МТСП
МИНИСТЕРСТВО ЗА ТРУД И СОЦИЈАЛНА ПОЛИТИКА

THE WORLD BANK

Република Северна Македонија
Министерство за здравство

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP) CHECKLIST

North Macedonia Emergency COVID-19 Response Project P173916

"Installation of mobile COVID 19 Hospital within the Clinical Hospital dr. Trifun Panovski in Bitola in the City of Bitola"

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 Prilep 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 Prilep (City of Prilep) 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 located in urban area of Municipality of Bitola, precisely in central hospital Clinical Hospital dr. Trifun Panovski in Bitola.

Project activities in the design phase:

- Planning the construction works - construction of 1 mobile COVID - 19 hospitals
- 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:

- **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

The project area, where the project activities for construction of the mobile hospital COVID-19, will be performed, is located in hospital in Bitola.
In Bitola it is planned to install two mobile COVID - 19 hospitals with 45 beds each and one triage center.
According to the received needs and predictions, a model of additional capacity with a number of hospital beds of 45 beds has been determined, which is variable according to the severity of the clinical picture of covid patients. This model of additional capacity is placed in 47 containers with standard size of 6m / 2.4m, and covers an area of approximate 694 m^2 according to the turnkey system which means: the rooms are completely arranged with implemented installations, floors, windows and doors, lighting, air conditioning and heating with split systems and fully equipped toilets with all the necessary inventory. Functional solution implies 3 inputs / outputs and it is planned with access from three sides. It clearly distinguishes between the clean and the dirty part, which is extremely important for the treatment of coyote patients.
This functional solution for one center, includes covers of 45 hospital beds arranged in two types of hospital rooms that differ in the severity of the clinical picture, and one isolation room. In one hospital room for patients with weak and moderate clinical picture, 24 hospital beds are planned according to the minimum required space from the standards for design of this type of hospital rooms, and in it the oxygen support is through oxygen bottles. In two hospital rooms for patients with severe and critical clinical picture are placed 20 hospital beds according to the minimum required space and in them it is necessary to install a system for supply of oxygen and medical gases. A single hospital room is provided as an isolation room. Capacity includes, waiting room, reception room, triage department with two seats, room for small interventions and X-ray recording and toilets for patients, in a dirty (contaminated) part. The clean part houses medical rooms, toilets and wardrobes. A laboratory for RIA molecular testing is located in the minimum additional capacity for admission and triage of COVID patients.

This type of hospital is equipped with the basic minimum required medical equipment, namely a mobile digital RTG device and a mobile echo device. Also this type of hospital is equipped with complete inventory and no medical equipment, as well as signaling and sound system.

We must be noted that these figures are approximate, while the exact number and details will be given in the technical specification.

The total area of construction is 694 m^2 for each of 45 hospital beds and 280 m^2 for triage center (this model of additional capacity is placed in 47 containers with standard size of 6.0 m / 2.4 m) and a height of 4 meters, or total 1668 m^2.

The construction of the mobile hospital COVID-19 will be performed on part of the hospital in Bitola on the parcel.

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) will be 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 medium (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),
- 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. 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 ESS 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 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, renovation/adaptation and operation.

The ESMP Checklist for the construction of the mobile 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.

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 the general public during construction phase of the project and Form for health care workers during operational phase (ANNEX IV) 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.

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 the general public during construction phase of the project and Form for health care workers during operational phase (ANNEX IV) 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 from the MLSP:

Mrs. Ivana Kjurkcieva, Responsible for receiving grievances

for the COVID – 19 Response Project P173916,

e-mail: ivana.kjurkcieva@mtsp.gov.mk

mob.tel: 076/313-833

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.

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

9. ANNEX I: ESMP Checklist 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 hospital in Municipality of Bitola			
Institutional arrangements (Name and contacts)	WB (Project Team Leader)	Project Management	Local Counterpart and/or Recipient	
	Dominic S. Haazen Tel: +1 (202) 458-7356 email: dhaazen@worldbank.org	Elizabeta Kunovska Tel:+38976456124 email: EKunovska@mtsp.gov.mk	Biljana Gagacovska Tel: +389 47 243 001 email: kbbitola@gmail.com	
Implementation arrangements (Name and contacts)	Safeguard Supervision	Local Counterpart Supervision	Local Inspectorate Supervision	Contactor
	Slavjanka Pejcinovska-Andonova Tel: +38978365598 email: Slavjanka.Pejcinovska-Andonova@mtsp.gov.mk Zoran Apostoloski Tel: +38972205977 email: zoran.apostoloski@mtsp.gov.mk	Biljana Gagacovska Tel: +389 47 243 001 email: kbbitola@gmail.com	Valentina Andrijasevik Krivasija Tel: +38947234234 email:bitola@mt.net.mk	Biljana Gagacovska Tel: +389 47 243 001 email: kbbitola@gmail.com
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	The construction of the mobile COVID 19 hospital will be part of the existing hospital, in the immediate vicinity of the same hospital in Bitola			
Describe site location (geographic description)	The project area is located in cadastre parcel No. 15809/1, in Municipality of Bitola. In the immediate vicinity of the planned location and in the wider surroundings (at a radius of 1 km) there are residential buildings located 150 m, Technical High School - located 350 meters, Unitet Methodist churc - located 450 meters, and PZU Hospital Plodnost - located 200 meters.. The project site can be easily accessed through streets ASNOM.			Annex 1: Site information (figure from the site) [x]Y [] N
Who owns the land?	Republic of North Macedonia			
Geographic description	Country: RNM Region: Bitola planning region Municipality: Bitola Settlement: Bitola			
LEGISLATION				
Identify national	▪ Law on Environment (Official Gazette No.53/05,81/05,24/07,159/08, 83/2009, 124/2010,			

&local legislation & permits that apply to sub-project activity(s)	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 5 days on web site of the Municipality of Bitola 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 [x]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 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	**[x] Yes [ ] No**	If "Yes" , See Section **A, B** below
	C. Are the construction 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	**[x] Yes [ ] No**	If "Yes", See Section **A, B, C** below
	D. Vicinity of any historical building/s or areas • Risk of damage to known/unknown historical buildings/areas	**[ ] Yes [x] No**	If "Yes", See Section **A, B, D** below
	E. Traffic and Pedestrian Safety • Site specific vehicular traffic • Site is in a populated area	**[x] Yes [ ] No**	If "Yes", See Section **A, B, E** below
	F. Usage of hazardous or toxic materials and generation of hazardous waste[1] • Removal and disposal of toxic and/or hazardous waste during the renovation	**[x] Yes [ ] No**	If "Yes", See Section **A, B, F** below

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

PART 2: ENVIRONMENTAL /SOCIAL SCREENING			
	activities • Storage of machine oils and lubricants		
	G. Replacement/Removal of mercury lights	**[ ] Yes [x] No**	If "Yes", See Section **A, B, G** below
	H. Dismantling of underground installations	**[ ] Yes [x] No**	If "Yes", See Section **A, B, H** below
	I. Does the project have a GRM in place, to which all workers have access, designed to respond quickly and effectively?	[x] Yes [] No	

	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); (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 (explanations if it is needed) (e) Preparation and implementation of the Site Management Plan; • Appropriate installation of signposting of the project site will inform workers of key rules and regulations to follow; • Ensure appropriate marking out and out of the reconstruction site; • Placed warning tapes signalizing forbidden entrance of unemployed persons. (f) 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: (g) Community and Worker's OH&S measures should be applied (first aid, protective clothes for the workers, appropriate machines and tools); (h) Workers who will be engaged, will comply with international good practice (will always wear hats, masks and safety glasses, harnesses and safety boots); (i) 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; (j) Stay up to date with the newest instructions/recommendations provided by the official authorities (k) 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. (l) 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. (m) Implementation of measures for COVID - 19 for different aspects are given in **11. ANNEX** I that are related with OH&S during COVID – 19 pandemic. Firefighting measures: (n) There is an appointed person on the site responsible for the fire protection; (o) Procedures in the case of fire are well known to all employees; (p) 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; (q) The part of the project location that is not under construction should be kept clean.

	PARAMETER	MITIGATION MEASURES CHECKLIST
	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; (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; (e) To minimize dust the construction materials should be stored in appropriate places and be covered; (f) Usage of protective masks for the workers if the dust seems to be appeared; (g) Washing of road transport vehicles and wheels will be conducted regularly, in previously identified sites equipped with, minimally, oil and grease collector; (h) Clearing activities must be done during agreed working times and permitting weather conditions to avoid drifting of dust into neighboring area.
	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);

	PARAMETER	MITIGATION MEASURES CHECKLIST
		(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. (e) The workers should be provided with ear protective devices (ear muffs and/or ear plugs)
	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;

	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; (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) Burning of medical waste should be prohibited; (y) Burning of construction waste should be prohibited; (z) Estimate potential waste streams; (aa) Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through construction, expansion etc.; (bb) Specify that the design of the facility considers the collection, segregation, transport and treatment of the anticipated volumes and types of healthcare wastes; (cc) 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; (dd) Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance; (ee) 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 (ff) Review of training procedures for healthcare workers and other relevant HCF employees for medical waste management and disposal (gg) Preparation of a facility specific ICWMP (hh) Design training for staff in the segregation of wastes at the time of use; (ii) Where possible avoid the use of incinerators;

	PARAMETER	MITIGATION MEASURES CHECKLIST
		(jj) 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); (kk) Do not use single-chamber, drum and brick incinerators; (ll) 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) The temporary or final disposal of any waste stream near the water courses is forbidden; (d) Servicing of vehicles and machinery is forbidden to be conducted on the construction-site; (e) Prevent as much as possible, oil and other pollutants leakages to water and soil.
	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
	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 Prilep. The Contractor will take safety measures to prevent accidents; (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) 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.

	PARAMETER	**MITIGATION MEASURES CHECKLIST**
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 (Prilep) 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 Bitola 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) Forbidden of entrance of unemployed persons within the fence; (g) 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; (h) During the operational phase a special traffic regime for the vehicles entering the hospital needs to be prepared; (i) 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.). Passageways for pedestrians and vehicles within and outside construction areas must be segregated and provide for easy, safe, and appropriate access.

	PARAMETER	MITIGATION MEASURES CHECKLIST
Exposure to 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; (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; (r) (s) 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.); (t) Implementation of the guidelines for proper waste management within the Waste Management Plan of HCFs, by healthcare workers, patients, etc.

	PARAMETER	MITIGATION MEASURES CHECKLIST
E. Mortuary arrangem	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. (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 (g)

	PARAMETER	**MITIGATION MEASURES CHECKLIST**
H. Decommissioning	Decommissioning of mobile COVID 19 hospitals	(h) The facility will be sprayed with disinfectant prior to demolition/dismantling and generated waste will be managed according the Decommissioning Plan (i) 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 (j) Decommissioning plan or procedure should be prepared for each sub-project; (k) 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 (l) Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, issued on April 6, 2020 (m) Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19, issued on April 6, 2020 (n) 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 Bitola	Before works commencement	Supervisor Representative from the Municipality of Bitola	Included in the project budget
Obtained all required permits	At the city Administration in Bitola	Inspection of all required documents	Before works start	Supervisor Representative from the Municipality of Bitola	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 Bitola	Before works commencement	Supervisor Representative from the Municipality of Bitola	Included in the project budget
Construction of the mobile COVID 19 hospital phase					
Dust, particulate matter	At the Site of mobile COVID 19 hospital	Measurement of particulate matters by accredited laboratory	Upon complaint or negative inspection finding	Municipal Environmental Inspector	Contractor budget
Noise disturbance	On site of mobile COVID 19 hospital	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

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*
Waste management	On the site of mobile COVID 19 hospital	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. - review of the waste Contracts and licenses of companies contracted for the collection and disposal of waste	At the beginning of works, than periodically	Supervisor Municipality of Bitola Environmental Inspector	Included in the project budget
Water and soil (accidental spillage, leakages of hazardous materials, waste waters, etc.)	At the site of the construction and where the machines and vehicles are operating	Visual checks on site	During the civil works, daily	Supervisor of the construction works; Authorized environmental inspector, MLSP PIU	Included in the project budget
Nature protection - Vegetation Restoration Plan for the project locations where the trees are planned to be removed	On the construction site	Prepared Vegetation Restoration Plan and implemented measures for planting trees as compensation measure	According the timeframe of the planned activities	Municipality of Bitola Environmental Inspector	Included in the project budget
Transport and Materials Management (implementation of safety measures to prevent accidents)	On construction site	Visual checks on how the materials are disposed of and whether they are properly transported	Regularly, Daily	Supervisor Environmental Inspector	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,	Continuously	Contractor – Bidder	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*
		corridors and crossings, traffic regulation, etc.			
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 of hazardous waste only by authorized companies, - Review of declarations of purchased paint and solvents (avoidance of hazardous paint and solvents)	Continuously, when the remains are removed	Supervising engineer, Inspection	Part of the regular Contractor cost Included in the project budget
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 Bitola and Director of the Hospital in City of Bitola Communal inspector Responsible persons employed in the hospital	Hospital budget
Prepared Fire Protection Plan and implementing protection measures	In the mobile COVID 19 hospital	Review of the Plan and proposed fire protection measures	At the beginning of hospital operation.	Director of the Hospital in City of Bitola Responsible persons employed in the hospital	Hospital budget
Prepared Waste management plan and Infection Control and	On site visual assessment and checks of the	- Adequate collection and storage of hazardous and toxic substances (including medical infectious waste) and other waste streams	Before the start of the operation of the mobile hospital	Director of the Hospital in City of Bitola Representatives from the	Hospital 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*
Waste Management Plan (special attention to infectious waste)	documentation	- Signing contract for transportation, disposal and incineration of hazardous waste (including medical infectious waste) only by authorized companies, - Review of declarations of purchased disinfectants - implementation of waste management procedures that outline waste segregation procedures, on site handling, collection, transport, treatment and disposal, and training of staff.		Municipality of Bitola Communal inspector Health care inspector Responsible persons employed in the hospital	
Labour procedures management 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
Procured goods and supplies in hospital based on technical specifications provided by WHO interim guidance for Coronavirus disease 2019	In the mobile hospital	Visual check of label containing information on how materials/medical facilities/equipment should be safely handled	After the purchase of the procurement	HCF Management	Hospital budget
Decommissioning phase of the mobile COVID 19 hospital					
Decommissioning of mobile COVID 19 hospitals according the Decommissioning Plan	At the site of mobile hospital decommissioning	Visual check if the proposed measures from Decommissioning Plan are implemented for demolition/dismantling of the hospital and installed equipement	During the decommissioning phase	HCF Management; Building Contractor	Included within the project budget

10. ANNEX II: Site Description

The mobile containers will be located within the Clinic Hospital in the center of Bitola. It will be located between the Clinic Hospital and PZU Hospital Plodnost. The hospital can be accessed by three entrances, and main entrances will be from Str. "ASNOM". This street leads directly to the location of the Clinic Hospital and mobile containers and triage center.

The access streets are marked with a green line on the picture below.

The Technical High School "Gjorgji Naumov" form north - east and he is located around 350 meters and PZU Hospital Plodnost from the south-east and he is located around 200 meters, the Unitet Methodist churc is located around 450 meters to the west, while the Dragor river approximately 1200 meters to the north of the project location.

The planned project activities will be performed in several phases:

- **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.

Contact person from hospital: Valentina Andrijasevik Krivasija dia; +38947234234; email:bitola@mt.net.mk

Figure 1 Micro location of the project area in Municipality of Bitola

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

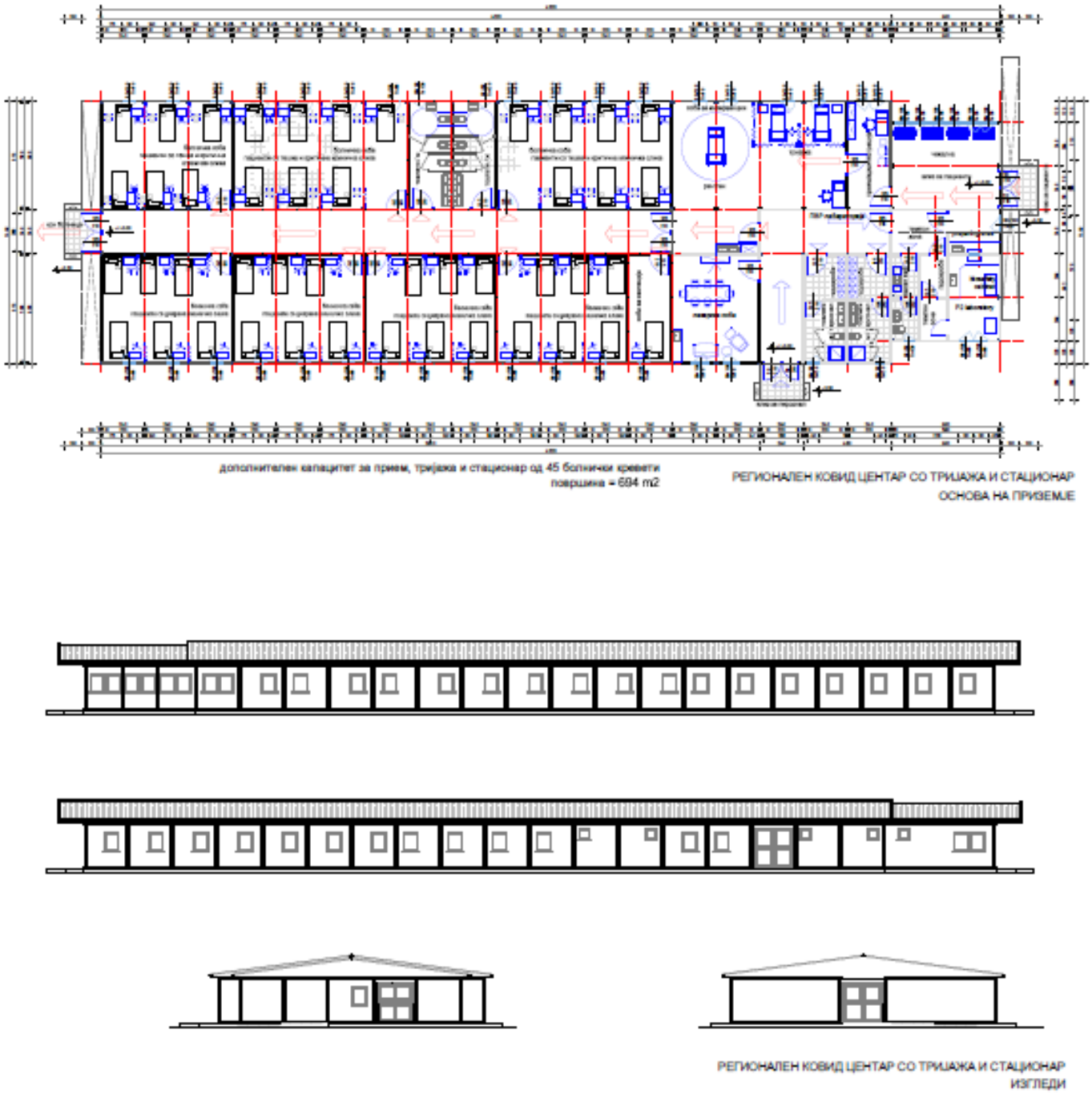

Figure 3 The look of the extended construction of the mobile hospital in Municipality of **Bitola**

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 1.

.

Table 2 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 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

COVID-19 considerations in construction/civil works projects	
Covid-19 issues	**Type of activities**
	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;
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**

COVID-19 considerations in construction/civil works projects	
Covid-19 issues	**Type of activities**
	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 • 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

COVID-19 considerations in construction/civil works projects	
Covid-19 issues	**Type of activities**
	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 health care workers and construction workers)

Health Care Workers and Construction Workers Grievance Form

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

III. 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	• Physical	• Provide appropriate PPE for health care	MoH,	During the	Included within

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
– OHS issues	hazards; • Electrical and explosive hazards; • Fire; • Chemical use; • Ergonomic hazard; • Radioactive hazard.	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; • 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	HCFs, Health care workers	operation of HCFs	the project budget
HCF operation - Infection Control and Waste Management Plan	Improper collection, transport, treatment and	• 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	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
	disposal of infectious waste becomes a vector for the spread of the virus.	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.); • 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			

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		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, reagents, and infectious materials	• HCF should adopt practice and procedures to minimize risks associated with handling and storage of specimen, samples, 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	HCFs, healthcare workers	During operation of HCFs	Included within the project budget
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	HCFs Management, healthcare waste workers	During operation of HCFs	Included within the project budget

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		appropriate bin as per the segregation rule			
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 associated with cross contamination	• 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
	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
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.	MoH, HCFs, MoEPP, Licensed company for hazardous waste transportation and treatment	During operation of HCFs	Included within the project budget

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		• 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.			
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

IV. 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