The Ministry of Health of the Republic of Serbia
Nemanjina 22-26, 11000 Belgrade

SERBIA NONCOMMUNICABLE DISEASES PREVENTION AND CONTROL PROJECT

ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP) CHECKLIST

for

Procurement and Installation of Magnetic Resonance Imaging Equipment (MRI) in secondary and tertiary health care facilities

DRAFT DOCUMENT
B E L G R A D E, June 2025

Table of Content

List of Abbreviations

EHS	Environmental, Health and Safety
EHSG	World Bank Group Environmental, Health and Safety Guidelines
EIA	Environment Impact Assessment
ES	Environmental and Social
ESCP	Environment and Social Commitment Plan
ESF	Environmental and Social Framework
ESIRT	Environmental and Social Incident Response Toolkit
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
EU	European Union
GRM	Grievance Redress Mechanism
HCF	Healthcare Facility
HCW	Healthcare Waste
HVAC	Heating, Ventilation and Air Conditioning
IBRD	International Bank for Reconstruction and Development
ICP	Infection Control Plan
IPCM	Institute for Protection of Cultural Monuments
LMP	Labor Management Procedure
MOH	The Ministry of Health of the Republic of Serbia
MRI	Magnetic Resonance Imaging
NCD	Noncommunicable Diseases
OHS	Occupational Health and Safety
OP	Operational Procedure
PCU	Project Coordination Unit
PPE	Personal Protective Equipment
RoS	Republic of Serbia
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SNDPCP	Serbia Noncommunicable Diseases Prevention and Control Project
WB	World Bank
WHO	World Health Organization

1. INTRODUCTION AND BACKGROUND

1.1. Serbia Noncommunicable Diseases Prevention and Control Project

The World Bank is supporting the Ministry of Health of the Republic of Serbia in implementing the Serbia Noncommunicable Diseases Prevention and Control Project (SNDPCP). The objective of the project is to contribute to improving Serbian health system effectiveness in addressing Non Communicable Diseases (NCDs). The effectiveness of a health system is reflected in its ability to achieve desired outcomes in prevention, management, and treatment of NCDs.

The Project seeks to tackle the major risk factors of NCDs and improve prevention, early detection and effective management of chronic diseases. This will require interventions to: (i) improve competence and accountability of health care providers; (ii) increase access to and availability of health services; and (iii) strengthen quality of clinical services and public health measures to improve population's awareness. The Project procurement activities are related to procurement of medical and laboratory equipment, Magnetic Resonance Imaging equipment (MRI)[1], and linear accelerators (LINAC) for radiology centers to replace the depreciated ones.

The Ministry of Health of the Republic of Serbia, through its Project Coordination Unit (PCU) will coordinate project activities, including day-to-day implementation, coordination, supervision, and overall management of project activities.

Project Coordination Unit (PCU) prepared draft Environmental and Social Management Framework (ESMF) for the Project in order to ensure application of the good environmental practice and project compliance with the requirements and environmental and social standards (ESS) of the World Bank.

Project's Component 2 (Increasing Availability of Services) supports upgrading health care infrastructure to improve availability of diagnostic and treatment services, with focus on expanding access to people living in rural areas. The component finances equipment, infrastructure improvements and mobile vehicles. Providing modern diagnostics within the project will be fully in line with the expanded reform program, including the optimization of the health network and the development of a long-term comprehensive national cancer strategy.

1.2. Sub-component 2.1: Strengthening the health institutions infrastructure

The subcomponent finances procurement and installation of MRIs for secondary (General & Specialized Hospitals) and tertiary (University Clinical Centers) health care facilities and linear accelerators for radiology centers to replace the depreciated ones.

The installation will require minor rehabilitation works (upgrade, repair, rehabilitation and refurbishment) of adequate units in selected hospitals. All works will be interior and implemented within the existing footprint of the target facilities; thus, the environmental impacts are expected to be low in magnitude, reversible, predictable and temporary.

Environmental risks are related to minor civil works for establishment and refurbishment of specialized units in selected hospitals as well as works to accommodate new equipment. Expected impacts from these activities will be typical for small construction works, therefore predictable and readily mitigated and localized, impacts that include, but are not limited to: emission or dust, emission of noise, waste waters, construction waste and small quantities of hazardous waste and risks to workers (OHS) and users of facilities.

The project will follow the World Bank Environmental and Social Standards (ESSs), as well as the World Bank Group Environmental, Health and Safety Guidelines. Based on these standards, the environmental and social risk of the project is categorized as **moderate**. According to the current Serbian legislation, particularly following Serbian Law on EIA (Official Gazette of RS, No 135/04, 36/09) – EIA is not required for this kind of projects.

This ESMP Checklist is prepared in accordance with WB EMF standards, following required form presented within the Annex 03 of the ESMF document (Draft Format for ESMP/ESMP Checklist for

[1] Magnetic resonance imaging, or MRI, is a non-invasive diagnostic tool that allows medical professionals to examine bone and soft tissues. MRI exams produce images of internal structures using magnetic fields and radio waves. Unlike X-rays and computed tomography, MRI scans do not expose the patient to ionizing radiation.

Construction and Rehabilitation Activities). This ESMP Checklist is prepared for small-scale works to be conducted at associated HCFs including rehabilitation needed for installation of procured medical equipment (MRIs) and refurbishment of specialized units in selected hospitals.

Once approved, the ESMP Checklist will be included as an integral part of any works or supervision contract for the activity.

2. ENVIRONMENTAL MANAGEMENT AND MONITORING PLAN FOR PROCUREMENT AND INSTALATION OF MRI EQUIPMENT

2.1. Institutional and Administrative

INSTITUTIONAL & ADMINISTRATIVE		
Country	**Republic of Serbia**	
Project:	**Serbia Noncommunicable Diseases Prevention and Control Project**	
Subcomponent 2.1	Procurement and Installation of Magnetic Resonance imaging (MRI) equipment in secondary and tertiary Health Care Facilities (HCF) in Serbia	
Scope of project and activity	The project envisages replacement of existing old MRI equipment in 5 HCFs in Serbia. Procurement and installation of new modern MRI equipment will contribute to improved diagnostics procedure in following HCFs: 1. General Hospital in Cuprija 2. University Clinical Center in Kragujevac 3. General Hospital in Pozarevac 4. University Clinical Center of Serbia – Clinic for Neurosurgery 5. General Hospital in Zrenjanin Installation of new MRI equipment requires the minor rehabilitation / refurbishment works in existing units within the HCFs which will be done according to the project documentation. The rehabilitation / refurbishment / upgrade works will comprise demolition and refurbishment of the existing walls, floors and ceilings, insulations, present building services such as Heating, Ventilation, and Air Conditioning (HVAC) systems, plumbing, sewage, high and low voltage electrical installations etc. The project envisages the decommissioning and removal of old MRI equipment. At the same time the Project will strive for environmentally sound implementation. Therefore old MRI equipment - replaced by new ones procured by the project – will be disposed of through certified environmentally sound practices. The decommissioning of MRIs will include: the final MRI shut-down, including treatment[2] of operational waste (management of dismantled parts will be conducted in line with the National waste management policy. During ESMP Checklist preparation, PCU members visited all project sites and witnessed that waste and medical waste management procedures are established in all HCFs – selected hospitals. All institutions have signed contracts with authorized waste management companies, and waste procedures are in place in accordance with the Law on waste management, which is harmonized with EU directives in waste management. Finally, it is confirmed by authorized persons within the HCFs that old MRI equipment will be disposed in environmentally sound manner and this activity will be monitored by PCU and Project Supervision Consultant during Project implementation.	
Institutional arrangements	**Project Management:** Serbia Noncommunicable Diseases Prevention and	**Local Counterparts and/or Recipients:**

[2] Categorization of waste, waste treatment, transport and disposal

INSTITUTIONAL & ADMINISTRATIVE				
(Name and contacts)	Control Project Project Coordination Unit (PCU) Ministry of Health		Names and contacts, their phone numbers and E-mail addresses of local counterparts in 5 HCFs are enclosed within the Annex 01 of this ESMP Checklist	
Implementation arrangements (Name and contacts)	Project Supervision TBD –Procurement Procedure not completed yet	Local Counterpart Supervision HCF's personnel appointed for EHS supervision (see Annex 01 for details)	Local Inspectorate Supervision	Contractor TBD

2.2. **Site description**

2.2.1. **Cuprija - General Hospital**

Name of site	**1. General Hospital in Cuprija**	
Describe site location	General Hospital Cuprija is a prominent healthcare institution located in Cuprija, Serbia, with a rich history dating back to its establishment in 1881 as the first civilian hospital in the Pomoravlje region. Over the years, it has evolved into a modern medical facility, providing comprehensive healthcare services to the community. Address: Miodraga Novakovica 78, 35230 Cuprija, Serbia The hospital boasts a capacity of 469 beds and employs approximately 898 staff members. It offers a wide range of medical services across various departments, including: emergency care, surgery, internal medicine, pediatrics, gynecology and obstetrics, **radiology**, pathology and forensic medicine. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital in Cuprija. The General Hospital building is accessed from the Miodraga Novakovica street. Safe access is ensured to the construction site. There are no buildings on the site that are protected as cultural or natural heritage. The HCF in which the works are planned is not under any regime of cultural protection, and these works do not require the prior approval of the Institute for Protection of Cultural Monuments (IPCM)	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 02 of this ESMP Checklist
Baseline conditions and Project works	PCU representatives visited Project location on 28 Jan 2025. General hospital representatives presented project needs as follows: The installation of a new magnetic resonance imaging (hereinafter referred to as MRI) is planned in the existing space where the old MRI manufactured by GE is currently located. The old device has not been in operation for over 20 years. It needs to be decommissioned and removed from the site. The dimensions of the existing space are satisfactory, the organization of the existing space in terms of the control room, technical rooms, and changing rooms are satisfactory. The following construction and installation works need to be carried out: - Complete dismantling of all coverings inside the MRI accommodation space - demolition (the floor coverings in the area in front of the MRI accommodation space are not demolished, they are in	

	good condition and made of quality stone). - Dismantling of the existing technical room next to the MRI space. - Complete dismantling of all installations inside the space - Dismantling of the existing electrical cabinet - Dismantling of the air conditioning unit responsible for the bunker space, which is located in the adjacent - technical room - Dismantling of the cooling unit on the ground floor next to the building. - Dismantling the entrance door to the MRI zone - Dismantling the entrance protective door to the MRI area- - Dismantling the wet room – sink. - Installing new floor and wall coverings in the MRI accommodation room. - Installing a new ceiling in the entire MRI area. - Installing a new electrical cabinet (the cable voltages are there and the cross-section is sufficient for future needs) - Adapting the changing rooms in the MRI area. - Installing new high and low current electrical installations - Installing a new air conditioning chamber in the technical room intended for that purpose next to the MRI. - Installing a new energy-efficient heat pump with environmentally friendly refrigerant. - Installing new lighting - Installing a new wet room with haberdashery. - Painting the walls above the stone zone in the area in front of the MRI accommodation space. - Creating a command room – work area for technicians - Renovating the roof above the bunker – installing a new roof system of the trapezoidal sheet or “engobed” tile type. - Replacement of chairs in the waiting room – two blocks of four chairs There is a project for the reconstruction work. Downloaded in electronic form. Drawings of the bunker base will be created for the needs of the tender. The introduction of equipment is possible by dismantling the facade wall for the introduction of equipment with reassembly and restoration to its original state. The work can be carried out without any hindrance during the functioning of the diagnostic center because the MRI zone is set up in such a way that the work can be isolated without affecting everyday work. The total area of the unit where MRI equipment will be replaced is less than 50m2.	
Who owns the land?	The land plot under the General Hospital in Cuprija is owned by the state – the Republic of Serbia.	
Geographic description	Cuprija is a town and municipality located in the Pomoravlje District of central Serbia. As of the 2022 census, the total population of the municipality is 25,325 residents. Cuprija is strategically situated along international road and railway routes, approximately 150 kilometers south of Belgrade and 90 kilometers north of Nis. The town lies on the banks of the Velika Morava River Located about 8 kilometers east of Cuprija, this Serbian Orthodox monastery Ravanica was built in 1381 by Prince Lazar of Serbia and is a significant cultural and historical landmark.	

2.2.2. **Kragujevac - University Clinical Center**

Name of site	**2. University Clinical Center in Kragujevac**	
Describe site location	The University Clinical Centre of Kragujevac is a medical centre located in Kragujevac, Serbia. It serves as the main medical centre for both Kragujevac and Sumadija and Western Serbia. The Clinical Centre of Kragujevac was established on 3 March 2005. It is one of four medical centers in Serbia and serves more than 2 million people mostly from Sumadija and Western Serbia. The Clinical Centre of Kragujevac contains 37 organisational units, of which 15 are clinics, 7 centers and 15 service units. The complex also houses the University of Kragujevac Faculty Of Medicine. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the University Clinical Center. The institute's buildings are accessed from the Zmaj Jovina street, and then by internal traffic to the subject area/site. Safe access is ensured to the construction site. There are no buildings on the site that are protected as cultural or natural heritage. The HCF in which the works are planned is not under any regime of cultural protection, and these works do not require the prior approval of the IPCM.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 02 of this ESMP Checklist
Baseline conditions and Project works	On February 11, 2025, representatives of the PCU conducted a site visit to the project location. During the visit, representatives of the University Clinical Center (UCC) Kragujevac outlined the following project requirements: The project entails the delivery and installation of a new magnetic resonance imaging (MRI) machine at the UCC Kragujevac. The clinical center currently operates an MRI unit installed in 2007, housed in a purpose-built facility adjacent to the pediatric clinic. This facility is connected to the main hospital building via a heated corridor. The new MRI machine is intended to replace the existing unit and will be installed in the same location.	
Who owns the land?	The land plot under the University Clinical Center in Kragujevac is owned by the state – the Republic of Serbia.	
Geographic description	Kragujevac is the fourth largest city in Serbia and the administrative centre of the Sumadija District. It is the historical centre of the geographical region of Sumadija in central Serbia, and is situated on the banks of the Lepenica River. According to the 2011 census, the city proper has a population of 150,835, while its administrative area comprises a total of 179,417 inhabitants.	

2.2.3. **Pozarevac - General Hospital**

Name of site	**3. General Hospital in Pozarevac**	
Describe site location	The General Hospital Pozarevac is a prominent healthcare institution located in Pozarevac, Serbia, serving as the largest medical facility in the Branicevo district. It offers a comprehensive range of medical services and has undergone significant developments to enhance patient care. The hospital is housed in five separate buildings. The main and oldest building is located in the central part, from which warm corridors radiate to the other buildings with which it is connected. In this oldest part, which has two floors, there are the Emergency Department, the Department of Gynecology and Obstetrics, Pediatrics, Urology, Surgery, Anesthesia and the operating block. The polyclinic	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 02 of this ESMP Checklist

	part is connected to this building, where the largest number of specialist clinics are located, the X-ray room, the Laboratory and the Pharmacy. The other buildings house the Departments of Orthopedics, ENT and Ophthalmology in one, the Internal Medicine Department in another, the Departments of Psychiatry, Neurology, Dermatovenereology and Extended Care in the third, and the Infectious Diseases Department in a separate building. All buildings are surrounded by a large and beautifully landscaped green area in the form of a park and three large parking spaces. Recently, a new kitchen building has been built within the hospital grounds, which was built according to all modern principles and is also equipped with modern equipment. **Address:** Bratstva i jedinstva 135, 12000 Pozarevac, Serbia The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital. The General Hospital building is accessed from the Bratstva i jedinstva street. Safe access is ensured to the construction site. There are no buildings on the site that are protected as cultural or natural heritage. The HCF in which the works are planned is not under any regime of cultural protection, and these works do not require the prior approval of the IPCM.	
Baseline conditions and Project works	PCU representatives visited Project location on 11 Feb 2025. General hospital representatives presented project needs as follows: The installation of a new magnetic resonance imaging (MRI) unit is planned in the space where urology is currently located. This location was determined by the conceptual design of the reconstruction of the entire hospital that was done several years ago. The general hospital has never had an MRI unit and accordingly does not have a space planned for that purpose. During the visit to the clinic, a tour was also conducted of other parts of the hospital that the OB representatives suggested as potential alternatives (pharmacy, laboratory, swimming pool, physical therapy). The planned location for the installation of the MRI unit in the urology section, after reviewing the situation on site, is problematic due to the fact that urology is located on the high ground floor with a basement below it. This would require strengthening the mezzanine structure, installing new columns, foundations, etc. Because of all this, the User agrees to implement a simpler solution – placing the MRI unit in the basement level, below urology in the current physical therapy space. This location would only require the installation of new foundations under the device. The dimensions of the area intended for the installation of the MR (existing physical) are satisfactory, the internal walls can be demolished in order to form future rooms, namely: command rooms, technical rooms and changing rooms. The following construction and installation works need to be carried out: - Complete dismantling of all coverings inside the MR accommodation area - demolition (floor coverings, wall coverings, ceilings) - Formation of an opening for the equipment entry on the facade wall, prior reinforcement of the future opening by forming a beam with columns. - Temporary closure of the opening until the MR arrives. - Closure of the opening after the MR entry, with drywall construction, restoring the facade to its original condition.	

	- Complete dismantling of all installations inside the area - Dismantling of the existing electrical cabinet - Installation of new floor and wall coverings in the MR accommodation area. - Installation of a new ceiling in the entire MR area. - Installation of a new electrical cabinet with the installation of a new power cable from the substation (the substation is 30m away from the MR accommodation area). - Formation of the MR accommodation area, control room, dressing room, technical room for the air conditioning chamber. - Installation of new high and low voltage electrical installations - Installation of a new air conditioning chamber in the technical room provided for that purpose with the MR. - Installation of a new energy-efficient heat pump with environmentally friendly coolant next to the building on the newly formed foundation. The area should be fenced with wire mesh. - Installation of new lighting - Installation of a new wet room with haberdashery. - New door for the entrance to the MR area. - Delivery of chairs in the waiting room - two blocks of four chairs - Formation of protection from electromagnetic radiation of the newly formed MR accommodation area. There are archive projects, they will be delivered via email. There is an architectural drawing of the conceptual design with the planned place for the installation of the MR in the urology section. The equipment can be brought in by dismantling the facade wall for the equipment to be brought in, reassembling it and restoring it to its original state. The work can be carried out without any disruption during the functioning of the diagnostic center because the MRI zone is set up in such a way that the work can be isolated without affecting daily work. The total area of the unit where MRI equipment will be replaced is less than 50m2.	
Who owns the land?	The land plot under the General Hospital in Pozarevac is owned by the state – the Republic of Serbia.	
Geographic description	Pozarevac is a city in eastern Serbia, serving as the administrative center of the Branicevo District. Situated between the Danube, Great Morava, and Mlava rivers, and nestled below the Cacalica hill at an elevation of 81 meters, Pozarevac holds a significant position both geographically and historically. In 2022 the city urban area has a population of 51,271 inhabitants, while the city administrative area has 68,648 inhabitants. The urban area covers approximately 74.39 km², while the administrative area extends over 483.18 km²	

2.2.4. **Belgrade - University Clinical Center of Serbia, Clinic for Neurosurgery**

<<	**4. University Clinical Center of Serbia – Clinic for Neurosurgery**	
Describe site location	The University Clinical Centre of Serbia (CCS) is an academic health science centre located in Belgrade, Serbia. It serves as the main medical centre for both Belgrade and the rest of Serbia. The CCS is a unique health organization that was established on 1 January 1983 by blending already existing clinics and institutes into a single unit. It includes 24 clinics; a polyclinic with 9 accompanying structures; and the emergency department, which cares for critically ill or traumatized	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 02 of this

	patients. The complex also houses the Belgrade School of Medicine and the Medical High School. Clinical Centre spreads over 34 hectares on the territory of Savski Venac, and it consists of about 50 buildings, with a total floor space of 280,000 square meters (3,113,000 square ft). The foundation for the Clinic for Neurosurgery was laid on 19 May 1971 at the same site where it is located now on the grounds of the School of Medicine. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the University Clinical Center – Clinic of Neurosurgery. The Department of Neurosurgery at the Clinical Center of Serbia is a major neurosurgery program and academic leader in Serbia and one of the largest European institutions of its kind. The department has 160 patient beds. There are 3000 admissions to the Neurosurgical Service each year, 3500 surgeries, and 15,000 emergency or outpatient consultations. There is a strong emphasis on undergraduate and postgraduate teaching as well as clinical research. The Clinic for Neurosurgery building is protected as cultural heritage and works require the prior approval of the relevant Institute of Protection of Cultural Monuments.	ESMP Checklist
Baseline conditions and Project works	PCU representatives visited Project location on 07 Feb 2025. General hospital representatives presented project needs as follows: The installation of a new magnetic resonance imaging (hereinafter referred to as MRI) is planned in the space where the biochemical laboratory is currently located. The clinic does not have an MRI, it was dismantled about 15 years ago and the space where it was located was used to install a Philips CT scanner, which is still in operation and extremely important for the functioning of the clinic. During the visit to the clinic, a tour was conducted of both the part of the building where the CT scanner used to be located and the adjacent space where the old X-ray machine is currently located, which could also possibly be considered as an option for housing the new MRI. In any case, the key activity that needs to be considered in detail is the entry of equipment. Namely, due to the configuration of the building (60cm thick facade walls) as well as the unsatisfactory dimensions of the openings on the facade (doors and windows), it is necessary to carry out preliminary work on the demolition of the facade wall, namely the installation of reinforcement (beams and columns) that would support part of the facade above the future opening for the entry of equipment. After the equipment is brought in, it is necessary to close the opening, restore it to its previous state, but with the beams and columns still in place, using lightweight drywall construction to make future manipulation of the equipment easier. The dimensions of the area intended for the installation of the MR (existing biochemical laboratory) are satisfactory, the interior walls can be demolished in order to form future rooms, namely: control rooms, technical rooms and changing rooms. The following civil engineering works need to be carried out: - Complete dismantling of all coverings inside the MR accommodation area - demolition (floor coverings, wall coverings, ceilings) - Formation of an opening for the equipment to be brought in on the facade wall, prior reinforcement of the future opening by forming a beam with columns. - Temporary closure of the opening until the MR arrives. - Closure of the opening after the MR is brought in, using drywall construction, restoring the facade to its original state.	

	- Complete dismantling of all installations within the space - Dismantling of the existing electrical cabinet - Installation of new floor and wall coverings in the MR accommodation room. - Installation of a new ceiling in the entire MR zone. - Installation of a new electrical cabinet with installation of a new power cable from the substation (the substation is 20m away from the MR accommodation space). - Formation of a MR accommodation space, control room, changing room, technical room for air conditioning unit. - Installation of new high and low voltage electrical installations - Installation of a new air conditioning unit in the technical room designated for that purpose next to the MR. - Installation of a new energy-efficient heat pump with environmentally friendly refrigerant next to the building on the newly formed foundation. Fence the area with wire mesh. - Installation of new lighting - Installation of a new wet room with haberdashery. - New door for the entrance to the MR zone. - Delivery of chairs in the waiting room – two blocks of four chairs - Formation of protection against electromagnetic radiation of the newly formed zone for accommodation of MRI. There are no projects of the as-built state. There is an architectural drawing of the basement with elevations. A scan was sent to email. The building is under the protection of the Institute for the Protection of Cultural Monuments of the City of Belgrade, and in this regard, a somewhat longer urban planning procedure should be expected when obtaining a solution for works on adaptation of the space. The introduction of equipment is possible with the dismantling of the facade wall for the introduction of equipment with reassembly and restoration to its original state. The work can be carried out without any hindrance during the functioning of the diagnostic center because the MRI zone is set up in such a way that the works can be isolated without affecting everyday work. The total area of the unit where MRI equipment will be replaced is less than 50m2.	
Who owns the land?	The land plot under the University Clinical Center of Serbia is owned by the state – the Republic of Serbia.	
Geographic[3] description	Belgrade is the capital and largest city of Serbia. It is located at the confluence of the Sava and Danube rivers and the crossroads of the Pannonian Plain and the Balkan Peninsula. Nearly 1.7 million people live within the administrative limits of the City of Belgrade, a quarter of the total population of Serbia. Being Serbia's primate city, Belgrade has special administrative status within Serbia. It is the seat of the central government, administrative bodies, and government ministries, as well as home of almost all of the largest Serbian companies, media, and scientific institutions. Belgrade is classified as a Beta-Global City. The city is home to the Clinical Centre of Serbia, one of the hospital complexes with the largest capacity in the world. Belgrade lies 116.75 meters (383.0 ft) above sea level and is located at the confluence of the Danube and Sava rivers. Belgrade has a humid subtropical climate with four seasons and uniformly spread	

	precipitation. Monthly averages range from 1.4 °C (34.5 °F) in January to 23.0 °C (73.4 °F) in July, with an annual mean of 12.5 °C (54.5 °F).

2.2.5.**Zrenjanin - General Hospital**

Name of site	**5. General Hospital in Zrenjanin**	
Describe site location	The General Hospital “Djordje Joanovic” Zrenjanin is territorially well-zoned, located in the heart of Banat, on a densely populated plain, with homogeneous living conditions, good transport connections and well-organized health services in the field. It is the main health institution for inpatient treatment and provision of specialist medical services to the citizens of the Central Banat District, which consists of 5 municipalities: Zrenjanin, Novi Becej, Secanj, Zitiste and Nova Crnja. It is a multinational environment in which more than 20 peoples live, in 55 settlements, on an area of 3,256 km², with 187,667 inhabitants (according to the last census in 2011). The hospital complex is located on an area of 6.32 ha and consists of nine buildings: the New Hospital building, the Pediatrics Service, the Internal Medicine Department, the Day Psychiatry Department, the Clinical Pathology Department, the Infectious Diseases Department, the Administration Department, the Technical Services Department, and the building housing the Palliative Care Department and the Psychiatry Department. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital. The General Hospital building is accessed from the Dr Vase Savica street. Safe access is ensured to the construction site. The HCF in which the works are planned is not under any regime of cultural or nature protection, and these works do not require the prior approval of the Institute for Protection of cultural monuments.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 02 of this ESMP Checklist
Baseline conditions and Project works	PCU representatives visited Project location on 13 Feb 2025. General hospital representatives presented project needs as follows: Within the General Hospital in Zrenjanin, the delivery of magnetic resonance imaging (hereinafter referred to as MRI) is planned. The hospital has one MRI device, a "GE" product, which was transferred from the Clinical Center in Novi Sad 15 months ago. The device is from 2007. It is in operation with occasional problems in operation. The users agree that the existing device should be decommissioned. The space in which the MRI is located and in which the new device should be installed was built for the needs of the old MRI transferred from the Clinical Center of Vojvodina 15 months ago. The space is in excellent condition, practically new, there are all the necessary spaces including wardrobes, toilets, doctor's room, command room, technical room, etc. The works were carried out at a satisfactory level. The facility was built on the basis of a building permit and project documentation that was downloaded in electronic form. After the completion of construction, an occupancy permit was also obtained. The necessary works that need to be carried out during the delivery and installation of the new MR should include: 1. Demolition of the facade wall for the equipment entry. 2. Restoring the wall to its original condition after the MRI entry. 3. Installation of an additional split air conditioner in the technical room of the MRI with a capacity of 24kW in order to improve the cooling of that room. It was suggested by the technical staff that during the summer months the temperature in that room sometimes rises	

	above 40oC. There is a cooling system but it has insufficient capacity. 4. Checking the existing MRI cooling system which would consist of checking the required cooling capacity of the new MRI with the available chiller capacity installed for the needs of the existing device, checking parameters, checking fittings, filters, etc. 5. Installing a new electrical cabinet but only for the needs of the MRI. The electrical cabinet for general consumption as well as thermotechnical consumers are new and in good condition. 6. Installing an additional concrete path around the building in order to prevent moisture penetration between the existing path and the building. Namely, due to subsidence, a gap has appeared between the foundation of the building and the concrete path, where water is currently retained and could potentially endanger the building over time. The work can be carried out without any hindrance during the regular functioning of the hospital because the MR zone is set up in such a way that the work can be isolated without affecting daily work. The total area of the unit where MRI equipment will be replaced is less than 50m2.	
Who owns the land?	The land plot under the General Hospital in Zrenjanin is owned by the state – the Republic of Serbia.	
Geographic description	Zrenjanin is a city located in the central part of the Serbian Banat region, serving as the administrative center of the Central Banat District in the autonomous province of Vojvodina. According to the 2022 census, the population of Zrenjanin's administrative area is 105,722, reflecting a decline from previous years. The city has experienced a decrease in population over the past few decades, with census data indicating 134,252 inhabitants in 1991 and 123,362 in 2011. Zrenjanin's geographical location places it within a flat, fertile plain, making it a significant area for agriculture. The city's terrain is predominantly flat, with an average elevation of approximately 80 meters. Zrenjanin, located in Serbia's Vojvodina region, experiences a temperate continental climate characterized by distinct seasonal variations.	

2.3. **Legislation**

LEGISLATION	
Identify national & local legislation & permits that apply to project activity	The project triggers the World Bank ESS1 Assessment and Management of Environmental and Social Risks and Impacts. According to WB ESF, this subproject is classified as a **Moderate risk Category**. Component 2, subcomponents 2.1 and 2.2 of the Project will support civil works and small-scale refurbishment and repurposing works, so some environmental impacts may occur within civil works on rehabilitation and refurbishment, but the project will not include works outside the already existing facilities. Impacts from these activities should be typical for civil works, e.g. noise emission, dust emission, wastewater, construction waste, and risks to workers (OHS issues), and as such, predictable and manageable. Relevant ES instrument is this ESMP Checklist. Public consultations on ESMP Checklist and project design are not required. According to the Serbian legislation, **this subproject is not subject to the Environmental Impact Assessment (EIA)**. According to Article 3, Paragraphs 1 and 2 of the Law on Environmental Impact Assessment (Official Gazette of RS, No. 135/04, 36/09), the projects that are planned and implemented, changes in technology, reconstruction and extension of capacity that can have a significant impact on the environment are subject to the impact assessment. Assessment of the environmental

	impact is not required for the projects in which the scope of building or premises and the building's purpose do not change. The removal of old MRI equipment shall be done according to the Law on Waste Management ("Official Gazette of RS", No. 36/2009, 88/2010, 14/2016 i 95/2018). The Law on Radiation and Nuclear Safety and Security (Official Gazette of RS, No. 95/2018) and the Rulebook on Radioactive Waste Management (Official Gazette of RS, No. 60/10) **are NOT RELEVANT** for the Project since Magnetic Resonance Imaging systems, or MRI exams produce images of internal structures using magnetic fields and radio waves. **Unlike X-rays and computed tomography, MRI scans do not expose the patient to ionizing radiation**. According to Art. 145 of the Law on Planning and Construction ("Official Gazette of RS", No. 72/09, 81/09 – cor., 64/10, 24/11, 121/12, 42/13, 50/13, 98/13, 132/14 and 145/14), for rehabilitation and refurbishment works planned within this project, no works execution decision or building permits are required. However, **all legally required permits will be acquired for refurbishment and/or rehabilitation works prior to the commencement of works**. According to Art. 53 of the Law on Planning and Construction, the **Investor is not obliged to obtain location conditions** in the case when performing works on investment maintenance of the facility and removal of obstacles for people with disabilities, works that do not change the appearance, does not increase the number of functional units and installation capacity, when adapting, repairing, building masonry fences. , as well as in all other cases of works that do not connect to the utility infrastructure or change the capacity and functionality of existing connections to the infrastructure network, unless otherwise provided by this law or regulation governing location conditions.

2.4. **Public Consultation**

PUBLIC CONSULTATION	
Identify when / where the public consultation process took place	The Environmental Management Framework Document (ESMF) was prepared in September 2023. ESMF defines the steps, processes and procedures for screening, as well as alternative analysis, assessment, monitoring and management of environment-related issues. As required by WB Environmental and Social Standard 10 (ESS10) – Stakeholder Engagement and Information disclosure, during preparation of Draft ES instruments (ESMF, ESCP, SEP and LMP) for the Serbia Noncommunicable Diseases Prevention and Control Project (NCD) the Borrower carried out public consultations with relevant stakeholders. Starting from 02 August 2023, Ministry of Health of the Republic of Serbia disclosed the Draft ESMF, ESCP, SEP and LMP on its web site and announced invitation for Public Consultations for the public, bodies and organizations interested in subject instruments prepared for Serbia Noncommunicable Diseases Prevention and Control Project. Public and other interested parties and organizations were invited to participate in process of public consultation on draft ESMF, ESCP, SEP and LMP instruments. Draft instruments and invitation to the Public Consultations were also available on the web site of the MOH. On 08 September 2023, at 2:PM (local time), public consultations and presentation of the Draft ESMF, ESCP, SEP and LMP were organized at the big conference hall reserved by the Project Coordination Unit, Pasterova 1, Belgrade. The meeting was attended by a diverse group of 26 stakeholders. **There will be no separate public consultation for this site-specific ESMP Checklist**. The present ES instrument will be disclosed nation-wide through web page of the Ministry of Health and included in the bidding documents and the subsequent construction contract. Major ESMP requirements are already presented to HCF managers, during site visits, and HCFs appointed persons responsible for communication with PCU and implementation of ESMP requirements.

2.5. **Institutional capacity building**

INSTITUTIONAL CAPACITY BUILDING	
Will there be any capacity building?	[X] N or [ ]Y

2.6. Environmental and Social Screening and Mitigation measures

PART 2: ENVIRONMENTAL /SOCIAL SCREENING			
Will the site activity include/involve any of the following:	**Activity**	**Status**	**Additional references**
	A. Building rehabilitation	[**X**] Yes [ ] No	See Section **B** below
	B. New construction	[ ] Yes [**X**] No	See Section **B** below
	C. Individual wastewater treatment system	[ ] Yes [**X**] No	See Section **C** below
	D. Historic building(s) and districts	[ ] Yes [**X**] No	See Section **D** below
	E. Acquisition of land[4]	[ ] Yes [**X**] No	See Section **E** below
	F. Hazardous or toxic materials[5]	[**X**] Yes [ ] No	See Section **F** below
	G. Impacts on forests and/or protected areas	[ ] Yes [**X**] No	See Section **G** below
	H. Handling / management of medical waste	[ ] Yes [**X**] No	See Section **H** below

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
A. General Conditions	Notification and Worker Safety	(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 refurbishment and/or rehabilitation prior to the commencement of works. (d) All work will be carried out in a safe and disciplined manner designed to minimize impacts on neighbouring residents, workers, patients and environment. (e)The work will be carried out only by workers trained for the specific tasks they perform. (f) Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots) (g) Appropriate signposting of the sites will inform workers of key rules and regulations to follow.

[4] Land acquisitions includes displacement of people, change of livelihood encroachment on private property. The 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.
[5] Toxic / hazardous material includes and is not limited to asbestos, toxic paints, removal of lead paint, etc.

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
		(h) Training for personnel on the use of new MRIs held by authorized HCF personnel before putting new MRI equipment into operation
B. General Rehabilitation and /or Refurbishment Activities	Air Quality	(a) During interior demolition use debris-chutes above the first floor (b) Keep demolition debris in controlled area and spray with water mist to reduce debris dust (c) Suppress dust during pneumatic drilling/wall destruction by ongoing water spraying and/or installing dust screen enclosures at site (d) Keep surrounding environment (sidewalks, roads) free of debris to minimize dust (e) There will be no open burning of construction / waste material at the site (f) There will be no excessive idling of construction vehicles at sites
	Noise	(a) Construction noise will be limited to restricted times agreed to in the permit (b) 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	Does not apply
	Waste management	(a) Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and rehabilitation / refurbishment activities. Prior any demolition works, detail demolition plan has to be prepared by contractor and confirmed by supervision authority. (b) Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers. (c) Construction and demolition waste will be collected and disposed properly by licensed collectors (d) The records of waste disposal will be maintained as proof for proper management as designed. (e) Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos) (f) Old MRIs will be disposed of through certified environmentally sound practices. The decommissioning of MRIs will include: • the final MRI shut-down, including treatment of operational waste • management of dismantled parts conducted in line with the National waste management policy.
	Occupational Health and Safety	(a) Provide health and safety training to all participants and conduct regular conversations on health and safety during implementation (b) Provide Personal Protective Equipment (PPE) for workers as necessary (gloves, dust masks, hard hats, boots, goggles) and enforce their use. c) Keep PPE in good condition and change them in case they are damaged. d) Prevent slips and falls and other injuries through good housekeeping practices in all worksites, provision of safe equipment and tools, and use of PPE.

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
		(c) Follow measures for safe work at height (e.g. 2 meters above ground): do as much work as possible from the ground, allow only people with sufficient skills, knowledge and experience to perform the task, take precautions when working on or near fragile surfaces, clean up oil, grease, paint, and dirt immediately to prevent slipping, provide fall protection measures (d) Ensure during demolition of existing walls to provide space for mounting of MRI special PPE is used (e) (f) Keep worksite clean and free and allow sufficient working space on daily basis. g) Ensure structural openings are covered/protected adequately (g) Prevent ergonomic illnesses from over-exertion by lifting and carrying of materials and equipment by stipulating weight limits, breaks and job rotations. (h) Ensure zero tolerance for alcohol or narcotics (i) Ensure a basic first-aid kit with bandages, antibiotic cream, etc. (j) Ensure toilets and areas for daily rest and meals.
	Integrity of Workplace Structures	Before demolition of existing walls ensure civil engineers have checked and approved the opening diameter, verified the building's stability, confirmed that load-bearing walls will not be removed, and ensured that the demolition plan is prepared and followed.
	Safe Access	(a) Passageways for pedestrians and vehicles within and outside buildings should be segregated and provide for easy, safe, and appropriate access. The working area or construction site should be clearly marked, with strict prohibitions against patients or civilians entering the zone. (b) Hand, knee and foot railings should be installed on stairs, fixed ladders, platforms, permanent and interim floor openings, loading bays, ramps, etc. (c) Covers should, if feasible, be installed to protect against falling items • Measures to prevent unauthorized access to dangerous areas should be in place
	Work site management	(a) Clean up the worksite after end of the day and ensure general housekeeping to allow safe working space.
	Employment and Labour Rights	(a) Adopt a Labor Management Procedures (b) Implement a fair and transparent employment process. (c) Provide activity workers with clear and understandable information regarding rights via contract documents in a language they understand. (d) Ensure safe grievance mechanism for workers. A Grievance management Form is enclosed as Annex 05 of this ESMP Checklist (e) Ensure compliance with the national Labor Law.

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
	Community health and Safety	(a) All relevant competent authorities will be notified of commencement of works (b) Secure worksites with physical separation as appropriate or use notification when dismantling and carrying out old equipment . (c) If works interact during patient visiting hours with publicly accessible spaces in the hospital provide and ensure safety for patients and health care workers. (d) Inform relevant authorities immediately in case of damages on utilities (e) Ensure traffic safety is implemented and delivery areas used for vehicles transporting construction material and MRI (f) Implement speed limit campaign for drivers to ensure vehicles are driven safely through the common areas within the heath care facilities
	Fire Prevention and Control	1. Fire Prevention Measures a) Store paints, solvents, and gases in well-ventilated, fire-resistant areas. b) Ensure all temporary and permanent wiring is installed and inspected by a qualified electrician. c) Regularly remove debris, especially combustible materials like wood and packaging. d) Designate and enforce strict no-smoking zones. e) Use fire-rated barriers to separate work zones from operational hospital areas. 2. Fire Detection and Control Measures f) Install temporary smoke and heat detectors in work areas. g) Keep existing fire suppression systems active where possible. h) Ensure fire extinguishers (water, CO_2, foam, and dry powder) are available and accessible. i) Install illuminated fire exit signs and maintain backup lighting. j) Assign trained fire watch personnel for high-risk tasks like welding. 3. Emergency Preparedness & Response k) Maintain clear, accessible evacuation routes at all times. l) Train workers and hospital staff on fire hazards and emergency response. m) Inform the local fire department about the refurbishment project and emergency procedures. n) Conduct regular fire drills for both construction workers and hospital staff. 4. Protection of Patients & Hospital Operations o) Use fire-resistant sheeting to prevent smoke and dust from spreading to patient areas. p) Ensure that hospital operations, particularly intensive care units, remain protected from fire hazards. q) If needed, move critical patients to safe zones before high-risk activities begin.
	Incident reporting	The World Bank has introduced the “Environmental and Social Incident Response Toolkit” (ESIRT) to outline

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
		procedures for reporting the negative environmental and social incidents. a) Record and report any hazards, any incidents or injuries and near misses b) In case of SEA/SH cases a meaningful timely report should come from the supervising Engineer and recorded into the Grievance Log as part of GRM established on a Project. c) As per WB standard procedure, the incident types to be reported using the environmental and social incident response process and Incident Report Form are presented in Annex 04 of this ESMP Checklist. The Contractor will provide sufficient detail regarding the incident or accident, indicating immediate measures taken or that are planned to be taken to address it, and any information provided by any contractor and supervising entity, as appropriate. In case of incident described in Annex 04 the Project Supervision Consultant is obliged to assist the Contractor in preparation of Incident Report to be delivered to PCU within the 24h since incident is happened.
	Stakeholder engagement	(a) Ensure timely, inclusive and accessible information is provided to all relevant stakeholder related to construction works and its timeline, change management (mainly for staff working in the facility) and any other information of relevance.
C. Individual wastewater treatment system	Water Quality	Does not apply
D. Historic building(s)	Cultural Heritage	Does not apply
E. Acquisition of land	Land Acquisition Plan/Framework	Does not apply
F. Toxic Materials	Asbestos management	(a) If asbestos is located on the project site, mark clearly as hazardous material (b) When possible the asbestos will be appropriately contained and sealed to minimize exposure (c) The asbestos prior to removal (if removal is necessary) will be treated with a wetting agent to minimize asbestos dust (d) Asbestos will be handled and disposed by skilled & experienced professionals (e) If asbestos material is be stored temporarily, the wastes should be securely enclosed inside closed containers and properly labeled (f) The removed asbestos will not be reused
	Toxic / hazardous waste management	(a) Temporary storage on site of all hazardous or toxic substances will be in safe containers labeled with details of composition, properties and handling information (b) The containers of hazardous substances should be placed in a leak-proof container to prevent spillage and leakage

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
		(c) The waste is transported by specially licensed carriers and disposed in a licensed facility. (d) Paints with toxic ingredients or solvents or lead-based paints will not be used
G. Affects forests and/or protected areas	Protection	Does not apply
H. Disposal of medical waste	Infrastructure for medical waste management	Does not apply. Whole 5 HCFs have an established medical waste handling and disposal system and an appropriate infrastructure.

2.7. **Monitoring Plan**

PART 3: MONITORING PLAN							
Phase	**What** (Is the parameter to be monitored?)	**Where** (Is the parameter to be monitored?)	**How** (Is the parameter to be monitored?)	**When** (Define the frequency / or continuous?)	**Why** (Is the parameter being monitored?)	**Cost** (if not included in project budget)	**Who** (Is responsible for monitoring?)
DECOMMISSIONING/PREPARATORY PHASE							
MRI equipment dismantling	- Timely planning and informing the user about the exact time of the MRI dismantling - Establishing a clear path for removal through the facility - Strict compliance with the rules of safety assessment and ensuring the usage of adequate personal protective equipment (PPE) - Securing specialized equipment for MRI removal	Construction site and HCF premises	Inspection of documents Inspection of activities	Before and during activities	- To ensure technical order in the facility - To limit patient disturbance - To ensure workers health and safety	No specific extra cost: responsibility of the works contractor	Project Coordination Unit (PCU) Project Supervision Consultant (PSC)
Waste handling and disposal	- Ensure categorization of all types of waste produced during rehabilitation / refurbishment works - Arrangements in place with an entity that is specifically licensed for regular transportation and disposal of different types of waste in compliance with the waste management legislation	Construction site and HCF premises	Inspection of documents Inspection of activities	Before and during activities	- To prevent the mixing of waste of different categories - Minimize the quantities of hazardous waste - To prevent hazards that affect the health of workers and other people	No specific extra cost: responsibility of the works contractor	PCU PSC

PART 3: MONITORING PLAN							
Phase	**What** (Is the parameter to be monitored?)	**Where** (Is the parameter to be monitored?)	**How** (Is the parameter to be monitored?)	**When** (Define the frequency / or continuous?)	**Why** (Is the parameter being monitored?)	**Cost** (if not included in project budget)	**Who** (Is responsible for monitoring?)
All technical details, including required approvals for demolition work, must be specified in the design documentation, with Demolition plan included, prepared by the future contractor. This documentation must be approved by the supervising authority and include written confirmation from a qualified technical expert or engineer that the wall demolition will not compromise the building's structural stability.	- To ensure the demolition work is technically sound and will not compromise the structural stability of the building.	Construction site and HCF premises	Inspection of documents Inspection of activities	Before and during activities	- To ensure technical order in the facility and building stability	No specific extra cost	PCU PSC
REHABILITATION / REFURBISHMENT PHASE							
Provision of construction materials	Procurement of construction material from licensed providers/suppliers	Provider's office or warehouse	Verification of documents[6]	During conclusion of supply contracts	Ensure reliability of construction materials and their safety for human health	No specific extra cost	PSC

[6] The materials supplied shall have a certificate of compliance – a statement that the goods/material possess certain technological and other features required by the standards

PART 3: MONITORING PLAN							
Phase	**What** (Is the parameter to be monitored?)	**Where** (Is the parameter to be monitored?)	**How** (Is the parameter to be monitored?)	**When** (Define the frequency / or continuous?)	**Why** (Is the parameter being monitored?)	**Cost** (if not included in project budget)	**Who** (Is responsible for monitoring?)
Transportation of construction materials and construction waste	- Technical condition of vehicles and machinery - Protection of truck cargo with cover (tarpaulin) - Respect of the established hours and routes of transportation	- Construction site -Transportation routes for construction materials and construction wastes	- Inspection of internal roads at the construction site - Inspection of roads adjacent to the construction site in the direction of movement route	Unannounced inspection during and after working hours	- Limit and reduce pollution of soil and air from emissions; - Limit and reduce nuisance to local population from noise and vibration; - Minimize traffic disruption	No specific extra cost: responsibility of the works contractor	PCU PSC
Operation of construction equipment on site	- Adequate technical conditions of construction equipment (without excessive exhaust emissions) - Respect of the established working hours	Construction site	Inspection of the construction site	During operation of equipment	Limit and reduce nuisance to patients and medical staff from noise and vibration	No specific extra cost: responsibility of the works contractor	PCU PSC
Generation of construction waste	- Temporary storage of construction waste in especially allocated areas; - Timey disposal of construction waste to the formally designated allocations.	Construction site; Waste disposal site – city landfill.	Inspection of activities	Periodically during construction	- Prevent pollution of soil, surface water and ground water; - Avoid accidents at construction site due to scattered fragments of construction materials and debris;	No specific extra cost: responsibility of the works contractor	PCU PSC
Generation of asbestos contained in	- Removal of roof panels or other parts in demolition	Construction site;	Inspection of documentation –	Periodically during	- Prevention of hazards that affect the health of	No specific extra cost:	PCU

PART 3: MONITORING PLAN							
Phase	**What** (Is the parameter to be monitored?)	**Where** (Is the parameter to be monitored?)	**How** (Is the parameter to be monitored?)	**When** (Define the frequency / or continuous?)	**Why** (Is the parameter being monitored?)	**Cost** (if not included in project budget)	**Who** (Is responsible for monitoring?)
construction waste	containing asbestos with minimal fragmentation in order to avoid dust generation[7]; - Temporary storage of the panels at a predetermined location marked on the construction site and provide cover for that waste; - Transportation of the asbestos- containing construction waste to the place of disposal without reloading and in a covered truck; - Permanent storage of the hazardous waste at the site predetermined for that kind of waste; - Provision of construction workers with working clothes and personal protective equipment (PPE)[8]	Waste disposal site.	agreement between user and licensed company for transportation of hazardous waste and company for final disposal of hazardous waste Inspection of activities	demolition and upon its completion	workers and other people which may enter to construction site; - Prevention of hazards that affect the health of waste disposal workers and other people who may enter the waste disposal site	responsibility of the works contractor	PSC Environmental inspection
Production of communal – domestic waste	- Placement of waste collection containers at the construction site and construction base (if any)	Construction site	Visual observation	The entire period of construction	Prevention of soil and water pollution from municipal waste	No specific extra cost: responsibility of the works	PCU

[7] Wetting or watering the roof panels during the removal of asbestos to avoid kicking-up dust
[8] Uniforms and protective gear (eyeglasses and respirators) for workers and personnel handling asbestos-containing waste

PART 3: MONITORING PLAN							
Phase	**What** (Is the parameter to be monitored?)	**Where** (Is the parameter to be monitored?)	**How** (Is the parameter to be monitored?)	**When** (Define the frequency / or continuous?)	**Why** (Is the parameter being monitored?)	**Cost** (if not included in project budget)	**Who** (Is responsible for monitoring?)
						contractor	
Production of liquid wastes	- Arrangement and regular maintenance of mobile toilets (sanitary cabins) in compliance with sanitation norms at the construction site	Construction site	Visual observation	The entire period of construction	- Ensure and provide sanitary – hygienic protection	No specific extra cost: responsibility of the works contractor	PCU PSC
Occupational health and safety	- Provision of construction workers with working clothes and personal protective equipment (PPE); - Strict compliance with the rules of construction equipment operation and usage of PPE	Construction site	Inspection of activities	The entire period of construction	Reduce the likelihood of trauma and accidents to workers	No specific extra cost: responsibility of the works contractor	PCU PSC
Occupational health and safety	PPE should be: Able to protect for the duration of work period If reusable ones are used, then it should be able to withstand repeated disinfection for reuse and users should follow decontamination methods in the product labeling	Construction site	Inspection of activities	The entire period of construction	Potential for procuring sub-standard quality of PPE leads to the spread of infection to healthcare workers and cleaners. Potential for improper disposal of used PPEs	No specific extra cost: responsibility of the works contractor	PCU PSC
HCF Construction site health and safety	Health facilities should ensure that adequate hand washing facilities with soap	Hand hygiene stations	Visual observation	The entire period of construction	Increased risk of transmission of virus due to inadequate hand	No specific extra cost: responsibility of	PCU PSC

PART 3: MONITORING PLAN							
Phase	**What** (Is the parameter to be monitored?)	**Where** (Is the parameter to be monitored?)	**How** (Is the parameter to be monitored?)	**When** (Define the frequency / or continuous?)	**Why** (Is the parameter being monitored?)	**Cost** (if not included in project budget)	**Who** (Is responsible for monitoring?)
	(liquid), water, and paper towels for hand drying (warm air driers may be an alternative), plus the closed waste bin for paper towels are available. If water and soap hand washing facilities are not possible, alcohol-based hand rubs may be provided. WHO hand hygiene protocols to be followed.				washing facilities.	the works contractor	
Contaminated Waste	The healthcare waste produced during the care of patients should be collected safely in designated containers and bags, labeled, treated, and then safely disposed of. disposal and treatment of kind of waste should be in accordance with national law and/or with WHO guidelines HCF shall use autoclaving or incineration as appropriate waste inactivation methods:		Visual observation		The collection, processing, treatment, and disposal of health care wastes become a vector for the spread of the virus. Construction workers and HCF must be protected from any possibility for infection transmission – avoidance of contacts with contaminated waste is considered as a priority during rehabilitation / refurbishment works.	No specific extra cost: responsibility of the works contractor	PCU PSC

PART 3: MONITORING PLAN							
Phase	**What** (Is the parameter to be monitored?)	**Where** (Is the parameter to be monitored?)	**How** (Is the parameter to be monitored?)	**When** (Define the frequency / or continuous?)	**Why** (Is the parameter being monitored?)	**Cost** (if not included in project budget)	**Who** (Is responsible for monitoring?)
OPERATION PHASE							
Medical waste management	- Separation of medical waste from other types of waste generated at HCF - Arrangements in place with an entity that has been specifically licensed for regular transportation and disposal of other types of waste in compliance with the national legislation	HCF premises	- Inspection of HCF - Checking presence and validity of waste removal and disposal agreement with the licensed entity	- The entire period of operation	- Maintenance of good sanitary conditions at HCF - Avoid spread of infection from HCF area - Prevention of soil, surface and ground water pollution	To be include in HCF operation and maintenance budget	HCF administration Relevant state inspection (environmental inspection)
Community health and Safety	- control of all people having access to the equipment and its immediate environment - appointment of chief executive or the general manager delegate the day-to-day responsibility for MR safety	HCF premises	- Inspection of HCF	- The entire period of operation	- Prevention of soil, surface and ground water pollution	To be include in HCF operation and maintenance budget	HCF administration
Communal/household waste management	- Presence of an adequate type and number of containers and bins - Arrangements in place with an entity licensed/authorized for collection, transportation and disposal of communal/household waste	HCF premises	- Inspection of HCF premises - Checking presence and validity of waste removal and disposal agreement with licensed/	The entire period of operation	- Maintenance of good sanitary conditions at HCF - Prevention of soil, surface and ground water pollution	To be include in HCF operation and maintenance budget	HCF administration

PART 3: MONITORING PLAN							
Phase	**What** (Is the parameter to be monitored?)	**Where** (Is the parameter to be monitored?)	**How** (Is the parameter to be monitored?)	**When** (Define the frequency / or continuous?)	**Why** (Is the parameter being monitored?)	**Cost** (if not included in project budget)	**Who** (Is responsible for monitoring?)
			authorized entity				
Emergency preparedness	- Presence of fire alarm and fire localization system, and emergency back-up system for power supply	HCF premises	Periodic check-ups	The entire period of operation	- Reduce risk to the staff and patients of HCF - Avoid disruption in the provision of utility services to the HCF	None	HCF administration
MRI Security Guidance for Service Personnel	Written guidance designed to educate and remind those handling MRI equipment about essential considerations, applicable legislation, safety risks, and best practices, drawing on current standards and expert insights[9].	HCF premises	Before putting in use	The entire period of operation	- to ensure safe and effective use of MRI for both users and patients.	-	HCF administration

[9] Please consider https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/958486/MRI_guidance_2021-4-03c.pdf and https://ehs.weill.cornell.edu/sites/default/files/mrisafety_0.pdf

2.8. **Grievance Redress Mechanism**

A Sub-project Grievance Mechanism in line with the SEP will be implemented to ensure that all complaints from local communities are dealt with appropriately, with corrective actions being implemented, and the complainant being informed of the outcome. It will be applied to all complaints from affected parties. A grievance form is attached in Annex 4 and hard copies will be made available at community centers and at the Construction Site.

The Contractor will be required to develop and implement specific Labor Grievance Mechanisms for its workforce (contracted workers) including sub-contractors, prior to the start of works. The Contractor will ensure that all engaged or employed workers are aware of the labor grievance mechanism by providing information on the methods for raising grievances (including anonymously) in the HR induction. The Contractor will ensure the grievance mechanism is accessible by putting forms and posters about the labor grievances at locations at the main work sites and in suitable locations in the site offices or sites used during daily breaks. In addition the Contractor is required to conduct a communications campaign (e.g. through toolbox talk and posters) to make workers aware of the mechanism.

The workers grievance mechanism will include, at minimum:

- Procedures to receive grievances such as comment/complaint form, email address, a telephone hotline, focal point department;
- Stipulated timeframes to respond to grievances and to address cases.
- Register to record and track the timely resolution of grievances.
- Responsible department to receive, record, address and track resolution of grievances.

  And will be based on the following principles:
- The process will be transparent and allow workers to express their concerns and file grievances.
- There will be no discrimination and retaliation against those who express grievances, and any grievances will be treated confidentially.
- Anonymous grievances will be treated equally as other grievances, whose origin is known.
- Management will treat grievances seriously and take timely and appropriate action in response.
- Any worker including subcontracting workers can express concerns, complaints, and grievances at any time, without fear of retribution and retaliation.
- All grievances will be treated in a fair and respectful manner.
- Anonymous grievances will be treated equally as other grievances whose origin is known.
- When a grievance is received, the Contractor will ensure to confirm its receipt within 3 business days. At this time, the complaint will also be provided information about response times, next steps and a contact within the team.
- All grievances will be documented to the grievance mechanism, including those received by supervisors, project managers, or any management staff.
- Grievance mechanism will have a dedicated procedure to address complaints related to workplace harassment and sexual harassment. The sexual harassment grievance mechanism shall be operated by the trained staff and complaints will be recorded and kept in a data protected data base,

The Project workers' grievance mechanism will not prevent workers from using any other administrative or judicial mechanisms provided by the national laws.

A Grievance management Form is enclosed as Annex 05 of this ESMP Checklist.

3. ANNEXES

ANNEX 01: LIST OF CONTACTS – COUNTERPARTS IN HCFs

1. **General Hospital in Cuprija**

Zoran Milosevic
drmilosevic.1@gmail.com
bolnicacuprija@mts.rs

2. **University Clinical Center in Kragujevac**

Marko Radovic
tehnicka@ukckg.rs

3. **General Hospital in Pozarevac**

Drasko Dacic
Boris Jotov
bolpo@obp.rs

4. **University Clinical Center of Serbia, Clinic for Neurosurgery**

Jelena Drulovic
jelena.drulovic@kcs.ac.rs

5. **General Hospital in Zrenjanin**

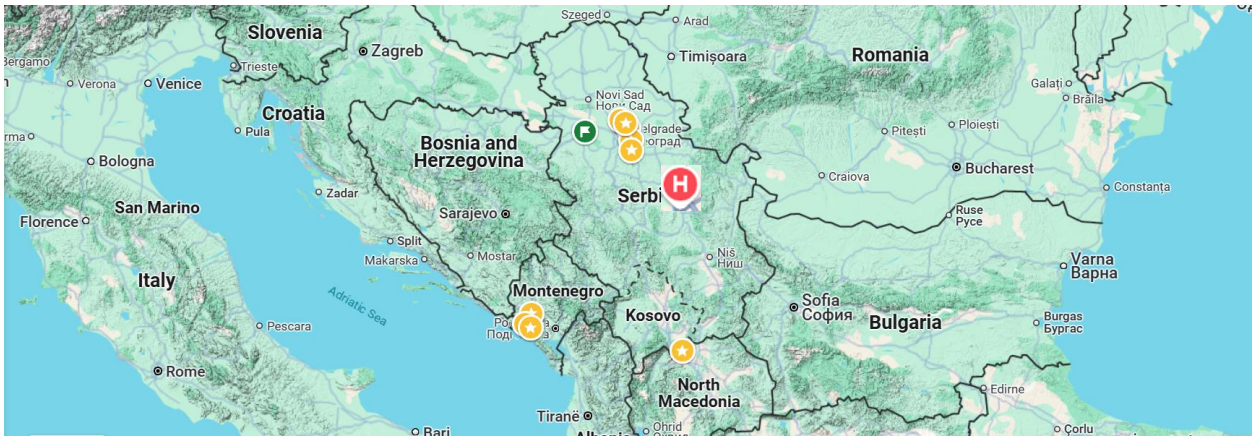
Director of the General Hospital "Djordje Joanovic"
Dr. Vanja Kunkin, specialist in general surgery

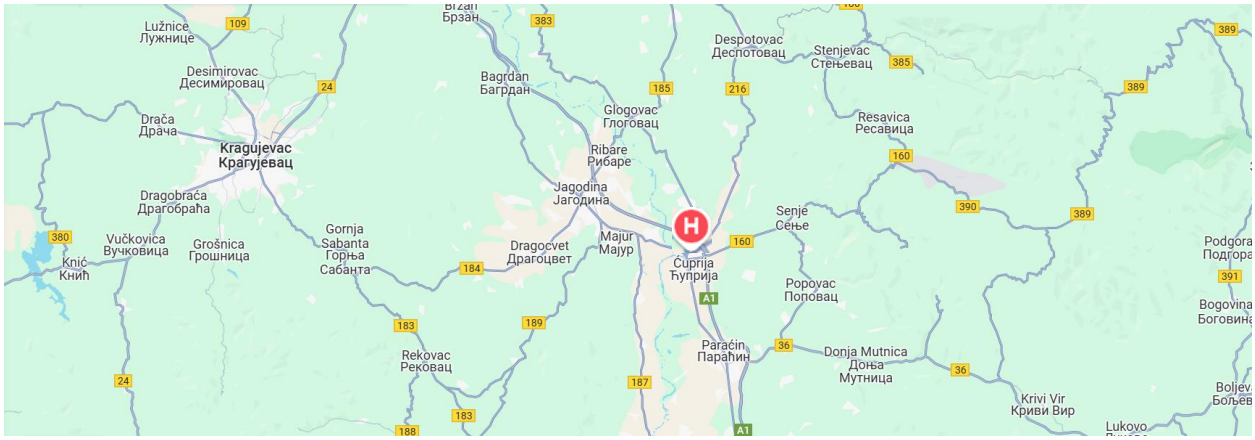
Assistant Director for Medical Affairs
Dr. Marija Djujic, specialist in general surgery

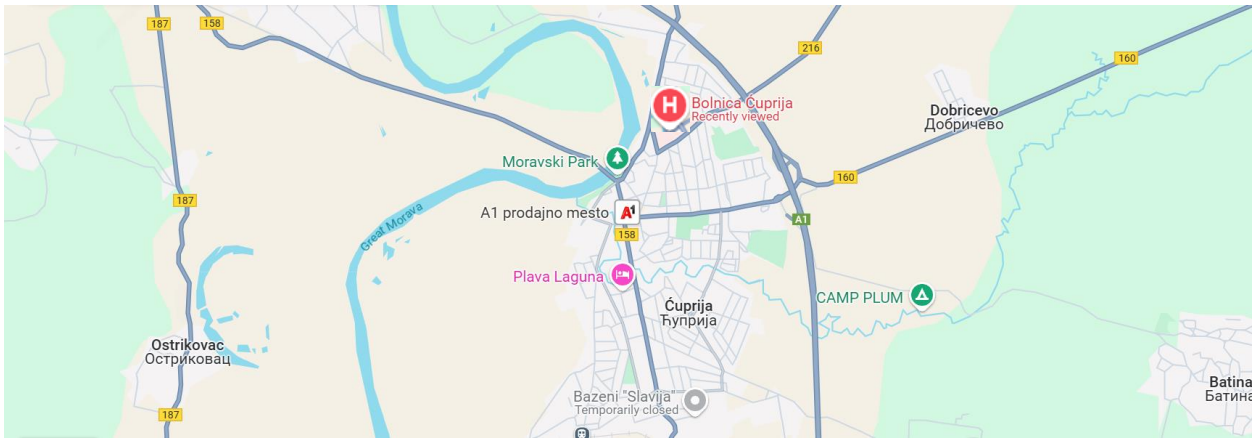
zrenjaninska.bolnica@gmail.com

ANNEX 02: SITE MAPS

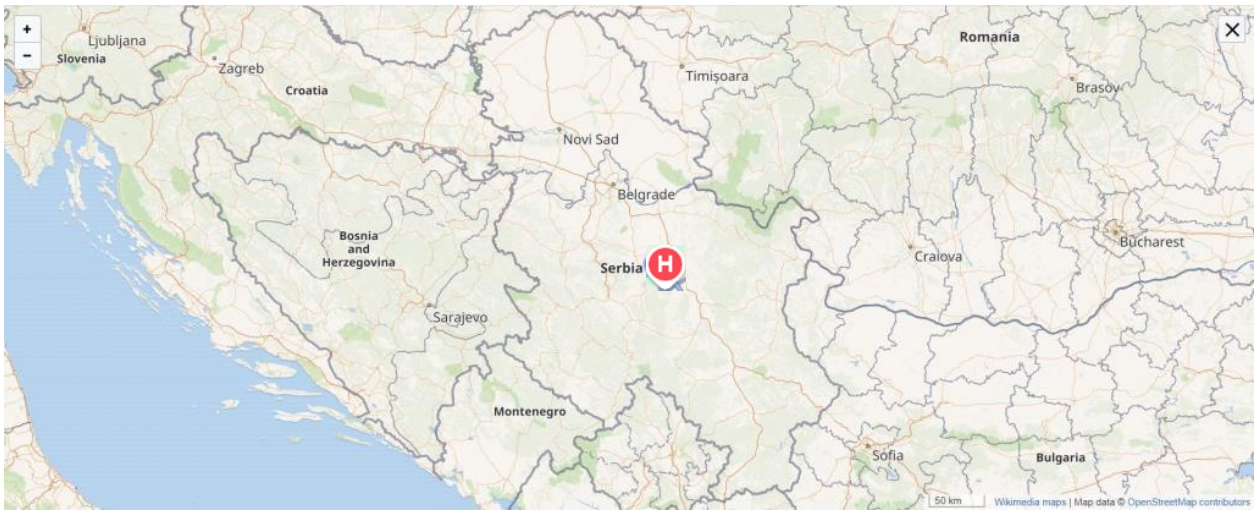
1. General Hospital in Cuprija

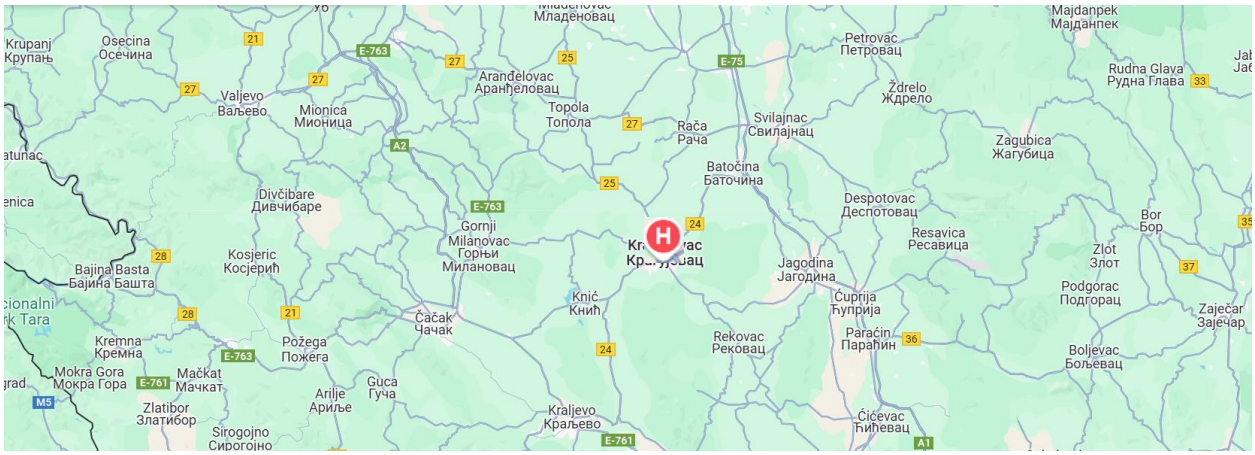


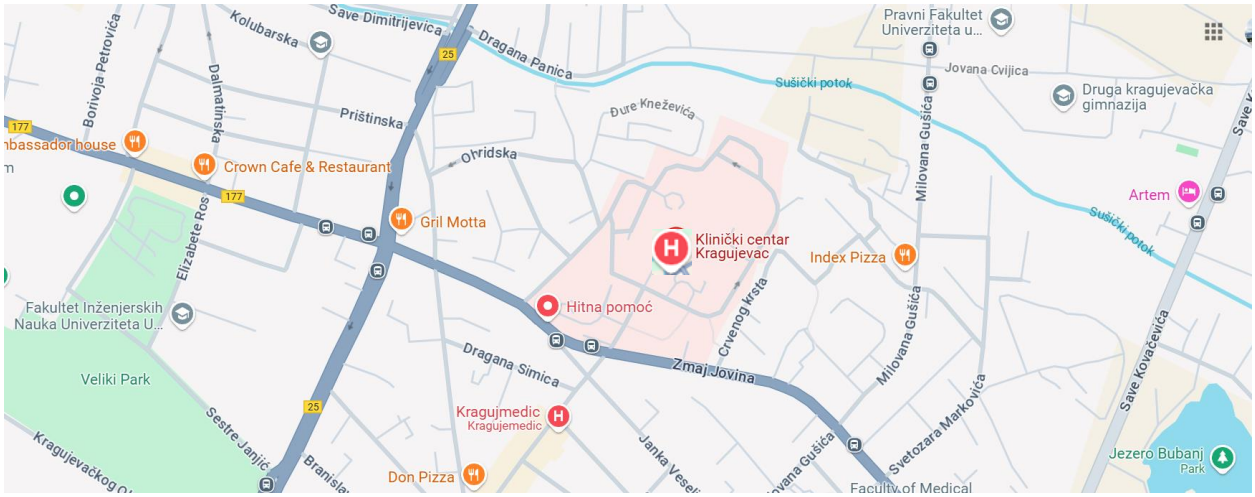




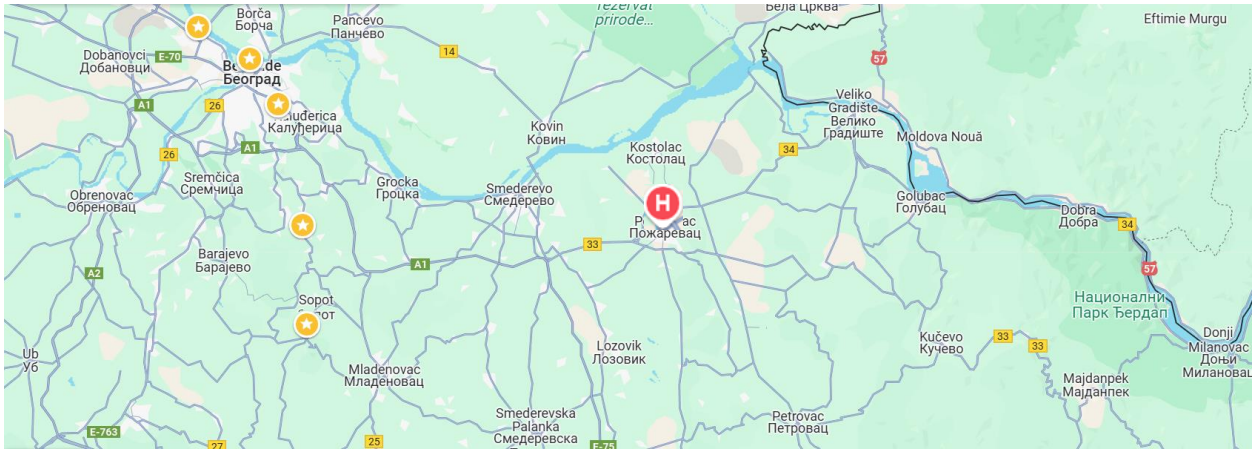
2. University Clinical Center in Kragujevac

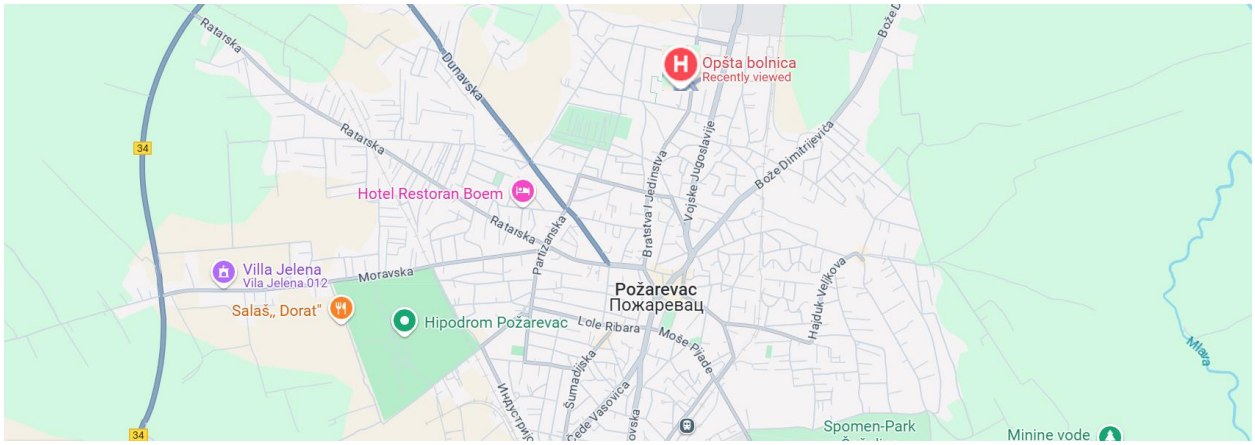




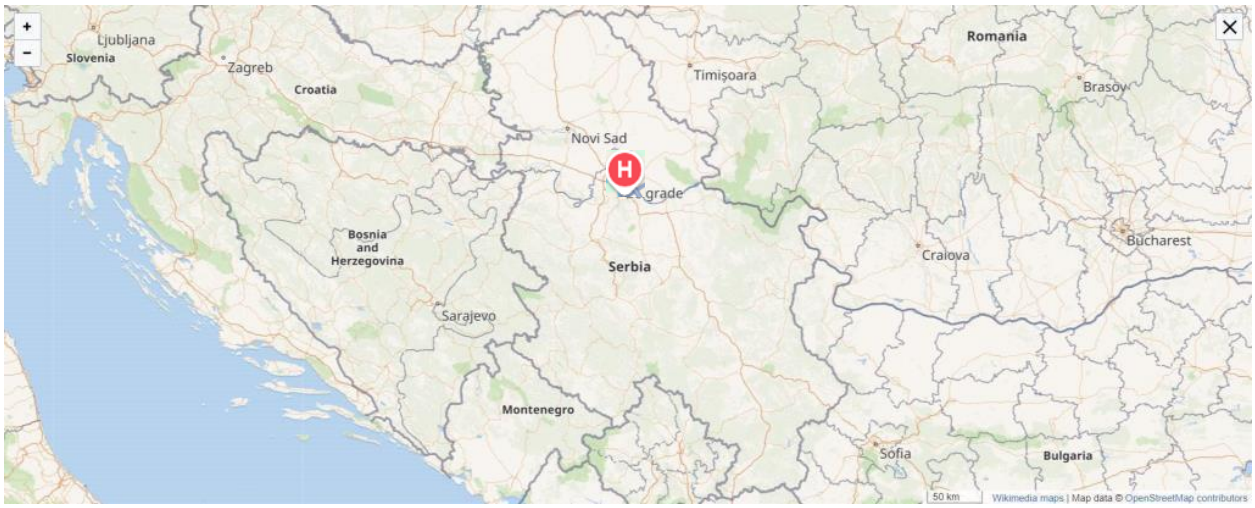


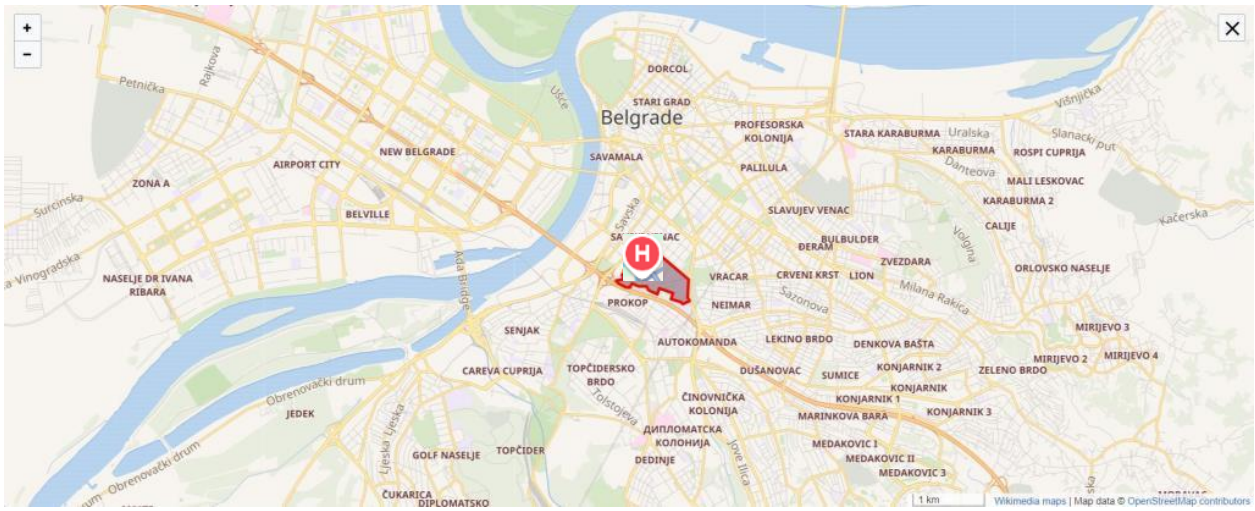
3. General Hospital in Pozarevac

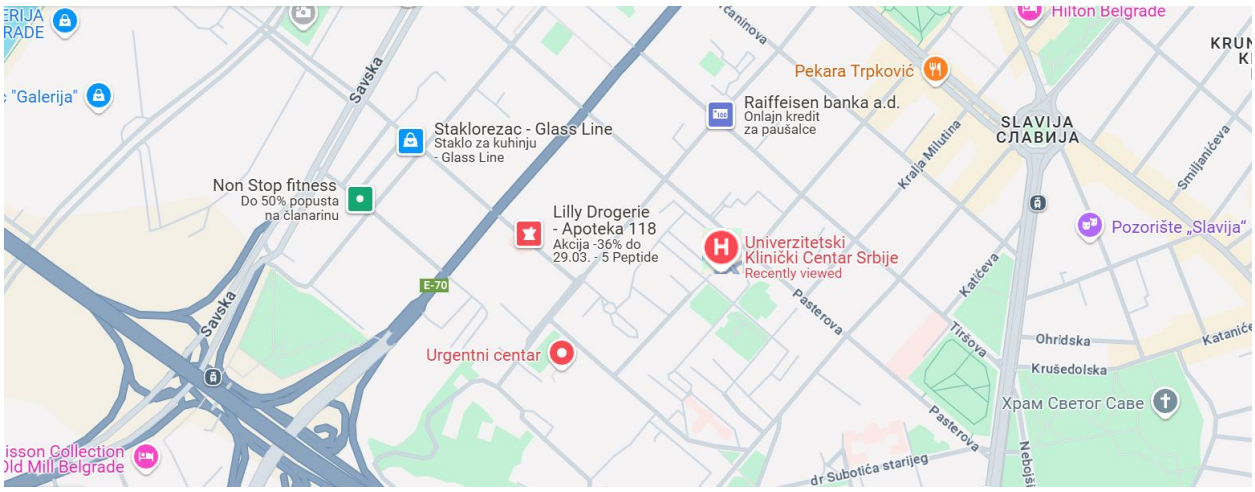




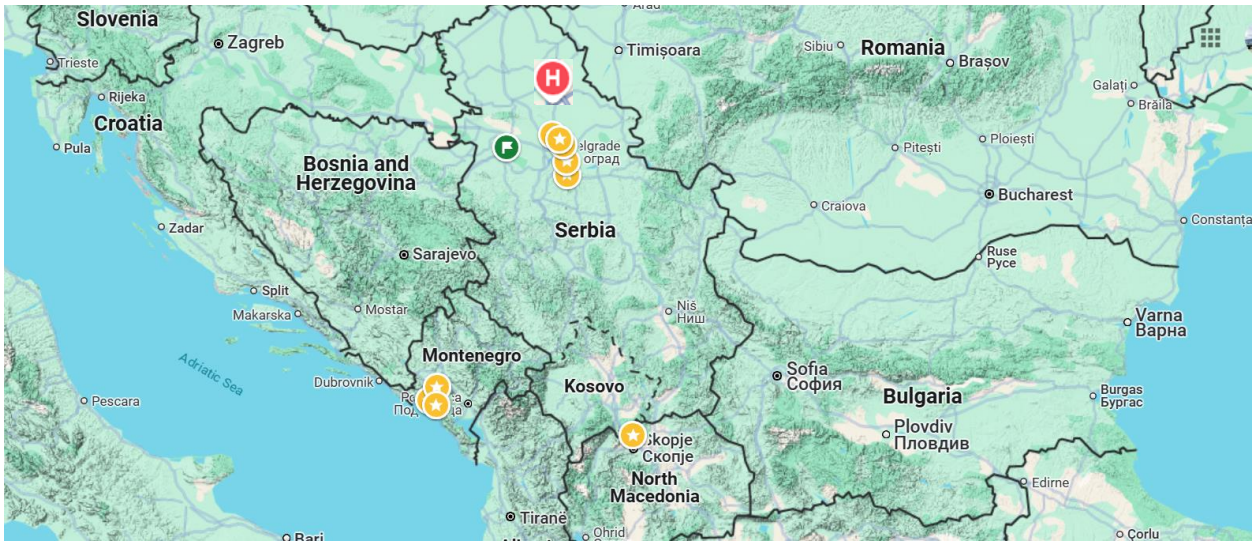
4. University Clinical Center of Serbia – Clinic for Neurosurgery

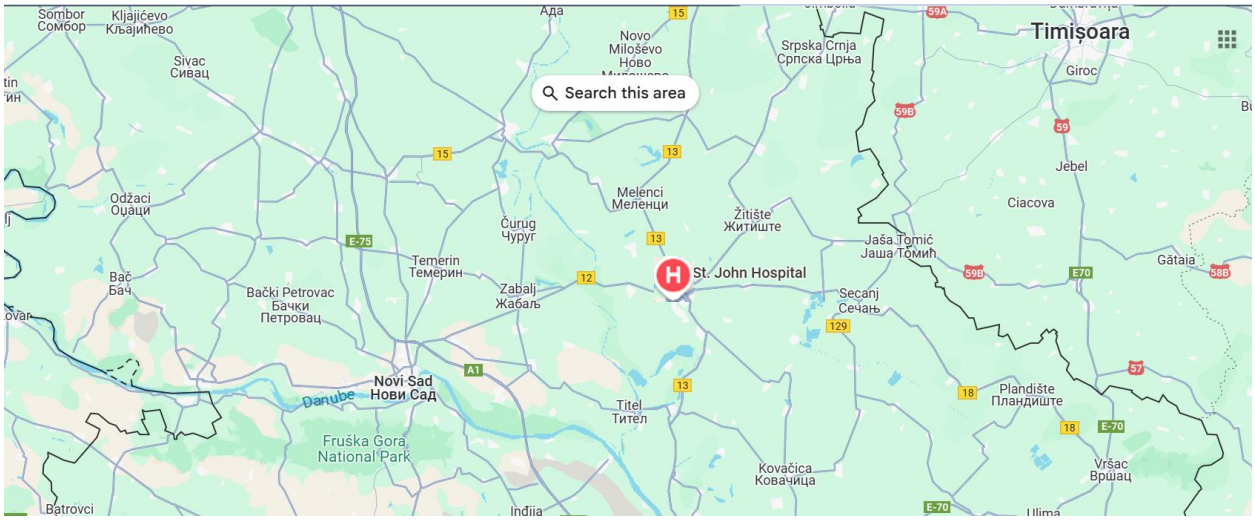


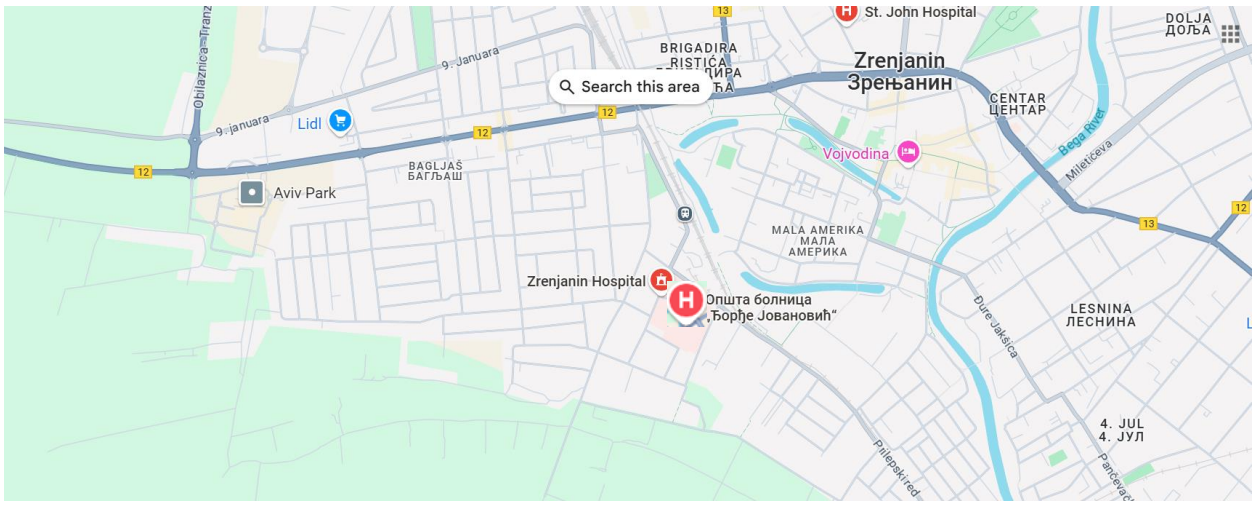




5. General Hospital in Zrenjanin



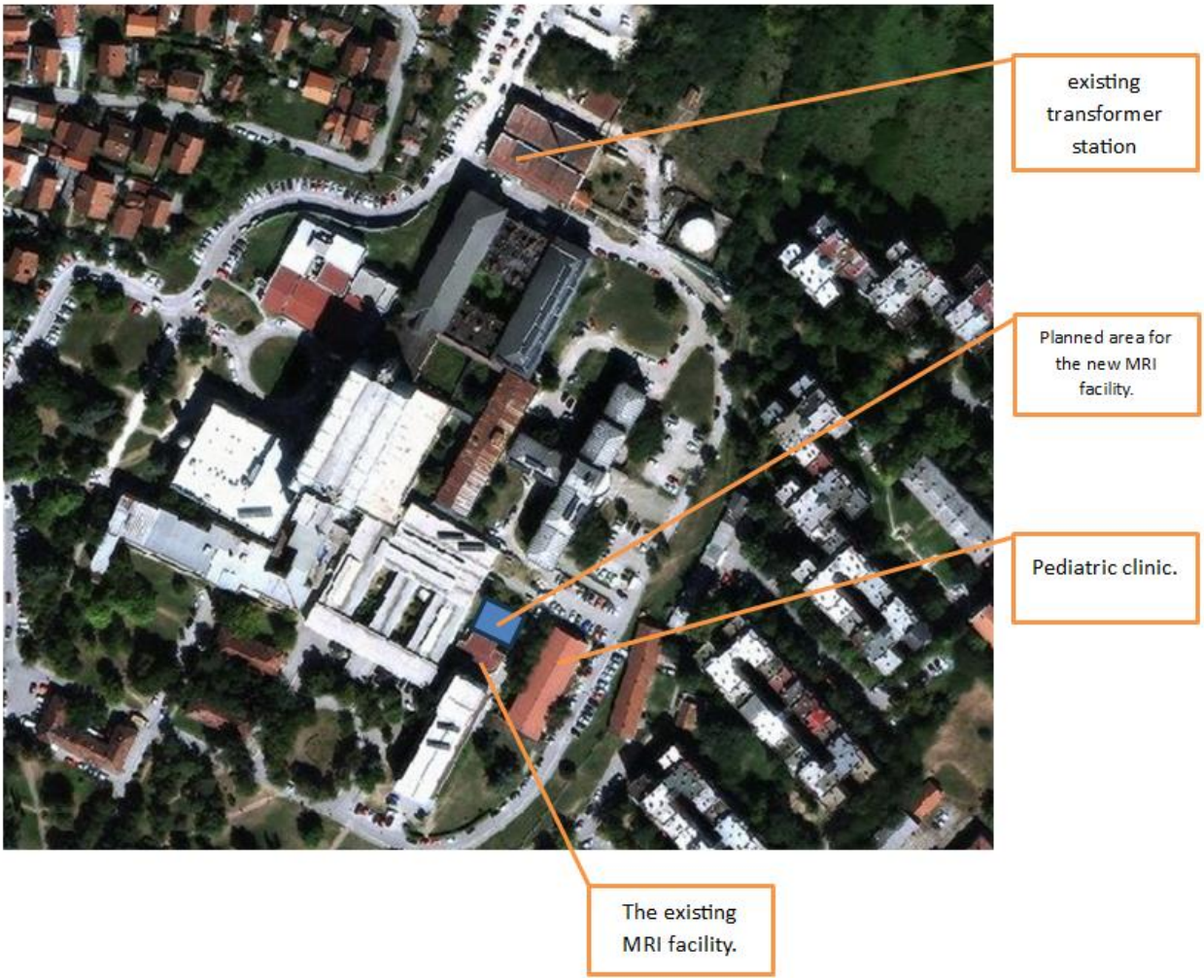




ANNEX 03: PHOTO DOCUMENTS – CURENT MRI UNITS WITHIN THE SUBJECT HCFS

1. General Hospital in Cuprija

2. University Clinical Center in Kragujevac



3. General Hospital in Pozarevac

4. University Clinical Center of Serbia, Clinic for Neurosurgery

5. General Hospital in Zrenjanin

ANNEX 04: INCIDENT REPORT FORM

Part B: To be completed within 24 hours

B1: Incident Details			
Date of Incident:	**Time:**	**Date Reported to PCU:**	**Date Reported to WB:**
Reported to PCU by:	**Reported to WB by**:	**Notification Type**:	
Full Name of Main Contractor:		**Full Name of Subcontractor**:	

B2: **Type of incident (please check all that apply)**[1]
Fatality ☐ Lost Time Injury ☐ Displacement Without Due Process ☐ Child Labor ☐ Acts of Violence/Protest ☐ Disease Outbreaks ☐ Forced Labor ☐ Unexpected Impacts on heritage resources ☐ Unexpected impacts on biodiversity resources ☐ Environmental pollution incident ☐ Dam failure ☐ Other ☐

[1]See Annex 1 for definitions

B3: Description/Narrative of Incident
For example: *I. What is the incident?* *II. What were the conditions or circumstances under which the incident occurred (if known)?* *III. Are the basic facts of the incident clear and uncontested, or are there conflicting versions? What are those versions?* *IV. Is the incident still ongoing or is it contained?* *V. Have any relevant authorities been informed?*

B4: Actions taken to contain the incident			
Short Description of Action	**Responsible Party**	**Expected Date**	**Status**

For incidents involving a contractor:
Have the works been suspended *(for example, under Contract GCC7.6 or GCC8.9 of Works)*? Yes ☐; No ☐;
Name of Contractor:

Please attach a copy of the instruction suspending the works.

B5: What support has been provided to affected people

Incident Types

The following are incident types to be reported using the environmental and social incident response process:

Fatality: Death of a person(s) that occurs within one year of an accident/incident, including from occupational disease/illness (e.g., from exposure to chemicals/toxins).

Lost Time Injury: Injury or occupational disease/illness (e.g., from exposure to chemicals/toxins) that results in a worker requiring 3 or more days off work, or an injury or release of substance (e.g., chemicals/toxins) that results in a member of the community needing medical treatment.

Acts of Violence/Protest: Any intentional use of physical force, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, deprivation to workers or project beneficiaries, or negatively affects the safe operation of a project worksite.

Disease Outbreaks: The occurrence of a disease in excess of normal expectancy of number of cases. Disease may be communicable or may be the result of unknown etiology.

Displacement Without Due Process: The permanent or temporary displacement against the will of individuals, families, and/or communities from the homes and/or land which they occupy without the provision of, and access to, appropriate forms of legal and other protection and/or in a manner that does not comply with an approved resettlement action plan.

Child Labor: An incident of child labor occurs: (i) when a child under the age of 14 (or a higher age for employment specified by national law) is employed or engaged in connection with a project, and/or (ii) when a child over the minimum age specified in (i) and under the age of 18 is employed or engaged in connection with a project in a manner that is likely to be hazardous or interfere with the child's education or be harmful to the child's health or physical, mental, spiritual, moral or social development.

Forced Labor: An incident of forced labor occurs when any work or service not voluntarily performed is exacted from an individual under threat of force or penalty in connection with a project, including any kind of involuntary or compulsory labor, such as indentured labor, bonded labor, or similar labor-contracting arrangements. This also includes incidents when trafficked persons are employed in connection with a project.

Unexpected Impacts on heritage resources: An impact that occurs to a legally protected and/or internationally recognized area of cultural heritage or archaeological value, including world heritage sites or nationally protected areas not foreseen or predicted as part of project design or the environmental or social assessment.

Unexpected impacts on biodiversity resources: An impact that occurs to a legally protected and/or internationally recognized area of high biodiversity value, to a Critical Habitat, or to a Critically Endangered or Endangered species (as listed in IUCN Red List of threatened species or equivalent national approaches) that was not foreseen or predicted as part of the project design or the environmental and social assessment. This includes poaching or trafficking of Critically Endangered or Endangered species.

Environmental pollution incident: Exceedances of emission standards to land, water, or air (e.g., from chemicals/toxins) that have persisted for more than 24 hrs or have resulted in harm to the environment.

Dam failure: A sudden, rapid, and uncontrolled release of impounded water or material through overtopping or breakthrough of dam structures.

Other: Any other incident or accident that may have a significant adverse effect on the environment, the affected communities, the public, or the workers, irrespective of whether harm had occurred on that occasion. Any repeated non-compliance or recurrent minor incidents which suggest systematic failures that the task team deems needing the attention of Bank management.

ANNEX 05: GRIEVANCE MANAGEMENT FORM

Reference No:

Full Name

Note: you can remain anonymous if you prefer, or request not to disclose your identity to the third parties without your consent. In case of anonymous grievances, the decision will be disclosed at the Projects website https://www.zdravlje.gov.rs/tekst/426174/zalbeni-mehanizam-pknbrs-.php

First name _____

Last name _____

❑ I wish to raise my grievance anonymously

❑ I request not to disclose my identity without my consent Contact Information Please mark how you wish to be contacted (mail, telephone, e-mail).

❑ By Post: Please provide mailing address: _____
_____
_____

❑ By Telephone: _____

❑ By E-mail _____

❑ I will follow up on the resolution at the website as I want to remain anonymous

Preferred Language for communication ❑ Serbian ❑ Other *(indicate)*

Description of Incident or Grievance (*What happened? Where did it happen? Who did it happen to? What is the result of the problem? Date of Incident/ Grievance)*

❑ One-time incident/grievance (date _____)

❑ Happened more than once (how many times? _____)

❑ On-going (currently experiencing problem) What would you like to see happen to resolve the problem?

Signature: _____ Date: _____

Please return this form to: The Ministry of Health of the Republic of Serbia, PCU