in yellow bags/boxes) is sterilized in autoclave by licensed company Remondis Medison Bitola (has all needed permits for medical waste management) in the facility in Skopje and then disposed as communal waste on the landfill Drisla. Other medical waste (collected in red bags as pathological waste) is transported for incineration in the PE Drisla Skopje.

PLANNING AND DESIGN STAGE

Key E&S risks and impacts that should be considered during planning and design phase:

- ***Procurement of goods and supplies***:

- Surfaces of imported materials may be contaminated and handling during transportation may result in spreading diseases
- Incorrect standard or quality of PPE leads to spread of infection to healthcare workers
- Procured equipment not corresponding the required technical specifications
- Inadequate handwashing facilities/disinfectants are provided for handling

- ***Services:***

- Preparation of the Letter of Intention for construction and installation of mobile COVID 19 hospitals within the 17 existing hospitals within the country and submission to the MOEPP
- Designing proper structural and equipment safety, universal access to HCFs
- Inadequate treatment of generated different types of waste (hazardous and non - hazardous waste)
- Designing the sub projects to minimize impacts on nearby sensitive social receptors (such as hospitals, residential area or school; etc.).

- ***Works:***

- Proper identification of the needs for workforce and type of sub –project workers

No land acquisition is envisaged since civil work involved will be refurbishment and rehabilitation of HCFs. Existing waste management facilities will be used for waste disposal and no additional waste management facilities/ dumpsite/ landfill will be required.

Mitigation measures that should be considered during planning and design phase:

- ***Procurement of goods and supplies***:

- If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) a surface or equipment may be decontaminated using disinfectant.

After disinfecting, workers should wash hands with soap and water or use alcohol -based hand disinfectant;
- If available, mopping up the equipment which is recommended by WHO (Cleaning and Disinfection should be done first;
- WHO interim guidance on rational use of PPE for coronavirus disease 2019 provided further details on the types of PPE that are required for different functions;
- The project HCF should establish and apply procedures for use of PPE in line with WHO guidelines;
- Procure goods and supplies based on technical specifications provided by WHO interim guidance for Coronavirus disease 2019;
- The HCFs should ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying, plus closed waste bin for paper towels are available. If water and soap handwashing facilities are not possible, alcohol-based hand rubs may be provided according procedures for hand hygiene in line with WHO guidelines.

- ***Services:***

- Compliance with relevant national environmental legislation and procedures for EIA and WB, and also waste management, ambient air quality, noise and wastewater;
- Proper design and functional layout of healthcare facilities, should fulfill the following:
    - Minimization of structural and equipment safety risk;
    - Provide universal access;
    - Provide nosocomial infection control;
    - Provide proper waste management (segregation, storage and processing);
- Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance. Design training for staff in the segregation of wastes at the time of use
- Preparation of a health care facility specific ICWMP
- Consider the proximity to sensitive areas or sensitive social receptors (such as a residential area or school and availability of municipal services such as public water supply, sewage and waste collection services, etc.) at the project location. The environmental and social assessment should identify and examine the E&S characteristics in the HCF area.

Works:

- Identify numbers and types of workers
- Consider accommodation and measures to minimize cross infection
- Apply the LMP for workers

CONSTRUCTION STAGE

Key E&S risks and impacts associated with construction (including expansion and installation of mobile COVID 19 hospitals, upgrading and rehabilitation) of HCFs and related waste management facilities during construction/rehabilitation phase:

- Possible air, water, noise emissions and waste waters generated from minor/medium civil works
- Solid waste generated from civil works, and hazardous waste: grease, oil containers and chemicals from maintenance of the equipement.
- Asbestos containing materials (ACM) generated from rehabilitation or minor civil works
- OH&S and community health and safety during the performing of civil works
- Safety risks during works, health staff, patients and their relatives regarding COVID -19.

- Workers do not receive the care needed if infected with COVID-19
- Traffic management during renovation/adaptation works of HCFs and installation of a 17 mobile COVID 19 hospitals.

No major civil works are expected under this project. All works under the health component are expected to be carried out in existing facilities, hospitals, and clinical centers, to establish, upgrade, or adapt ICUs within existing facilities/grounds, and no new land will be acquired or accessed. During construction and installation of mobile COVID 19 hospitals, potential risks and impacts are expected to be temporary and/or reversible; low in magnitude and site-specific (in the borders of existing hospital). A key social risk is the potential for inequitable access to project-supported facilities and services, particularly for vulnerable and high-risk social groups (poor, disabled, elderly) and exclusion from the social protection measures.

The PMU will ensure that all construction work done under the project will be carried out in compliance with a site-specific ESMP Checklist based on the template in Annex III of this ESMF. The PMU will develop site specific ESMPs Checklist for each of the mobile COVID 19 hospitals through the E&S consultants hired for the project. The site-specific ESMP Checklist is divided in 4 parts:

- ✓ Introduction in which the project type is described, definition of the environmental category, and Checklist ESMP concept explained;
- ✓ Part 1 - Descriptive part of the project ("site passport") location, project description, legislation and public consultation process is given;
- ✓ Part 2 - Analysis of the environmental and social aspects for every activity through yes/no questions followed by mitigation measures for each activity;
- ✓ Part 3 - Plan for monitoring of the activities during the 3 phases: preparation, construction/installation and operation.

The whole ESMP Checklist filled in table for each of the type of work will be attached as integral part of bidding and work contracts and as analogue with all technical and commercial conditions which should be signed by the contracting parties.

Mitigation measures that should be considered during construction phase for mobile COVID 19 hospitals:

- Good construction practices have to be implemented – including fencing and protection of construction site according to national legislation;
- Identification of the different waste types at the construction site (soil, bottles, food, paper, inert waste, hazardous, etc.) and classification of waste according the national List of Waste (Official Gazette no.100/05)
- Collection of the generated waste on daily basis, selection of waste, transportation and final disposal on appropriate places (according the type of waste);
- The materials should be covered during the transportation to avoid waste dispersion;
- Vehicles and construction machinery will be required to be properly maintained and to comply with relevant emission standards;
- All roads and asphalt surfaces should be maintained clean in order to prevent runoffs from them into the ground water and other water flows;
- Implement technically and financially feasible measures for improving efficient consumption of energy, water, and raw materials, as well as other resources.
- The level of noise should be not exceed more that national limited level (according to national legislation and EU requirement);
- The construction work should be not permitted during the nights, the operations on site shall be restricted to the hours 7.00 -19.00;

- Safe removal of any asbestos-containing materials or other toxic substances shall be performed and disposed of by specially trained workers from authorized companies in line with the WB Guidelines on asbestos management
- The contract with the company for Asbestos containing waste collection and transportation should be signed for collection and transport of asbestos sheets;
- No ACM will be used for renovation works/new mobile hospitals
- All workers shall have or receive minimum required training on occupational safety regulations and use of personal protective equipment (PPE)
- Health and Safety measures should be applied: a) Security measures like: perimeter fence, life jackets, use of proper protective clothing and equipment by employees, warning signs for the public around the construction site; b) Maintain a good level of personal hygiene-have on site installations for washing, cleaning; c) Health protection-fist aid kits and medical service on sites d) Apply the emergency and normal first aid procedure for any injury if such occur through construction work;
- The personal protective equipment must be provided to all workers (full body covering including the head, water proof foot and hand protection and eye protection, dust mask
- The mobile toilet should be placed on the construction sites and regularly maintained;
- Contractors should ensure that contracted workers have medical insurance, covering treatment of COVID-19 as per the LMP
- Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk
- Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering
- Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures.
- Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell
- Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for 14 days
- Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days
- Preparation of the Traffic Management Plan together with the municipal staff where the project site is located;
- Provide the information via local radio/TV station/local newspaper about the construction activities – start and finish of work for each day and location of activities, duration of work and traffic access on other streets

OPERATIONAL STAGE

Key E&S risks and impacts during operational phase:

- Improper collection, transport, treatment and disposal of infectious waste becomes a vector for the spread of the virus.
- Improper implementation of the mitigation measures from the ICWMP
- Hazardous materials used and generated during the provision of COVID-19 diagnosis, care and treatment services.

- Emergency events:
    - spillage;
    - occupational exposure to infectious disease;
    - accidental releases of infectious or hazardous substances to the environment;
    - medical equipment failure;
    - Failure of solid waste and wastewater treatment facilities;
    - Fire;
    - earthquake,
    - and other emergent events
- Improper maintenance of the installations (water supply, sewage network, electricity, heating) within the hospitals
- Improper collection of samples, transport of samples, and testing for COVID-19 and inappropriate laboratory biosafety could result in spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples.
- Weak compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases spreads COVID-19 infections in healthcare facilities;
- lack of hygiene measures, poor sanitation protocols or non-well set isolation and/or treatment centers in health facilities may expose health care workers and hospital staff, including patients or hospital visitors, or other workers, to COVID-19
- Refusing the overtime working by health personnel (especially nurses) and cleaners, to respond to the COVID-19 pandemic.
- Transport of wastes, transport of people who have tested positive with COVID-19 and movement of health workers and other staff in contact with patients with COVID-19, has the potential to spread the virus in the community. (Note transport of medical supplies and equipment is not expected to result in virus transmission.)
- Health workers, may face discrimination and harassment when going back to their communities due to people's fear in contracting the virus, frustrations over medical care or misinformation.
- People with COVID-19 who are taken to hospitals may face discrimination from community members when coming back, over fears that they could transmit the virus
- COVID-19 information materials developed could exclude the most vulnerable, who are also less likely to have access or be active on social media.
- The most vulnerable may face more challenges in accessing needed health services
- School closures would mean children are at home and this could increase risk of VAC and GBV
- Risk of fear and/or stigma towards the virus, which may make people hide symptoms, avoid getting tested and even reject hygiene measures or wearing PPE equipment
- Focus on COVID-19 may redirect staff and resources at health facilities and negatively impact other areas, such as maternal health check-ups, vaccinations for children and treatment of chronic diseases.
- Vulnerable groups may be less able to access clean water and be able to practice proper hand hygiene, particularly in rural areas.
- If stakeholders are not properly consulted, information is not disclosed and people are not informed about their rights, options for grievance redress or project timelines, there could be misunderstandings, conflict, stigma, false rumors or loss of confidence in the community regarding the project.

The PMU and HCFs will ensure the following regarding the medical waste management and disposal:

- Each HCF is operated in accordance with the ICWMP prepared for the project;
- Waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the ICWMP and WHO COVID-19 Guidelines;
- HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.
    - Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the ICWMP conducted on a weekly basis;

  - The PMU will audit any off-site waste disposal required on a monthly basis and institute any remedial measures required to ensure compliance; and
- Waste generation, minimization, reuse and recycling are practiced where practical in the COVID-19 context.
- HCF wastewater is related to hazardous waste management practices. Proper waste segregation and handling should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well.
- HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
- Generated medical waste from each HCFs is collected and transported by an authorized company for medical waste transportation and treatment in the incinerator for medical waste in PE Drisla Skopje:
  - mitigation measures will be taken to control emissions to air (dioxins, furans and particulate matter from incineration of medical waste) in line with national legislation for safe management of waste generated from healthcare activities. The good practice as follow:
  - ✓ Waste reduction and segregation to minimize quantities of waste to be incinerated;
  - ✓ A clearly described method of operation to achieve the desired combustion conditions and emissions; for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers;
  - ✓ Alternative treatments should be designed into longer term projects, such as steam treatment methods. Once treated, sterile/noninfectious waste may be shredded and disposed of in suitable waste facilities/ municipal landfill.
- Non – hazardous waste generated in HCFs should be collected separately, and than to be disposed on the municipal landfill.

Regarding protecting healthcare workers, the PMU and HCFs will ensure the following:

- HCF should adopt practice and procedures to minimize risks associated with handling and storage of hazardous materials.
- Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPEs, etc.;
- Ensure protocols for regular disinfection of public spaces, wards, ICUs, equipment, tools, and waste are in place and followed;
- Ensure hand washing and other sanitary stations are always supplied with clean water, soap, and disinfectant;
- Ensure equipment such as autoclaves are in working order; and
- Provide regular testing to healthcare workers routinely in contact with COVID-19 patients.

- Ensure that if health care workers are pushed to work without proper PPEs, they can access the GRM register for complaint. Refer to LMP for issues related to raising concern about workplace safety.
- Provide proper collection of samples, transport of samples and appropriate laboratory biosafety in order to prevent spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples.
- Ensure hand washing and other sanitary stations are always supplied with clean water, soap, and disinfectant;
- Contractors and MoH should ensure that contracted workers and other relevant project staff, have medical insurance and/or are able to receive free treatment of COVID-19, or can continue to receive if need to self-isolate, as per the LMP
- Health care workers must be actively supported by their employers and commended for their work, as well as offered psychological, emotional or mental support if possible.

For the containment of COVID-19, the PMU and HCFs will ensure the following:

- Provide compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases spreads COVID-19 infections in HCFs;
- Quarantine procedures for COVID-19 patients are maintained;
- Patients in quarantine are not discriminated due to socioeconomic status, level of education, gender, disabilities and any other vulnerabilities.
- When practical, COVID-19 patients are given access to phone or other means of contact with family and friends to lessen the isolation of quarantine;
- Patients in quarantine have access to development and project related information and should be able to take part in consultation through appropriate means;
- The public is regularly updated on the situation and reminded of protocols to prevent the spread of COVID-19; and
- Members of the general public (family and friends) who have been exposed to confirmed COVID-19 patients are tested when practical.

DECOMMISSIONING STAGE

The E&S risks and assessment due to decommissioning of the temporary mobile hospitals are almost the same as in the construction/installation phase and same mitigation measures should be implemented as in construction phase.

Mitigation measures that should be considered during the decommissioning phase:

- Decommissioning plan or procedure should be prepared for each sub-project;
- The facility will be sprayed with disinfectant prior to demolition/dismantling and generated waste will be managed according the Decommissioning Plan
- All workers participating in these activities will adhere to the typical occupational health and safety requirements outlined in the construction stage section and at minimum ensure adequate PPE is worn, including helmets, boots, gloves and masks
- This decommissioning process should be implemented according to the requirements given in ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects, issued on April 7, 2020
- Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, issued on April 6, 2020
- Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19, issued on April 6, 2020
- All medical equipment will be decommissioned as per the manufactures requirements and disposed where relevant in accordance with the manufacturer’s requirements.

Regular decommissioning should include following steps:

- Description of the overall decommissioning strategy for the site;
- Justification of the selected decommissioning strategy;

- Integrated management system for decommissioning:

- The safety policy;
- The organizational structure, including responsibilities and authorities;
- Staffing and qualification, including training;
- Engagement of interested parties, including interfaces with the regulatory body;
- Document and records management;
- The approach to project management, including the involvement of contractors and subcontractors;

- Conduct of decommissioning actions:

- The work breakdown structure, including related tasks, resources and schedule of work;
- Contaminated structures, systems and equipment;
- Decontamination and dismantling methods and techniques including demolition techniques;

- Waste management and material management:

- Identification of waste, waste classification and waste streams, waste acceptance criteria and criteria for clearance from regulatory control;
- Management of solid and liquid waste, including waste from supporting facilities;
- Storage and disposal of waste;
- Clearance actions, including records and procedures;

- Environmental impact assessment:

- Identification of the discharges in the environment during decommissioning actions;
- Measures for protection and control;
- Emergency arrangements:
- Basis for emergency planning, including possible emergency situations and potential consequences;
- Organization and responsibilities;
- Plans and procedures for emergency response;

7. Procedures to Address Environmental and Social Issues

MoH and MLSP are the key implementing agencies. The MoH and MLSP will be accountable for the execution of project activities, and implementation will rely on their existing structures, with the additional support of an existing Project Management Unit (PMU) established under the MLSP. The PMU successfully implemented the World Bank-financed Conditional Cash Transfer Project, which closed in 2018, and is currently managing the SSIP and the Social Insurance Administration Project (SIAP).

For Component 1 activities, decisions will be made by the MoH in coordination with the Institute and Centers of Public Health and other institutions involved in COVID-related activities. For Component 2 activities, decisions will be made by the MLSP and the Employment Agency in coordination with their local offices (Centers for Social Work and Employment Agency offices).

The PMU will have day-to-day responsibility for project management and support, including ensuring that project implementation is compliant with the World Bank's ESF, national laws and regulations, Good International Industry Practice (GIIP); EHSG; WHO COVID-19 Guidelines and this ESMF.

The PMU will be housed in the MLSP and headed by a project manager. Additional key PMU staff include two coordinators (one each for Component 1 and Component 2 of the project), safeguards experts (environmental and social safeguards issues), fiduciary staff (procurement specialist, procurement assistant, FM specialist, and FM assistant), two IT officers, and an M&E specialist. Some of the existing SSIP PMU staff will assume these functions. An additional health specialist will be hired.

Environmental and a Social Specialists will oversee the project's work and ensure that each HCF complies with all project procedures and receive professional implementation and project management support, including for procurement. PMU staffs will specifically oversee implementation of medical waste management and disposal systems as well as of general occupational health and safety issues for healthcare workers and civil works. Each individual HCF undertaking activities financed by the project will assign one staff member who will be responsible for liaising with the PIU on ESMF implementation throughout the life of the project at that specific HCF. Each such MoH department will also appoint a focal point to ensure timely provision of project monitoring data. Through the PMU, the MLSP will be responsible for data collection and for monitoring the social protection data and activities supported by the project.

Implementation of this ESMF will include the following activities to be undertaken by the PMU:

- **Screening potential subprojects in relation to eligibility** and potential E&S risks and impacts and classifying (Annex 2, Screening Form) - all activities undertaken by the project will be screened using the form found in the Annex II in order to exclude certain high or substantial risk activities, identify potential E&S issues, and classify each subproject according to risks. Copies of each of these screening forms will be kept at the PMU and each individual health care facility. The already agreed sub-projects for construction of prefabricated mobile containers-hospitals have been screened and for them the ESMP Check List should be prepared for each of 17 mobile hospitals. The screening will be used for any additional project activities that could be agreed between WB and the Government of RNM.
- **Conducting E&S assessment for each subproject and developing project specific management plans/instruments -** The PMU and individual HCFs will prepare and implement the necessary ES instruments for each of the activities financed under the project. The scope of this Project includes following three types of ES instruments:

  ESMP Checklist - After the screening, ESMP Checklist is used for projects that includes construction of the mobile COVID 19 hospital nearby the existing hospital, based on the template found in the Annex III. The ESMP Checklist for the construction of the mobile COVID 19 hospital works contains the environmental impacts and suitable mitigation measures in order to reduce to minimum the impacts on the environment (air, noise and water pollution). It also offers management practice for hazardous and non-hazardous wastes and measures for control of the discharged medium at the construction site.
  The whole ESMP Checklist filled in table for each of the type of work will be attached as integral part of bidding and work contracts and as analogue with all technical and commercial conditions which should be signed by the contracting parties.
  ICWMPs - Each HCF will prepare and implement an ICWMP, based on the sample found in the Annex IV.

  SEP - The Implementing Agency has prepared a SEP for the project and it is applicable to all project financed activities. Individual HCFs will follow the guidelines mentioned in the SEP to ensure patients and their families, local authorities, and the general public are aware of the pandemic situation and have access to community-based hotlines, GRMs, and other important information channels.

- **Consultation and disclosure of E&S plans and instruments -** Given the need for social distancing during the COVID-19 pandemic, stakeholder consultations for the ES instruments, will be conducted virtually whenever possible, as per instructions in the SEP. The SEP has identified key stakeholders and organized consultations for information exchange about the Project and its risks and impacts. All instruments will be disclosed on the PMU website with

print copies also available at their offices and preferably with the HCFs. Copies of instruments prepared and disclosed will be disclosed on the WB website.

- **Review and approval of E&S plans and instruments -** individual instruments will be prepared by PMU and will be reviewed by WB ES teams before they are implemented. Updates on the instruments will also be sent to WB for review, guidance, and comments.
- **Implementation and monitoring of E&S plans and instruments** - The PMU as well as the individual HCF will be responsible for the implementation of the instruments. For ESMP Checklists, this responsibility will be shared with contractors and supervising consultants when applicable. The PMU will also provide implementation support and supervision.

  There will be two types of reports, Monthly from the HCFs to the PMU and periodic reports from the PMU to the Bank as per ESCP:

  Monthly Reports - Individual HCFs will prepare and provide monthly reports to the PMU on each activity being undertaken. These reports will include progress on any ongoing small works, statistics related to the implementation of the ICWMP, any grievances received via the GRM and information on their resolution, and any other relevant information.

  Periodic Reports - The PMU will submit an overall report of project implementation to the Bank as per commitment on the ESCP. These reports will include statistics on national project implementation; a summary of grievances received and their resolution, a summary of activities for each individual HCF, and copies of screenings and individual HCF instruments prepared during the subject quarter.

8. Public Consultation and Disclosure

Due to the nature of COVID-19 outbreak and its diffusion mechanism, initial consultation has been limited to public authorities and national health experts, as well as international health organization representatives.

As per the SEP, the project will adapt to different situation and requirements, as they develop to disclose information regarding COVID-19 and other relevant issues. Information will build on national guidance on avoiding the spread of the virus and will focus specifically on risks associated with project activities.

Project stage	Topic of consultation and list of information disclosure	Method used	Target stakeholders	Responsibilities
Done before appraisal	PAD, SEP, GRM, ESCP	WB and MoH and MLSP website	Health stakeholders and the general public	Implementing Agency (IA)
Within one month of effectiveness	Updated SEP, GRM and ESMF, ESMF instruments	WB and MoH and MLSP website	All stakeholders identified above	IA
Quarterly	Progress report including summaries of complaints and resolution	WB and MoH and MLSP website	Implementing partners	IA
Before key activities	ESIA Report and /or ESMP Checklist	WB and MoH and MLSP website	Key stakeholders for specific activities	IA
Annual	Annual report on progress and lessons learnt	WB and MoH and MLSP website	General public	IA

Following guidelines has been suggested by the WB for projects under preparation, to be adopted while conducting stakeholder consultation and engagement:

- Review the country COVID-19 spread in the project area, and the restrictions put in place by the government to contain virus spread;
- Review the SEP, particularly the approach, methods and forms of engagement proposed, and assess the associated potential risks of virus transmission in conducting various engagement activities;
- Be sure that all PMU and HCF members articulate and express their understandings on social behavior and good hygiene practices, and that any stakeholder engagement events be preceded with the procedure of articulating such hygienic practices;
- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people;
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including WebEx, Zoom and Skype meetings;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently;
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project;
- In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions;

9. Stakeholder Engagement

A Stakeholder Engagement Plan (SEP) has been prepared for the project detailing stakeholder identification, method and subject of communication and grievance redress mechanism. The SEP is referred here for detail requirements on stakeholder engagement and GRM.

The main objective of the Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. It also outlines a communication strategy with the project stakeholders, and offers mechanisms for them to raise concerns, provide feedback, or make complaints about project. While component 3 of the project specifically deals with community engagement, Stakeholder Engagement deals with all project components as it seeks to ensure stakeholders are consulted and well-informed about the project and have avenues to provide their feedback. Project stakeholders can mainly be divided into three groups, affected, interested and disadvantaged/vulnerable.

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- COVID-19 infected people in hospitals and their families & relatives
- People in quarantine/isolation centers and their families & relatives and those in the epidemiological circle of infected person
- Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories
- Communities in the vicinity of the project's planned quarantine/isolation facilities, hospitals, laboratories
- People at risk of contracting COVID-19 (e.g. tourists, tour guides, hotels and guest house operators & their staff, associates of those infected, drivers of buses transporting potential infected/isolated persons, companies delivering food in hospitals, isolation facilities, inhabitants of areas where cases have been identified)
- Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, Family Doctors and nurses, laboratory technicians/staff) and other staff (e.g., workers dealing with medical waste collection and transportation)
- Local Government administrations in affected regions
- Municipal Public Enterprises providing communal services in affected regions
- Drisla company (incineration of medical waste)
- Ministry of Health officials and PR staff at the Ministry of Health
- Employment Agency and the local branches
- Local Centers of Social Assistance (services of the MLSP)
- Crisis Management Center and its regional offices
- NGOs working with support elderly persons , delivering food and sanitary products

Other interested parties -The project stakeholders also include parties other than the directly affected communities, including:

- The public at large
- Community based organizations, national civil society groups
- Goods and service providers involved in the project's wider supply chain
- Media and other interest groups, including social media & the Government Information Department

- Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO etc.)
- Interested businesses
- Schools, universities and other education institutions closed down due to the virus
- Religious institutions
- Transport workers (e.g. cab/taxi drivers)

Within the Project, the **vulnerable or disadvantaged groups** include and are not limited to the following:

- Elderly,
- Individuals with chronic diseases and pre-existing medical conditions; pregnant women,
- People with disabilities,
- Pregnant women,
- Women, girls and female headed households,
- Children,
- Daily wage earners,
- Those living below poverty line,
- Unemployed,
- Communities in remote villages and communities living in neglected urban settlements.

Consultations and information disclosure will be an ongoing process of the Project. The consultations will be made, as outlined in the SEP, with affected parties, other interested parties and disadvantaged/vulnerable groups as needed, using various means of communication as appropriate and consistent with ongoing restrictions related to COVID-19. Consultations with stakeholders will be the main mechanism to inform them of the project and to get their feedback. PMU will ensure there are notes of project meetings and incorporation of comments into project documents when applicable. Stakeholders who provide specific suggestions will be followed up with after consultations with feedback on how their comments were considered. For instance, an email, message and/or official letter will be sent after workshops (in person or virtual) on how comments/suggestions were considered.

The main objective of a GRM is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Information about the GRM will be disseminated in minority languages when necessary. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

MoH and MLSP through the PMU have established Health Care Workers Grievance Form and General public Grievance Form. An on-line Grievance mechanism and registry shall be established within the Ministry of Labour and Social Policy (http://www.mtsp.gov.mk/) and Ministry of Health (http://www.mh.gov.mk).

10.Institutional Arrangements, Responsibilities and Capacity Building

The project will be implemented over a period of up to two years, with the MoH and MLSP as the key implementing agencies. The MoH and MLSP will be accountable for the execution of project activities, and implementation will rely on their existing structures, with the additional support of an existing Project Management Unit (PMU) established under the MLSP. The PMU successfully implemented the World Bank-financed Conditional Cash Transfer Project, which closed in 2018, and is currently managing the SSIP and the Social Insurance Administration Project (SIAP). The PMU is housed in the MLSP and headed by a project manager. Additional key PMU staff include two coordinators (one each for Component 1and Component 2 of the project), safeguards experts (environmental and social safeguards issues), fiduciary staff (procurement specialist, procurement assistant, FM specialist, and FM assistant), two IT officers, and an M&E specialist. Some of the existing SSIP PMU staff will assume these functions. An additional health specialist will be hired or appointed within 30 days after loan effectiveness.

PMU will be responsible to ensure the implementation of the provisions of the ESMF by all parties, including environmental and social monitoring, evaluation and reporting. The E&S Experts will be responsible for ensuring proper environmental management of all Project activities, conduct environmental supervision by carrying out document reviews, site visits, communication with Contractors, and all relevant stakeholders included in the Project.

E&S Experts should also supervise Contractors' compliance with site-specific ESMP Checklists and visit each sub-project at least once a month. Upon completion of each site visit the ESE should prepare Monitoring Report reflecting main issues and arrangements and timing for their solution and submit those Monitoring reports to the PMU.

For Component 1 activities, decisions will be made by the MoH in coordination with the Institute and Centers of Public Health and other institutions involved in COVID-related activities. For Component 2 activities, decisions will be made by the MLSP and the Employment Agency in coordination with their local offices (Centers for Social Work and Employment Agency offices).

The PMU will report to the MoH and MLSP and will be responsible for day-to-day project implementation, overall project coordination, monitoring activities, safeguards and fiduciary functions, and reporting. The PMU will be responsible for Monitoring and Evaluation Arrangements, overseeing progress related to project activities, outcomes, and results. Through the PMU, the MoH will be responsible for (a) collecting and consolidating all data related to the suite of indicators; (b) evaluating results; (c) providing the relevant performance information to the appropriate Deputy Ministers; and (d) reporting results to the World Bank immediately before each semiannual implementation support visit. Each MoH department engaged in project activities and the PMU will perform their project-related functions in accordance with the POM. Each such MoH department will also appoint a focal point to ensure timely provision of project monitoring data. Through the PMU, the MLSP will be responsible for data collection and for monitoring the social protection data and activities supported by the project.

The Project Manager will be responsible for day to day project management including technical and operational support, timely coordination and communication, monitoring and reporting on implementation progress across various implementing units or hospitals at central and local level.

Each participating HCF will designate a lead technical specialist responsible for oversight and implementation of ICWMP at their facility, and all other relevant Environmental and Social Risk Management requirements under this project.

Specific responsibilities for the identification, assessment and addressing environmental and social aspects of the Project activities shall be set as follows:

- Preparation and consultation for required ES instruments
- Addressing ES risks and impacts including monitoring of the implementation of all ES instruments, community health and safety measures, the functioning of the grievance redress mechanism (GRM) etc.
- Screening of subprojects (Form at Annex II) for ES issues, disclosure, review and clearance of subprojects to monitoring the implementation of the ESMP, etc
- Review and approval of site-specific ESMP Checklist – by PMU (ESEs) and then by the Bank;
- Integration of site-specific ESMP Checklist into Bidding Documents and respective Contracts – by PMU;
- Execution of site-specific ESMP Checklist- by the respective Contractor(s) and PMU;
- Monitoring and reporting of compliance with ESMF and site-specific ESMP Checklist – by PMU (ESSs).
- Prepare ICWMP (Template at Annex IV) in coordination with the Head of HCFs and ensure implementation and monitoring

During the Operation phase, the PMU will ensure the following aspects are followed in the HCFs:

- Define roles and responsibilities along each link of the chain along the cradle-to-crave infection control and waste management process;
- Ensure adequate and qualified staff are in place in all HCFs, including those in charge of infection control and waste management facility operation.
- Stress that the Head of an HCF takes overall responsibility for infection control and waste management;
- The management involves all relevant departments in a healthcare facility, and build an intradepartmental team to manage, coordinate and regularly review the issues and performance;
- Establish an information management system to track and record the waste streams in HCF; and
- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

Table 2 Implementation Arrangement for ESMF Application

ESMF Activities	Responsible Agencies/ Entities	Application	Remarks
E&S Screening (consultation with WB is encouraged)	Implemented by each HCF Team assisted by E&S E in PMU	All activities	See Screening form in Annex 2
Preparation of ESMP Checklist and ICWMP, LMP including consultation, disclosure, and securing WB clearance	State hospital teams to provide specific local information The IA assisted by consultants and PMU	When Project activities/subproject will involve physical works, goods and services, technical assistance and research related to COVID-19	See ESMP Checklist template in Annexes 3 and ICWMP template in Annex 4

Supervising contractors in order to be compliant with the required ES instruments such as ESMP Checklist, ICWMP, etc., in line with the project's ESMF	MoH, HCFs's Teams, mobile COVID 19's teams, PMU	If the activity or subproject involve physical civil works during limited rehabilitation of HCFs	
Implementation of the approved E&S plans including GRM	HCFs's Teams; mobile COVID 19's teams PMU to monitor and oversight	All activities/ subprojects	
Monitoring and reporting	Environmental &Social Experts in PMU Regular reporting by MoH and HCFs to PMU	All activities/ subprojects	

The Project will provide considerable funding, training and capacity building to support these critical initiatives and build upon international expertise to achieve international best practices on these matters in line with WHO guidelines.

The training topics will include (for health workers, administrative and operational personnel, construction/rehabilitation workers and community in general):

Table 3 Training/Topics for Capacity Building

Target Participants	Topics/Themes
Project Staffs	• COVID-19 ESMF approach • MoH and MLSP actions and environmental and social considerations • Good international industry practices (e.g., WHO, CDC, OSHA etc.) concerning Occupational Health and Safety • Risk communication, prevention and community engagement (Administrative and operational personnel) • Managing COVID related waste, general medical health care waste • Labor management procedures • Grievance Redress Mechanisms • Consultations, communications and feedback • Ensuring all peoples are given equal access and rights (including disadvantaged and vulnerable groups) • Understanding concerns with gender-based violence, sexual abuse and exploitation, violence against children, social stigma with COVID 19 • Monitoring and reporting at all levels
- Health Workers **- Private Health**	• Clinical management • Infection Prevention and Control (IPC)

Target Participants	Topics/Themes
Sectors	• Standard precautions for COVID-19 patients • Health Care Waste Management (HCWM) • Referral Guidelines • Biosafety • Diagnosis and Testing • Patient referral protocol to referral hospital • Labor Management Plan • Ensuring all peoples are given equal access and rights (including disadvantaged and vulnerable groups) • Use and disposal of PPE • Waste disposal and management • WHO guidelines on quarantine including case management
Laboratory personnel	• Laboratory biosafety guidance related to the COVID-19 • Specimen collection and shipment (Laboratory personnel) • Waste disposal and management • Use and disposal of PPE
Construction workers	• Use and disposal of PPE • Working in COVID-19 environment

ESMF implementation costs

Currently the total costs for ESMF implementation can not be estimated. Key elements of the ESMF requiring cost budget could be summarized:

1. Implementation of measures proposed in ICWMP for each hospital involved in the project
2. Procurement and supply PPE for all health care workers and other medical staff
3. Costs for implementation of Labor Management Procedures and relevant measures, especially those for COVID 19 precautionary measures
4. Training costs for organization and delivery of trainings for different stakeholders
5. Costs for proper medical waste management (temporary storage at hospital sites, proper packaging, labeling, cost for collection, transportation and final disposal)
6. Cost for implementation of proposed measures in the ESMP Checklist (mainly Contractor should cover the costs for implementation of the proposed measures for construction of mobile hospitals

11. Annexes

I. Abbreviations and Acronyms
II. Screening Form for Potential Environmental and Social Issues
III. Environmental and Social Management Plan (ESMP) Check List Template
IV. Infection Control and Waste Management Plan (ICWMP) Template
V. Resource List: COVID-19 Guidance

AFB	Acid-Fast Bacilli
AMR	Antimicrobial Resistance
BMBL	Biosafety in Micro Biological and Biomedical Laboratories
BMW	Bio Medical Waste Management
BSC	Biological Safety Cabinets
BSL	Biosafety Level
CDC	Centre for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
EOC	Emergency Operating Centre
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
ESHS	Environmental, Social, Health and Safety
EHS	Environmental, Health and Safety
ERP	Emergency Response Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
HCF	Healthcare Facility
HCW	Healthcare Waste
HEPA	High Efficiency Particulate Air filter
HIV	Human Immunodeficiency Virus
HWMS	Healthcare Waste Management System
HVAC	Heating, Ventilation and Air Conditioning
ICWMP	Infection Control and Waste Management Plan
IPC	Infection and Prevention Control
OHS	Occupational Health and Safety
POE	Point of Entry
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
Resettlement Action Plan	RAP
Resettlement Policy Framework	RPF
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
TA	Technical Assistance
TB	Tuberculosis
WB	World Bank
WHO	World Health Organization
WWTP	Wastewater Treatment Plant

I. Abbreviations and Acronyms

II. Screening Form for Potential Environmental and Social Issues

This form is to be used by the Project Management Unit (PMU) to screen for the potential environmental and social risks and impacts of a proposed subproject. It will help the PMU in identifying the relevant Environmental and Social Standards (ESS), establishing an appropriate E&S risk rating for these subprojects and specifying the type of environmental and social assessment required, including specific instruments/plans. Use of this form will allow the PMU to form an initial view of the potential risks and impacts of a subproject***. It is not a substitute for project-specific E&S assessments or specific mitigation plans.***

A note on *Considerations and Tools for E&S Screening and Risk Rating* is included in this Annex to assist the process.

Subproject Name	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	no		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?			ESS1	ESIA/ESMP Checklist, SEP
Does the subproject involve land acquisition and/or restrictions on land use?			ESS5	RAP/ARAP, SEP
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?			ESS5	
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3	ESIA/ESMP Check List, SEP
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ESIA/ESMP Check List, SEP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?				
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			ESS2	LMP, SEP
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?				

Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?				
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?			ESS3	ESIA/ESMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?			ESS7	Indigenous Peoples Plan/other plan reflecting agreed terminology
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			*OP7.60 Projects in Disputed Areas*	Governments concerned agree
Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways[1]?			*OP7.50 Projects on International Waterways*	Notification (or exceptions)

Conclusions:

1. **Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.**

2. **Proposed E&S Management Plans/ Instruments.**

INFECTION CONTROL: CONSIDERATIONS AND TOOLS TO ASSIST IN E&S SCREENING AND RISK RATING:

[1] International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

In the context of global COVID-19 outbreak, many countries have adopted a containment strategy that includes extensive testing, quarantine, isolation and treatment either in a medical facility or at home.

A COVID-19 response project may include the following activities:

- construction of and/or operational support to medical laboratories, quarantine and isolation centers at multiple locations and in different forms, and infection treatment centers in existing healthcare facilities
- procurement and delivery of medical supplies, equipment and materials, such as reagents, chemicals, and Personal Protective Equipment (PPEs)
- transportation of potentially infected specimens from healthcare facilities to testing laboratories
- construction, expansion or enhancing healthcare waste and wastewater facilities
- training of medical workers and volunteers
- community engagement and communication

1. Screening E&S Risks of Medical laboratories

Many COVID-19 projects include capacity building and operational support to existing medical laboratories. It is important that such laboratories have in place procedures relevant to appropriate biosafety practices. WHO advises that non-propagative diagnostic work can be conducted in a Biosafety Level 2 (BSL-2) laboratory, while propagative work should be conducted at a BSL-3 laboratory. Patient specimens should be transported as Category B infectious substance (UN3373), while viral cultures or isolates should be transported as Category A "Infectious substance, affecting humans" (UN2814).The process for assessing the biosafety level of a medical laboratory (including management of the laboratory operations and the transportation of specimens) should consider both biosafety and general safety risks. OHS of workers in the laboratory and potential community exposure to the virus should be considered.

The following documents provide further guidance on screening of the E&S risks associated with a medical laboratory. They also provide information for assessing and managing the risks.

- WHO; Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios
- WHO Covid-19 Technical Guidance: Laboratory testing for 2019-nCoV in humans:
- WHO Laboratory Biosafety Manual, 3rd edition
- USCDC, EPA, DOT, *et al*; Managing Solid Waste Contaminated with a Category A Infectious Substance (August 2019)

2. Screening E&S Risks of Quarantine and Isolation Centers

According to WHO:

- **Quarantine** is the restriction of activities of or the separation of persons *who are not ill but who may have been exposed to* an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases
- **Isolation** is the separation of *ill or infected persons* from others to prevent the spread of infection or contamination.

Many COVID-19 projects include construction, renovation and equipping of quarantine and isolation centers at Point of Entry (POE), in urban and in remote areas. There may also be circumstances where tents are used for quarantine or isolation. Public or private facilities such as a stadium or hotel may also be acquired for this purpose.

In screening for E&S risks associated with quarantine and isolation, the following may be considered:

- contextual risks such as conflicts and presence or influx of refugees
- construction and decommissioning related risks

- land or asset acquisition
- use of security personnel or military forces
- availability of minimum requirements of food, fuel, water, hygiene
- whether infection prevention and control, and monitoring of quarantined persons can be carried out effectively
- whether adequate systems are in place for waste and wastewater management

The following documents provide further guidance regarding quarantine of persons.

- WHO; Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)
- WHO; Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV
- WHO; Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings

3. SCREENING E&S RISKS OF TREATMENT CENTERS

WHO has published a manual that provides recommendations, technical guidance, standards and minimum requirements for setting up and operating severe acute respiratory infection (SARI) treatment centers in low- and middle-income countries and limited-resource settings, including the standards needed to repurpose an existing building into a SARI treatment center, and specifically for acute respiratory infections that have the potential for rapid spread and may cause epidemics or pandemics.

- WHO Severe Acute Respiratory Infections Treatment Centre
- WHO Covid-19 Technical Guidance: Infection prevention and control / WASH
- WBG EHS Guidelines for Healthcare Facilities

4. SCREENING E&S RISKS RELATING TO LABOR AND WORKING CONDITIONS

A COVID-19 project may include different types of workers. In addition to regular medical workers and laboratory workers who would normally be classified as direct workers, the project may include contracted workers to carry out construction and community workers (such as community health volunteers) to provide clinical support, contact tracing, and data collection, etc. The size of the workforce engaged could be considerable. Risks for such a workforce will range from occupational health and safety to types of contracts and terms and conditions of employment. Further details relevant to labor and working conditions for COVID-19 projects are discussed in the LMP for COVID-19 Project.

III. Environmental and Social Management Plan (ESMP) Checklist Template

Introduction

The Borrower will need to develop an Environmental and Social Management Plan (ESMP) Checklist, setting out how the environmental and social risks and impacts during the construction of the 17 mobile COVID 19 hospitals will be managed through the project lifecycle. ESMP checklist will be used for the projects for construction of the mobile COVID 19 hospitals. In compliance with the World Bank safeguard requirements the checklist consists of three phases:

1) General identification and scoping phase, in which the construction of the mobile COVID 19 hospital works that need to be carried out. At this stage according to the carried out works the potential negative/adverse impacts can be identified. The parts 1, 2 and 3 are drafted. The second part of the ESMP Checklist contains all of the typical activities and their relation with the typical environmental issues and appropriate mitigation measures.

2) Considering the current situation with COVID 19, in addition to the measures for safety and protection at work, the OH& S plan shall also include measures for prevention of COVID 19. The COVID 19 prevention measures contains recommendations from the World Bank / WHO, as well as recommendations from the Macedonian Occupational Safety and Health Association in the form of a Guide that the Contractor of the construction works needs to implement. The Contractor is required to follow/update and implement the measures that are currently in force and adopted by the Government as binding at national level. Official site for information related to COVID 19 on national level is www.koronavirus.gov.mk.

   Detailed description of the measures and recommendations from the World Bank/WHO and MOSHA are presented in ANNEX III.2). The second phase contains the project specifications and the bill of quantities for the construction of the mobile hospital works and other services related to the subproject. In this phase, the tender and the award of the works contracts and also the obligations defined in the Contract of the Contractor are defined. At the tendering stage the ESMP Checklist needs to be publicly submitted. ESMP Checklist is an indispensable part of bidding and contracting documentation.

3) During the implementation phase the Contractor implements ESMP Checklists mitigation and monitoring, while environmental compliance (with ESMP Checklist and environmental and health and safety (H&S) regulation) and other qualitative criteria are implemented on the respective site and application checked/supervised by the site supervisor, which include the site supervisory engineer or supervisor of the project.

During the construction of the mobile COVID 19 hospital the mitigation and monitoring measures prescribed in the ESMP Checklists are implemented by the Contractor. The compliance of the environmental and qualitative criteria are examined by the supervisor i.e. engineer. The Contractor's environmental compliance is proven through the monitoring and mitigation plan.

Practical application of the ESMP Checklist will include the achievement of Part I for having and documenting all relevant site specifics. In the second part, the activities to be carried will be checked according to the envisaged activity type and in the third part the monitoring parameters (Part 3) will be identified and applied according to activities presented in Part 2. The whole ESMP Checklist filled in table for each of the type of work will be attached as integral part of bidding and work contracts and as analogue with all technical and commercial conditions which should be signed by the contracting parties.

The template of ESMP Check List is presented below.

МТСП
МИНИСТЕРСТВО ЗА ТРУД И СОЦИЈАЛНА ПОЛИТИКА

THE WORLD BANK

Република Северна Македонија
Министерство за здравство

ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP) CHECKLIST

North Macedonia Emergency COVID-19 Response Project P173916

"Installation of prefabricated mobile containers - COVID 19 Hospital within the hospital in the City of xxx"

October 2020

Contents

ABBREVIATIONS

COVID	Coronavirus disease
ES	Environmental and Social
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
IBRD	International Bank for Reconstruction and Development
MLSP	Ministry of Labor and Social Policy
MOH	Ministry of Health
MOSHA	Macedonian Occupational Safety and Health Association
MSDS	Material Safety Data Sheets
OH&S	Occupational Health and Safety
PIU	Project Implementation Unit
PPE	Personal Protective Equipment
RIA	Radioimmunoassay
RNM	Republic of North Macedonia
SPRP	Social Services Implementation Project
WB	World Bank
WHO	World health Organization
GBV	Gender based violence
GRM	Grievance Mechanism

1. Introduction

The global coronavirus-induced COVID-19 pandemic, SARS-CoV-2, results in an increased need for medical care. North Macedonia is not sufficiently prepared to prevent, detect, and respond to epidemics on the scale of COVID-19. Unfortunately, the country's capacity for rapid response is considered quite weak. After the first confirmed COVID-19 case in North Macedonia that was identified on February 26, 2020, confirmed cases are increasing rapidly and urgent intervention by the health system was required. 19.The Government of North Macedonia has been very proactive in efforts to control the pandemic, the Ministry of health has taken a number of actions with respect to COVID-19 prevention, case detection, and care. Also different development partners have been involved in different parts of the response plan to COVID-19.

Given the course of the pandemic in other countries, it is expected that general hospitals in the country will not have sufficient capacity to cope with the influx of people seeking medical attention and that additional intervention facilities will need to be established in alternative coyote care facilities patients. Intervention facilities can be temporarily established in non-traditional existing infrastructures, such as hotels, showrooms, municipal buildings but also in open spaces by erecting prefabricated facilities, tents or modules in container systems.

For realization of a project for COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP), the Ministry of Labor and Social Policy of the Republic of North Macedonia intends to receive a loan from the International Bank for Reconstruction and Development (IBRD). As part of the North Macedonia Emergency COVID-19 Response Project P173916 an installation of mobile COVID hospital within the hospital in City of XXX will be conducted.

The aim of the loan is implementation of the COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP), which will provide the construction of new, but also to ensure the strengthening of the existing capacity to deal with COVID-19 in. The goal of this project is to provide better condition and greater capacity of the Municipality XXX (City of XXXX) order to cope with the influx of people seeking medical attention due to the COVID-19 pandemic.

2. Project Description and planned activities

The project area is where the project activities for construction of the mobile COVID-19 hospital will be performed is located in urban area of Municipality of **XXX**, precisely in central hospital (**NAME of the HOSPITAL**) in the City of **XXX**.

The construction of the mobile COVID-19 hospital will be performed on part of the parcel within the hospital in the City of **XXX**.

Project activities in the design phase:

- Planning the construction works
- Concluding agreements with authorized operators for collection, transportation and disposal of hazardous waste
- Procurement of medical equipment, personal protection equipment, etc.
- Hiring workers
- Purchase of land - if necessary somewhere

The planned project activities will be performed in several phases (**following text can be added with additional specific information for each project site**):

- **preparatory activities**
  - clearance of the exciting land and vegetation and transportation of the construction waste and soil waste to a landfill;
  - primary waste selection;
  - transportation of the inert waste, hazardous waste, pipes, cables and their final disposal
- **construction of the mobile COVID hospital**
  - Structure: Made out of structural anticorrosive iron steel, epoxy coated with 4 layers of paint;
  - Walls: Ecological wall panels (PUR) with proper thermal and sound isolation;
  - Floor: Cement table 10mm with amortization and thermal isolation with Vinyl PVC Flooring;
  - Ceiling: Ecological wall panels (PUR) with proper thermal and sound isolation;
  - Carpentry: PVC hung windows, and interior doors;
  - Cooling and heating system: Air conditioning inverter system/ electrical panels;
  - Electrical installation: LED lights, power outlets, switchboard, IP board;
- **operational phase**
  - procurement and installation of equipment, treatment or management of infectious waste.

- **Decommissioning phase:**
  - Decommissioning of interim COVID 19 hospital
  - Decommissioning of medical equipment

3. Environmental Category

In order to address the environmental and occupational safety aspects that will arise from the implementation of the project "North Macedonia Emergency COVID-19 Response Project P173916" the Environmental and Social Management Framework (ESMF) is prepared in accordance with the requirements of the World Bank. In addition to the requirements of the WB Environmental and Social Standards, the requirements of the WHO (for use of the necessary PPE and adequate medical waste management) that will be included within the ESMF.

The Project will have long term positive impact because it will improve COVID-19 surveillance, monitoring, and containment in HCFs facilities. The Project could cause substantial environmental and community health-related risks mainly due to dangerous nature due to COVID 19 virus, reagents and other materials that will be used in HCFs and laboratories. The medical waste that will be generated and its temporary storage, separation of infectious and non-infectious medical waste streams, collection, transportation and final disposal are the main environmental risks (especially management with infected medical waste). The main measures and recommendations to deal with environmental risks will be covered with development of ICWMP and following the Protocol that each HCFs has already introduced for medical waste management. To manage these risks, the ICWMP has been prepared and the stakeholders need to implement the proposed measures.

The health care workers will be on health and safety risks working with patients with COVID 19 and general community could be posed on H&S risks as result of limited sanitary and hygiene services. The

labor management procedure has been developed to be follow by all health care workers and proposed preventive measures, like availability and supply of PPE for the health care workers and others.

Within one of the components of the Project, the limited short term civil works will be implemented trough posting the mobile prefabricated containers – mobile hospitals. There is no substantial environmental and social risks envisaged due to the type of activities (there is a need only for posting concrete platform and connection to water, energy and other gases utilities), time frame for implementation (they are short term activities), location of the mobile hospitals (within the borders of existing ones HCFs). The main risks will be occupational H&S, and general construction risks and that is why the general ESMP Checklist with general civil work measures and COVID 19 precautionary measures are defined.

For each of the mobile COVID 19 hospitals will be prepared site specific ESMP Checklist that will be attached as integral part of bidding and work contracts and as analogue with all technical and commercial conditions which should be signed by the contracting parties.

Considering the project activities that includes the installation of a mobile COVID 19 hospital and using the WB risk classification, the environmental risk is assessed as moderate (due to short term construction works in area located in hospital borders) and therefore it is necessary the ESMP Checklist to be prepared.

4. Potential Environmental Impacts

From the implementation of the project activities, potential risks and impacts that are expected in the planning and design phase are:

- Procurement of goods and supplies: no or difficult procurement of goods, supplies and construction materials
- Improper identification of the needs for workforce and type of sub –project workers
- Location, type and scale
  - **Location of facilities**
  - **Type and scale of facilities**
  - **Quarantine and isolation centers**
- Not taking into consideration the proper designing of structural and equipment safety of mobile hospitals regarding COVID - 19
- Inadequate waste management facilities and processes for treatment of waste

In response to COVID-19, the World Bank has issued guidance for managing E&S risks, available at http://covidoperations/ (WB intranet only). Please include them in the analysis.

While expected potential risks and impacts **during construction** to be temporary and/or reversible; low in magnitude and site-specific (in the borders of existing hospital). These impacts are related to:

- Dust nuisance and gaseous emissions,
- Potential pollution of soil and water resources (accidental spillage of machine oil, lubricants, fuel, etc…),
- Generation of different types of hazardous and non - hazardous waste,
- Noise (very important as the works will be performed in the hospital area),
- Occupational health and safety OHS
- Possible temporary disruption of current traffic circulation within the hospital borders,
- Traffic safety for patients and visitors of the patients in the existing hospital buildings,
- Land acquisition,

- Arrangements for employment and accommodation of workers to be engaged in project activities, and issues relating to working conditions (including in relation to periods of sickness and quarantine),
- Covid-19 risks
- Labour management related to health and safety of workers during construction period

While expected potential risks and impacts **during operational phase** are:

- Generation of different types of wastes, wastewater
- Infectious waste management,
- Improper waste transportation to and disposal in offsite treatment and disposal facilities
- Labour management related to health and safety of medical staff working with Covid-19 patients
- Increased noise levels and air emissions.
- Emergency events (Spillage; Occupational exposure to infectious disease; Accidental releases of infectious or hazardous substances to the environment; Medical equipment failure; Failure of solid waste and wastewater treatment facilities; Fire)

Impacts and risks during the decommissioning phase:

- Generation of hazardous waste, WEEE waste, medical waste, wastewater and air emissions, etc
- Noise
- Possible temporary disruption of traffic circulation within the hospital borders

Labor management related to health and safety of workers during construction period

5. Purpose of the Checklist ESMP

ESMP checklist will be used for the projects for construction of the mobile hospital. In compliance with the World Bank safeguard requirements the checklist consists of three phases:

1) General identification and scoping phase, in which the construction of the mobile COVID 19 hospital works that need to be carried out. At this stage according to the carried out works the potential negative/adverse impacts can be identified. The parts 1, 2 and 3 are drafted. The second part of the ESMP Checklist contains all of the typical activities and their relation with the typical environmental issues and appropriate mitigation measures.
   Considering the current situation with COVID 19, in addition to the measures for safety and protection at work, the OH& S plan shall also include measures for prevention of COVID 19. The COVID 19 prevention measures contains recommendations from the World Bank / WHO, as well as recommendations from the Macedonian Occupational Safety and Health Association in the form of a Guide that the Contractor of the construction works needs to implement. The Contractor is required to follow/update and implement the measures that are currently in force and adopted by the Government as binding at national level. Official site for information related to COVID 19 on national level is www.koronavirus.gov.mk.
2) Detailed description of the measures and recommendations from the World Bank/WHO and MOSHA are presented in ANNEX III.2). The second phase contains the project specifications and the bill of quantities for the construction of the mobile hospital works and other services related to the subproject. In this phase, the tender and the award of the works contracts and also the obligations defined in the Contract of the Contractor are defined. At the tendering stage the ESMP Checklist needs to be publicly submitted. ESMP Checklist is an indispensable part of bidding and contracting documentation.

3) During the implementation phase the Contractor implements ESMP Checklists mitigation and monitoring, while environmental compliance (with ESMP Checklist and environmental and health and safety (H&S) regulation) and other qualitative criteria are implemented on the respective site and application checked/supervised by the site supervisor, which include the site supervisory engineer or supervisor of the project.

During the construction of the mobile hospital the mitigation and monitoring measures prescribed in the ESMP Checklists are implemented by the Contractor, but overall responsibility for the compliance remains with the Borrower. The compliance of the environmental and qualitative criteria are examined by the supervisor i.e. engineer. The Contractor's environmental compliance is proven through the monitoring and mitigation plan.

Practical application of the ESMP Checklist will include the achievement of Part I for having and documenting all relevant site specifics. In the second part, the activities to be carried will be checked according to the envisaged activity type and in the third part the monitoring parameters (Part 3) will be identified and applied according to activities presented in Part 2.

The whole ESMP Checklist filled in table for each of the type of work will be attached as integral part of bidding and work contracts and as analogue with all technical and commercial conditions which should be signed by the contracting parties.

6. Application of the Checklist ESMP

After completing the Environmental and Social Screening Checklist by the ES Specialist it has been determined that, this project is classified as a "project with moderate risk".

The ESMP Checklist is used for projects that includes construction of the mobile COVID 19 hospital nearby the existing hospital.

The Checklist is divided in 4 parts:

- Introduction in which the project type is described, definition of the environmental category, and Checklist ESMP concept explained;
- Part 1 - Descriptive part of the project ("site passport") location, project description, legislation and public consultation process is given;
- Part 2 - Analysis of the environmental and social aspects for every activity through yes/no questions followed by mitigation measures for each activity;
- Part 3 - Plan for monitoring of the activities during the 3 phases: preparation, construction/installation and operation.

The ESMP Checklist for the construction of the mobile COVID 19 hospital works contains the environmental impacts and suitable mitigation measures in order to reduce to minimum the impacts on the environment (air, noise and water pollution). It also offers management practice for hazardous and non-hazardous wastes and measures for control of the discharged medium at the construction site. In the ESMP Checklist there are steps that need to be done if at the renovation site there are objects of significance i.e. historic buildings.

7. Grievance Mechanism

PMU within the MLSP has introduce a Grievance Mechanism to ensure that it is responsive to any concerns and complaints particularly from affected stakeholders.

For the purposes of receiving comments from the stakeholders PMU established a Grievance Mechanism procedure including two forms: Form for health care workers during operational phase and Form for the general public during construction phase of the project (**ANNEX II**) that will be available in electronic form on the MLSP web site, Municipality web site and the Contractors web site.

In addition to the on-line submission avenue, any comments/concerns/grievance can be submitted to the MLSP verbally (personally or by telephone) or in writing by filling in the Project Grievance Form (by personal delivery, post, fax or e-mail to the MLSP contact person). Individuals who submit comments or grievances have the right to request that their name be kept confidential. Grievances may be submitted anonymously, although in such cases, the person will not receive any response. All comments and grievances will be responded to either verbally or in writing, in accordance with the preferred method of communication specified by the complainant, if contact details of the complainant are provided.

The complainant will be informed about the proposed corrective action and follow-up of corrective action within 15 calendar days upon the acknowledgement of grievance. The acknowledgment will be done within 48 hours. In situation when the competent body, that received the grievance through PIU and then oversight body of the project, is not able to address the issue verified through the grievance mechanism or if action is not required, it will provide a detailed explanation/ justification on why the issue was not addressed. The response will also contain an explanation on how the person/ organization that raised the grievance can proceed with the grievance in case the outcome is not satisfactory. At all times, complainants may seek other legal remedies in accordance with the legal framework of RNM, including formal judicial appeal.

The GRM include the following steps:

- Step 1: Submission of grievances either orally, in writing via suggestion/grievance box, through telephone hotline/mobile, mail, SMS, social media (WhatsApp, Viber, FB etc.), email, website, and via any local institution partner of the project. The GRM will also allow anonymous grievances to be raised and addressed.
- Step 2: Recording of grievance, classifying the grievances based on the typology of grievances and the complainants in order to provide more efficient response, and providing the initial response immediately as possible at the local partner or PMU level. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and the nature of the grievance .

  Step 3: Investigating the grievance and Communication of the Response within 15 days

- Step 4: Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the MLSP formal Ministry level 2nd tier complain commission (part of the administrative proceedings)

The GRM Forms will be used for addressing GBV (gender-based violence) - related issues exacerbated by project activities and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Filled Grievance form should be submitted to the appointed responsible person from the MLSP:

Contact person the MLSP:
Mrs. Ivana Kjurkchieva, Responsible for receiving grievances
for the COVID-19 Response Project P173916
email: ivana.kjurkchieva@mtsp.gov.mk
mob. tel.: +389 76 313 833

8. Monitoring and reporting

Monitoring of the proposed mitigation measures for environmental protection and OH&S will be performed by site supervisor or responsible person appointed by the Municipality including environmental and civil engineer that will supervise proper implementation of project activities (according the monitoring plan (part 3).

In the table part of the document clear mitigation and monitoring measures are explained in detail with the purpose to be included in the works contracts.

The mitigation measures for the project activities include the use of Personal Protective Equipment (PPE) by workers on site, air pollution prevention, amount of water used and discharged at the site, wastewater treatment, maintenance of the proper sanitary facilities for workers, waste collection of separate types (soil, metals, plastic, hazardous waste, e.g. paint residues, asbestos, motor hydraulic oil), amounts of waste, proper organization of disposal pathways and facilities, or reuse and recycling wherever possible. In addition to Part 3, the site supervisors should check whether the contractor complies with the mitigation measures in Part 2.

If there are non-compliances in the monitoring report penalties previously introduced in the contract will be issued. For extreme cases, a termination of the contract shall be contractually tied in.

Good communication between all involved stakeholders (Contractor, Supervisor, municipal staff, PIU from MLSP, representatives from MoH and other relevant persons from the Municipality) is very important for providing continuous performance of the project activities and successful completion of overall project.

9. ANNEX I: ESMP Check List for the construction of the mobile COVID 19 hospital works

PART 1: INSTITUTIONAL & ADMINISTRATIVE				
Country	Republic of North Macedonia			
Sub-Project title	COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAMRP, Republic of North Macedonia			
Scope of sub-project and particular activities	Construction of the mobile COVID 19 hospital in Municipality of XXX			
Institutional arrangements (Name and contacts)	WB (Project Team Leader)	Project Management	Local Counterpart and/or Recipient	
	To be decided Tel: email:	To be decided Tel: email:	To be decided Tel: email:	
Implementation arrangements (Name and contacts)	Safeguard Supervision	Local Counterpart Supervision	Local Inspectorate Supervision	Contactor
	To be decided Tel: email:	To be decided Tel: email:	To be decided Tel: email:	To be decided Tel: email:
Implementation arrangements (Name and contacts)	Supervision** (Upon completion of the procedure, the name and contact of the Supervising Engineer will be added to the fields below).			
	Will be determined after completing the public procurement procedures for the sub-project need.			
SITE DESCRIPTION				
Name of site	Construction of the mobile COVID 19 hospital in Municipality of XXX			
Describe site location (geographic description)			Annex 1: Site information (figure from the site) []Y [] N	
Who owns the land?	Republic of North Macedonia			
Geographic description	Country: Region: Municipality: Settlement:			
LEGISLATION				
Identify national &local legislation & permits that apply to sub-project activity(s)	▪ Law on Environment (Official Gazette No.53/05,81/05,24/07,159/08, 83/2009, 124/2010, 51/2011, 123/12, 93/13, 163/13, 42/14, 44/15 129/15, 192/15, 39/16, 99/18); ▪ Law on Waters (Official Gazette No. 87/08, 6 / 09, 161/09, 83/10, 51/11, 44/12, 163/13); ▪ Law on Waste (Official Gazette No. 68/04, 71/04, 107/07, 102/08, 134/08, 124/10 and 51/11, 123/12, 147/13, 163/13, 146/15, 192/15); ▪ List of Waste Types (Official Gazette No. 100/05); ▪ Rulebook on the manner of handling medical waste, as well as the manner of packaging and labeling of medical waste (Official Gazette No 146/07); ▪ Law on management of packaging and packaging waste (Official Gazette No 29/15) ▪ Law on Public Health (Official Gazette No. 37/16); ▪ Law on protection of the population from infectious diseases (Official Gazette No. 37/16); ▪ Law on Nature Protection (Official Gazette No. 67/06, 16/06, 84/07, 59/12,			

	13/13, 163/13, 146/15); ▪ Law on Noise Protection (" Official Gazette No. 79/07, 124/10, 47/11, 163/13, 146/15); ▪ Law on Chemicals (Official Gazette of the Republic of Macedonia No. 145/10, 53/11, 164/13, 116/15 and 149/15); ▪ Law on Ambient Air Quality (Official Gazette No. 67/04 with amendments Nos. 92/07, 35/10, 47/11, 59/12, 163/13, 10/15, 146/15); ▪ Law on Protection of Cultural Heritage (Official Gazette No. 20/04, 115/07, 18/11, 148/11, 23/13, 137/13, 164/13, 38/14, 44/14); ▪ Law on Occupational Health and Safety (Official Gazette No. 92/07, 98/10, 93/11, 136/11, 60/12, 23/13, 25/13, 164/13); ▪ Law for Health Protection (Official Gazette No. 07/07, 44/11, 145/12, 87/13); ▪ Law on Access to Public Information (Official Gazette of RM no. 13/06, 86/08, 06/10, 42/14, 148/15, 55/16); ▪ Law on Traffic Safety (Official Gazette of RM no. 169/15, 55/16); ▪ Law on Social Protection (OG of RNM no. 79/09, 148/13,164/13, 187/13, 38/14, 44/14, 116/14, 180/14, 33/15, 72/15, 104/15, 150/15, 173/15, 192/18, 30/16, 163/17, 51/18) ▪ Labor Law of Republic of North Macedonia (OG of RNM no. 62/05; 106/08; 161/08; 114/09; 130/09; 149/09; 50/10; 52/10; 124/10; 47/2011; 11/12; 39/12; 13/13; 25/2013; 170/2013; 187/13; 113/14; 20/15; 33/15; 72/15; 129/15, 27/16) ▪ Law on Pensions and Disability Insurance (OG of RM no. 53/13, 170/13, 43/14, 44/14, 97/14, 113/14, 160/14, 188/14, 20/15, 61/15, 97/15, 129/15, 147/15 154/15, 173/15, 217/15, 27/16, 120/16, 132/16) ▪ Law on employment and insurance against unemployment ▪ Law on labor inspection; ▪ Law on records in the field of labor; ▪ Law on employment of disabled persons; ▪ Law on temporary employment agencies; ▪ Law on volunteering; ▪ Law on peaceful settlement of labor disputes ▪ Law on employment and work of foreigners; ▪ Law on minimum wage; ▪ Law on protection from harassment in the workplace and other by-laws.
PUBLIC CONSULTATION	
Identify when / where the public consultation process took place and what were the remarks from the consulted stakeholders	The draft Environmental and Social Management Plan (ESMP) Checklist (for the projects with moderate risk) will be available for the public for 14 days on web site of the Municipality of XXX and the web site of the MLSP PIU. All relevant comments and suggestions received by the stakeholders will be included into the final ESMP checklist and will be submitted to the PIU for the approval by the MLSP Environmental Expert and World Bank Specialist. Approved Final version of ESMP Checklist should be included in the Grant Agreement with the proponent and respective bidding documents and construction contracts.
INSTITUTIONAL CAPACITY BUILDING	
Will there be any capacity building?	[] N or []Y

PART 2: ENVIRONMENTAL /SOCIAL SCREENING			
Will the site activity include/involve any of the following potential issues/risks:	**Activity**	**Status**	**Additional references**
	A. General conditions		See Section **A**
	B. General construction/installation of the mobile COVID 19 hospital activities • Site specific vehicular traffic • Increase in dust and noise from construction activities • Generation of waste • Transport of materials and waste	[] Yes [ ] No	If "Yes" , See Section **A, B** below
	C. Are the construction/installation of the mobile COVID 19 hospital activities taking place near water bodies such as rivers, lakes, etc.? • Increase in sediments loads in water bodies • Changes of water flow • Pollution of water due to temporary waste disposal or spill leakages • Need for cutting the trees in the hospital	[] Yes [ ] No	If "Yes", See Section **A, B** below
	D. Vicinity of any historical building/s or areas • Risk of damage to known/unknown historical buildings/areas • Risk of damage of nearby hospital buildings	[ ] Yes [] No	If "Yes", See Section **A, B, C** below
	E. Traffic and Pedestrian Safety • Site specific vehicular traffic in the hospital • Site is in a populated area	[] Yes [ ] No	If "Yes", See Section **A, B, C** below
	F. Usage of hazardous or toxic materials and generation of hazardous waste[2] • Removal and disposal of toxic and/or hazardous waste (infective waste) during the installation activities during construction works • Removal and disposal of infection waste during the operation of mobile hospital • Storage of machine oils and lubricants	[] Yes [ ] No	If "Yes", See Section **A, B, D** below

[2] Toxic/hazardous materials include but not limited to fuels, motor/hydraulic oils, lubricants, toxic paints, etc.

PART 2: ENVIRONMENTAL /SOCIAL SCREENING			
	G. Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?	[ ] Yes [] No	If "Yes", See Section **A, B, C, D** below
	H. Are there any restrictions and health measures in force due to COVID 19 pandemic?	[ ] Yes [] No	If "Yes", See Section **A, B, C, D, E** below
	I. Does the project have a GRM in place, to which all workers have access, designed to respond quickly and effectively?	[ ] Yes [] No	If "Yes", See Section **A, B, C, D, F** below

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
A. General Conditions	Community safety and OH&S for workers	Community OH&S measures: (a) The public in the Municipality should be notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works, municipal information table and municipal website **XXXXX**); (b) The local construction and environment inspectorates and communities in the Municipality should be notified for the project activities construction of the mobile hospital; (c) All legally required permits have been acquired for the project activities; (d) Preparation of the Traffic Management Plan (**XXXXX** explanations if it is needed) (e) Preparation and implementation of the Site Management Plan; (f) Appropriate installation of signposting of the project site will inform workers of key rules and regulations to follow; (g) Ensure appropriate marking out and out of the reconstruction site; (h) Placed warning tapes signalizing forbidden entrance of unemployed persons. (i) All work will be carried out in a safe and disciplined manner designed to minimize impacts on workers, patients, health workers, citizens at the project location and environment; OH&S measures for workers: (j) Community and Worker's OH&S measures should be applied (first aid, protective clothes for the workers, appropriate machines and tools); (k) Workers who will be engaged, will comply with international good practice (will always wear hats, masks and safety glasses, harnesses and safety boots); (l) All working on heights and under the voltage should be taken very precautioned, in line with national legislation and safety standards and by adequately trained and certified workers for working on heights, under the voltage and other works with high risk; (m) Equipment should be handled only by experienced and trained personnel, thus reducing the risk of accidents; Implementation of the proposed measures for protection from COVID 19 adopted by the Government of the Republic of North Macedonia at the proposal of the Commission for Infectious Diseases and the Ministry of Health; (n) Stay up to date with the newest instructions/recommendations provided by the official authorities (o) Nomination of one person from the Contractor that will responsible for following the measures adopted by the Government and will apply them in the operation of the construction site at the project location. (p) To ensure implementation of all necessary requirements by providing the necessary protection personal equipment for all workers on site according the proposed measures: keeping records on COVID 19 cases, support workers who are in quarantine and regular informing the official institutions if any case occur. (q) Implementation of measures for COVID - 19 for different aspects are given in **ANNEX I** that are related with OH&S during COVID – 19 pandemic. Firefighting measures: (r) There is an appointed person on the site responsible for the fire protection; (s) Procedures in the case of fire are well known to all employees; (t) Constant presence of firefighting devices should be ensured in case of fire or other damage. Their position is communicated to workers and marked. The level of fire-fighting equipment must be assessed and evaluated through a typical risk assessment; (u) The part of the project location that is not under construction should be kept clean.

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
	Cultural heritage preservation	(a) In the case of chance finding, the site will be protected and authorized institution (e.g.Ministry of Culture) will be informed within 24 hours, following the national procedures and after their approval works will recommence. Their instructions will be followed in the further works; Construction workers will act properly and adequately to prevent damage of archaeological relics;
	Accidents prevention	(a) Construction machinery and equipment should be in proper working condition; (b) At the project location there should be Spill prevention kit which will prevent further extension of the spillage; the contaminated soil/water will be confined, removed to a closed container and treated as a hazardous waste; (c) Firefighting distinguishers should be in proper condition; (d) Work site should be protected by a warning type.
	Labor issues	(a) Identify numbers and types of workers; (b) Consider ways to minimize/control movement in and out of construction area/site; (c) If workers are accommodated on site require them to minimize contact with people outside the construction area/site or prohibit them from leaving the area/site for the duration of their contract; (d) Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk; (e) Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering; (f) Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures; (g) Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell; (h) Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for 14 days; (i) Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days.
B. General construction of the mobile COVID 19 hospital activities	Air Emission and Air Quality	(a) Ensure all vehicles and machinery use petrol from official sources (licensed gas stations) and on fuel determined by the machinery and vehicles producer; (b) Ensure all transportation vehicles and machinery is regularly maintained and attested; (c) All machinery needs to be equipped with appropriate emission control equipment; (d) When transporting waste/materials the vehicles must be covered in order to decrease the dust emission; The speed of the vehicles needs to be adjusted accordingly on the project location (e) To minimize dust the construction materials should be stored in appropriate places and be covered; (f) Washing of road transport vehicles and wheels will be conducted regularly, in previously identified sites equipped with, minimally, oil and grease collector; (g) Clearing activities must be done during agreed working times and permitting weather conditions to avoid drifting of dust into neighboring area.

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
	Noise disturbance	(a) The level of noise should not exceed more than the national limit level (according to national legislation for areas of I degree of noise protection – due to hospital areas and EU requirement); (b) The construction of the mobile COVID19 hospital work should be not permitted during the nights, the operations on site shall be restricted to the hours 7.00 -19.00; (c) Noise suppression measures must be applied to all construction equipment. During operations the engine covers of generators, air compressors and other powered mechanical equipment should be closed. Should the vehicles or equipment not be in good working order, the constructor may be instructed to remove the offending vehicle or machinery from the site; (d) Mechanical equipment is effectively maintained.
	Waste management	(a) Containers for each identified waste category are provided in sufficient quantities and positioned for separate collection; (b) Communal service enterprise for waste collection is the responsible for communal and inert waste collection and transportation within the Municipality of Bitola. The waste disposal will be performed in the landfill in Bitola. For the expected waste types from cleaning and construction of the mobile hospital activities the waste collection and disposal pathways and sites will be identified; (c) The different waste types that could be generated at the construction site need to be identified and classified according to the List of Waste (Official Gazette no.100/05); (d) The main waste would be classified under the Waste Chapter 17 "Construction and demolition wastes (including excavated soil from contaminated sites)" with the waste code 17 05 04 – Excavated soil, eventually 17 06 05* – Construction material containing asbestos 17 09 04 – Mixed waste from construction site, 17 01 – Waste from concrete, 18 01 03* infection waste , 18 01 06* chemicals consisting of or containing dangerous substances, 18 01 09 medicines other than cytotoxic and cytostatic, asphalt; (e) The ACM waste (roof sheets or side wall panels) need to be collected, packaged and immediately removed from the project site; (f) The personal in charge for removal of ACM roof sheets or side wall panels should be trained on proper safety dismantling of the roof sheets minimizing the health risks; (g) The demolition and remove of the ACM should be done very quickly by trained personal; (h) The ACM waste should be placed in polyethylene bags or other containers of at least 0.15 mm thickness. (i) Printed asbestos warning labels must appear on the outer surface of the container/bag warning that it is an " Asbestos waste"; (j) The contract with the company for Asbestos containing waste collection and transportation should be signed for collection and transport of asbestos sheets; (k) After the removal of the asbestos waste all surfaces in the project site need to be dusted with a damp cloth or vacuumed with a HEPA filter; (l) The workers who perform clean up should wear protective clothes; (m) The contract with the Public Communal Enterprise Utility "Landfill Drisla" should be signed for final disposal of asbestos containing roof sheets and/or side wall panels;

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
		(n) Generated medical waste from each HCFs is collected and transported by an authorized company for medical waste transportation and treatment in the incinerator for medical waste in PE Drisla Skopje Small amount of solid municipal waste can be found (beverages, food), as well as packaging waste (bottles, paper, glass, etc.); (o) The construction waste will be separated from the general waste, liquid and chemical waste on site, by sorting in appropriate containers and disposed/treated in accordance with national legislation; (p) The medicines other than cytotoxic and cytostatic from the mobile COVID 19 hospital will be separated from the general waste on site, by sorting in appropriate containers; (q) The records of waste disposal will be regularly updated and archived; (r) Only licensed collectors of waste (with whom the hospital in Bitola will sign the Contract) will collect and dispose of the medicines other than cytotoxic and cytostatic; (s) Only licensed collectors of waste will collect and dispose of the construction waste (t) All of the records of the disposed waste will be kept as proof for proper management; (u) Construction waste from site needs to be instantly removed and reused if possible; (v) For the possible hazardous waste (motor oils, vehicle fuels) an authorized collector needs to be appointed to collect and dispose of it properly; (w) The materials should be covered during the transportation to avoid waste dispersion; (x) Contractor should sign a Contract with authorized company in order to collect and transport the hazardous waste in accordance with national legislation with emphasis on the transportation of hazardous (toxic) goods: Issuing the license to company for collection and transportation of hazardous waste, Obligations for packaging and labeling of hazardous waste, Transportation of the hazardous waste; (y) The transport of hazardous waste is forbidden if it is not packaged and labeled according the national legislation requirements; (z) Burning of any type of waste should be prohibited; (aa) Estimate potential waste streams; (bb) Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through construction, expansion etc.; (cc) Specify that the design of the facility considers the collection, segregation, transport and treatment of the anticipated volumes and types of healthcare wastes; (dd) Once works are finalized, no waste will be left on the site. Historical waste will be removed prior to works; (ee) Require that receptacles for waste should be sized appropriately for the waste volumes generated, and color coded and labeled according to the types of waste to be deposited; (ff) Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance; (gg) Identification of any off-site disposal of medical waste, including how material is gathered and stored, routes taken to the disposal facility, and disposal procedure (hh) Review of training procedures for healthcare workers and other relevant HCF employees for medical waste management and disposal (ii) Preparation of a facility specific ICWMP

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
		(jj) Design training for staff in the segregation of wastes at the time of use; (kk) Where possible avoid the use of incinerators; (ll) If small-scale incineration is the only option, this should be done using best practices, and in accordance with national legislation, and plans should be in place to transition to alternative treatment as soon as practicable (such as steam treatment prior to disposal with sterile/non-infectious shredded waste and disposed of in suitable waste facilities); (mm) Do not use single-chamber, drum and brick incinerators; (nn) If small-scale incinerators are used, adopt best practices to minimize operational impacts.
	Water and soil	(a) In the event when hazardous spillage occurs, it needs to be stopped and removed, then the site needs to be cleaned and the procedures and measures for hazardous waste management need to be followed; (b) In the case of any run-off coming from the works, in order to avoid contamination of the area it needs to be collected on site and placed in a temporary retention basin; (c) Wastewater collected at the site must not be released to the environment without prior treatment; (d) The temporary or final disposal of any waste stream near the water courses is forbidden; (e) Servicing of vehicles and machinery is forbidden to be conducted on the construction-site; (f) Prevent as much as possible, oil and other pollutants leakages to water and soil. (g) There will be no unregulated extraction of groundwater, nor uncontrolled discharge of process waters, cement slurries, or any other contaminated waters into the ground or adjacent streams or rivers; the Contractor will obtain all necessary licenses and permits for water extraction and regulated discharge into the public wastewater system;
	Nature protection	(a) Collection of the generated waste on daily basis, selection of waste, transportation and final disposal on appropriate places; (b) After finishing with construction/installation activities, the location should be return to the pre work condition and if not possible than it will be adequately managed. (c) A Vegetation Restoration Plan shall be done for the project locations where the trees are planned to be removed; (d) The vehicles that are excessively noisy shall not be operated until corrective measures have been taken; (e) Minimization of the construction area as much as possible (carefully planning and design of the project activity according the Traffic Management Plan for a certain period of time (f) Minimal green surface is to be removed and re-greening applied after the works are completed; Only native plants can be used for re-greening; (g) Tree felling is forbidden, but if some individual trees need to be removed it can be done only with prior approval from authorized institution in accordance with national legislation;
	Transport and Materials Management	(a) The routes for the machines are clearly defined; (b) Access of the construction and material delivery vehicles are strictly controlled, especially during the wet weather; (c) Ensure all transportation vehicles and machinery have been equipped with appropriate emission control equipment, regularly maintained and attested (d) Distribution of materials for the construction of the mobile COVID 19 hospital need to be announced and coordinated with the Municipality of **XXXXX**. The Contractor will take safety measures to prevent accidents;

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
		(e) All materials prone to dusting are transported in closed or covered trucks; (f) All materials prone to dusting and susceptible to weather conditions are protected from atmospheric impacts either by windshields, covers, watered or other appropriate means; (g) All transportation vehicles are regularly maintained and attested (h) Project area is regularly swept and cleaned. Spilled materials are immediately removed from a project area and cleaned. Access roads are well maintained and safety for and safe for the movement of healthcare workers and patients.
C. Traffic and Pedestrian Safety	Direct or indirect hazards to public traffic and children and parents and construction of the mobile hospital activities	The construction site including the regulation of the traffic will be accordingly secured by the Contractor. This includes but is not limited to: (a) The citizens from the neighboring buildings (**XXXXX**) need to be timely informed of the upcoming works; (b) In the operational phase the citizens will need to obey the established traffic regime; (c) In an event where the traffic around the project area will be interrupted the Contractor in cooperation with the Municipality of **XXXXX** need to organize alternative routes; (d) Placing of sign posts, warning signs, barriers (vertical signalization and signs at the construction site): the citizens will be warned about the potential hazards; (e) Adequate warning tapes and signage need to be provided and placed; (f) Safe passages and crossings for pedestrians where construction traffic interferes must be provided; (g) Forbidden of entrance of unemployed persons within the fence; (h) Set up a special traffic regime for the vehicles of the contractor during the period of construction of the mobile hospital (together with the municipal staff and police department) and installation of signs to ensure safety, traffic flow and access to land and facilities; (i) During the operational phase a special traffic regime for the vehicles entering the hospital needs to be prepared; (j) Ensure pedestrian safety. Special focus for safety of citizens if the project activities take place during the citizens works (fence off the site, install safe corridors, etc.).
D. Usage of hazardous or toxic materials and generation of hazardous waste and infectious waste during operation	Toxic / hazardous materials management and Hazardous waste management	(a) Temporarily storage on site of all hazardous or toxic substances (including wastes) will be in safe containers labeled with details of composition, properties and handling information. Chemicals and medical waste are managed, used and disposed, and precautionary measures taken as required in the Material Safety Data Sheets (MSDS); (b) The containers with hazardous substances including medical waste must be kept closed, except when adding or removing materials/waste. They must not be handled, opened, or stored in a manner that may cause them to leak; (c) The medical waste and the waste containing disinfectants during the operational phase needs to be stored in labeled containers that will not leak; (d) The containers holding ignitable or reactive wastes must be located at least 15 meters from the facility's property line. Large amounts of fuel will not be kept at the site; (e) The containers of hazardous substances shall be placed in a leak-proof container to prevent spillage and leaking. This container will possess secondary containment system such as bunds (e.g. banded-container), double walls, or similar. Secondary containment system must be free of cracks, able to contain the spill, and be emptied quickly;

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
		(f) Hazardous waste (medical waste) should not be mixed and will be transported and disposed/incinerated only by licensed companies in line with the national regulation; (g) Possible hazardous waste (motor oils, vehicle fuels, lubricants) should be collected separately and authorized company should be sub-contracted to transport and finally dispose the hazardous waste; (h) Hazardous waste will be disposed only to licensed landfills or processed in licensed processing Plants; (i) Paints with toxic ingredients or solvents or lead-based paints will not be used; (j) Provide cleaning staff with adequate cleaning equipment, materials and disinfectant (k) The safe health-care waste management should applied for the Infectious waste (hazardous health-care waste) according the national legislation, guidance from the National Health Care Institute and WHO recommendations (l) Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas; (m) Where cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, provide appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, provide best available alternatives; (n) Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials). (o) Waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the prepared ICWMP for each HCF and WHO COVID-19 Guidelines; (p) Provide proper collection of samples, transport of samples and appropriate laboratory biosafety in order to prevent spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples. (q) Provide compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases spreads COVID-19 infections in HCFs;
E. Mortuary arrangements	Arrangements are insufficient/ Processes are insufficient	(a) Implement good infection control practices (see WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19); (b) Use mortuaries and body bags, together with appropriate safeguards during funerals (see WHO Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19).
F. Grievance Mechanism	Types of Grievance	(a) PIU within the MLSP as responsible institution for implementation of the project activities will establish two types of Grievances: Health Care Workers Grievance Form and General public Grievance Form. Grievance forms will be available at the location where the activities will take place, as well as on the MLSP website (b) Any comments/concerns/grievance can be submitted to the MLSP on-line, verbally (personally or by telephone) or in writing by filling in the Project Grievance Form (by personal delivery, post, fax or e-mail to the MLSP contact person). Individuals who submit comments or grievances have the right to request that their name be kept confidential. Grievances may be submitted anonymously, although in such cases, the person will not receive any response. All comments and grievances will be responded to either verbally or in writing, in accordance with the preferred method of communication specified by the complainant, if contact details of the complainant are provided.

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
		(c) The complainant will be informed about the proposed corrective action and follow-up of corrective action within 15 calendar days upon the acknowledgement of grievance. The acknowledgment will be done within 48 hours.
G. Procurement	Procurement of goods and supplies	(a) Procure goods and supplies based on technical specifications provided by WHO interim guidance for Coronavirus disease 2019 (b) Determination if adequate stores of hand sanitizes and PPE are available in all HCF (c) Identification of supply lines for required PPE (d) Adequate handwashing facilities with soap (liquid), water and paper towels for hand (e) drying plus closed waste bin for paper towels are available. Alcohol-based hand rub should be provided where handwashing facilities cannot be accessed easily and regularly. (f) Label containing information on how materials/medical facilities/equipment should be safely handled should be available on site
H. Decommissioning	Decommissioning of mobile COVID 19 hospitals	(g) The facility will be sprayed with disinfectant prior to demolition/dismantling and generated waste will be managed according the Decommissioning Plan (h) All workers participating in these activities will adhere to the typical occupational health and safety requirements outlined in the construction stage section and at minimum ensure adequate PPE is worn, including helmets, boots, gloves and masks (i) Decommissioning plan or procedure should be prepared for each sub-project; (j) This decommissioning process should be implemented according to the requirements given in ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects, issued on April 7, 2020 (k) Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, issued on April 6, 2020 (l) Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19, issued on April 6, 2020 (m) All medical equipment will be decommissioned as per the manufactures requirements and disposed where relevant in accordance with the manufacturer's requirements.

PART 3: MONITORING PLAN					
What *parameter is to be monitored?*	**Where** *is the parameter to be monitored?*	**How** *is the parameter to be monitore (what should be measured and how)?*	**When** *is the parameter to be monitored (timing and frequency)?*	**By Whom** *is the parameter to be monitored– (responsibility)?*	**How much** *is the cost associated with implementation of monitoring*
Preparatory phase					
Community safety and OH&S for workers	On the site	By checking if there is a Board with information about the Investor, Contractor and Supervisor, fencing and marking the location, To prevent health and safety risks – mechanical injures and to provide safe access and mobility of all which will be affected near the project location in Municipality of XXX	Before works commencement	Supervisor Representative from the Municipality of XXX	Included in the project budget
Obtained all required permits	At the city Administration in XXX	Inspection of all required documents	Before works start	Supervisor Representative from the Municipality of XXX	Included in the project budget
Accidents prevention	On the site	By checking if there are spill kits, firefighting appliances, the vehicles and equipment is in working condition at the project location in Municipality of XXX	Before works commencement	Supervisor Representative from the Municipality of XXX	Included in the project budget
Construction of the mobile COVID 19 hospital phase					
Air emission and Air quality	At and around the site	Air pollution parameters of dust, particulate matter	Upon complaint or negative inspection finding	Supervisor	Contractor budget
Noise disturbance	On site	Measuring levels of noise should be carried out in the case of complaints and negative findings of the inspection.	Regularly	Contractor; Accredited company for measuring the level of provided by the contractor; Authorized environmental inspector, Construction inspector, MLSP PIU	Part of the regular Contractor cost
Waste management	On the site	Review the documentation – identification of the waste type according the List of waste, - Visual inspection that the waste is collected separately in adequately labeled containers, leakages.	At the beginning of works, than periodically	Contractor – Bidder Supervisor Municipality of XXX	Included in the project budget

PART 3: MONITORING PLAN					
What *parameter is to be monitored?*	**Where** *is the parameter to be monitored?*	**How** *is the parameter to be monitore (what should be measured and how)?*	**When** *is the parameter to be monitored (timing and frequency)?*	**By Whom** *is the parameter to be monitored– (responsibility)?*	**How much** *is the cost associated with implementation of monitoring*
		- review of the waste Contracts and licenses of companies contracted for the collection and disposal of waste			
Water and soil	At the site of the construction and where the machines and vehicles are operating	Visual checks	During the works, daily	Contractor; Supervisor of the construction works; Authorized environmental inspector, Construction inspector, MLSP PIU	Included in the project budget
Nature protection	On the site and around the construction site	Visual checks	Periodically	Contractor – Bidder Supervisor Municipality of XXX	Included in the project budget
Transport and Materials Management	On site	Visual checks on how the materials are disposed of and whether they are properly transported	Regularly	Supervisor	Part of the regular Contractor cost
Direct or indirect hazards to public traffic on construction of the mobile COVID 19 hospital activities	On the site	Check the documentation: - Whether all competent authorities have been notified, - Whether all the necessary permits and approvals have been obtained, Visual check of the transport of materials, corridors and crossings, traffic regulation, etc.	Continuously	Contractor – Bidder	Included in the project budget
Toxic / hazardous materials management and Hazardous waste management	On site visual assessment (hazardous waste containers and documentation)	-Proper handling and storage is checked according to Material Safety Data Sheets (MSDS) -Visual inspection and review of documents in terms of: - Adequate collection and storage of hazardous and toxic substances (including fuel) and waste - Transportation, disposal and incineration of hazardous waste (including fuel) only by authorized companies,	Continuously, when the remains are removed	Supervising engineer, Inspection Contractor – Bidder Supervisor	Part of the regular Contractor cost Included in the project budget

PART 3: MONITORING PLAN					
What *parameter is to be monitored?*	**Where** *is the parameter to be monitored?*	**How** *is the parameter to be monitore (what should be measured and how)?*	**When** *is the parameter to be monitored (timing and frequency)?*	**By Whom** *is the parameter to be monitored– (responsibility)?*	**How much** *is the cost associated with implementation of monitoring*
		- Review of declarations of purchased paint and solvents (avoidance of hazardous paint and solvents)			
Operation Phase of the installed mobile COVID 19 hospital					
Plan for regular maintenance of the installations (water supply, sewage network, electricity, heating) within the hospital	On site visual assessment and checks of the documentation	Overview of the Plan for regular and preventive maintenance	Before the start of the operation of the hospital	Representatives from the Municipality of XXX and Director of the Hospital (XXXX) in City of XXXX Communal inspector Responsible persons employed in the hospital	Hospital budget
Fire Protection Plan	To ensure that all fire protection measures are implemented	Review of the Plan and proposed fire protection measures	At the beginning of hospital operation.	Director of the Hospital (XXXX) in City of XXXX Responsible persons employed in the hospital	Hospital budget
Waste management plan (special attention to infectious waste)	On site visual assessment and checks of the documentation	- Adequate collection and storage of hazardous and toxic substances (including medical infectious waste) and other waste streams - Signing contract for transportation, disposal and incineration of hazardous waste (including medical infectious waste) only by authorized companies, - Review of declarations of purchased disinfectants	Before the start of the operation of the hospital	Director of the Hospital (XXXX) in City of XXXX Representatives from the Municipality of XXX Communal inspector Health care inspector Responsible persons employed in the hospital	Hospital budget
Labour management procedures applied for all medical staff	On site visual assessment and checks of the documentation	Visual evaluation and check if all health care measures for medical workers and applied The medical PPE provided in appropriate quantity to each medical person	Every day before the starting the medical care activities, cleaning activities, etc. in the mobile hospital	Representative from the mobile hospital Labour related inspector	Hospital budget

10. ANNEX II: Site Description

(please provide some photos from the project location that will describe the nearest surrounding and specific details from the site that can be presented either by photo or textually)

Figure 1 Micro location of the project area in Municipality of **XXX**

Figure 2 Pictures of the location were the mobile COVID 19 hospital will be installed

Figure 3 The look of the extended construction of the mobile hospital in Municipality of **XXX**

11. ANNEX I: COVID-19 considerations in construction/civil works projects

Due to the newly created situation because of the presence of the COVID 19 virus, in addition of the usual measures for safety and protection at work new measures for the protection from COVID 19 need to be applied.

Undoubtedly, the Contractors will face many challenges in the new situation, such as:

- Inability to purchase protective equipment and disinfectants due to lack on the market,
- Lack of labor due to limited movement and absences from work,
- Inability to provide materials and work equipment due to congestion in all segments of life in the country,
- Employees' concerns about their livelihoods due to reduced workload, etc.

First, it is necessary to implement the measures for protection from COVID 19 adopted by the Government of the Republic of Northern Macedonia at the proposal of the Commission for Infectious Diseases and the Ministry of Health. **These measures should be constantly updated in accordance with the latest provisions introduced by the Government**. The Contractor is required to nominate a responsible person who will follow the measures adopted by the Government and will apply them in the operation of the construction site at the project location.

Links of the national institutions responsible for COVID 19 where the Contractor could find updated information and recommendations:

- **Government of the Republic of North Macedonia - https://vlada.mk/node/20488?ln=en-gb**
- **Ministry of Health - http://zdravstvo.gov.mk/korona-virus/**
- **Ministry of Labour and Social Policy - http://mtsp.gov.mk/covid-19.nspx**
- **Ministry of transport and communications - http://mtc.gov.mk/Preporaki%20od%20Vlada**
- **Official site for COVID – 19 - https://koronavirus.gov.mk/en**

On national level in addition to the measures introduced by the Government for protection from COVID 19, the Macedonian Occupational Safety and Health Association developed a Guide to Safety and Health at Work in Construction Prevention from the Corona virus. The Guide contains measures that the Contractor is required to implement in order to eliminate the possible ways of obtaining and transmitting COVID 19 among the workers on construction site.

In more detail in several chapters, the Guide contains:

- Challenges in construction;
- Obligations for the Contractor;
- Obligations for workers;
- Liabilities for Investors;
- Ways of proceeding in cases of suspected case or cases infected with COVID 19;
- Contact phones of national institutions responsible for contacting the occurrence of the event infected with COVID 19.

The text of the Guide to Safety and Health at Work in Construction Prevention from the Corona virus on the Macedonian language is given on the following link http://mzzpr.org.mk/wp-content/uploads/2020/04/covid19-%D0%B3%D1%80%D0%B0%D0%B4%D0%B5%D0%B6%D0%BD%D0%B8%D1%88%D1%82%D0%B2%D0%BE.pdf.
The Contractor also needs to implement the requirements introduced by the World Bank related to the protection of COVID 19.

Regarding the COVID-19 considerations in construction/civil works projects given by the World Bank, they are divided in several segments/issues and in details are shown on

Table 4.

Table 4 COVID-19 considerations in construction/civil works projects recommended by WB

COVID-19 considerations in construction/civil works projects	
Covid-19 issues	**Type of activities**
The Contractor should identify measures to address the COVID-19 situation taking into account the location, existing project resources, availability of supplies, capacity of local emergency/health services, the extent to which the virus already exist in the area. PIU and Contractor should establish specific procedures for addressing COVID 19 issues on the construction site. Procedures should be implemented, documented and updated in accordance with the latest changes introduced by the Government and the conditions on the construction site.	
Assessing workforce characteristics	• The Contractor should prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations; • This should include a breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local community and workers in on-site accommodation (i.e. workers camp). Where possible, it should also identify workers that may be more at risk from COVID-19, those with underlying health issues or who may be otherwise at risk; • Consideration should be given to ways in which to minimize movement in and out of site. This could include lengthening the term of existing contracts, to avoid workers returning home to affected areas, or returning to site from affected areas.
Entry/exit to the work site and checks on commencement of work	• Establishing a system for controlling entry/exit to the site, securing the boundaries of the site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented; • Training security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviors required of them in enforcing such system and any COVID -19 specific considerations; • Training staff who will be monitoring entry to the site, providing them with the resources they need to document entry of workers, conducting temperature checks and recording details of any worker that is denied entry; • Confirming that workers are fit for work before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers with underlying health issues or who may be otherwise at risk. Consideration should be given to demobilization of staff with underlying health issues; • Checking and recording temperatures of workers and other people entering the site or requiring self-reporting prior to or on entering the site; • Providing daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures, using demonstrations and participatory methods; • During the daily briefings, reminding workers to self-monitor for possible symptoms (fever, cough, and other respiratory symptoms) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell; • Preventing a worker from an affected area or who has been in contact with an infected person from returning to the site for 14 days or (if that is not possible) isolating such worker for 14 days; • Preventing a sick worker from entering the site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days.
General hygiene	• Placing posters and signs around the site, with images and text in local languages (MK/ALB); • Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. Where handwashing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used; • Training workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing) and what to do if they or other people have symptoms; • Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected.
Cleaning and waste disposal	• Providing cleaning staff with adequate cleaning equipment, materials and disinfectant; • Training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas; • Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye

COVID-19 considerations in construction/civil works projects	
Covid-19 issues	**Type of activities**
	protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with best available alternatives; • Training cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials); • Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national - http://www.moepp.gov.mk/?nastani=%d0%bf%d1%80%d0%b5%d0%bf%d0%be%d1%80%d0%b0%d0%ba%d0%b8-%d0%b7%d0%b0-%d1%83%d0%bf%d1%80%d0%b0%d0%b2%d1%83%d0%b2%d0%b0%d1%9a%d0%b5-%d1%81%d0%be-%d0%be%d1%82%d0%bf%d0%b0%d0%b4-%d0%b7%d0%b0-%d0%b3%d1%80, WHO). If open burning and incineration of medical wastes is necessary, this should be for as limited a duration as possible. Waste should be reduced and segregated, so that only the smallest amount of waste is incinerated.
Adjusting work practices	• Decreasing the size of work teams; • Limiting the number of workers on site at any one time; • Changing to a 24-hour work rotation; • Adapting or redesigning work processes for specific work activities and tasks to enable social distancing, and training workers on these processes; • Continuing with the usual safety trainings, adding COVID-19 specific considerations. Training should include proper use of normal PPE. While as of the date of this note, general advice is that construction workers do not require COVID-19 specific PPE, this should be kept under review; • Arranging (where possible) for work breaks to be taken in outdoor areas within the site; • Consider changing canteen layouts and phasing meal times to allow for social distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on site, including gyms; • At some point, it may be necessary to review the overall project schedule, to assess the extent to which it needs to be adjusted (or work stopped completely) to reflect prudent work practices, potential exposure of both workers and the community and availability of supplies, taking into account Government advice and instructions.
Project medical services	• Expanding medical infrastructure and preparing areas where patients can be isolated. Isolation facilities should be located away from worker accommodation and ongoing work activities. Where possible, workers should be provided with a single well-ventilated room (open windows and door). Where this is not possible, isolation facilities should allow at least 1 meter between workers in the same room, separating workers with curtains, if possible. Sick workers should limit their movements, avoiding common areas and facilities and not be allowed visitors until they have been clear of symptoms for 14 days. If they need to use common areas and facilities (e.g. kitchens or canteens), they should only do so when unaffected workers are not present and the area/facilities should be cleaned prior to and after such use. • Training medical staff, which should include current WHO advice on COVID-19 and recommendations on the specifics of COVID-19. Where COVID-19 infection is suspected, medical providers on site should follow WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected; • Assessing the current stock of equipment, supplies and medicines on site, and obtaining additional stock, where required and possible. This could include medical PPE, such as gowns, aprons, medical masks, gloves, eye protection, etc..; • Review existing methods for dealing with medical waste, including systems for storage and disposal.
Local medical and other services	• Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred; • Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff and essential supplies); • Clarifying the way in which an ill worker will be transported to the medical facility, and checking availability of such transportation; • Agreeing with the local medical services/specific medical facilities the scope of services to be provided, the procedure for in-take of patients and (where relevant) any costs or payments that may be involved; • A procedure should also be prepared so that project management knows what to do in the unfortunate event that a worker ill with COVID-19 dies. While normal project procedures will continue to apply, COVID-19 may raise other issues because of the infectious nature of the disease. The project should liaise with the relevant local authorities to coordinate what should be done, including any reporting or other requirements under national law;

COVID-19 considerations in construction/civil works projects	
Covid-19 issues	**Type of activities**
Instances or spread of the virus	• **If a worker has symptoms of COVID-19 (e.g. fever, dry cough, fatigue) the worker should be removed immediately from work activities and isolated on site;** • **The worker should be transported to the local health facilities to be tested (if testing is available and permitted under national legislation);** • **If the test is positive for COVID-19 or no testing is available, the worker should continue to be isolated. This will either be at the work site or at home. If at home, the worker should be transported to their home in transportation provided by the project;** • **Extensive cleaning procedures with high-alcohol content disinfectant should be undertaken in the area where the worker was present, prior to any further work being undertaken in that area. Tools used by the worker should be cleaned using disinfectant and PPE disposed of;** • **Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and be required to quarantine themselves for 14 days, even if they have no symptoms;** • **Family and other close contacts of the worker should be required to quarantine themselves for 14 days, even if they have no symptoms;** • **If a case of COVID-19 is confirmed in a worker on the site, visitors should be restricted from entering the site and worker groups should be isolated from each other as much as possible;** • **If workers live at home and has a family member who has a confirmed or suspected case of COVID-19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms;** • **Workers should continue to be paid throughout periods of illness, isolation or quarantine, or if they are required to stop work, in accordance with national law;** • **Medical care (whether on site or in a local hospital or clinic) required by a worker should be paid for by the employer.**
Continuity of supplies and project activities	• Identify back-up individuals, in case key people within the project management team (PIU, Supervising Engineer, Contractor, sub-contractors) become ill, and communicate who these are so that people are aware of the arrangements that have been put in place; • Document procedures, so that people know what they are, and are not reliant on one person's knowledge; • Understand the supply chain for necessary supplies of energy, water, food, medical supplies and cleaning equipment, consider how it could be impacted, and what alternatives are available. Early pro-active review of international, regional and national supply chains, especially for those supplies that are critical for the project, is important (e.g. fuel, food, medical, cleaning and other essential supplies). Planning for a 1-2 month interruption of critical goods may be appropriate for projects in more remote areas; • Place orders for/procure critical supplies. If not available, consider alternatives (where feasible); • Consider existing security arrangements, and whether these will be adequate in the event of interruption to normal project operations; • Consider at what point it may become necessary for the project to significantly reduce activities or to stop work completely, and what should be done to prepare for this, and to re-start work when it becomes possible or feasible.
Contingency planning for an outbreak	The contingency plan to be developed at each site should set out what procedures will be put in place in the event of COVID-19 reaching the site. The contingency plan should be developed in consultation with national and local healthcare facilities and follow state guidance for COVID-19 response, to ensure that arrangements are in place for the effective containment, care and treatment of workers who have contracted COVID-19. The contingency plan should also consider the response if a significant number of the workforce become ill, when it is likely that access to and from a site will be restricted to avoid spread. Contingencies should be developed and communicated to the workforce for: • Isolation and testing procedures for workers (and those they have been in contact with) that display symptoms; • Care and treatment of workers, including where and how this will be provided; • Getting adequate supplies of water, food, medical supplies and cleaning equipment in the event of an outbreak on site, especially should access to the site become restricted or movements of supplies limited. Specifically, the plan should set out what will be done if someone may become ill with COVID-19 at a worksite. The plan should: • Set out arrangements for putting the person in a room or area where they are isolated from others in the workplace, limiting the number of people who have contact with the person and contacting the local health authorities; • Consider how to identify persons who may be at risk (e.g. due to a pre-existing condition such as diabetes, heart and lung disease, or as a result of older age), and support them, without inviting stigma and discrimination into your workplace; and

COVID-19 considerations in construction/civil works projects	
Covid-19 issues	**Type of activities**
	• Consider contingency and business continuity arrangements if there is an outbreak in a neighboring community. Contingency plans should consider arrangements for the storage and disposal arrangements for medical waste, which may increase in volume and which can remain infectious for several days (depending upon the material). The support that site medical staff may need, as well as arrangements for transporting (without risk of cross infection) sick workers to intensive care facilities or into the care of national healthcare facilities should be discussed and agreed. Contingency plans should also consider how to maintain worker and community safety on site should sites closed to comply with national or corporate policies, should work be suspended or should illness affect significant numbers of the workforce. It is important that worksite safety measures are reviewed by a safety specialist and implemented prior to work areas being stopped.
Training and communication with workers	• Regular information and engagement with workers (e.g. through training, town halls, tool boxes) that emphasizes what management is doing to deal with the risks of COVID-19. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions; • Training should address issues of discrimination or prejudice if a worker becomes ill and provide an understanding of the trajectory of the virus, where workers return to work; • Training should cover all issues that would normally be required on the work site, including use of safety procedures, use of construction PPE, occupational health and safety issues, and code of conduct, taking into account that work practices may have been adjusted; • Communications should be clear, based on fact and designed to be easily understood by workers, for example by displaying posters on handwashing and social distancing, and what to do if a worker displays symptoms.
Communication and contact with the community	• Communications should be clear, regular, based on fact and designed to be easily understood by community members; • Communications should utilize available means. In most cases, face-to-face meetings with the community or community representatives will not be possible. Other forms of communication should be used; online platforms, social media, posters, pamphlets, radio, text messages, virtual meetings. The means used should take into account the ability of different members of the community to access them, to make sure that communication reaches these groups; • The community should be made aware of procedures put in place at site to address issues related to COVID-19. This should include all measures being implemented to limit or prohibit contact between workers and the community. The community should be made aware of the procedure for entry/exit to the site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.
Covid-19 reporting	The contractor should report a when there is a stop in the working activities as a consequence of reported sick workers from COVID 19. The Contractor should keep the Borrower informed of any concerns or problems associated with providing care to infected workers on project sites, particularly if infection rate is approaching 50% of the workforce.

ANNEX II Grievance Forms [Grievance Form for General public and Grievance Form for for all workers - Health Workers, direct workers (PIU employees) and workers of the contractors that work for the Project]

Grievance Form for all workers - Health Workers, direct workers (PIU employees) and workers of the contractors that work for the Project

Do you have complain about:	**Working conditions?**	☐ **Yes**	☐ **No**
	Health and safety conditions at work?	☐ Yes	☐ No
	Personal Protective Equipment?	☐ Yes	☐ No
	COVID -19 precautionary measures?	☐ Yes	☐ No
	Accommodation facilities?	☐ Yes	☐ No
	Salary/Contract?	☐ Yes	☐ No
	Transportation to work?	☐ Yes	☐ No
	Any injury at working place (What happened/How it happened)?	☐ Yes	☐ No
	Other issues?	☐ Yes	☐ No
If yes, please explain:			

Date of Incident/Grievance:				
☐ **One time incident/grievance?**	Date:			
☐ **Happened more than once?**	How many times?			
☐ **On-going (currently experiencing problem)**				
Do you have suggestions on how to solve the problem?				
Do you wish to receive an answer to your grievance?			☐ Yes	☐ No
If yes, please mark how you wish to be contacted	☐ Post	☐ Telephone	☐ E-mail	☐ Others
	Address:	Contact number:	E-mail address:	Please specify:
Preferred language for communication	☐ Macedonian ☐ Albanian	☐ Turkish	☐ Others Please specify:	
☐ **I prefer to remain anonymous**				
Title:				
Name: ***(Please do not fill this field if you would like to remain anonymous)***				
Signature: ***(Please do not fill this field if you would like to remain anonymous)***				
Date:				

Please return this form to:

Name and surname ***Ivana Kjurchieva***

E-mail ***ivana.kjurchieva@mtsp.gov.mk***

Rapid Response COVID- 19 Project
Ministry of Labour and Social Policy/Ministry of Health
Str. Dame Gruev no.14, 1000 Skopje, Republic of North Macedonia

General public Grievance Form

Description of Incident or Grievance (What happened? Where did it happen? Who did it happen to? What is the result of the problem?)				
Date of Incident/Grievance:				
☐ **One time incident/grievance?**	Date:			
☐ **Happened more than once?**	How many times?			
☐ **On-going (currently experiencing problem)**				
Do you have suggestions on how to solve the problem?				
Do you wish to receive an answer to your grievance?			☐ Yes	☐ No
If yes, please mark how you wish to be contacted	☐ Post	☐ Telephone	☐ E-mail	☐ Others
	Address:	Contact number:	E-mail address:	Please specify:
Preferred language for communication	☐ Macedonian	☐ Albanian	☐ English	☐ Others Please specify:
☐ **I prefer to remain anonymous**				
Title:				
Name: ***(Please do not fill this field if you would like to remain anonymous)***				
Signature: ***(Please do not fill this field if you would like to remain anonymous)***				
Date:				
Please return this form to: **Name and surname** ***Ivana Kjurchieva*** **E-mail** ***ivana.kjurchieva@mtsp.gov.mk*** **Rapid Response COVID- 19 Project** **Ministry of Labour and Social Policy/ Ministry of Health** **Str. Dame Gruev no.14, 1000 Skopje, Republic of North Macedonia**				

I. Infection Control and Waste Management Plan (ICWMP)

ICWMP Plan

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater and air emissions	• Each HCF is operated in accordance with the ICWMP prepared for the project; • Waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the ICWMP and WHO COVID-19 Guidelines; - Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the ICWMP conducted on a weekly basis; - The PMU will audit any off-site waste disposal required on a monthly basis and provide measures required to ensure compliance; and • HCF wastewater is related to hazardous waste management practices. Proper waste segregation and handling should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well.	MoH, MoEPP, licensed company for hazardous waste treatment and management, PCE for urban waste water treatment	During the operation of HCFs	Included within the project budget
General HCF operation – OHS issues	• Physical hazards; • Electrical and explosive hazards; • Fire; • Chemical use;	• Provide appropriate PPE for health care workers • Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPEs, etc. should be consider; • All procured equipment should be properly installed and commissioning according to the requirements of the manufacturer;	MoH, HCFs, Health care workers	During the operation of HCFs	Included within the project budget

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
	• Ergonomic hazard; • Radioactive hazard.	• The healthcare workers should be trained for proper and safe handling and maintenance of the equipment; • PPE and fire extinguishers should always be available and in good condition; • Ensure protocols for regular disinfection of public spaces, ICUs, equipment, tools, and waste are in place and followed; • Ensure equipment such as autoclaves are in working order; • Used sharps should be placed into the appropriate sharp's container immediately after use- contains must be puncture proof • Full sharps containers must be collected regularly and replaced with empty container • Pharmaceutical waste should be places in plastic bags or a rigid container, labelled with the appropriate hazards symbols • As per WHO guidance, pharmaceutical waste should be marked INCINERATION • ONLY" so that it can be visible from any lateral direction			
HCF operation - Infection Control and Waste Management Plan	Improper collection, transport, treatment and disposal of infectious waste becomes a vector for the spread of the virus.	• Provide proper collection of samples, transport of samples and appropriate laboratory biosafety in order to prevent spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples. • Provide compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases spreads COVID-19 infections in HCFs; • Transport of wastes, transport of people who have tested positive with COVID-19 and movement of health workers and other staff in contact with patients with COVID-19, has the potential to spread the virus in the community. Transport of medical supplies and equipment is not expected to result in virus transmission.);	Health care workers, HCFs	During the operation of HCFs	Included within the project budget

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		• Implementation of guidelines for proper waste management within the Waste Management Plan of HCFs, by healthcare workers, patients, etc. • All waste generated from care of COVID-19 patients will be placed under Infectious Waste/ Biohazardous Waste, should be placed in red biohazard bags, labeled as "Biohazardous Waste" • Full red bags must be tied so that leakage or expulsion of contents does not occur and should be contained in a rigid container • Strong, leak-proof plastic bag, or container capable of being autoclaved should be used • Facilities should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations, including source reduction measures, waste toxicity reduction measures, use of efficient stock management practices and monitoring, and maximization of safe equipment reuse practices			
Waste minimization, reuse and recycling	Use of incinerators results in emission of dioxins, furans and particulate matter	➢ Where possible avoid the use of incinerators ➢ If small-scale incineration is the only option, this should be done using best practices, and plans should be in place to transition to alternative treatment as soon as practicable (such as steam treatment prior to disposal with sterile/non-infectious shredded waste and disposed of in suitable waste facilities) ➢ Do not use single-chamber, drum and brick incinerators If small-scale incinerators are used, adopt best practices to minimize operational impacts.	MoH, HCFs, licensed company for hazardous waste management, MoEPP/Environmental inspector	During the operation of HCFs	Included within the project budget
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies	Improper delivery and storage of medical supplies	Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPEs, etc.;	HCFs, Healthcare workers	During operation of HCFs	Included within the project budget
Storage and handling of specimen, samples, reagents, and infectious materials	Improper storage and handling of specimen, samples,	• HCF should adopt practice and procedures to minimize risks associated with handling and storage of specimen, samples, reagents, and infectious materials	HCFs, healthcare workers	During operation of HCFs	Included within the project budget

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
	reagents, and infectious materials	• Waste, especially hazardous waste, should never be transported by hand due to the risk of accident or injury from infectious material or incorrectly disposed sharps that may protrude from a container			
Waste segregation, packaging, color coding and labeling	Improper waste segregation, packaging, color coding and labeling	• HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed. • Waste at the patient care station- I.e. Isolation room, wardroom, ICU station should be segregated on generation and placed in the appropriate bin as per the segregation rule	HCFs Management, healthcare waste workers	During operation of HCFs	Included within the project budget
Onsite collection and transport	Improper onsite collection and transport of waste	• Each HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/ carts and routes. • Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers should be ensured.	HCFs Management, Healthcare waste workers	During operation of HCFs	Included within the project budget
Waste storage	Improper storage of waste	• A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. • Proper maintenance and disinfection of the storage areas should be carried out. • Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.	HCFs, Healthcare workers	During operation of HCFs	Included within the project budget
Onsite waste treatment and disposal	Onsite transport of waste from point of generation to storage needs to be managed in a planned manner in order to avoid environmental risks	• Onsite transport should take place during less busy times whenever possible. Set routes should be used to prevent exposure to staff and patients and to minimize the passage of loaded carts through patient care and other clean area. • Health-care waste should be transported using wheeled trolleys or carts that are not used for any other purpose. • Waste, especially hazardous waste, should never be transported by hand due to the risk of accident or injury from infectious material or incorrectly disposed sharps that may protrude from a container. • All waste bag seals should be in place and intact at the end of transportation	HCFs, Health care workers	During operation of HCFs	Included within the project budget

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
	associated with cross contamination with general waste, accidental spillage and exposure of HCWs and patients Routing of the infected waste in HCFs should be maintained to minimize risks of exposure and accidents during operating hours	• Separate hazardous and non-hazardous routes should be planned and used • A specific routing plan should be developed based on the lay out of the HCF • Only trained personnel should be allowed to operate machinery such as autoclaves as these reduce the risk operational injuries. • Disposal of Personal Protective Equipment (PPE): If PPE is exposed to infectious materials during use (e.g., body fluids from an infected person) the PPE is considered contaminated and the wearer should remove it promptly, using proper removal procedures. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely, marked (with date) and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.			
Waste transportation to and disposal in offsite treatment and disposal facilities	Improper waste transportation to and disposal in offsite treatment and disposal facilities	• The adequacy and compliance with transport and disposal regulations and licensing for the transport vehicles and the offsite disposal facilities should be assessed. • Waste transportation by an authorized company with which each HCF has signed an agreement for collection, transport and treatment of medical waste, infectious waste and other generated types of waste	HCFs, licensed company for hazardous waste transportation and treatment, MoEPP/ Environmental inspector PE “Drisla” Skopje	During operation of HCFs	Included within the project budget

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infectious materials	Biosafety and general safety risks	• It should consider the implementation of existing requirements for management (including storage, transportation and disposal) of hazardous wastes including national legislation and applicable international conventions, including those relating to transboundary movement. • The process for assessing the biosafety level of a medical laboratory (including management of the laboratory operations and the transportation of specimens) should consider both biosafety and general safety risks. • OHS of workers in the laboratory and potential community exposure to the virus should be considered.	MoH, HCFs, MoEPP, Licensed company for hazardous waste transportation and treatment	During operation of HCFs	Included within the project budget
Emergency events	• Spillage; • Occupational exposure to infectious; • Exposure to radiation; • Accidental releases of infectious or hazardous substances to the environment; • Medical equipment failure; • Failure of solid waste and wastewater treatment facilities; • Fire; • Other emergent events	Emergency response plan • All health care management staff at the HCFs should be trained in emergency response and made aware of the correct procedure for prompt reporting • Accidents or incidents, including near misses, spillages, damaged containers, inappropriate segregation and any incidents involving sharps, should be reported to the designated person. • The cause of the accident or incident should be investigated by designated person or other responsible officer, who should also take action to prevent recurrence	HCFs, healthcare workers, Directorate for Protection and Rescue	During operation of HCFs	Included within the project budget

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Operation of acquired assets for holding potential COVID-19 patients	Improper Infection Control	• Infection prevention, control, and monitoring of quarantined persons should be carried out effectively; • Quarantine procedures for COVID-19 patients are maintained; • All HCFs working directly with COVID-19 infected persons are required to ensure that they are attired in full PPE as per the guidance provided by WHO for COVID-19 response elaborate	MoH, HCFs, Healthcare workers	During operation of HCFs	Included within the project budget

II. Resource List: COVID-19 Guidance

Given the COVID-19 situation is rapidly evolving, a version of this resource list will be regularly updated and made available on the World Bank COVID-19 operations intranet page (http://covidoperations/).

WHO Guidance

Advice for the public

- WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

Technical guidance

- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected, issued on March 19, 2020
- Recommendations to Member States to Improve Hygiene Practices, issued on April 1, 2020
- Severe Acute Respiratory Infections Treatment Center, issued on March 28, 2020
- Infection prevention and control at health care facilities (with a focus on settings with limited resources), issued in 2018
- Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19), issued on March 18, 2020
- Laboratory Biosafety Manual, 3rd edition, issued in 2014
- Laboratory testing for COVID-19, including specimen collection and shipment, issued on March 19, 2020
- Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios, issued on March 21, 2020
- Infection Prevention and Control for the safe management of a dead body in the context of COVID-19, issued on March 24, 2020
- Key considerations for repatriation and quarantine of travelers in relation to the outbreak COVID-19, issued on February 11, 2020
- Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings, issued on April 17, 2020
- Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, issued on March 18, 2020
- Oxygen sources and distribution for COVID-19 treatment centers, issued on April 4, 2020
- Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response, issued on March 16, 2020
- Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), issued on March 19, 2020
- Operational considerations for case management of COVID-19 in health facility and community, issued on March 19, 2020
- Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19), issued on February 27, 2020
- Getting your workplace ready for COVID-19, issued on March 19, 2020
- Water, sanitation, hygiene and waste management for COVID-19, issued on March 19, 2020
- Safe management of wastes from health-care activities, issued in 2014
- Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (COVID-19) outbreak, issued on March 19, 2020
- Disability Considerations during the COVID-19 outbreak, issued on March 26, 2020

WORLD BANK GROUP GUIDANCE

- Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, issued on March 20, 2020
- Technical Note: Use of Military Forces to Assist in COVID-19 Operations, issued on March 25, 2020
- ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects, issued on April 7, 2020
- Technical Note on SEA/H for HNP COVID Response Operations, issued in March 2020
- Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, issued on April 6, 2020
- Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19, issued on April 6, 2020
- IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic, issued on April 6, 2020
- WBG EHS Guidelines for Healthcare Facilities, issued on April 30, 2007

ILO GUIDANCE

- ILO Standards and COVID-19 FAQ, issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19)

MFI GUIDANCE

- ADB Managing Infectious Medical Waste during the COVID-19 Pandemic
- IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework
- KfW DEG COVID-19 Guidance for employers, issued on March 31, 2020
- CDC Group COVID-19 Guidance for Employers, issued on March 23, 2020