

Albania Health System Improvement Project
Additional Financing
(P173351)

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK
WITH
TEMPLATE ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN

FEBRUARY 2021

ABBREVIATIONS

HSIP	Health System Improvement Project
EA	Environmental Assessment
EMPs	Environmental Management Plans
FM	Financial Management
GoA	Government of Albania
HMIS	Health management Information System
IBRD	International Bank for Reconstruction and Development
MoFE	Ministry of Finance and Economy
MoHSP	Ministry of Health and Social Protection
NAIS	National Agency for Information Society
PDO	Project Development Objective
RHIS	Regional Hospital Information System

TABLE OF CONTENTS

I.	EXECUTIVE SUMMARY	4
II.	PROJECT AIM AND BACKGROUND	7
III.	ADDRESSING THE NEED FOR ADDITIONAL FINANCING FOR HSIP	10
IV.	ACTIVITY DESCRIPTION ON ADDITIONAL FINANCING	13
V.	SOCIAL IMPACT OF THE CIVIL WORKS	15
VI.	LEGISLATIVE REQUIREMENTS	18
VI.1	Environmental Legislation	18
VI.2	LEGISLATION ON WASTE MANAGEMENT	20
VI.3	LEGISLATION ON TERRITORY PLANNING, CULTURAL HERITAGE AND CHANGE FINDS	21
VI.4	LEGISLATION ON WATER	22
VI.5	WORLD BANK ENVIRONMENTAL AND SOCIAL SAFEGUARD POLICIES	22
VII.	Environmental and Social Management Procedure	24
VIII.	INSTITUTIONAL ARRANGEMENTS	26
IX.	MONITORING AND REPORTING ARRANGEMENTS	26
X.	GRIEVANCE MECHANISM	27
XI.	TEMPLATE ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN	129
	(KRUJA HOSPITAL).....	129
XII.	Template Checklist ESMP.....	154
	<i>Annex 1: PUBLIC CONSULTATION REPORT TEMPLATE.....</i>	<i>165</i>
	<i>Annex 2: Covid-19 Guidance resource list</i>	<i>166</i>
	<i>Annex 3: Grievance Redress Mechanism Template</i>	<i>169</i>
	<i>ANNEX 4: World Bank environmental, health and safety guidelines for health facilities</i>	<i>171</i>

I. EXECUTIVE SUMMARY

Additional financing, in the amount of, EUR 25 million for the Health System Improvement Project in Albania is requested to scale – up the activities of the parent project and ensure direct impact to the beneficiaries and further improvement of hospital care service provision in the country. The activities foreseen to be financed under the additional financing are in line with the PDO of the present project and will build on activities successfully implemented under the parent Project and support reconstruction needed to secure development gains..

The additional financing will further support the hospital reform that derived by the Hospital Master Plan as a prerequisite for the rationalization of secondary level of health care in Albania and further improvement of efficiency and quality enhancement of hospitals. The urgency of rationalization and upgrading of the hospital network has been further heightened by the damaged caused by the earthquake. The above will be made possible through the rationalization of oversized hospitals, transformation of current hospital activities and services to a more dynamic and self - efficient health care institution using an integrated approach addressing infrastructure rehabilitation, modern diagnostic equipment and optimization of health care personnel. Building on the results of the parent project (such as the modernization of medical diagnostic equipment's in 11 regional hospitals, reconstruction of the Pediatric hospital at Mother Theresa hospital, the new building of Laç hospital) the activities foreseen under additional financing are fully aligned with the extended reform agenda and further improvement of hospital care provision. The reconstruction of the regional and municipal hospitals will give an opportunity to implement the updated HMP.

The outcomes of the parent project have encouraged the Ministry of Health and Social Protection in pursuing a deeper reform in the secondary level of care starting with the further improvement of diagnostic care, full optimization of regional hospital services, transformation of services in selected municipality hospitals and implementation of health information system in regional

hospitals. The improvement of the hospital health care system in the country in all its tiers starting from strengthening management and governance for public hospital services, health financing arrangements, information systems, for improved efficiency and quality of health care in Albania continues to be a main objective for the government of Albania.

Under this component the additional financing will support also consultancies that are expected to provide the necessary TA to develop a “National strategy for identifying gender inequalities and addressing gender equity.” The Project will fund consulting services to support the preparation of a gender strategy that will reflect the recommendations of the Government National Program for Breast Cancer Treatment, accompanied by the strengthening of the on-going awareness activities initiated by the Government.

Component 2 was designed to support the improvement of monitoring and management of service quality and efficiency through the improvement of health management information systems and of medical equipment management and maintenance system. The implementation of Health Information System in regional hospitals is one of the main tiers of the parent project. In the last year progress has been made for the design of the system and through the additional financing we would be able to extend the implementation of the system in all 11 regional hospitals. This includes the extension of software licensing and additional training activities as well as the design and purchase of equipment and of local computer networks for these additional seven hospitals.

Moreover the additional financing will also cover and address gender mainstreaming Climate-co benefits and Citizen engagement that are actually parent of the current project. The Project is expected to finance piloting social patient-based accountability mechanisms to enhance patient feedback.

Gender-based analysis will be mainstreamed in the establishment of the social accountability mechanisms as well as in the study. The feedback will be analyzed based on gender.

In addition, Project activities monitoring mechanism will disaggregate beneficiary-based indicators on gender. All hospitals have already in place social accountability mechanisms. They collect patient feedback and over 50% (accountability very high) of the patients use the mechanisms. The feedback of the patients/citizens has influenced MOHSP decisions making in decentralization of services near to the place of residence as for example offering of the perinatal dialysis in some regional hospitals while previously this service was offered only to QSUT. The proposed AF will further strengthen the gender activities of the parent Project, focusing on breast cancer prevention, as one of priority areas under the MoHSP program.

Furthermore the Hospital Master Plan, has provided the vision of the reforms and investments in the hospital sector in the medium and long term, in light of it a series of restructuring refurbishment activities will be held under the additional financing in order to start the implementation of the reforms. Accreditation of public hospitals to guarantee safe and quality services remains a long term objective for MOHSP.

The process started in 2018 and until now 2 (two) university hospitals, 4 (four) regional hospitals, 1 (one) municipality hospital and 6 (six) primary health care facilities have been able to fulfill the accreditation criteria's. Accreditation is a long process that includes the fulfillment of a long list of criteria's starting from infrastructure, medical equipment's, human resources, implementation of clinical protocols and guidelines and the meeting of Key Performance Indicators (KPIs) include bed occupancy, average length of stay, number of surgical procedures, obstetrics and gynecology activity, emergency room (ER) activity and hospital personnel.

In light of the Health System Improvement Project objective to contribute to the modernization of selected public hospitals, improving hospital management and infrastructure supporting Hospital Services Infrastructure MOHSP will provide the designs for selected hospitals (Gjirokastra Regional Hospital, Pogradec Municipality Hospital, Pediatric Hospital and Cardio surgery Hospital at QSUT, and Kruja Municipality Hospital) for Rehabilitation of infrastructure under accreditation framework.

Component 3: Monitoring, Evaluation and Project Management

This component would continue to support routine Project management, including fiduciary tasks, Monitoring and Evaluation (M&E), audits of Project financial statements. It will finance Project operating costs including translation, interpretation, equipment, supervision costs (transportation and per diem), staffing costs of the Project Coordination Unit (PCU), M&E, studies and surveys, and incremental costs for the PCU in the Ministry of Health. Study tours in countries where similar reforms are at a well advanced stage of implementation and where significant results have been achieved may be envisaged.

With regard to the arrangement for support to act in accordance with Environmental and Social Framework, an individual consultant (engineer) under HSIP project is proposed to be hired in order to comply with ESF.

This document will provide a description of all initiatives/activities expected to be financed in the additional financing, indicating also their environmental and social impact.

II. PROJECT AIM AND BACKGROUND

The parent Project – Albania Health Sector Improvement Project (HSIP) was declared effective on August 28, 2015 with an original closing date of February 28, 2021. The Project Development Objective (PDO) at signing was to contribute to:

- (a) improving the efficiency of care in selected hospitals in the Borrower's territory;
- (b) improving the management of information in the health systems; and
- (c) increasing financial access to health services.

It comprised of four components:

- (a) Improving Hospital Services;
- (b) Expanding the health management information system;
- (c) Improving the health financing system;
- (d) Monitoring, evaluation and project management.

The Project Development Objective (PDO) is to contribute to the modernization of selected public hospital services, through:

- (a) strengthening the capacity to manage the public hospital sector of hospitals managers, the Ministry of Health and Social Protection (MoHSP) and the supporting agencies, including the development of a master plan and revision of the hospital law;
- (b) investing in infrastructure rehabilitation and equipment in selected regions;
- (c) supporting the hospital payment reform;
- (d) creating the enabling environment for e-health in regional hospital and implementing specific information system in selected regional hospitals, including platform to support new payments modalities.

During the Mid Term Review (MTR) visit for the Health System Improvement Project (HSIP), took place during July 16 to 27, 2018 the Ministry of Health and Social Protection and the Bank team agreed that the initial objectives and design of the Project were ambitious and consequently need to be streamlined and simplified resulting in the need to restructure the Health System Improvement Project. Main objectives for restructuring are:

Simplifying the original Project Development Objectives (PDO) both in scope and content.

The original objective of the project was to: (a) contribute to improving the efficiency of care in the selected hospitals in the Borrower's territory; (b) improving the management of information in the health systems; and (c) increasing financial access to health services. The reformulated PDO that reflects the restructured project design is: To initiate the modernization of the public

hospital services

Streamlining and simplifying the components and respective costs, aiming at ensuring the feasibility of implementation by the Project Closing Date (February 28, 2021) as following:

Revision of the Components and respective costs:

By Component	Allocated as per PAD &LA (EUR)	Revised Component allocation rounded (EUR)
<u>Component 1: Improving Hospital Services.</u> proposed reformulation to: <u>Component 1: Improving Public Hospital Sector management and Infrastructure.</u>	15 100 000	18 061 000
<u>Component 2: Expanding Health Management Information System</u> proposed reformulation to: <u>Component 2: Improving Health Information Management for Hospital Services.</u>	13 600 000	13 039 000
<u>Component 3: Improving the Health Financing System</u> Marked for deletion	2 400 000	0
<u>Component 4: Monitoring and Evaluation and Project Management</u> proposed re-numeration to: <u>Component 3: Monitoring and Evaluation and Project Management</u>	919 750	919 750
(4) Front-end Fee	80 250	80 250
TOTAL	32 100 000	32 00 000

Revision of expenditures categories:

Category	Allocated as per the original Loan Agreement	Revised Component allocation rounded (EUR)
(1) Works	6 760 000	9 251 000
(2) Goods, Non-Consulting Services	18 360 000	16 294 000

(3) Consultant Services, Training and Operating Costs	6 500 000	6 075 000
(4) Front-end Fee	80 250	80 250
(6) Unallocated	399 750	399 750
TOTAL	32 100 000	32 100 000

II. Revision of the Result Framework. Intermediate result indicators are revised in compliancy with PDO formulation, implementation progress improving the measurability and consistency. **(The final revised PDOs may be found attached in Annex 5)**

This Environmental and Social Management Framework sets forth the guidance on how to identify and address/mitigate all associated environmental and social impacts of the Project. The main impacts are associated with Component 1 and the physical activities on rehabilitation or reconstruction of given health care facilities. Under this component of the parent Project critical milestones for key activities have been met, including: (i) launching of the physical rehabilitation works of the Pediatric Hospital in Tirana; and (ii) signing of the contract for the physical rehabilitation of the hospital of Kukes.

The rationale for the Additional Financing arises from the fact that on November 26, 2019, a 6.3 magnitude earthquake hit Albania, causing extensive damage in 11 municipalities, including the two most populous, urbanized and developed municipalities (Tirana and Durrës). The worst affected municipalities were: Shijak, Durrës, Kruja, Tirana, Kamza, Kavaja, Kurbin, and Lezha. The human toll included 51 people killed and, at the time of the post-disaster assessment performed in February 2020, more than 200,000 affected. Up to 17,000 people were displaced due to the loss of their homes. In addition to the human toll, the natural disaster severely affected the network of public health providers. Of the country's 480 health facilities, 36 were either fully or partially damaged. There were damages to three regional hospitals, nine university hospitals (units), two municipal hospitals, ten health centres, and 12 health posts.

The General Pediatrics Hospital – QSUT in Tirana, was under rehabilitation. An older building was severely damaged. Services for children were provided in the departments while the new Specialized Pediatric building being reconstructed. The regional hospital in Laçi was severely damaged, including structural parts such as tiles, stones, blocks of the walls, floors, and reinforcement columns. Following the in-depth expertise of the Construction Institute, along with the findings of the technical assessment conducted by an external contracted consultant, the Government has decided to demolish the damaged structure. The regional hospital in Laçi was evacuated and remains unusable as of today.

III. ADDRESSING THE NEED FOR ADDITIONAL FINANCING FOR HSIP

Despite good results in overall life expectancy, Albania's performance in health can be improved. Life expectancy in Albania of over 78 years (2018) is higher than that in neighboring Western Balkans countries. However, the country continues to lag behind other Western Balkans countries in a number of critical areas. For example, Albania's maternal mortality rate, estimated at 15.0 per 100,000 live births in 2017, is significantly higher than the rate in the Western Balkans (10.0) and almost double that in the EU13 (8.8). In addition, trends in some indicators for child and adolescent health are worrisome - the prevalence of overweight and obese children and adolescents (5-19 years) in Albania reached 25 percent in 2016, exceeding the average of 22 percent for lower-middle-income countries in Europe and Central Asia.

The demographic and epidemiologic transitions require the health system to adapt to new needs. Although Albania's population is younger than that of most countries in the Western Balkans, the country has been getting older during the last decades and this trend will continue. The group of people 65+ years old represented 9.3 percent of the population in 2019 and is forecast to account for 14.6 percent by 2031.¹ At the same time, the number of births is declining. The percentage of newborns in 2019 was 1.3 percent lower than in 2018. The leading causes of mortality and disability combined are mostly related to non-communicable diseases (NCDs). Ischemic heart disease, stroke, lung cancer and diabetes had the sharpest increase representing more than 20 percent of NCDs between 2009 and 2019.² This demographic and epidemiological transition imply a greater focus on NCDs and geriatric care. Health care providers are mostly public. There is a gradation of care between primary health care (PHC), secondary care with 24 municipal and 11 regional hospitals, and tertiary care (mostly provided by Mother Theresa National Referral Hospital, QSUT). An assessment of the regional and municipal hospitals network was performed during the hospital masterplan exercise. It found a variability in performance among the secondary hospitals, some underperforming on efficiencies metrics (lower bed occupancy, longer average of stay) pointing to underutilization, and some having an imbalance between supply and demand. At a more granular level, the assessment identified a mismatch between the current supply in term of medical and surgical specialties and the health needs of a population getting older and having fewer children. This assessment indicates that, at the strategic level, a focus on hospitals delivering more services for later stage of life (oncology, cardiology, geriatrics, long-term care) and utilizing alternative and more effective service and care delivery models is warranted. A shift from inpatient to more ambulatory and even home-base services would improve the efficiency and responsiveness of care. At the system level, addressing the needs of older and more complex patients with comorbidities will require greater integration of care across providers.

Recent reforms have been made in the governance, planning and financing of public health services. The GoA recognizes the central role of strong primary health care and prevention to reduce the prevalence and complications of NCDs, and of a strong hospital network to provide specialized and urgent care when required. In 2015, the MoHSP launched a national preventive check-up program that includes free well-visits for adults (35-70 years old). This service is financed under an output-based arrangement using the actual costs and the contracting of private

¹ INSTAT. Retrieved on December 14, 2020.

² IHME. Retrieved on December 14, 2020.

providers. It supports the uptake of the new preventive check-up and other services. The revision of the hospital master plan was finalized in 2020 with support from the parent Project. It provides the blueprint to adapt the service delivery model and guide investment for improving the quality and the efficiency of services. The Hospital Care Law is currently being examined by the Parliamentary Commission on Health. The Health care operator will become a public entity after adoption of the Law. The operator, with national and regional directorate, was created by a Decision of the Council of Ministers in July 2019. It will take over the duties currently performed by the MoHSP related to administration and coordination of public providers of health care services, including public hospitals under a model of greater autonomy. In addition, the Law includes a provision on hospital autonomy which has been a long objective of the Government. The Public Hospital Autonomy Charter is the legal instrument indicating the areas in which autonomy can be exercised by public hospitals, including management, financing, human resources, procurement, and other areas as appropriate depending on the type of public hospital. The expected outcome is to improve responsiveness to the local population needs, to the financial incentives and capacity to raise secondary incomes. The parent Project is supporting the revision of the Health Law, the costing methodology for health care packages and, more broadly, for the output-based financing scheme. It also supports the development and implementation of a health information system in 4 regional hospitals to enable, inter alia, the new payment modality.

The November 2019 earthquake caused extensive damages in 11 municipalities, including the two most populous, urbanized and developed municipalities (Tirana and Durrës). The worst affected municipalities were Shijak, Durrës, Kruja, Tirana, Kamza, Kavaja, Kurbin, and Lezha where a total of 51 people lost their lives. At the time of the Post-Disaster Needs Assessment (PDNA) performed in February 2020, more than 200,000 people were affected by the earthquake, including up to 17,000 people having been displaced due to the loss of their homes. In addition to the human toll, the natural disaster severely affected the network of public health providers. Of the country's 480 health facilities, 36 were either fully or partially damaged as shown in Table 1 below. The total cost has been estimated at EUR 8.02 million, with the larger share of losses at the secondary care level due to the entire destruction of the hospital in Kurbin.

Table 1. Health facility and equipment damage caused by the November 2019 earthquake

Facility Type	Buildings damaged	Infrastructure				Equipment		Furniture		Cost of Damage
		Fully Destroyed	Partially Damaged		Fully Destroyed	Partially Damaged	Fully Destroyed	Partially Damaged		
	#	#	EUR	#	EUR	EUR		EUR		EUR
Tertiary	9	0	0.00	9	0.72	0.00	0.00	0.00	0.00	0.72
Secondary	5	1	5.00	4	1.22	0.00	0.04	0.00	0.23	6.49
Primary	22	3	0.32	19	0.49	0.00	0.00	0.00	0.00	0.81
Total	36	4	5.32	32	2.43	0.00	0.04	0.00	0.23	8.02

Source: Albania Post-Disaster Needs Assessment Volume A Report - February 2020. European Union; Government of Albania; UN Development Program; UN Resident Coordinator for

Albania; World Bank.

The AF will build on activities successfully implemented under the parent Project and support reconstruction needed to secure development gains. The objective of this AF is to respond to the emerging needs resulting from the catastrophic earthquake of November 2019, which severely affected Durres and Tirana regions. Several hospitals that were damaged in the affected areas require significant infrastructure improvement and new medical equipment. The parent Project is supporting the rehabilitation of three hospitals (or unit of the QSUT) and the implementation of the RHIS in four hospitals. Rehabilitation of one additional hospital was postponed after the earthquake to take stock of the most pressing needs. Following a restructuring in October 2020, the parent Project is financing the reconstruction of the hospital of Laci destroyed by the earthquake. However, further support is needed through the proposed AF, which will finance the reconstruction and equipment of 6 additional hospitals (or unit of QSUT), including the reinforcement of one building at the Pediatric Hospital in which the Government started to invest under the parent Project. The reconstruction of the regional and municipal hospitals will give an opportunity to implement the updated HMP. The AF will also finance the implementation of the RHIS in seven regional hospitals in addition to the four regional hospitals covered by the parent Project. The role of regional hospitals in providing specialized health care to the population is reaffirmed and strengthened by the new HMP. The implementation of this new strategy to transform regional hospitals as centers of excellence, focusing on highly specialized care with greater quality and efficiency will require a strong hospital networking and health information system. The implementation of the RHIS within the entire regional hospital network will enable stronger coordination and integration of services to improve continuity and quality of care. Table 2 present a summary of the support provided by the parent Project before and after the October 2020 restructuring and the support planned under the AF for civil works and the RHIS.

Table 2. Summary of the changes in project timeline and main civil works and health information system activities after restructuring and under the AF

Timeline	First restructuring 2018	Second restructuring 2020	AF 2021
Closing date	February 28, 2021	December 31, 2022	June 30, 2024
Hospital rehabilitation	Pediatric - QSUT Kukes Pogradec*	Pediatric - QSUT Kukes	
Hospital post-earthquake reconstruction		Laci	Kruja Lezha Pediatric -QSUT Angiology and cardiac surgery - QSUT Burn and plastic surgery – QSUT Psychiatric hospital - QSUT
RHIS	4 regional hospitals**	4 regional hospitals	7 remaining regional hospitals

* not implemented and dropped from the parent Project in 2020

** Durres, Shkoder, Vlora, Elbasan

Ownership by the MoHSP continues to be strong. The urgency of rationalization and upgrading of the hospital network has been further heightened by the damage caused by the earthquake. For example, the tendering process of the Laci hospital is near completion with contract signing planned by mid-January 2021. In addition, the evaluation process for the RHIS contract, which had been delayed, has now been finalized with contract signing in December 2020. This contract will pave the way for launching similar procedures for the other regional hospitals. In addition, small TA support are ongoing to strengthen the capacity of the PCU with IT and administrative support staff.

The AF is the instrument best suited to achieve desired results and development impact in a timely manner. Though a new project was considered, the AF is deemed to be the most appropriate and efficient mechanism to maximize development impact and results in the Albanian health sector for the following reasons: (i) the scope of the proposed scale-up and additional activities can be easily accommodated in the context of the parent Project, relying on existing MoHSP implementation capacity and utilizing the well-performing PCU and HSIP institutional arrangements; and (ii) upon effectiveness, the AF activities will be implemented concomitantly with activities under the parent Project, maximizing synergies and ensuring seamless coordination.

IV. ACTIVITY DESCRIPTION ON ADDITIONAL FINANCING

Project Components

Component 1: Improving Public Hospital Sector Management and Infrastructure (additional allocation of EUR 18.4 Million, US\$22.45 million equivalent)

Sub-component 1: Strengthening Public Hospital Sector Management Capacity (additional allocation of EUR 0.35 Million, US\$0.43 million equivalent)

The AF will support the strengthening of citizen engagement and gender activities. Citizen engagement activity, initiated under the parent Project, will be strengthened. A broader set of mechanisms (patient surveys; scorecard; open-door days and other dissemination activities) will be supported for regular and proactive engagement with patients and reporting on the actions taken to close the feedback loop. The AF will also finance additional TA to develop a “National strategy for identifying gender inequalities and addressing gender equity.” The Project will fund consulting services to support the preparation of a gender strategy that will reflect the recommendations of the Government National Program for Breast Cancer Treatment, accompanied by the strengthening of the on-going awareness activities initiated by the Government.

Sub-component 2: Supporting Hospital Services Infrastructure (additional allocation of EUR 18.05 million, US\$22.02 million equivalent)

The AF will support civil works for the physical reconstruction and or equipment of

damaged hospitals and health facilities, including:

- (a) Rehabilitation of the Municipal Hospital of Kruja
- (b) Rehabilitation of the Regional Hospital of Lezha
- (c) Rehabilitation of the Angiology and Cardio Surgery Department (under the QSUT), with 112 beds
- (d) Rehabilitation of Psychiatric Hospital (under QSUT)
- (e) Rehabilitation of the Burn and Plastic surgery Department (under QSUT), with 35 beds
- (f) Additional civil works and equipment for the General Pediatric Hospital (under the QSUT) to address the damages and complete rehabilitation
- (g) Equipment for the Hospital of Laci (the parent Project finances civil works)

The AF will finance equipment for the above hospitals and departments to be rehabilitated and support the expansion of breast cancer screening with mobile diagnostic equipment (mammography). Finally, this component will fund consulting services to support: (i) the technical design, supervision, and verification of the civil works, (ii) revision of the current legal framework, following the recommendations of the HMP, and (iii) a wide communication campaign on the achievements of the HMP as it is being implemented.

Component 2: Improving Health Information Management for Hospital Services (additional allocation of EUR 4.4 , US\$5,36million equivalent)

Component 2 will focus on the expansion of the RHIS to the last seven hospitals to cover the entire regional hospital network. It will build on the RHIS already implemented in 4 regional hospitals under the parent Project. This includes the **extension of the software in 7 additional hospitals**, licensing and additional training activities as well as the design and purchase of equipment and of local computer networks for these additional seven hospitals.

Component 3: Monitoring, Evaluation and Project Management (additional allocation of EUR 837,500, US\$ 1.02 million equivalent). **This component remains unchanged.** The AF will finance incremental operating costs, office equipment, consulting services, workshops and training for the PCU staff, monitoring and evaluation, and project audits.

V. SOCIAL IMPACT OF THE CIVIL WORKS

1. Reinforcement of pediatric hospital existing building at Mother Theresa University Hospital

Due to the earthquake of November 26th the Pediatric Hospital at Mother Theresa was one of the 26 health care facilities that were damaged.

The Ministry of Health and Social Protection requested a technical expertise conducted by the Construction Institute the only national institution appointed by the Council of Ministers to conduct the evaluation of structural and non-structural damaged caused by the earthquake.

The report of the National Construction Institute apart from a detailed evaluation on the structural damages also included lab tests on the existing concrete and iron.

The analyses conducted by the National Construction Institute reached in the conclusions that the building has structural damages and cannot remain stable if there would be another earthquake, which is why structural repairs are immediate to increase the stability of the building.

The National Construction Institute in its report has also calculated the costs for the reinforcement of the existing building that is 30% compared to a construction of a new building.

The existing design should be revised including reinforcement technicalities of the existing building according and in aligned with the Eurocodes.

2. Plastic and Burns Hospital at Mother Theresa University Hospital

Plastic and Burns Hospital at Mother Theresa University Hospital is the only referral hospital at national level. The building was damaged due to the earthquake of November 26th.

3. Angiology / cardio-surgery hospital at Mother Theresa University Hospital









This is the only national referral public hospital in the country that provides cardio surgery interventions.

QSUT cardiology unit also implants cardiac devices, such as ICT or pacemakers. the cardiology team plans to start an ablation service, currently is not being offered anywhere in Albania. 89% of the cardiac surgery interventions were performed at QSUT and almost 90% of cases of catheterization intervention are performed in Tirana.

Type of departments and services provided: (i) cardio surgery, (ii) Intensive Unite Care, (iii) cardio surgery examination and (iv)medical consults. Services provided are: pacemaker, by pass aortocoronary, angioplasty, angiography and congenital interventions...etc

No	Ward	No of beds
1	Cardio surgery (First ward)	25
2	Cardiology (Second ward)	20
3	Cardiology - Intensive Care	12

4. Kruja Hospital

 Number of patients	 Number of physicians	 Number of nurses
1,922	22	66
 Number of surgical procedures	 Number of beds	 Bed occupancy
176	124	20%
 Number of wards	 Number of CT devices	
5	0	

- **Population served and proximity to other hospitals**

The Kruje Municipal Hospital primarily serves the population of Krujë municipality of 59,814 inhabitants. The distance to the Durrës Regional Hospital is 42.1km and the driving time revolves around 50min. The closest hospital to the Kruje Municipal Hospital is the Tirana hospital with a distance of 37.9km and driving time of 58min. The Lezhë Regional Hospital is 46km from the Krujë hospital with a driving time of approximately 53m.

The share of patients from outside the region for this municipal hospital is only 2%.

- **Range of provided services**

Kruje Municipal Hospital operates 5 wards with 124 beds and admitted 1,922 patients in 2018. Obstetrics & Gynaecology ward has the highest capacity with 40 beds and it admitted 449 patients in 2018, which is 72% less than in 2014. Paediatrics operates 30 beds and recorded 639 admissions, making this ward the best performing in the entire hospital. Nevertheless, Paediatrics ward reported a slight decline in the number of admissions compared to 2014 (12%). Stationary Non – Treatment ward has 26 beds and admitted 509 patients in 2018, 19% less than in 2014. The hospital operates also 2 smaller wards – Surgery and Infectious Diseases with 28 beds together, which jointly treated 325 patients in 2018. Finally, the ER was quite active with a capacity of 4 beds and admitted 17,328 patients, 21% increase compared to 2014 data.

Obstetrics & Gynaecology ward delivered 117 births, out of which 5 were Caesarean section births, whereas in 2014 it delivered 552 births, out of which 150 were Caesarean section births.

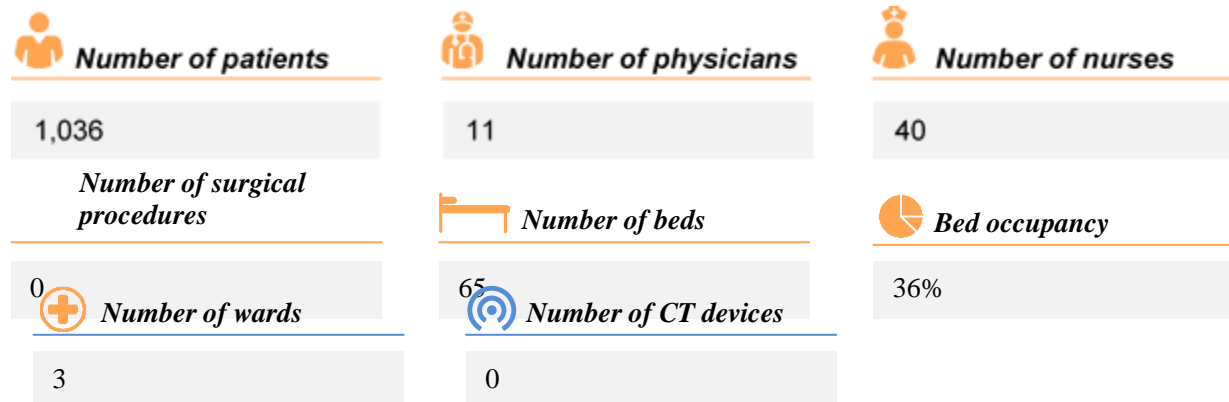
High level of outpatient services was reported in the Polyclinic, which provided 27,382 consultations in 2018 (147 % more than in 2014) across wide and comprehensive range of specialties.

The number of surgeries has fluctuated a bit between 2014 and 2018. While there was a decline in 2015 and 2016, in 2017 and 2018 the number increased significantly. Overall, the number of surgeries increased by 8% from 2014 to 2018. Based on the type of surgeons in this ward it

should be able to provide General Surgery, Orthopaedics, ENT and Ophthalmology procedures. Considering the capacities of surgical staff, the number of surgeries in 2018 appears to be low.

5. Laci (Kurbin) Hospital

The hospital building was completely destroyed by the earthquake of November 26th. Kurbin hospital is an important hospital due to its location in one of the national axes that has the majority of car accidents and is the first stop of patients in need of medical care.



- **Location, population served and proximity to other hospitals**

The Kurbin Hospital primarily serves the 46,291 inhabitants of Kurbin. The Kurbin Hospital is located near the city centre and is easily accessible. The distance to Tirana is 52 km with an approximate driving time of 1hr 10min, while the distance to the Lezhë Regional Hospital is about 21.9 km and the driving time is approximately 28 min. The Shkoder Regional Hospital, as well, is quite nearby with a distance of 58.6 km and driving time of 1 hour and 5 min. The share of patients from outside the region for this municipal hospital is only 3%.

- **Range of provided services**

Kurbin Hospital operates 3 wards with 65 beds across and admitted to 1,036 patients in 2018. Table 9.16 shows the hospital's structure and activity. Obstetrics & Gynecology ward has the highest capacity with 25 beds, but it recorded only 76 admissions in 2018, which is around 49% less than in 2014. Stationary Non-Treatment ward and Pediatrics ward both have 20 beds each. Stationary Non – Treatment admitted to 347 patients in 2018, which is slightly less (9.8%) compared to 2014 data. Pediatrics ward recorded 613 admissions and seems to be the best performing ward in the entire hospital. However, in 2014 Pediatrics ward admitted 1,103 patients, which shows a solid decrease in number of admissions. The ER is quite active with a capacity of 10 beds and attendance of 25,517 patients. On a positive note, ER has noted a significant increase of over 100% compared to 2014 data. Obstetrics & Gynecology ward delivered 5 births in 2018.

There was also a high outpatient activity in the polyclinic, which provided 20,932 consultations in 2018.

VI. LEGISLATIVE REQUIREMENTS

VI.1 ENVIRONMENTAL LEGISLATION

The main law in the field of environment is the Law No. 10431, dated 9 June 2011 "On Environmental Protection". This law establishes national and local policies on environmental protection, requirements for the preparation of estimates of environmental impact and strategic environmental assessment, requirements for permitting activities that affect the environment, the prevention and reduction of environmental pollution, environmental norms and standards, environmental monitoring and control tasks of state bodies in relation to environmental issues, the role of the public and sanctions imposed for violation of the Law.

Law No. 10440, dated 7 July 2011 "On Environmental Impact Assessment", sets out the rules, procedures and deadlines for identifying and assessing the impacts of direct and indirect environmental projects or activities. The law defines the steps necessary to implement ESIA procedures: submission of application, preliminary review, selection and classification criteria, hearings and public consultations, access to information, tasks and rights of other bodies. The law also provides the list of activities that should be subject to the Profound and Preliminary ESIA. Some articles of the law were amended by Law No. 12/2015 on Amendments to the Law No. 10 440, dated 07.07.2011, "On environmental impact assessment".

Law No. 10448, dated 14.7.2011 "On Environmental Permits" aimed at preventing, reducing and maintaining control of pollution caused by certain categories of activities, in order to achieve a high level of environmental protection in general, human health and quality of life. This law defines the rules for allowing the development of some activities that cause environmental pollution in Albania. Pursuant to Law No. 60/2014, Appendix 1 of the Law No. 10448, dated 14.7.2011, "On environmental permits" has changed. The aim of the Law No. 162/2014, dated 04.12.2014 "On Protection of ambient air quality" is improving public health and ensuring a high level of environmental protection through integrating ambient air quality issues in other policies as well as establishing requirements on its monitoring, assessment and planning and promoting international cooperation to this end. In addition to the above-mentioned legislation, the preparation of the ESIA is based on the following legislation:

- Law No. 81/2017, dated 18.05.2017 "On Protected Areas"
- Law No. 73/2015, dated 09.7.2015 "On some amendments to Law No. 107/2014 "Planning and Territorial Development"
- Law No. 107/2014 dated 31.07.2014 "On the Planning and Development of Territories"
- Law No. 10463, dated 22.9.2011 "On integrated waste management".

- Law No. 9774, dated 12.07.2007 "On the Assessment and Management of Environmental Noise".
- Law No. 9587, dated 20.07.2007 "On Protection of Biodiversity".
- Law No. 9385, dated 04.05.2005 "On Forests and Forest Service".
- Law No. 9115, dated 24.07.2003 "On Environmental Treatment of Polluted Waters.
- Law No. 8897, dated 2002, "On protection of air from pollution".
- DCM No. 686, dated 29.07.2015 "On approval of the rules, responsibilities and deadlines for development procedures of environment impact assessment (EIA) and procedures for the transfer environmental decision statement DCM No. 419, dated 25.06.2014 "On approval of the special requirements for the review of environmental permit applications for types A, B and C, for the transfer of licenses from one subject to another, the conditions for the respective environmental permits and regulations their detailed examination by the competent authorities to issue these permits by NLC "
- DCM No. 417, dated 25.06.2014 "On approval of the Environmental Permit fees"
- DCM No. 227, dated 30.04.2014 "On establishing the rules, requirements and procedures for informing and involving the public in environmental decisionmaking".
- DCM No. 47, dated 29.01.2014 "On defining the regulation for the organization and functioning of the National Environment Agency and Regional Environment Agencies”
- DCM No. 48, dated 29.01.2014 "On the creation and manner of organization of the state Inspectorate on Environment, Forestry and Water administration”
- DCM No. 175, dated 19.01.2011 "On approval of the national strategy and waste management plan of the national waste management"
- DCM No. 587, dated 7.07.2010 "On the monitoring and control of noise levels in urban and tourist centres".
- DCM No. 853, dated 28.12.2005 "On approving the list of hazardous wastes, residues and other wastes to be imported for purposes prohibited storage, disposal and destruction".
- DCM No. 248, dated 24.04.2003 "On Approval of the Interim Standards on Air Emission and their implementation".
- DCM No. 435, dated 12.09.2002 "On Approval of the air emission norms in the Republic of Albania".
- DCM No. 103, dated 31.03.2002 "On environmental monitoring in the Republic of Albania".
- Instruction of the Minister of Environment and Minister of Finance No. 7938, dated 17.07.2014 "On the determination of fees and corresponding values for the services performed by the Ministry of Environment for the EIA process'
- Instruction of the Minister of Environment, Forestry and Water Management, No. 8 dated 27.11.2007 "Limiting the noise level in certain environments"
- Albania is also a party to international agreements on biodiversity, climate change, desertification process, endangered species, hazardous waste, Protection of Ozone Layer

and lagoons. Albania has also ratified the Kyoto Protocol in December 2004 and the Stockholm Convention on Persistent Organic Pollutants in July 2004.

VI.2 LEGISLATION ON WASTE MANAGEMENT

Legislation on waste management in Albania has advanced with the adoption of new laws, decisions and regulations. The goals and the deadlines provided by laws and national strategies are in line with EU requirements. One of the important objectives of the legal framework and the main reason of this top-down approach is the creation of adequate conditions for international donors (in particular EU funds) in order to finance the necessary infrastructure. The Law aims to ensure the protection of environment and human health against pollution and damage resulting from solid waste. To this end, it sets out rules governing the environmental treatment of solid wastes at every stage: creation, collection, separation, transportation, recycling, processing and disposal. The Law further aims at waste reduction and the reduction of the hazardous and dangerous impact of waste. The Law is implemented by:

- DCM No. 389, dated 27.6.2018 "On some amendments and additions to Decision No. 452, dated 11.7.2012, of the Council of Ministers "On waste landfills"
- DCM No 319, dated 31.5.2018 "On the adoption of measures for the costs of integrated waste management"
- DCM No. 94, dated 14.2.2018 "On some amendments and additions to Decision no. 641, dated 1.10.2014, of the Council of Ministers "On the approval of rules for the export of waste and the transit of non-hazardous waste and inert waste"
- DCM No. 575, dated 24.6.2015 "On approving the requirements for inert waste management"
- DCM No. 641, dated 1.10.2014 "On the adoption of rules for the export of waste and the transit of non-hazardous waste and inert waste"
- DCM No. 99, dated 18.2.2005 "On the approval of the Albanian List of Waste Classification". → Regulation No. 117 of 13 February 2013 on the criteria used for determining when certain types of metal scrap cease to be waste.
- Regulation No. 177 dated 6 March 2012 on packaging and their residues.
- Order No. 1957 dated 6 November 2014 approving the model of authorization for the export of solid waste and the model of authorization for the transit of nondangerous solid waste.
- Order No. 893, dated 04 October 2013 approving the model register for operators that generate, collect, and recycle used oils. Amended by: Law No.32/2013 amending and supplementing Law No.10463 dated 22.9.2011 on the integrated management of solid waste. Law No. 156/2013 amending Law No. 10463 dated 22 September 2011 on the integrated management of solid waste. - 10 January 2013.

VI.3 LEGISLATION ON TERRITORY PLANNING, CULTURAL HERITAGE AND CHANCE FINDS

Projects for all types of building above ground and underground and engineering infrastructure projects across the entire country are based on standards and technical requirements of legal acts in force. Law No. 107/2014 “On territory planning and development” aims at ensuring the sustainable development of the territory through the rational use of land and natural resources; assessing the actual and future potential of the territory development on a local and national level by balancing natural resources with economic demand and public and private interests. It also aim to coordinate the effort for: i) conservation of natural resources such as land, air, water, forests, flora and fauna; ii) creation of territories eligible for functional construction; iii) promoting the economic, social, and cultural life in local and national level; iv) safeguarding the resources of adequate supplies; v) providing for life safety, national security, public order and public health; and vi) promoting the balanced regional development to ensure sustainable distribution of population. The Law is implemented by:

- Regulation No. 408 date 13.5.2015 approving the territory planning and development regulation. ρ Regulation 686 date 22.11.2017 on the territory planning.
- Regulation No. 739 date 13.12.2017 amending and supplementing Regulation No. 725 date 2.9.2015 on the organization and functioning of the Territory Development Agency.
- Regulation No. 427 date 8.6.2016 on the organization and functioning of the National Agency of Territory Planning. Amended by
- Law No. 28/2017 amending and supplementing Law no. 107/2014 on the territory planning as amended. Law No.27/2018, dated 17.05.2018 “On Cultural Heritage and Museums” is the primary legal framework governing the management of tangible and intangible cultural heritage in Albania. The Law aims to promulgate and protect the cultural heritage in the territory of the Republic of Albania. This Law, in relation to the field of territorial planning and development, defines inter alia:
 - the cases of construction in public or private properties, which must obtain written approval from the National Council of Restorations and the National Council of Archeology;
 - cases of excavations, restorations, uses and any other action in the cultural monuments, as well as any alteration on the ground under their protection, to be done with the authorization of the National Council of Restoration, Archaeological Institute, Archaeological Service Agency;
 - the rules and types of constructional interventions in the Museum Areas, museum ensembles, historical centers, archaeological parks. According to the law, if anything unusual will be found during the digging and excavation process the contractor has to stop immediately works, urgently inform the local authorities, the Culture Monuments Institute and also the Ministry of Culture. They will send archaeologists and field specialists in order to check and evaluate the supposed

archaeological objects and the works will restart only after the official permit given by the Culture Monuments Institute.

VI.4 LEGISLATION ON WATER

Albanian legislation on water is fully aligned with the relevant directives in the field of water, namely: Directive 2000/60 / EC of the European Parliament and the Council, dated October 23, 2000, "Establishing a legal framework for Community action in the field of water policy". CELEX number: 32000L0060, Official Gazette of the European Union, Series L, no. 327, dated 22.12.2000, page 1-73.

Law No. 111/2012, dated 15.12.2012 "On the integrated management of water resources" aims: a) protection and improvement of the aquatic environment, surface water, either temporary or permanent, internal sea waters, territorial waters, exclusive economic zones, continental shelf, trans-boundary waters, groundwater, and their status; b) security, protection, development and rational use of water resources, essential for life and for social and economic development of the country; c) fair distribution of water resources, according to the purposes of use and management of their effective management; d) protection of water resources from pollution, overuse and depletion on actual needs; and e) preparation of the institutional framework at national and local level, for the implementation of a national policy for the administration and management of water resources for the good of the community and social and economic interests of the country.

The Water Regulatory Authority (WRA) was established and functions pursuant to Law No. 8102, dated 28.03.1996, as amended, which lays down its powers, procedures and standards: Law No. 8102, dated 28.03.1996, as amended, "On the Regulatory Framework of Water Supply and Wastewater Disposal and Treatment Sector" A number of other laws of the Republic of Albania also have a bearing on the operation of the WRA, such as the Law on Consumer Protection, the Law on Functioning of Collegial Bodies of State Administration and Public Authorities, etc. Decisions of the Council of Ministers (DCM) are acts of implementing legislation that are complementary to the legal framework for the water supply and sewerage sector in Albania. DCM No. 643, dated 14.09.2011, "On the approval of the National Water Supply and Sewerage Services Sector Strategy" DCM No. 1304, dated 11.12.2009, "On the approval of the Regulation "On the water supply and sewerage services in the services area of the water supply and sewerage joint-stock utilities" (Water Supply and Sewerage Code)

VI.5 WORLD BANK ENVIRONMENTAL AND SOCIAL SAFEGUARD POLICIES

Like in any project financed by, or with financial participation of, the World Bank, the environmental and social safeguards as defined in the Bank's Operational Procedures (OPs) will be respected for the purposes of this project implementation.

World Bank classifies its projects into four Environmental Assessment categories according to the likely impacts on the environment they will have. This classification is as follows (only main conditions mentioned):

1. Category A: A proposed project is classified as Category A if it is likely to have significant adverse environmental impacts.

2. Category B: A proposed project is classified as Category B if its potential adverse environmental impacts on human populations or environmentally important areas— including wetlands, forests, grasslands, and other natural habitats—are less adverse than those of Category A projects. These impacts are site-specific; few if any of them are irreversible; and in most cases mitigation measures can be designed more readily than for Category A projects. All HSIP subprojects follow the overall categorization of the Project as Category B.

3. Category C: A proposed project is classified as Category C if it is likely to have minimal or no adverse environmental impacts. Beyond screening, no further Environmental Assessment action is required for a Category C project.

4. Category FI: A proposed project is classified as Category FI if it involves investment of Bank funds through a financial intermediary, in subprojects that may result in adverse environmental impacts; this case, in any way, is not applicable to the HSIP project.

The World Bank's OP 4.01 Environmental Assessment is considered to be the umbrella policy for the Bank's environmental safeguard policies. These policies are critical for ensuring that potentially adverse environmental and social consequences are identified, minimized, and properly mitigated. The WB carries out screening of each proposed project to determine the appropriate extent and type of EA to be undertaken and whether or not the project may trigger other safeguard policies.

VII. Environmental and Social Management Procedure

In line with the provisions of this ESMF, the Project Management Unit shall complete all of the required due diligence documentation with respect to environmental and social impacts of the Project (activities under the Additional Financing of the Albania Health Sector Improvement Project), in line with the provisions of the relevant legislation in force in Albania, and also in line with the relevant Operational Policies of the World Bank (safeguards).

Given that the original project, and the Additional Financing, are classified as Category B, as per OP 4.01 on Environmental Assessment, this means that the activities financed will have only site-specific impacts; few if any of them are irreversible; and in most cases mitigation measures can be designed and applied readily to mitigate all such identified impacts. The activities to be financed broadly correspond to reconstruction and rehabilitation of the medical and health care facilities in order to improve their services and/or to improve resilience to natural disasters such as the 2019 earthquake series that struck Albania.

The main associated impacts of such works include: dust and noise management; occupational health and safety (OHS), waste management including possible chance finds of asbestos containing materials or other hazardous materials requiring specific management protocols; minimizing impacts to other users of the buildings as necessary, and improvement and management of associated environmental impacts of a given facility, including emissions into the air, water or through waste generation.

In line with the global pandemic of the Coronavirus Covid-19 that is occurring presently, all works to be completed on this Project are subject to the protection measures and guidance provided by the World Bank Group, World Health Organization, Albanian authorities and their most current revisions of guidance. A present review and live links of all such guidance notes are provided in Annex 2 of this ESMF.

The Project activities will NOT be carried out on greenfield (new construction and developments) and will be carried out only within the existing buildings and their existing footprints. No new land will be used for the purposes of the Project activities.

The procedure for the assessment of environmental and social impacts will be carried out as follows:

Type of activity	Due diligence
Rehabilitation works without major demolition, contained to indoors of an existing building	Complete all EIA and environmental permit requirements as per the Albanian laws. Complete Checklist ESMP provided in Annex 1 of this ESMF

Reconstruction works that will take place on the entire building and may have impacts beyond the building itself	<p>Complete all EIA and environmental permit requirements as per the Albanian laws.</p> <p>Complete ESMP with site specific information based on the template within this ESMF</p>
Purchasing of new equipment or supplies	<p>Ensure adequate management in an environmentally sound manner is completed for any old equipment that will be discarded</p> <p>For supplies being procured, ensure that their end of life management is warranted through best available environmentally acceptable practices</p>

VIII. INSTITUTIONAL ARRANGEMENTS

The institutional responsibility of implementing this ESMP will rest with the Project Coordination Unit, PCU (or Task Team) at MoHSP. A key role of the unit would be among others, to review consultants' reports for compliance with the EMP.

Other roles will be: Monitoring implementation of mitigation actions by contractors Coordinating training and capacity building where planned Periodically report about implementation of the EMP MoHSP should ensure that all its personnel to be involved in implementation of this EMP are adequately qualified and were appointed based on their qualification and suitability for respective roles. There is thus no training provided for them under this EMP. MoHSP shall require contractors to comply with this EMP and where a contractor has an Environmental Officer she/he will undertake environmental supervision during construction. However, since construction duration is short where a contractor does not have an Environmental Officer the supervising engineer or site manager/ contract manager should be given environmental orientation relevant to this EMP so as to execute required environmental supervision roles. Additionally a "Clerk of Works" should be employed to represent client's environmental objectives and interests during construction phase. As a hiring criterion, such a person should have a background in environmental issues, particularly associated with construction projects.

IX. MONITORING AND REPORTING ARRANGEMENTS

Monitoring will verify if predicted impacts have actually occurred and check that mitigation actions recommended in the EIA are implemented and their effectiveness. Monitoring will also identify any unforeseen impacts that might arise from project implementation. Who monitors and how: Monitoring will be undertaken by MoHSP (PCU) and Environmental Officers who represent NEA at local administrative. Monitoring by NEA in this case can be considered "third party monitoring" but this is its regulatory mandate according to DCM No. 47, dated 29.01.2014 "On defining the regulation for the organization and functioning of the National Environment Agency and Regional Environment Agencies" Another government agency that may undertake "third party monitoring" is the State Inspectorate of Labor and Social Security. This unit has authority to inspect any facility for compliance with national requirements on safety in workplaces. The project shall make no funding to SILSS since this is provided for in its annual budget. Monitoring will be done through site inspection, review of grievances logged by stakeholders and ad hoc discussions with potentially affected persons (construction workers, residents near the hospital, patients and healthcare staff). Frequency: Monitoring will be undertaken monthly over the construction period. Audits: Audits will be necessary both during construction and project operation. While construction audits will aim to verify compliance to impact mitigation requirements, postconstruction audits are a regulatory requirement within 12 months and not more than 36 months after completion of construction, according to national EIA Regulations. Both construction and post-construction audits can be conducted internally (by

MoHSP) or by a consultant hired by MoHSP. If undertaken by a hired consultant, a budget has been proposed for both in this EMP. Reporting: Concise monthly monitoring reports should be compiled by MoHSP's Project Coordination Unit (PCU) and shared with interested stakeholders.

X. GRIEVANCE MECHANISM

This section describes avenues for affected persons to lodge a complaint or express a grievance against the project, its staff or contractors during project implementation. It also describes the procedures, roles and responsibilities for addressing grievances and resolving disputes. Every aggrieved person shall be able to trigger this mechanism to quickly resolve their complaints. The objectives of the grievance process are:

- i) Ensure that appropriate and mutually acceptable corrective actions are identified and implemented to address complaints;
- ii) Verify that complaints are satisfied with outcomes of corrective actions;
- iii) Avoid the need to resort to judicial proceedings.

The grievance mechanism at each healthcare facility will be fed from three main sources: Community residents, patients or health workers. Supervising engineer, clerk of works or contractor. Monitoring team who will forward issues/concerns identified in the field. Steps of the grievance process are described below. A flow chart outlining the main actions and decision points is shown in Figure 37.

Step 1: Receipt of complaint A verbal or in written complaint from a complainant will be received by the Clerk of Works and recorded in a complaints log s(he) keeps on site. The log will indicate grievances, date lodged, action taken to address complaint or reasons the grievance was not acted on; information provided to complainant and date the grievance was closed. Grievances should be lodged at any time directly to the Clerk of Works' office. The process for lodging a complaint is outlined below:

- i) Clerk of Works receives complaint(s) from complainant and records it in log.
- ii) Clerk of Works reads the recorded complaint to confirm correct detail of complaint has been documented.
- iii) Complainant signs the log to confirm grievance was accurately recorded. **Step 2: Determination of corrective action** If in his/her view, a grievance can be solved at this stage, the Clerk of Works will determine a corrective action in consultation with the aggrieved person.

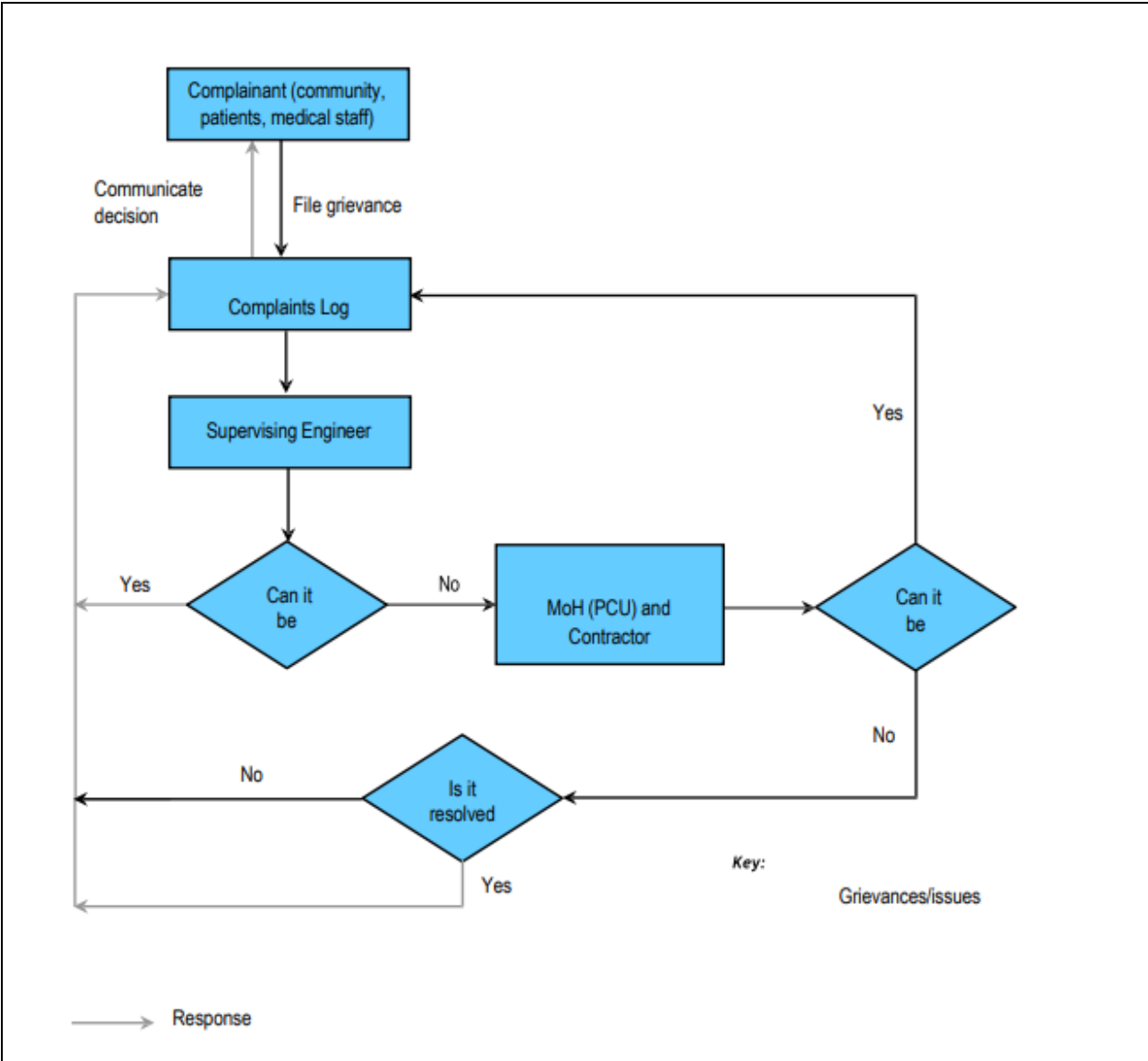
Remedial action(s) and timeframe within which they must be accomplished has been described and the party responsible for implementing them will be recorded in the complaint log. Grievances will be resolved and status reported back to complainants within 5 days. If more time is required this will be communicated clearly and in advance to the aggrieved person. For cases that are not resolved within the stipulated time, detailed investigations will be undertaken and results discussed not more than 1 month from lodging a grievance.

Step 3: Meeting with the complainant The proposed corrective action and the timeframe in which it is to be implemented will be discussed with the complainant within 5 days of receipt of the grievance.

Step 4: Implementation of corrective action Agreed corrective action will be undertaken by the project or its contractor within the agreed timeframe. The date of the completed action will be recorded in the log against the complainant's grievance.

Step 5: Verification of corrective action To verify satisfaction, the aggrieved person will be asked to return if not satisfied with the corrective action.

Step 6: Action by MoHSP and project contractors If the Clerk of Works cannot solve the grievance, he will refer it to MoHSP (and contractor) through the Supervising Engineer. It is believed all possible grievances can be solved at this level.



XI. TEMPLATE ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN

(KRUJA HOSPITAL)

Impact and Mitigation/ Enhancement commitments	Desired Outcomes	Monitoring: Performance Indicators/Targets or Acceptance Criteria	Timing	Responsibility	Incremental Costs	Capacity Building and Training Requirement
CONSTRUCTION PHASE						
Positive impact						
Income to equipment and material suppliers						
Project will promote local procurement where technically or commercially reasonable and feasible.	Ensure that local communities and businesses benefit from procurement process	Number of local businesses benefiting from construction related procurement	Before and during commencement of construction	MoHSP; Contractor	Negligible	None
Forearmaterials,procurefromlegitimate sources to avoid encouraging environmental degradation	Project's material demand does not encourage environmental degradation	All quarries from which materials (sand, stone) are obtained are licensed by the local authorities.	Before and during construction	MoHSP; Contractor	Negligible	None
Employment						

Contractor will avail local communities to create awareness about the proposed project activities	The participation of local community members in all project activities possible.	Local community awareness of project progress status	Before and during construction	MoHSP; Contractor	Negligible	None
Unskilled labour will be recruited exclusively from local community, and semi-skilled labour will be recruited preferentially from such communities, provided that they have the requisite qualification, competence and desired experience.	The participation of local community members will be maximised during site preparation and construction activities.	Number of local people (unskilled and semi-skilled) employed during construction phase	Before and during construction	MoHSP; Contractor	Negligible	None
Contractors will be encouraged to pay a “living wage” to all workers.	Improve livelihood of the local community	No complaints of poor remuneration	Before and during construction	MoHSP; Contractor	Negligible	None
Contractors’ employment activities on a monthly basis, including number of jobs created by employment type (Skilled/semi-skilled /unskilled);	Contractor has records of filled vacancies by; number of placement, level of skill, gender, type,	No complaints of inconsistencies in recruitment criteria and wages	Before and during construction	MoHSP; Contractor	Negligible	None

number of jobs by gender, employment type and geographical area; total man hours and wages paid, by employment type, gender and geographical area; and rate of employee turnover by gender and area.	Turnover, and man hours and wage.					
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Negative impacts						
Improper construction Waste management						
Contractor should seek guidance of local environmental officers to identify acceptable disposal sites	Contractor has records of proper waste disposal indicating quantities dumped and location of dumping site,	No report of illegal waste dumping in non-designated areas	Throughout construction	MoHSP ; Contractor; Local Environmental Officer.	Negligible	None

Contractors should undertake waste segregation on site to separate hazardous waste from non-hazardous waste	Hazardous waste separated from non-hazardous waste on site and each waste stream disposed of according to EPA requirements in designated sites.	Separate containers for hazardous waste and non-hazardous waste on site	Throughout construction	MoHSP ; Contractor; Local Environmental Officer.	Negligible	Likely hazardous and non-hazardous construction waste
Waste (such as metal scrap or wood waste) that can be reused/ recycled may be given to local people.	Amount of waste disposed minimized by reuse, wherever feasible	Record of material types and estimated quantity diverted for reuse	Throughout construction	Contractor; local environmental officer	Negligible	None
Improper management of demolition waste						
Seek guidance of local environmental officers to identify acceptable disposal sites	No dumping construction waste in non-designated areas	Contractor has records of proper waste disposal indicating quantities dumped and location of dumping site,	Throughout construction	MoHSP ; Contractor; Local Environmental Officer	Negligible	None

Contractors should undertake waste segregation at source to separate hazardous from non-hazardous waste	Hazardous waste separated from non-hazardous waste on site and each waste stream disposed of according to NEA requirements in designated sites.	Separate containers on site for hazardous and non-hazardous waste on site	Throughout construction	MoHSP ; Contractor; Local Environmental Officer.	Negligible	Likely hazardous and non-hazardous construction waste
Waste (such as metal scrap or wood waste) that can be reused/recycled may be given to local people.	Amount of waste disposed of minimized by reuse, wherever feasible	Record of material types and estimated quantity diverted for reuse	Throughout construction	Contractor;	Negligible	
Seek guidance of local environmental officers to identify acceptable disposal sites	Waste disposed of at designated sites	No complaint of waste dumped illegally in non-designated sites	Throughout construction	Local Environmental Officer.	Negligible	
Pressure on infrastructure						

Contractor should provide separate source and storage for to use for construction (use water bowsers for supply); should not connect to hospital water supply system	Uninterrupted water supplies to hospital community	No complaint of irregularities in water supply related to construction activities	Throughout construction	MoHSP; Contractor	Negligible	None
Contractor should provide separate source power for construction (use generators); should not connect to hospital energy grid system	Uncompromised energy supply to hospital community	No complaint of irregularities in energy supply related to construction activities	Throughout construction	MoHSP; Contractor	Negligible	None
Contractor should provide mobile onsite toilets and washrooms and washing water for workers.	Workers do not compete with hospital community for lavatory facilities.	Ablution facilities exist on site	During construction	MoHSP	Negligible (should be part of contractor's bid)	None
Generation of noise						

Construction workers should be sensitized on the sensitive nature of workplace they are operating in and advised to limit verbal noise or other forms of noise. For example, metallic objects or tools can be passed onto a colleague rather than dropping or throwing them with loud bangs.	No excessive noise from workers	Patients and health workers do not complain about noise during construction	During construction	MoHSP; Contractor	Negligible	None
Contractor should ensure that all equipment and machinery are in good and sound condition of old or damaged equipment with high level of noise emissions that would have a negative impact in the environment	Construction activities generate permissible levels of noise.	Patients and health workers do not complain about noise during construction	During construction	MoHSP; Contractor	Negligible	None
All generators and heavy duty equipment should be insulated or placed in enclosures to minimize disrupting ambient noise levels.	Construction activities generate permissible levels of noise.	Patients and health workers do not complain about noise during construction	During construction	MoHSP; Contractor	Negligible	None

Construction activities generate permissible levels of noise.	Patients and health workers do not complain about noise during construction	During construction	MoHSP; Contractor	Negligible	None
Construction activities generate permissible levels of noise.	Patients and health workers do not complain about noise during construction	During construction	MoHSP; Contractor	Comprised in cost for control of flying debris	None
Construction activities generate permissible levels of noise.	Patients and health workers do not complain about noise during construction	During construction	MoHSP; Contractor	Negligible	None
Minimized noise and vibration at the project site.	Patients and health workers do not complain about noise and vibration during construction	During construction	MoHSP; Contractor	Negligible	None

Afford hospital community noise-free night time to rest	No complaints of restless nights due to noise and vibration from project activities.	During construction	MoHSP; Contractor		Negligible	None
No excessive dust emissions noted outside construction areas	No complaints of excessive dust from construction areas	During construction	MoHSP; Contractor		Comprised in cost for control of flying debris	None
Minimize dust and exhaust emissions	No complaints of trucks ruthless driving from communities along roads used by project vehicles	During construction	MoHSP; Contractor		Negligible	None
Trucks should be covered during haulage of construction materials;	No material spills on roads during haulage to sites	No accidents caused by construction material split on road	Throughout construction	MoHSP ; Contractor; Police	Negligible (should be part of contractor 's bid)	None
Wherever dust suppression is necessary, water should be sprayed over dusty areas;	Minimize dust levels	Recognition of locals of contractor's efforts to minimize dust nuisance.	During construction	MoHSP; Contractor	Negligible	None

Keep all construction equipment in good operating condition to reduce exhaust emissions;	Minimize air pollution levels	No complaints of excessive fumes	During construction	MoHSP; Contractor	Negligible	None
All dust should be quickly swept away to avoid migration to other non-construction areas;	Reduce dust levels in off-site locations	No dust hips on-site	Throughout construction	MoHSP; Contractor	Negligible	None
Construction work should be undertaken by an experienced and duly registered contractor with a verifiable sense of environmental awareness and responsibility;	Employment of best Construction practices to minimize adverse impacts	Implementation of proposed mitigation measures	Throughout construction	MoHSP; Contractor	Negligible	None
Workers will be provided with PPE and the use of PPE shall be enforced;	Minimize OHS on workers from fugitive emissions	All workers on-set with appropriate PPE	Throughout construction	MoHSP; Contractor	Comprised in cost for provision	None
Temporary scenic blight						
Contractor should ensure minimal footprint of construction activities.	Project workers and activities restricted to construction site	Workers and materials not found at locations away from construction site	Throughout construction	MoHSP; Contractor	Negligible	None
Occupational health safety (OHS) for contractors						

Orient all construction workers on safe work	Reduce OHS on construction workers	Records of workers' orientation	Throughout construction	MoHSP; Contractor	Negligible	None
Practices and guidelines and ensure that they adhere to them.						
Training should be conducted on how to prevent and manage incidences. This should involve proper handling of electricity, water etc. and sensitization on various modes of escape, conduct and responsibility during such incidences. All must fully be aware and mentally prepared for potential emergency.	Reduce OHS on construction workers	Records of training and Impromptu interviews with workers on OHS emergency response	Throughout construction	MoHSP; Contractor	Negligible	None
Regular drills should constantly follow on various possible incidences. This will test the response of the involved stakeholders. Such drills will keep them alert and they will become more responsive to in the case of incidences.	Reduce OHS on construction workers	Records of drills on OHS emergency response	Throughout construction	MoHSP; Contractor	Negligible	None

Use signagetowarnstaffand/orvisitors that are not involved in construction activities of dangerous places.	Reduce OHS on construction workers and the public	Presence of appropriate signage on-site	Throughout construction	MoHSP; Contractor	Negligible	None
Supervision of works should be done regularly to ensure that safety conditions are met while any deviation from safety regulations is immediately reclaimed following the best practices regarding safety at work equipment.	Reduce OHS on construction workers	Presence of supervisor on-site	Throughout construction	MoHSP; Contractor	Negligible	None
Develop evacuation procedures to handle emergency situations.	Reduce OHS on construction workers	Documented Emergency Response Preparedness Plan (ERPP)	Throughout construction	MoHSP; Contractor	Negligible	None

<p>Provide appropriate PPE to all workers not limited to;</p> <ul style="list-style-type: none"> • Ear Muffs: One size fits all, comfortable, less ear infection risk • Ear Plugs: Small, lightweight, can get dirty and cause infection • Face/Eye (Working with any chemical or using any mechanical equipment) • Face Shield: Protect face from splashing and particles • Safety Glasses: Protection from solids (cutting, sanding, grinding) <ul style="list-style-type: none"> • Body • Foot Protection • Safety Goggles: Protects eyes from splashing • Hand (Use correct gloves for the job) <p><input type="checkbox"/></p>	<p>Reduce health and safety risks to construction workers</p>	<p>Zero injuries in any month of construction phase</p>	<p>Before construction commences</p>	<p>MoHSP; Contractor</p>	<p>Application of various types of PPE and their proper use.</p>
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	<ul style="list-style-type: none"> Gloves for other use: special gloves for cutting burning, abrasions/ blisters Overalls: Can protect against dust, vapours, splashes Safety Toe/Steel Toe Boots: Always worn when potential for falling hazard exists Water/Chemical Resistant Boots: Use in a spill situation 						
6.1.2.7	Accidents						
	Adopt best transport safety practices with the goal of preventing traffic accidents and minimizing injuries suffered by project personnel and the public	No road accident by project traffic	No accident occurs in each month of construction duration	During construction	MoHSP; Contractor	Negligible	Contractor needs road safety awareness to project personnel and the public
	Ensure drivers respect speed limits through built areas and urban centres.	No road accident by project traffic	No accident occurs in each month of construction duration	During construction	MoHSP; Contractor	Negligible	Contractor needs speed awareness through built areas and urban areas

Ensure that vehicles are regularly maintained to minimize potentially serious accidents such as those caused by brake failure commonly associated with loaded construction trucks	No road accident due to poor mechanical conditions of project vehicles.	No accident occurs in each month of construction duration	During construction	MoHSP; Contractor	Negligible	None
Employ safe traffic control measures, including temporary road signs and flag persons to warn of dangerous conditions and children crossings	No road accident by project traffic	No accident occurs in each month of construction duration	During construction	MoHSP; Contractor		None
Contractors should cordon off areas under construction and provide signage to warn of on-going construction works.	Construction works do not cause injury to patients and health workers	Zero injuries in any month of construction phase	During construction	MoHSP; Contractor	Negligible	None
Contractors should use screens or nets to avoid flying debris and dust	No debris noted outside construction areas	No complaints about flying debris from construction areas (this should be verified by perusal of records in complaints log)	During construction	MoHSP; Contractor	Negligible	None

6.1 (all sub-sections)	Impact of construction activities	Construction activities do not cause adverse socio-environmental impacts	Annual construction audits do not indicate adverse impacts not mitigated	1 time per year	MoHSP (construction audit may be undertaken by MoHSP or consultant it hires)		Environmental auditing of construction projects
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TextReference	Impact and Mitigation/ Enhancement commitments	Desired Outcomes	Monitoring: Performance Indicators/Targets or Acceptance Criteria	Timing	Responsibility	Incremental Costs	Capacity Building and Training Requirements
6.2	OPERATION PHASE						
6.2.1	Positive						
6.2.1.1	Improved medical surveillance services						
	Construction of hospital facilities should be matched with commensurate staffing with hospital personnel adequately trained in use of newly installed equipment	Installed hospital equipment fully utilized to enhance services at the hospital.	The hospital has trained staff to properly and safely operated provided equipment	1 month after equipment installation	MoHSP and supplier	None (procurement cost assumed to include training)	Staff training in operation of newly installed hospital equipment
	Reduced public risks due to improvement in hospital waste management	Environmental audits show that medical waste emissions do not cause onsite/ offsite public health risk	Annual environmental audits find no plume downwash from waste treatment.	Undertake full environmental audit once per year	MoHSP	Environmental audit cost:	Operation of hospital equipment
6.2.1.2	Employment opportunities						

	Operation of the hospital will create additional long- term technicalandnon-technicaljob opportunities for nurses, laboratory professionals, janitors, etc.	Improve hospital services	Hospital has adequate trained staff.	Daily	MoHSP	Negligible	None
6.2.2	Negative						
6.2.2.1	Improper waste management						
	Ensure proper waste management practices as recommended in the study on improvement of hospital waste management.	No community health risk due to improper waste management	No raw medical waste is dumped at public dumps	Daily	Healthcare facility administrator/ Superintendent	Negligible	None
	The collection of waste should be made at least once in 24 hours, and it should be done in such a way to minimize nuisance of smell and dust during collection and all the waste collected must be carried away from the storage site to an approved disposal point.	No accumulation of waste in and around hospital facility	No smell or accumulated waste in and around the hospital	Daily	Hospital administrator/ Superintendent	Negligible	None

	Provide appropriate waste bins for the different types of waste generated in the hospital to allow segregation and collection at the point of generation.	Waste segregation and no litter.	Presence of adequate waste bins in and around the hospital facility	Daily	Hospital administrator/ Superintendent	Negligible	None
	Hospital staff should be trained or educated on the importance and means of waste management and handling during operation.	Proper waste handling and management	Presence of labeled waste bins on-site	Daily	Hospital administrator/ Superintendent	Negligible	None
	The hospital administration should work together with a private refuse handlers and the Municipal Council to facilitate sound waste handling and disposal from the site noting that hazardous waste must not be mixed with municipal waste.	Proper waste disposal	Documentation of formal engagement of refuse handlers	Monthly	Hospital administrator/ Superintendent	Negligible	None
	Hospital should have standard operation and decontamination procedure manuals and clearly displayed at appropriate point(s) with the hospital	Efficient containment of pathogens	Display at appropriate point(s)	Daily	Hospital administrator/ Superintendent	Negligible	None

6.2.2.2	Occupational health and safety risks						
	All workers to be Provided with appropriate PPE against exposure to infectious pathogens, hazardous chemicals and ionizing radiation in accordance with recognized international safety standards and guidelines.	Minimal work- related injuries or infections	All healthcare staff has necessary PPE.	Daily	Healthcare facility administrator/ Superintendent	Negligible since all requisite PPE to be provided as part of by equipment supplier bid.	None
	Orient all staff on safe work practices and guidelines and ensure that they adhere to them.	Reduce staff OHS	Records of staff orientation on safety practices and guidelines	Throughout hospital operational life	Hospital administrator/ Superintendent	Negligible	Safety practices and guidelines
	Training should be conducted on how to prevent and manage incidences.	Reduce incidences in and around hospital facility	Records of staff training on prevention of incidences	Throughout hospital operational life	Hospital administrator/ Superintendent	Negligible	Prevention and manage incidences.
	This should involve proper handling of electricity, water etc. and sensitization on various modes of escape, conduct and responsibility during such incidences						

Regular drills should constantly follow on various possible incidences. This will test the response of the involved stakeholders. Such drills will keep them alert and they will become more responsive to in the case of incidences.	Staff preparedness to combat possible incidences	Records of incidence prevention drills	Throughout hospital operational life	Hospital administrator/ Superintend	Negligible	None
Use signage to warn staff and/ or visitors that are not involved in hospital work of dangerous places	Public and other staff safety	Presence of appropriate and clear signage in and around hospital facility	Throughout hospital operational life	Hospital administrator/ Superintend	Negligible	None
Develop evacuation procedures to handle emergency situations.	Public and other staff safety	Evacuation procedure document	Throughout hospital operational life	Hospital administrator/ Superintend	Negligible	None

ANGIOLOGY –CARDIO SURGERY

Impact and Mitigation/ Enhancement commitments	Desired Outcomes	Monitoring: Performance Indicators/Targets or Acceptance Criteria	Timing	Responsibility	Incremental Costs	Capacity Building and Training Requirement
CONSTRUCTION PHASE						
Positive impact						
Income to equipment and material suppliers						
Project will promote local procurement where technically or commercially reasonable and feasible.	Ensure that local communities and businesses benefit from procurement process	Number of local businesses benefiting from construction related procurement	Before and during commencement of construction	MoHSP; Contractor	Negligible	None
Forearthmaterials, procurefromlegitimate sources to avoid encouraging environmental degradation	Project’s material demand does not encourage environmental degradation	All quarries from which materials (sand, stone) are obtained are licensed by the local authorities.	Before and during construction	MoHSP; Contractor	Negligible	None
Employment						

Contractor will avail local communities to create awareness about the proposed project activities	The participation of local community members in all project activities possible.	Local community awareness of project progress status	Before and during construction	MoHSP; Contractor	Negligible	None
Unskilled labour will be recruited exclusively from local community, and semi-skilled labour will be recruited preferentially from such communities, provided that they have the requisite qualification, competence and desired experience.	The participation of local community members will be maximised during site preparation and construction activities.	Number of local people (unskilled and semi-skilled) employed during construction phase	Before and during construction	MoHSP; Contractor	Negligible	None
Contractors will be encouraged to pay a “living wage” to all workers.	Improve livelihood of the local community	No complaints of poor remuneration	Before and during construction	MoHSP; Contractor	Negligible	None
Contractors’ employment activities on a monthly basis, including number of jobs created by employment type (Skilled/semi-skilled /unskilled);	Contractor has records of filled vacancies by; number of placement, level of skill, gender, type,	No complaints of inconsistencies in recruitment criteria and wages	Before and during construction	MoHSP; Contractor	Negligible	None

<p>number of jobs by gender, employment type and geographical area; total man hours and wages paid, by employment type, gender and geographical area; and rate of employee turnover by gender and area.</p>	<p>Turnover, and man hours and wage.</p>					
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<p>Negative impacts</p>						
<p>Improper construction Waste management</p>						
<p>Contractor should seek guidance of local environmental officers to identify acceptable disposal sites</p>	<p>Contractor has records of proper waste disposal indicating quantities dumped and location of dumping site,</p>	<p>No report of illegal waste dumping in non-designated areas</p>	<p>Throughout construction</p>	<p>MoHSP ; Contractor; Local Environmental Officer.</p>	<p>Negligible</p>	<p>None</p>

Contractors should undertake waste segregation on site to separate hazardous waste from non-hazardous waste	Hazardous waste separated from non-hazardous waste on site and each waste stream disposed of according to EPA requirements in designated sites.	Separate containers for hazardous waste and non-hazardous waste on site	Throughout construction	MoHSP ; Contractor; Local Environmental Officer.	Negligible	Likely hazardous and non-hazardous construction waste
Waste (such as metal scrap or wood waste) that can be reused/ recycled may be given to local people.	Amount of waste disposed minimized by reuse, wherever feasible	Record of material types and estimated quantity diverted for reuse	Throughout construction	Contractor; local environmental officer	Negligible	None
Improper management of demolition waste						
Seek guidance of local environmental officers to identify acceptable disposal sites	No dumping construction waste in non-designated areas	Contractor has records of proper waste disposal indicating quantities dumped and location of dumping site,	Throughout construction	MoHSP ; Contractor; Local Environmental Officer	Negligible	None

<p>Contractors should undertake waste segregation at source to separate hazardous from non-hazardous waste</p>	<p>Hazardous waste separated from non-hazardous waste on site and each waste stream disposed of according to NEA requirements in designated sites.</p>	<p>Separate containers on site for hazardous and non-hazardous waste on site</p>	<p>Throughout construction</p>	<p>MoHSP ; Contractor; Local Environmental Officer.</p>	<p>Negligible</p>	<p>Likely hazardous and non-hazardous construction waste</p>
<p>Waste (such as metal scrap or wood waste) that can be reused/recycled may be given to local people.</p>	<p>Amount of waste disposed of minimized by reuse, wherever feasible</p>	<p>Record of material types and estimated quantity diverted for reuse</p>	<p>Throughout construction</p>	<p>Contractor;</p>	<p>Negligible</p>	
<p>Seek guidance of local environmental officers to identify acceptable disposal sites</p>	<p>Waste disposed of at designated sites</p>	<p>No complaint of waste dumped illegally in non-designated sites</p>	<p>Throughout construction</p>	<p>Local Environmental Officer.</p>	<p>Negligible</p>	
<p>Pressure on infrastructure</p>						

Contractor should provide separate source and storage for to use for construction (use water bowsers for supply); should not connect to hospital water supply system	Uninterrupted water supplies to hospital community	No complaint of irregularities in water supply related to construction activities	Throughout construction	MoHSP; Contractor	Negligible	None
Contractor should provide separate source power for construction (use generators); should not connect to hospital energy grid system	Uncompromised energy supply to hospital community	No complaint of irregularities in energy supply related to construction activities	Throughout construction	MoHSP; Contractor	Negligible	None
Contractor should provide mobile onsite toilets and washrooms and washing water for workers.	Workers do not compete with hospital community for lavatory facilities.	Ablution facilities exist on site	During construction	MoHSP	Negligible (should be part of contractor's bid)	None
Generation of noise						

<p>Construction workers should be sensitized on the sensitive nature of workplace they are operating in and advised to limit verbal noise or other forms of noise. For example, metallic objects or tools can be passed onto a colleague rather than dropping or throwing them with loud bangs.</p>	<p>No excessive noise from workers</p>	<p>Patients and health workers do not complain about noise during construction</p>	<p>During construction</p>	<p>MoHSP; Contractor</p>	<p>Negligible</p>	<p>None</p>
<p>Contractor should ensure that all equipment and machinery are in good and sound condition of old or damaged equipment with high level of noise emissions that would have a negative impact in the environment</p>	<p>Construction activities generate permissible levels of noise.</p>	<p>Patients and health workers do not complain about noise during construction</p>	<p>During construction</p>	<p>MoHSP; Contractor</p>	<p>Negligible</p>	<p>None</p>
<p>All generators and heavy duty equipment should be insulated or placed in enclosures to minimize disrupting ambient noise levels.</p>	<p>Construction activities generate permissible levels of noise.</p>	<p>Patients and health workers do not complain about noise during construction</p>	<p>During construction</p>	<p>MoHSP; Contractor</p>	<p>Negligible</p>	<p>None</p>

Construction activities generate permissible levels of noise.	Patients and health workers do not complain about noise during construction	During construction	MoHSP; Contractor	Negligible	None
Construction activities generate permissible levels of noise.	Patients and health workers do not complain about noise during construction	During construction	MoHSP; Contractor	Comprised in cost for control of flying debris	None
Construction activities generate permissible levels of noise.	Patients and health workers do not complain about noise during construction	During construction	MoHSP; Contractor	Negligible	None
Minimized noise and vibration at the project site.	Patients and health workers do not complain about noise and vibration during construction	During construction	MoHSP; Contractor	Negligible	None

Afford hospital community noise-free night time to rest	No complaints of restless nights due to noise and vibration from project activities.	During construction	MoHSP; Contractor		Negligible	None
No excessive dust emissions noted outside construction areas	No complaints of excessive dust from construction areas	During construction	MoHSP; Contractor		Comprised in cost for control of flying debris	None
Minimize dust and exhaust emissions	No complaints of trucks ruthless driving from communities along roads used by project vehicles	During construction	MoHSP; Contractor		Negligible	None
Trucks should be covered during haulage of construction materials;	No material spills on roads during haulage to sites	No accidents caused by construction material split on road	Throughout construction	MoHSP ; Contractor; Police	Negligible (should be part of contractor 's bid)	None
Wherever dust suppression is necessary, water should be sprayed over dusty areas;	Minimize dust levels	Recognition of locals of contractor's efforts to minimize dust nuisance.	During construction	MoHSP; Contractor	Negligible	None

Keep all construction equipment in good operating condition to reduce exhaust emissions;	Minimize air pollution levels	No complaints of excessive fumes	During construction	MoHSP; Contractor	Negligible	None
All dust should be quickly swept away to avoid migration to other non-construction areas;	Reduce dust levels in off-site locations	No dust hips on-site	Throughout construction	MoHSP; Contractor	Negligible	None
Construction work should be undertaken by an experienced and duly registered contractor with a verifiable sense of environmental awareness and responsibility;	Employment of best Construction practices to minimize adverse impacts	Implementation of proposed mitigation measures	Throughout construction	MoHSP; Contractor	Negligible	None
Workers will be provided with PPE and the use of PPE shall be enforced;	Minimize OHS on workers from fugitive emissions	All workers on-set with appropriate PPE	Throughout construction	MoHSP; Contractor	Comprise d in cost for provision	None
Temporary scenic blight						
Contractor should ensure minimal footprint of construction activities.	Project workers and activities restricted to construction site	Workers and materials not found at locations away from construction site	Throughout construction	MoHSP; Contractor	Negligible	None
Occupational health safety (OHS) for contractors						

Orient all construction workers on safe work	Reduce OHS on construction workers	Records of workers' orientation	Throughout construction	MoHSP; Contractor	Negligible	None
Practices and guidelines and ensure that they adhere to them.						
<p>Training should be conducted on how to prevent and manage incidences.</p> <p>This should involve proper handling of electricity, water etc. and sensitization on various modes of escape, conduct and responsibility during such incidences. All must fully be aware and mentally prepared for potential emergency.</p>	Reduce OHS on construction workers	Records of training and Impromptu interviews with workers on OHS emergency response	Throughout construction	MoHSP; Contractor	Negligible	None
Regular drills should constantly follow on various possible incidences. This will test the response of the involved stakeholders. Such drills will keep them alert and they will become more responsive to in the case of incidences.	Reduce OHS on construction workers	Records of drills on OHS emergency response	Throughout construction	MoHSP; Contractor	Negligible	None

Use signage to warn staff and/or visitors that are not involved in construction activities of dangerous places.	Reduce OHS on construction workers and the public	Presence of appropriate signage on-site	Throughout construction	MoHSP; Contractor	Negligible	None
Supervision of works should be done regularly to ensure that safety conditions are met while any deviation from safety regulations is immediately reclaimed following the best practices regarding safety at work equipment.	Reduce OHS on construction workers	Presence of supervisor on-site	Throughout construction	MoHSP; Contractor	Negligible	None
Develop evacuation procedures to handle emergency situations.	Reduce OHS on construction workers	Documented Emergency Response Preparedness Plan (ERPP)	Throughout construction	MoHSP; Contractor	Negligible	None

<p>Provide appropriate PPE to all workers not limited to;</p> <ul style="list-style-type: none"> • Ear Muffs: One size fits all, comfortable, less ear infection risk • Ear Plugs: Small, lightweight, can get dirty and cause infection • Face/Eye (Working with any chemical or using any mechanical equipment) • Face Shield: Protect face from splashing and particles • Safety Glasses: Protection from solids (cutting, sanding, grinding) <ul style="list-style-type: none"> • Body • Foot Protection • Safety Goggles: Protects eyes from splashing • Hand (Use correct gloves for the job) • Chemical Gloves: (Nitrile, Latex, PVC) 	<p>Reduce health and safety risks to construction workers</p>	<p>Zero injuries in any month of construction phase</p>	<p>Before construction commences</p>	<p>MoHSP; Contractor</p>	<p>Application of various types of PPE and their proper use.</p>
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	<ul style="list-style-type: none"> Gloves for other use: special gloves for cutting burning, abrasions/ blisters Overalls: Can protect against dust, vapours, splashes Safety Toe/Steel Toe Boots: Always worn when potential for falling hazard exists Water/Chemical Resistant Boots: Use in a spill situation 						
6.1.2.7	Accidents						
	Adopt best transport safety practices with the goal of preventing traffic accidents and minimizing injuries suffered by project personnel and the public	No road accident by project traffic	No accident occurs in each month of construction duration	During construction	MoHSP; Contractor	Negligible	Contractor needs road safety awareness to project personnel and the public
	Ensure drivers respect speed limits through built areas and urban centres.	No road accident by project traffic	No accident occurs in each month of construction duration	During construction	MoHSP; Contractor	Negligible	Contractor needs speed awareness through built areas and urban areas

Ensure that vehicles are regularly maintained to minimize potentially serious accidents such as those caused by brake failure commonly associated with loaded construction trucks	No road accident due to poor mechanical conditions of project vehicles.	No accident occurs in each month of construction duration	During construction	MoHSP; Contractor	Negligible	None
Employ safe traffic control measures, including temporary road signs and flag persons to warn of dangerous conditions and children crossings	No road accident by project traffic	No accident occurs in each month of construction duration	During construction	MoHSP; Contractor		None
Contractors should cordon off areas under construction and provide signage to warn of on-going construction works.	Construction works do not cause injury to patients and health workers	Zero injuries in any month of construction phase	During construction	MoHSP; Contractor	Negligible	None
Contractors should use screens or nets to avoid flying debris and dust	No debris noted outside construction areas	No complaints about flying debris from construction areas (this should be verified by perusal of records in complaints log)	During construction	MoHSP; Contractor	Negligible	None

6.1 (all sub-sections)	Impact of construction activities	Construction activities do not cause adverse socio-environmental impacts	Annual construction audits do not indicate adverse impacts not mitigated	1 time per year	MoHSP (construction audit may be undertaken by MoHSP or consultant it hires)		Environmental auditing of construction projects
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TextReference	Impact and Mitigation/ Enhancement commitments	Desired Outcomes	Monitoring: Performance Indicators/Targets or Acceptance Criteria	Timing	Responsibility	Incremental Costs	Capacity Building and Training Requirements
6.2	OPERATION PHASE						
6.2.1	Positive						
6.2.1.1	Improved medical surveillance services						
	Construction of hospital facilities should be matched with commensurate staffing with hospital personnel adequately trained in use of newly installed equipment	Installed hospital equipment fully utilized to enhance services at the hospital.	The hospital has trained staff to properly and safely operated provided equipment	1 month after equipment installation	MoHSP and supplier	None (procurement cost assumed to include training)	Staff training in operation of newly installed hospital equipment
	Reduced public risks due to improvement in hospital waste management	Environmental audits show that medical waste emissions do not cause onsite/ offsite public health risk	Annual environmental audits find no plume downwash from waste treatment.	Undertake full environmental audit once per year	MoHSP	Environmental audit cost:	Operation of hospital equipment
6.2.1.2	Employment opportunities						

	Operation of the hospital will create additional long- term technicalandnon-technicaljob opportunities for nurses, laboratory professionals, janitors, etc.	Improve hospital services	Hospital has adequate trained staff.	Daily	MoHSP	Negligible	None
6.2.2	Negative						
6.2.2.1	Improper waste management						
	Ensure proper waste management practices as recommended in the study on improvement of hospital waste management.	No community health risk due to improper waste management	No raw medical waste is dumped at public dumps	Daily	Healthcare facility administrator/ Superintendent	Negligible	None
	The collection of waste should be made at least once in 24 hours, and it should be done in such a way to minimize nuisance of smell and dust during collection and all the waste collected must be carried away from the storage site to an approved disposal point.	No accumulation of waste in and around hospital facility	No smell or accumulated waste in and around the hospital	Daily	Hospital administrator/ Superintendent	Negligible	None

	Provide appropriate waste bins for the different types of waste generated in the hospital to allow segregation and collection at the point of generation.	Waste segregation and no litter.	Presence of adequate waste bins in and around the hospital facility	Daily	Hospital administrator/ Superintendent	Negligible	None
	Hospital staff should be trained or educated on the importance and means of waste management and handling during operation.	Proper waste handling and management	Presence of labeled waste bins on-site	Daily	Hospital administrator/ Superintendent	Negligible	None
	The hospital administration should work together with a private refuse handlers and the Municipal Council to facilitate sound waste handling and disposal from the site noting that hazardous waste must not be mixed with municipal waste.	Proper waste disposal	Documentation of formal engagement of refuse handlers	Monthly	Hospital administrator/ Superintendent	Negligible	None
	Hospital should have standard operation and decontamination procedure manuals and clearly displayed at appropriate point(s) with the hospital	Efficient containment of pathogens	Display at appropriate point(s)	Daily	Hospital administrator/ Superintendent	Negligible	None

6.2.2.2	Occupational health and safety risks						
	All workers to be Provided with appropriate PPE against exposure to infectious pathogens, hazardous chemicals and ionizing radiation in accordance with recognized international safety standards and guidelines.	Minimal work- related injuries or infections	All healthcare staff has necessary PPE.	Daily	Healthcare facility administrator/ Superintendent	Negligible since all requisite PPE to be provided as part of by equipment supplier bid.	None
	Orient all staff on safe work practices and guidelines and ensure that they adhere to them.	Reduce staff OHS	Records of staff orientation on safety practices and guidelines	Throughout hospital operational life	Hospital administrator/ Superintendent	Negligible	Safety practices and guidelines
	Training should be conducted on how to prevent and manage incidences.	Reduce incidences in and around hospital facility	Records of staff training on prevention of incidences	Throughout hospital operational life	Hospital administrator/ Superintendent	Negligible	Prevention and manage incidences.
	This should involve proper handling of electricity, water etc. and sensitization on various modes of escape, conduct and responsibility during such incidences						

Regular drills should constantly follow on various possible incidences. This will test the response of the involved stakeholders. Such drills will keep them alert and they will become more responsive to in the case of incidences.	Staff preparedness to combat possible incidences	Records of incidence prevention drills	Throughout hospital operational life	Hospital administrator/ Superintend	Negligible	None
Use signage to warn staff and/ or visitors that are not involved in hospital work of dangerous places	Public and other staff safety	Presence of appropriate and clear signage in and around hospital facility	Throughout hospital operational life	Hospital administrator/ Superintend	Negligible	None
Develop evacuation procedures to handle emergency situations.	Public and other staff safety	Evacuation procedure document	Throughout hospital operational life	Hospital administrator/ Superintend	Negligible	None

XII. Template Checklist ESMP

CONTENTS

- A) GENERAL PROJECT AND SITE INFORMATION
- B) SAFEGUARDS INFORMATION
- C) MITIGATION MEASURES
- D) MONITORING PLAN

A) GENERAL PROJECT AND SITE INFORMATION

INSTITUTIONAL & ADMINISTRATIVE				
Country	Albania			
Project title	Albania Health System Improvement Project Reconstruction of Pediatric Hospital in T.U.H.C			
Scope of project and activity	The works are aimed at reconstruction activities within the Pediatric Hospital of the Tirana University Hospital Center. The building is an existing building, and no works will be carried out beyond the scope and footprint of the existing building, including no new construction. The building will remain of the same footprint and height and all works will be carried out within the closed premises of the TUHC. The hospital building is already existing structure and has been built in 1980. The building has been used as a hospital since then. The project floors need to be renovated in order to increase quality of service.			
Institutional arrangements (Name and contacts)	WB (Project Team Leader) Lorena Kostallari	Project Management Ministry of Health	Local Counterpart and/or Recipient Ministry of Health T.U.H.C	
Implementation arrangements (Name and contacts)	Safeguard Supervision Esma Kreso	Local Counterpart Supervision Ministry of Health PIU	Local Inspectorate Supervision	Contractor
SITE DESCRIPTION				
Name of site	Pediatric Hospital			
Describe site location	Tirana University Hospital Center "Mother Tereza" is situated in the north-east of Tirana and occupies an area of 165.000m2. In relation to connections and cadastral areas,		Attachment 1: [] Y [x] N	

	<p>UHC is bordered by the road "Bardhyl" in the West, by road of "Dibra" in the north, by the road of "The Monastery Congress" in the south, and the school "Eqerem Cabej" from east as well as various residential buildings. Cabej" as well as residential buildings. This complex is characterized by 1-6 storey construction and is composed of 12 hospital buildings.</p>	
Who owns the land?	UHC is state property. 8130 Cadastral Zone	
Description of geographic, physical, biological, geological, hydrographic and socio-economic context	<p>The hospital building is already existing structure and has been built in 1980. The building has been used as a hospital since then. The project floors need to be renovated in order to increase quality of service.</p> <p>Pediatric Hospital is bounded by: Telemedicine, Faculty of Nursing, Legal Medicine and the "Congress of Monastir" road.</p>	
Locations and distance for material sourcing, especially aggregates, water, stones?	<p>The hospital has a connection to the water supply and sewage collection of the city of Tirana. The construction works will not entail supply of materials which are obtained from quarries or are mined, and will be purchased.</p> <p>Deposition of solid waste will be done in places defined and approved by the Municipality of Tirana, when the permission for the reconstruction of the object will be given.</p>	
1 LEGISLATION		
Identify national & local legislation & permits that apply to project activity	<p>According to the new legislation of Urban Planning, part of the documentation for construction licenses and permission is environmental assessment and environmental impact of the project by licensed experts.</p>	
PUBLIC CONSULTATION		
Identify when / where the public consultation process took place	<p>The Checklist EMP together with the notice for works has been placed on the bulletin board of the Hospital and will be re-posted prior to start of works, and notification to all immediate neighbors will be made, prior to any works on the Hospital.</p>	

INSTITUTIONAL CAPACITY BUILDING

Will there be any capacity building?	<input checked="" type="checkbox"/> N or <input type="checkbox"/> Y if Yes, Attachment 2 includes the capacity building program
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B) SAFEGUARDS INFORMATION

ENVIRONMENTAL /SOCIAL SCREENING			
	Activity	Status	Triggered Actions
Will the site activity include/involve any of the following??	A. <u>Building rehabilitation</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>See Section A below</u>
	B. <u>Minor new construction</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>See Section A below</u>
	C. Individual wastewater treatment system	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See Section B below
	D. Historic building(s) and districts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See Section C below
	E. Acquisition of land ³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See Section D below
	F. Hazardous or toxic materials ⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See Section E below
	G. Impacts on forests and/or protected areas	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See Section F below
	H. Handling / management of medical waste	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See Section G below
	I. Traffic and Pedestrian Safety	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See Section H below

³ Land acquisitions includes displacement of people, change of livelihood encroachment on private property this is to land that is purchased/transferred and affects people who are living and/or squatters and/or operate a business (kiosks) on land that is being acquired.

⁴ Toxic / hazardous material includes but is not limited to asbestos, toxic paints, noxious solvents, removal of lead paint, etc.

C) MITIGATION MEASURES

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
0. General Conditions	Notification and Worker Safety	<ul style="list-style-type: none"> (a) The local construction and environment inspectorates and communities have been notified of upcoming activities (b) The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works) (c) All legally required permits have been acquired for construction and/or rehabilitation (d) All work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment. (e) Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots) (f) Appropriate signposting of the sites will inform workers of key rules and regulations to follow. (g) Employers engagement (h) Correct procedures for design and security (i) Regular elimination of wastes
A. General Rehabilitation and /or Construction Activities	Air Quality	<ul style="list-style-type: none"> (a) During interior demolition (pneumatic drilling/wall destruction) process dust shall be suppressed by ongoing water spraying and or installing dust screen enclosures at site. (b) Keep demolition debris in controlled area and spray with water mist to reduce debris dust. (c) The surrounding environment shall be kept free of garbage and solid waste (clay) to minimize dust. (d) There will be no open burning of construction / waste material at the site (e) There will be no excessive idling of construction vehicles at sites
159 Page		<ul style="list-style-type: none"> (a) Construction noise will be limited to restricted times agreed to in the permit (b) Use of adequate methods and equipment for construction in inhabitant area.

	Acoustic environment	(c) During operations the engine covers of generators, air compressors and other powered mechanical equipment should be closed, and equipment placed as far away from residential areas as possible
	Water Quality	(a) The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby water runoffs.
	Waste management	(a) Waste collection and disposal pathways and sites will be identified for all major waste types expected construction activities. (b) Solid waste will be collected and disposed properly in accordance with Environmental Legislation of RA (c) The records of waste disposal will be maintained as proof for proper management as designed. (d) Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos)
B. Wastewater treatment system	Water Quality	(a) The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities (b) Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment. (c) Site vehicles and machinery will be washed only in designated areas where runoff will not pollute natural surface water bodies.
C. Historic building(s)	Cultural Heritage	(a) If the building is a designated historic structure, very close to such a structure, or located in a designated historic district, notification shall be made and approvals/permits be obtained from local authorities and all construction activities planned and carried out in line with local and national legislation. (b) It shall be ensured that provisions are put in place so that artifacts or other possible “chance finds” encountered in excavation or construction are noted and registered, responsible officials contacted, and works activities delayed or modified to account for such finds.

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
D. Acquisition of	Land Acquisition	(a) If expropriation of land was not expected but is required, or if loss of access to

land	Plan/Framework	<p>income of legal or illegal users of land was not expected but may occur, that the Bank's Task Team Leader shall be immediately consulted.</p> <p>(b) The approved Land Acquisition Plan/Framework (if required by the project) will be implemented</p>
E. Toxic Materials	Asbestos management	<p>(a) If asbestos is located on the project site, it shall be marked clearly as hazardous material</p> <p>(b) When possible the asbestos will be appropriately contained and sealed to minimize exposure</p> <p>(c) The asbestos prior to removal (if removal is necessary) will be treated with a wetting agent to minimize asbestos dust</p> <p>(d) Asbestos will be handled and disposed by skilled & experienced professionals</p> <p>(e) If asbestos material is be stored temporarily, the wastes should be securely enclosed inside closed containments and marked appropriately. Security measures will be taken against unauthorized removal from the site.</p> <p>(f) The removed asbestos will not be reused</p>
	Toxic / hazardous waste management	<p>(a) Temporarily storage on site of all hazardous or toxic substances will be in safe containers labeled with details of composition, properties and handling information</p> <p>(b) The containers of hazardous substances shall be placed in an leak-proof container to prevent spillage and leaching</p> <p>(c) The wastes shall be transported by specially licensed carriers and disposed in a licensed facility.</p> <p>(d) Paints with toxic ingredients or solvents or lead-based paints will not be used</p>
F. Affected forests, wetlands and/or protected areas	Protection	<p>(a) All recognized natural habitats, and protected areas in the immediate vicinity of the activity will not be damaged or exploited, all staff will be strictly prohibited from hunting, foraging, logging or other damaging activities.</p> <p>(b) Adjacent wetlands and streams shall be protected from construction site run-off with appropriate erosion and sediment control feature to include by not limited to hay bales and silt fences</p> <p>(c) There will be no unlicensed borrow pits, quarries or waste dumps in adjacent areas, especially not in protected areas.</p>
G. Disposal of medical waste	Infrastructure for medical waste	<p>(a) In compliance with national regulations the contractor will insure that newly constructed and/or rehabilitated health care facilities include sufficient</p>

	management	<p>infrastructure for medical waste handling and disposal; this includes and not limited to:</p> <ul style="list-style-type: none"> ▪ Special facilities for segregated healthcare waste (including soiled instruments “sharps”, and human tissue or fluids) from other waste disposal; and ▪ Appropriate storage facilities for medical waste are in place; and ▪ If the activity includes facility-based treatment, appropriate disposal options are in place and operational
H Traffic and Pedestrian Safety	Direct or indirect hazards to public traffic and pedestrians by construction activities	<p>(b) In compliance with national regulations the contractor will insure that the construction site is properly secured and construction related traffic regulated. This includes but is not limited to</p> <ul style="list-style-type: none"> ▪ Signposting, warning signs, barriers and traffic diversions: site will be clearly visible and the public warned of all potential hazards ▪ Traffic management system and staff training, especially for site access and near-site heavy traffic. Provision of safe passages and crossings for pedestrians where construction traffic interferes. ▪ Adjustment of working hours to local traffic patterns, e.g. avoiding major transport activities during rush hours or times of livestock movement ▪ Active traffic management by trained and visible staff at the site, if required for safe and convenient passage for the public. ▪ Ensuring safe and continuous access to office facilities, shops and residences during renovation activities, if the buildings stay open for the public.
I. Site Investigation Works Execution	Protection of natural environment and biodiversity	<p>(a) Minimizing staff presence and vehicle traffic, (b) Sticking to existing roads and tracks as much as possible, (c) Taking out all waste after completion of the assignment (d) Executing safety routing for staff and by-passers, securing work areas and restricting access during hazardous activities (e.g. during use of explosives for seismic investigations)</p>

D) ENVIRONMENTAL MONITORING PLAN

Phase	What (Is the	Where (Is the	How (Is the	When (Define the	Why (Is the	Cost (if not	Who (Is responsible
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	parameter to be monitored?)	parameter to be monitored?)	parameter to be monitored?)	frequency / or continuous?)	parameter being monitored?)	included in project budget)	for monitoring?)
During activity preparation	site access management availability of waste disposal facilities notification and access agreement with employees	job site	check if design and project planning foresee diligent procedures	At start of contract	safety of general public, timely detection of waste disposal bottlenecks	marginal, within budget	Contractor, PIU
During activity implementation	(a) Construction debris (including contaminated soils) (b) Solid waste wastewater handling treatment of natural environment	(a) At authorized/ licensed tips (b) At authorized/ licensed preferably sanitary landfills job site	a) Supervision Consultant (b) Supervision Consultant visual / analytical if in doubt visual	(a) At time of disposal (b) At time of disposal daily / continuous	(a) Ensure correct disposal of waste and hazardous materials (b) Ensure prevention of soil, water and nature pollution through improper waste disposal	marginal, within budget;	Contractor, PIU
163 Page							

	safety of personnel and passers-by				public and workplace health and safety ensuring protection of natural environment		
During activity supervision	complete waste removal and orderly disposal	close potential impacted residents	to visual and by consultation with local land users and land owners	after completion of works until final compliance is achieved	avoidance of negative impacts of natural environment avoiding scarred landscape, ensuring protection of vegetation, soil conservation and biodiversity protection	marginal, within budget	Contractor, PIU

Annex 1: PUBLIC CONSULTATION REPORT TEMPLATE

Table 3: Public Consultation Report Template

Designation (entered by PIU)	
Consultation held during period:	
No. of received comments/concerns:	
Stakeholder consultation: <i>Please indicate with an X</i> [...] Citizens/local communities [...] HCF staff/management [...] Centers for Social Work [...] Other interested parties	
Comments/concerns submitted by <i>Please indicate with an X</i> [...] email [...] website [...] Social media	
Summary of comments/concerns received:	
Summary of responses & changes to ESMF:	

Annex 2: Covid-19 Guidance resource list

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 InvestGuidance 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](#)

Annex 3: Grievance Redress Mechanism Template

Table 4: Grievance Redress Mechanism Template

Designation (entered by the contractor/HCF)	
First name and Surname (not obligatory) <i>Please indicate with an X</i> [...] I would like to lodge a complaint anonymously [...] Please do not disclose my identity without my consent	
Contact data Signify the desired manner of contact (by mail, phone, email)	[...] By mail: <i>Provide an address for mail delivery.</i> _____ _____ _____ _____ [...] _____ By _____ phone: _____ [...] _____ By _____ email: _____
Description of event to which the complaint relates	What occurred? Where did it happen? To which person did it happen? What came out as a consequence of the problem?
169 Page	
Date of the event/complaint	
	[...] Event that occurred once/complaint (date _____) [...] It occurred more than once (how many times? _____) [...] Ongoing (a problem that currently exists)
What would you want to be undertaken?	

Signature: _____

Date: _____

Annex 4: World Bank environmental, health and safety guidelines for health facilities

