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

SERBIA EMERGENCY COVID-19 RESPONSE PROJECT

ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN CHECKLIST
(ESMP Checklist - ESMPC)
for
Procurement and Installation of CT Scanners

DRAFT DOCUMENT

B E L G R A D E, August 2021

Table of Content

List of Abbreviations

ACM	Asbestos Contained Materials
COVID-19	Coronavirus Disease 2019
CT	Computed tomography
EHS	Environmental, Health and Safety
EHSG	World Bank Group Environmental, Health and Safety Guidelines
EIA	Environment Impact Assessment
ES	Environmental and Social
ESF	WB Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMPC	Environmental and Social Management Plan Checklist
EU	European Union
HCF	Healthcare Facility
HCW	Healthcare Waste
HVAC	Heating, Ventilation and Air Conditioning
IBRD	International Bank for Reconstruction and Development
ICP	Infection Control Plan
MOH	The Ministry of Health of the Republic of Serbia
OHS	Occupational Health and Safety
OP	Operational Procedure
PCU	Project Coordination Unit
PPE	Personal Protective Equipment
RS	Republic of Serbia
SARS	Severe Acute Respiratory Syndrome
SARS-CoV-2	Severe Acute Respiratory Syndrome CoronaVirus 2
SEC19RP	Serbia Emergency COVID-19 Response Project
WB	World Bank
WEEE	Waste Electrical and Electronic Equipment
WHO	World Health Organization

1. INTRODUCTION AND BACKGROUND

1.1. Serbia Emergency COVID-19 Response Project

An outbreak of COVID-19 caused by the 2019 novel coronavirus (SARS-CoV-2)1 has been spreading rapidly around the world since December 2019, when the initial cases were diagnosed in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased significantly and all the countries in the whole World are affected now. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as COVID-19 rapidly spread across the world. Since 31 December 2019 and as of 16 May 2021, 164 272 159 cases of COVID-19 have been reported, including 3 404 222 deaths in 219 countries. In Serbia, as of May 16, 2021, 706 458 cases including 6 681 COVID -19 related deaths have been reported. Given the fluidity of the situation this Environmental and Social Management Plan Checklist (ESMPC) seeks to present a meaningful and comprehensive assessment and management of Environmental and Social risks attributable to Project activities.

In response to the GoS request for combating the COVID-19 pandemic, the World Bank is providing an amount of US$ 100.00 m IBRD/IDA financing to assist the government to implement the Serbia COVID-19 Emergency Response Project. The project focuses on enhancing the capacity of the government to provide optimal medical care, maintain essential health services, and to minimize risks for patients and health personnel, including training for health staff and front-line workers on risk mitigation measures, and providing them with the appropriate protective equipment and hygiene materials. The Project Development Objective (PDO) is to respond to the threat posed by COVID-19 and to strengthen the national health system for public health preparedness in Serbia. The PDO will be achieved through the implementation of activities that support prevention of SARS-CoV-2 transmission combined with activities that strengthen the health system's capacity for disease management.

The Project will complement Serbia's successful initial COVID-19 suppression effort and enhance its preparedness for on-going re-opening of society by supporting ongoing activities and investments by purchasing critically needed equipment, building surveillance capacity, and providing technical support, including training and communication support for Nonpharmaceutical intervention (NPI), and implementation support.

During Project preparation phase, when the nature of the project activities was known only in general, in order to ensure application of the good environmental practice and project compliance with the World Bank requirement, Project Coordination Unit (PCU) prepared Environmental and Social Management Framework (ESMF) which provided guidance and procedures for screening, assessing, managing the environmental and social risks and impacts of the project, and integrate mitigation measures in various stages of the subproject cycle.

Following ESMF guidelines a site-specific ES assessment is carried out, including subprojects screening and preparation of adequate ES instruments. The site specific assessments resulted in defining the risk category for each of the subprojects and adopting appropriate measures to mitigate the risks and impacts of the ES risks and impacts. ES assessment also addressed the issues of inclusion, social vulnerability of certain groups, gender and SEA/SH, consultation and communication strategy and any other issues identified via the assessment and the stakeholder consultations.

1.2. Subproject - Procurement and Installation of CT Scanners

Clinical care capacity will be strengthened through the Subcomponent 1.3 (Health System Strengthening) and it will be achieved through financing different activities. One of them is **procurement and installation of CT Scanners for health care institutions**[1], of which some require

[1] The term "computed tomography", or CT, refers to a computerized x-ray imaging procedure in which a narrow beam of x-rays is aimed at a patient and quickly rotated around the body, producing signals that are processed by the machine's computer to generate cross-sectional images—or "slices"—of the body. These slices are called tomographic images and contain more detailed information than conventional x-rays. Once a number of successive slices are collected by the machine's computer, they can be digitally "stacked" together to form a three-dimensional image of the patient that allows for easier identification and location of basic structures as well as possible tumors or abnormalities.

minor refurbishment of specialized units where new CT Scanners will be placed, while other HCFs will require only works needed for replacement of old equipment.

There are 4 different types of CT Scanners that will be procured and installed within this subproject.

1. Type 1 - 64-slice CT Scanners
2. Type 2 – 64 detector rows CT Scanners
3. Type3 – 128-slice CT Scanners
4. Type 4 – 256-slice CT Scanners

The specific details on designs and locations of the project activities are defined now, so the nature and scale of their impacts are known. The proposed project will finance procurement and installation of **55 CT Scanners** in 50 Serbian health care facilities (HCFs), but minor rehabilitation works (upgrade, repair, rehabilitation and refurbishment) are expected primarily at the following most complex renovation project sites - hospitals/HCFs:

1. Institute of Rheumatology in Belgrade
2. Clinical Hospital Center “Dr. Dragisa Misovic” in Belgrade
3. General Hospital in Cacak
4. General Hospital in Gornji Milanovac
5. General Hospital in Jagodina
6. General Hospital in Majdanpek
7. General Hospital in Novi Pazar
8. General Hospital in Paracin
9. General Hospital in Petrovac na Mlavi
10. General Hospital in Prijepolje
11. General Hospital in Sabac
12. Special Hospital for Psychiatric Diseases “Slavoljub Bakalovic” in Vrsac
13. Health Center in Knjazevac
14. Health Center in Negotin
15. Health Center in Vranje

Respecting the nature of CT Scanners installation works, the project will include 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.

1.3. **Environmental and Social Screening**

All of the subproject activities were subject to the specific environmental and social screening, following the procedures laid out in ESMF document. The PCU screened subproject for potential environmental and social risks per World Bank Group EHS Guidelines, WHO COVID-19 Guidelines and data are presented within the Annex 01 this ESMPC document, following the screening form contained in Annex 02 of the ESMF document. Subproject is also screened for its eligibility in terms of compliance with WB exclusion list.

Each of the subproject activities was screened for national EIA requirements as well as WB's ESSs. Annex 03 of the ESMF provided a screening form which sets out a list of questions on the screening of ES risks and impacts, identifies the relevant ESSs and the type of assessments and management tools that should be developed. Screening forms were timely prepared and delivered to HCFs in which new CT Scanners will be installed. Environmental and Social Experts of the PCU visited the sites and collected additional site-specific information in order to complete subproject screening forms and allocate adequate risk category for this subproject. Additionally, each individual HCF assigned one or more staff members responsible for liaising with the PCU during ES screening procedure and throughout the life of the subproject at that specific HCF.

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. Old CT

devices - replaced by new ones procured by the project – will be disposed of through certified environmentally sound practices. Expected impacts from subproject 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. However, due to COVID-19 pandemic situation (see Chapter 1.4), possible transmission of infectious agents during project implementation is considered as possible project risk.

According to the WB project risk classification defined by WB Environmental and Social Framework (ESF), based on the sensitivity of the environmental and social risks and impacts this subproject falls in **Risk Category – MODERATE**. Therefore, in accordance with the Project ESMF this **Environmental and Social Management Plan Checklist (ESMPC)** is developed by PCU as appropriate ES instrument pursuant to IFIs Safeguard Policies. 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 ESMPC document is prepared in accordance with ESMF requirements, following required form presented within the Annex 03B of the ESMF document (Draft Format for ESMPC for minor Construction and Rehabilitation Activities). ESMPC is prepared for small-scale works to be conducted at associated HCFs including rehabilitation needed for installation of procured medical equipment (CT Scanners) and refurbishment of specialized units in selected hospitals. Respecting the COVID-19 pandemic situation this ESMPC document also prescribes the operating procedures that will help prevent the spread of infection during rehabilitation works and during Project implementation.

Once approved, this ESMPC will be included as an integral part of biding documents, any works or supervision contract for the activity.

1.4. Specific Project requirements related to COVID-19 pandemic

Preventing transmissions of infectious agents in HCFs during Project implementation is considered as a priority and adequate mitigation measures are presented in Annex 04 of this ESMPC document (Infection Control Plan - ICP). ICP covers environmental and social infections control measures and procedures prescribed in order to prevent virus transmission during the operation of project.

The contractors will be also obliged to act in accordance with the Infection and Prevention Control Protocols for individual HCFs (Annex 03) which will help the Contractors to minimize chance of exposure, organize training of its staff and manage access and spread in case of COVID-19 be confirmed in a worker on the project site. Subject Prevention Control Protocol will be implemented on the assumption that the COVID-19 pathogen is present and that all construction workers, healthcare workers and patients are potential carriers.

Finally, having in mind that Project includes minor civil works, mainly rehabilitation of existing units within the HCFs, as additional infection transmission preventive measures are prescribed in line with the World Bank’s Interim Note - COVID-19 considerations in civil works project (Annex 04).

2. ENVIRONMENTAL MANAGEMENT AND MONITORING PLAN FOR PROCUREMENT AND INSTALATION OF CT SCANNERS

2.1. PART 1: Institutional and Administrative

PART 1: INSTITUTIONAL & ADMINISTRATIVE	
Country	**Republic of Serbia**
Subproject title	**Serbia Emergency COVID-19 Response Project -** Procurement and Installation of CT Scanners in 48 Health care Facilities in Serbia (the Project)
Scope of project and activity	The project envisages procurement, installation of new and replacement of existing old CT Scanners in 48 HCFs in Serbia. Procurement and installation of new modern CT Scanners will contribute to improved diagnostics procedure in HCFs. Type of CT Scanners which will be delivered to HCFs is as follows: 1. Type 1 - 64-slice CT Scanners 2. Type 2 - 64 detector rows CT Scanners 3. Type3 - 128-slice CT Scanners 4. Type 4 - 256-slice CT Scanners For placement of the new CT Scanners a minor rehabilitation works (upgrade, repair, rehabilitation and refurbishment) of adequate units are needed. During project preparation, in order to determine level of forthcoming rehabilitation activities, PCU team visited following hospitals: 1. Institute of Rheumatology in Belgrade (Type 2) 2. Clinical Hospital Center "Dr. Dragisa Misovic" in Belgrade (Type 3) 3. General Hospital in Cacak (Type 2) 4. General Hospital in Gornji Milanovac (Type 1) 5. General Hospital in Jagodina (Type 2) 6. General Hospital in Majdanpek (Type 1) 7. General Hospital in Novi Pazar (Type 2) 8. General Hospital in Paracin (Type 2) 9. General Hospital in Petrovac na Mlavi (Type 1) 10. General Hospital in Prijepolje (Type 1) 11. General Hospital in Sabac (Type 2) 12. Special Hospital for Psychiatric Diseases in Vrsac (Type 1) 13. Health Center in Knjazevac (Type 1) 14. Health Center in Negotin (Type 1) 15. Health Center in Vranje (Type 2) Installation of new CT Scanners 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. Most of existing CT devices in HCFs are old, but the devices are working properly. Such equipment will not be removed. For placement of new CT Scanners adequate units within the HCFs will be rehabilitated. However, old and faulty CT devices will be replaced with the new CT equipment so this subproject also envisages the decommissioning and removal of old CT Scanners. At the same time the subproject will strive for environmentally sound implementation. Therefore, old CT Scanners - replaced by new ones procured by the

<table>
<tr><th colspan="5">PART 1: INSTITUTIONAL & ADMINISTRATIVE</th></tr>
<tr><td></td><td colspan="4">project – will be disposed of through certified environmentally sound practices. The decommissioning of old CT Scanners will include: the final CT Scanner shut-down, including treatment[2] of operational waste (management of dismantled parts will be conducted in line with the National waste management policy and Law on waste management).

During ESMPC 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 CT Scanners will be disposed in environmentally sound manner and this activity will be monitored by PCU and Project Supervision Consultant during Project implementation.</td></tr>
<tr><td>Institutional arrangements

(Name and contacts)</td><td>WB:

(Project Team Leader)
Ms. Ha Thi Hong Nguyen

(Project Environmental Specialist)
Ms. Ivana Novakovic

(Senior Social Specialist)
Ms. Roxanne Hakim</td><td>Project Management:

Serbia Emergency COVID-19 Response Project

Project Coordination Unit (PCU)

Ministry of Health

Ms. Biljana Kozlovic, M.D.
PCU Coordinator

office_pcu@zdravlje.gov.rs</td><td colspan="2">Local Counterparts and/or Recipients:

Names and contacts, their phone numbers and E-mail addresses of local counterparts in 15 HCFs are enclosed within the Annex 05 of this ESMPC document</td></tr>
<tr><td>Implementation arrangements

(Name and contacts)</td><td>Safeguard Supervision

TBD –Procurement Procedure not completed yet</td><td>Local Counterpart Supervision

HCF’s personnel appointed for EHS supervision (see Annex 05 for details)</td><td>Local Inspectorate Supervision</td><td>Contractor

TBD</td></tr>
<tr><th colspan="5">SITE DESCRIPTION</th></tr>
<tr><td>Name of site</td><td colspan="4">1. Institute of Rheumatology in Belgrade</td></tr>
<tr><td>Describe site location</td><td colspan="3">The Institute of Rheumatology in Belgrade carries out highly specialized, specialized consulting and patient health care in the field of rheumatic diseases. The Institute also carries out educational and research activities and publishing activity for its own purposes, in accordance with the law governing the field of health care and the law governing the field of scientific research.
The existing unit / premise, scheduled for refurbishment and rehabilitation, is located in the Institute of Rheumatology in Belgrade.
The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07).
The Institute's building is accessed from the Resavska 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 of Cultural Protection.</td><td>Attachment 1: Site Map
Y [X] N [ ]
Site Map is attached in Annex 06 of this ESMPC document</td></tr>
</table>

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

PART 1: INSTITUTIONAL & ADMINISTRATIVE		
Who owns the land?	The land plot under the Institute of Rheumatology in Belgrade is owned by the state – the Republic of Serbia.	
Geographic description[3]	Belgrade is the capital and the 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 capital 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. 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).	
Name of site	**2. Clinical Hospital Center "Dr. Dragisa Misovic" in Belgrade**	
Describe site location	The Clinical Hospital Center "Dr. Dragisa Misovic" in Dedinje, is a facility of secondary heath care level in Belgrade. It is based on modern principles of health care andit serves as a teaching facility of the University of Belgrade School of Medicine. It was established in 1930. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located in the Clinical Hospital Center. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The Clinical Hospital Center's buildings are accessed from the Heroja Milosa Tepica 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 Institute of Cultural Protection.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document
Who owns the land?	The land plot under the Clinical Hospital Center "Dr. Dragisa Misovic" in Belgrade is owned by the state – the Republic of Serbia.	
Geographic description	Clinical Hospital Center "Dr. Dragisa Misovic" is located in Belgrade. Geographic data are the same as described above for Institute of Rheumatology in Belgrade.	
Name of site	**3. General Hospital in Cacak**	
Describe site location	The general hospital Cacak is the secondary health care level facility of the Moravica administrative district, which includes: 17 health clinics, 1 hospital, 1 health centre and a job-related medical ambulance. The hospital relies on the Clinical Center of Serbia in Belgrade as the tertiary level of health care. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located in the General Hospital in Cacak. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07).	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document

[3] Same data are relevant to all HCFs located in Belgrade (Institute for rheumatology and Clinical Hospital Center "Dr. Dragisa Misovic")

PART 1: INSTITUTIONAL & ADMINISTRATIVE		
	The General Hospital's building is accessed from the Dr. Dragise Misovica 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 the Protection of Cultural Monuments.	
Who owns the land?	The land plot under the General Hospital in Cacak is owned by the state – the Republic of Serbia.	
Geographic description	Cacak is a city and the administrative center of the Moravica District in central Serbia. It is located in the West Morava valley within the geographical region of Sumadija. According to the 2011 census, the city proper has 73,331 inhabitants, while the administrative area comprises a total of 115,337 inhabitants. The city lies about 144 km south of the Serbian capital, Belgrade. It is also located near the Ovcar-Kablar Gorge. The average temperature of the city and its vicinity is 10.47 °C (50.85 °F) with 74.1% humidity, and it is characterized by warm summers and cold winters.	
Name of site	**4. General Hospital in Gornji Milanovac**	
Describe site location	The General Hospital Gornji Milanovac is the secondary healt care level facility in Gornji Milanovac. The hospital relies on the Clinical Center of Serbia in Belgrade as the tertiary level of health care. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital in Gornji Milanovac. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The General Hospital's building is accessed from the Vojvode Milana 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 Institute for the Protection of Cultural Monuments.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document
Who owns the land?	The land plot under the General Hospital in Gornji Milanovac is owned by the state – the Republic of Serbia.	
Geographic description	Gornji Milanovac is a town and municipality located in the Moravica District of central Serbia. The population of the town is 24,216, while the population of the municipality is 44,406 inhabitants. Gornji Milanovac has humid continental climate.	
Name of site	**5. General Hospital in Jagodina**	
Describe site location	The General Hospital Jagodina is a secondary health care level facility in Jagodina. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital in Jagodina. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The General Hospital's building is accessed from the Karadjordjeva street, and then by internal traffic to the subject area/site. Safe access is ensured to the construction site.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document

PART 1: INSTITUTIONAL & ADMINISTRATIVE		
	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 the Protection of Cultural Monuments.	
Who owns the land?	The land plot under the General Hospital in Jagodina is owned by the state – the Republic of Serbia.	
Geographic description	Jagodina is a city and the administrative centre of the Pomoravlje District in central Serbia. It is situated on the banks of the Belica River, in the geographical region of Sumadija. The city itself has a population of 43,311 inhabitants, while its administrative area comprises 76,712 inhabitants.	
Name of site	**6. General Hospital in Majdanpek**	
Describe site location	The General Hospital Majdanpek is a secondary health care level facility in Majdanpek. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital in Majdanpek. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The General Hospital's building is accessed from Kapetanska 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 Institute for the Protection of Cultural Monuments.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document
Who owns the land?	The land plot under the General Hospital in Majdanpek is owned by the state – the Republic of Serbia.	
Geographic description	Majdanpek is a town and municipality located in the Bor District of the eastern Serbia, close to the border with Romania. According to 2011 census, the municipality of Majdanpek had a population of 18,686 people, while the town of Majdanpek had a population of 7,699 ihabitants. City of Majdanpek has a humid continental climate.	
Name of site	**7. General Hospital in Novi Pazar**	
Describe site location	The General Hospital Novi Pazar was established in 2012 by the Decision of the Government of the Republic of Serbia. It is secondary health care level facility. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital in Novi Pazar. The total area of the unit where New CT Scanners will be placed is less than 50m^2 (see Annex 07). The General Hospital's building is accessed from the Generala Zivkovica 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 Institute of Cultural Protection.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document
Who owns the land?	The land plot under the General Hospital in Novi Pazar is owned by the state – the Republic of Serbia.	

PART 1: INSTITUTIONAL & ADMINISTRATIVE		
Geographic description	Novi Pazar is a city located in the Raska District of southwestern Serbia. As of the 2011 census, the urban area has 66,527 inhabitants, while the city administrative area has 100,410 inhabitants. Novi Pazar is located in the valleys of the Josanica, Raska, Dezevska, and Ljudska rivers. It contains 100 settlements, mostly small and spread over hills and mountains surrounding the city. Novi Pazar has a humid continental climate typical of the hilly Raska region.	
Name of site	**8. General Hospital in Paracin**	
Describe site location	The General Hospital Paracin is the secondary health care level facility in Paracin. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital in Paracin. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The General Hospital's building is accessed from the Majora Marka 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 the Protection of Cultural Monuments.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document
Who owns the land?	The land plot under the General Hospital in Paracin is owned by the state – the Republic of Serbia.	
Geographic description	Paracin is a town and municipality located in the Pomoravlje District of central Serbia. It is located in the valley of the Velika Morava river, north of Krusevac and southeast of Kragujevac. In 2011 the town had a population of 24,573 ihabitants. The city has a humid continental climate	
Name of site	**9. General Hospital in Petrovac na Mlavi**	
Describe site location	The General Hospital Petrovac na Mlavi is the secondary health care level facility in Petrovac na Mlavi. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital in Petrovac na Mlavi. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The General Hospital building is accessed from the Moravska 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 the Protection of Cultural Monuments.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document
Who owns the land?	The land plot under the General Hospital in Petrovac na Mlavi is owned by the state – the Republic of Serbia.	
Geographic description	Petrovac na Mlavi is a town and municipality located in the Branicevo District of the eastern Serbia. In 2011, the population of the town is 7,229, while population of the municipality is 30,325 inhabitants. The city has a humid continental climate.	
Name of site	**10. General Hospital in Prijepolje**	
Describe site location	The General Hospital Prijepolje is the secondary health care level facility in Prijepolje.	Attachment 1: Site Map Y [X] N [ ]

PART 1: INSTITUTIONAL & ADMINISTRATIVE		
	The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital in Prijepolje. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The General Hospital building is accessed from the Rajka Divca 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 the Protection of Cultural Monuments.	Site Map is attached in Annex 06 of this ESMPC document
Who owns the land?	The land plot under the General Hospital in Prijepolje is owned by the state – the Republic of Serbia.	
Geographic description	Prijepolje is a town and municipality located in the Zlatibor District of south-western Serbia. As of 2011 census, the town has 13,330 inhabitants, while the municipality has 37,059 inhabitants. Prijepolje is located at the confluence of the fast-flowing Lim and Milesevka rivers. Prijepolje city has a humid continental climate	
Name of site	**11. General Hospital in Sabac**	
Describe site location	The General Hospital "Dr. Laza K. Lazarevic" Sabac is the secondary health care level pacility in Sabac. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the General Hospital in Sabac. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The General Hospital buildings are accessed from Popa Karana 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 Institute for the Protection of Cultural Monuments.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document
Who owns the land?	The land plot under the General Hospital in Sabac is owned by the state – the Republic of Serbia.	
Geographic description	Sabac is a city and the administrative center of the Macva District in western Serbia. According to the 2011 census, the city proper has population of 53,919, while its administrative area comprises 118,347 inhabitants. Sabac is located in the northwestern part of Serbia, on the three borders of Macva, Pocerina and Posavina, on the right bank of the Sava River. The city of Sabac encompasses territory of 795 km^2, 49 cadastral municipalities and 52 settlements with a total of 122,893 inhabitants. Sabac has a humid subtropical climate with cold winters.	
Name of site	**12. Special Hospital for Psychiatric Diseases "Slavoljub Bakalovic" in Vrsac**	
Describe site location	The Special Hospital for Psychiatric Diseases "Slavoljub Bakalovic" in Vrsac with a capacity of 900 beds is one of the largest psychiatric institutions in Serbia. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the Special Hospital for Psychiatric Diseases "Slavoljub Bakalovic" in Vrsac.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this

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	The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The Special Hospital building is accessed from the Podvrsanska 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 the Protection of Cultural Monuments.	ESMPC document
Who owns the land?	The land plot under the Special Hospital for Psychiatric Diseases "Slavoljub Bakalovic" in Vrsac is owned by the state – the Republic of Serbia.	
Geographic description	Vrsac is a city and the administrative center of the South Banat District in the autonomous province of Vojvodina, Serbia. As of 2011, the city urban area has a population of 35,701, while the city administrative area has 52,026 inhabitants. It is located in the geographical region of Banat.	
Name of site	**13. Health Center in Knjazevac**	
Describe site location	The Health Center Knjazevac is a facility that provides primary and secondary level of health care in Knjazevac. It consists of the Primary Care Health Center and the General Hospital. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the Health Center in Knjazevac. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The Health Center's building is accessed from the Cetvrtog jula 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 Institute for the Protection of Cultural Monuments.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document
Who owns the land?	The land plot under the Health Center in Knjazevac is owned by the state – the Republic of Serbia.	
Geographic description	Knjazevac is a town and municipality located in the Zajecar District of the eastern Serbia. As of 2011, the municipality has a population of 31,491 inhabitants, while the town has 18,404 inhabitants. The town is situated between three mountains, in the geographical region of the Timok Valley bordering Bulgaria. Knjazevac has an oceanic climate, that's very close to a humid continental climate.	
Name of site	**14. Health Center in Negotin**	
Describe site location	The Health Center Negotin is a facility that provides primary and secondary level of health care in Negotin. It consists of the Primary Care Health Center and the General Hospital. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the Health Center in Negotin. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). The Negotin Health Center building is accessed from the Badnjevska 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	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document

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	any regime of cultural protection, and these works do not require the prior approval of the Institute for the Protection of Cultural Monuments.	
Who owns the land?	The land plot under the Health Center in Negotin is owned by the state – the Republic of Serbia.	
Geographic description	Negotin is a town and municipality located in the Bor District of the eastern Serbia. It is situated near the borders between Serbia, Romania and Bulgaria. It is the judicial center of the Bor District. The population of the town is 16,882, while municipality has a population of 35,000 inhabitants.	
Name of site	**15. Health Center in Vranje**	
Describe site location	The Health Center Vranje is a facility that provides primary and secondary level of health care in Vranje. It consists of the Primary Care Health Center and the General Hospital. The existing unit / premise, scheduled for refurbishment and rehabilitation, is located within the Health Center in Vranje. The total area of the unit where new CT Scanners will be placed is less than 50m^2 (see Annex 07). Vranje Health Center's building is accessed from the Jovana Jankovica Lunge 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 the Protection of Cultural Monuments.	Attachment 1: Site Map Y [X] N [ ] Site Map is attached in Annex 06 of this ESMPC document
Who owns the land?	The land plot under the Health Center in Vranje is owned by the state – the Republic of Serbia.	
Geographic description	Vranje is a city and the administrative centre of the Pcinja District in southern Serbia. The city has a population of 83,524 inhabitants, while the urban area of the city has 60,485 inhabitants. Vranje is the economic, political, and cultural centre of the Pcinja District in Southern Serbia. It is located on the Pan-European Corridor X, close to the borders with North Macedonia and Bulgaria. Vranje has an oceanic climate with long, hot summers and short but cold, cloudy winters.	
LEGISLATION		
Identify national & local legislation & permits that apply to project activity	The project triggers the World Bank WB Environmental and Social Standards **ESS1** (Environmental Assessment), **ESS2** (Labor and Working Conditions), **ESS3** (Resource Efficiency and Pollution Prevention and Management), **ESS4** (Community Health and Safety) and **ESS10** (Stakeholder Engagement and Information Disclosure). According to the WB ESF, this subproject is classified as a MODERATE RISK Project. 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. However, according to the Law on Radiation and Nuclear Safety and Security (Official Gazette of RS, No. 95/2018, 10/2019), in order to be able to put any source of ionizing radiation into operation there is an obligation to develop a project of measures for radiation safety and security, which has to be approved by the Directorate for Radiation and Nuclear	

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	Safety and Security of Serbia. According to this Law and accompanying by-laws, this Project of measures for radiation safety and security is an integral part of the technical documentation for facilities that use or will use sources of ionizing radiation, and contains a technical description of the facility, including environmental protection measures. The removal of old CT Scanners shall be done according to the Law on Waste Management ("Official Gazette of RS", No. 36/2009, 88/2010, 14/2016 i 95/2018), Rulebook on categories, testing and classification of waste ("Official Gazette of RS", no. 56/2010, 93/2019 and 39/2021), the Law on Radiation and Nuclear Safety and Security (Official Gazette of RS, No. 95/2018, 10/2019) and the Rulebook on Radioactive Waste Management (Official Gazette of RS, No. 60/10) because **CT scans use x-rays, and all x-rays produce ionizing radiation. Ionizing radiation has the potential to cause biological effects in living tissue.** 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**. The removal, handling, and disposal of Asbestos Contained Materials (ACM) should be done in accordance with the Rulebook on the treatment of asbestos-containing waste "Official Gazette of RS" 75/2010. 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.
PUBLIC CONSULTATION	
Identify when / where the public consultation process took place	○ **Public consultations on ESMF and SEP** As required by WB Environmental and Social Standard 10 (ESS10) – Stakeholder Engagement and Information disclosure, during preparation of Draft ESMF and SEP documents for the Serbia Emergency Covid-19 Response Project (SEC19RP) the Borrower carried out public consultations with relevant stakeholders. Starting from 03 February 2021, MOH disclosed the Draft ESMF and SEP documents on its web site and announced invitation for Public Consultations for the public, bodies and organizations interested in subject documents prepared for Serbia COVID-19 Emergency Response Project. Same announcement was published in the daily newspaper with national coverage "Politika" on 09 February 2021. Public and other interested parties and organizations were invited to participate in process of public consultation on draft ESMF and SEP documents. Draft documents and invitation to the Public Consultations were also available on the web site of the MOH: https://www.zdravlje.gov.rs/tekst/en/228/covid-19.php. On 24 February 2021, at 11:00 AM (local time), public consultations and presentation of the Draft ESMF and SEP documents were organized at the premises of the Project Coordination Unit, Pasterova 1, III floor, Belgrade. The meeting was attended by a diverse group of 17 stakeholders, namely representatives of MOH, members of Project Coordination Unit (PCU), representatives of Republic Fund of Health Insurance and representatives of former WB funded Second Serbia Health Project (SSHP). ○ **Public consultations on ESMPC**

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	There will be no separate public consultation for this site-specific ESMPC. All subproject activities will be performed within the existing hospital buildings. Major ESMPC requirements are already presented to HCF managers, during site visits, and HCFs appointed persons responsible for communication with PCU and implementation of ESMPC requirements. The present site-specific ESMPC will be disclosed nation-wide through web page of the Ministry of Health and included in the bidding documents and the subsequent construction contract. As required, any notices of information will be put up at the site where relevant or needed e.g. if it will restrict access to certain areas of the building during installation etc.
INSTITUTIONAL CAPACITY BUILDING	
Will there be any capacity building?	[ ] N or [X]Y A lot of capacity building activities were undertaken in the last years through activities within the project "Second Serbia Health Project (SSHP)". PCU engaged Environmental and a Social Specialists in the PCU, who will be, inter alia, responsible for Capacity building and training which should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well. The training topics will include (for health workers, administrative and operational personnel, construction workers and community in general): o Use and disposal of PPE (for all) o Working in COVID-19 environment (construction workers) o COVID-19 Infection Prevention and Control Recommendations (Health care workers) o Laboratory biosafety guidance related to the COVID-19 (Laboratory personnel) o Specimen collection and shipment (Laboratory personnel) o Standard precautions for COVID-19 patients (Health care workers) o Risk communication, prevention and community engagement (Administrative and operational personnel) o WHO and CDC guidelines on quarantine including case management o Waste disposal and management (Waste disposal staffs and healthcare personnel) o Training on the prevention of GBV and SEA/SH and awareness of child protection protocols, on Sexually Transmitted Diseases (STDs) and other communicable diseases, including for security personnel. o Familiarization with the WB's ESF and EHS Guidelines.

2.2. **PART 2: Environmental and Social Screening**

PART 2: ENVIRONMENTAL /SOCIAL SCREENING			
Will the site activity include/involve any of the following:	**Activity/Issue**	**Status**	**Additional references**
	A. Building rehabilitation / refurbishment	[**X**] Yes [ ] No	See Section **A**, **B, F, H** and **J** below
	B. Small-scale reconstruction works at existing facilities	[**X**] Yes [ ] No	See Section **A**, **B, F, H** and **J** below
	C. Individual wastewater treatment system	[ ] Yes [**X**] No	See Section **A** and **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 A and **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 **A** and **H** below
	I. Traffic and Pedestrian Safety	[ ] Yes [**X**] No	See Section **I** below
	J. Social and Labor Risks (i) occupational health and safety (OHS), (ii) labor and working conditions and (iii) possible construction impacts (due to short term reconstruction works in already existing hospitals) related to noise, traffic safety and community health and safety	[**X**] Yes [ ] No	See Section **A** and **J** below

ACTIVITY	**PARAMETER**	**MITIGATION MEASURES CHECKLIST**
A. General Conditions	Notification , Community safety and OHS for workers	(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)

[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.

PART 2: ENVIRONMENTAL /SOCIAL SCREENING		
		(c) All legally required permits have been acquired for refurbishment 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)Community and Worker's OH&S measures should be applied (first aid, protective clothes for the workers, appropriate machines and tools; firefighting distinguishers should be in proper (f) Community and Worker's OH&S measures should be applied (first aid, protective clothes for the workers, appropriate machines and tools; firefighting distinguishers should be in proper condition); (g) Provision of toilets, including safe access for any female workers on site (h) Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots) (i) Appropriate signposting of the sites will inform workers of key rules and regulations to follow. (j) All working on heights and under the voltage should be taken very precautioned, in line with national legislation and safety standards and by adequately trained and certified workers for working on heights, under the voltage and other works with high risks (k) Where/If the LMP of the project applies to the workers, the grievance channel (GRM) as described in the LMP should be made accessible to all workers who should be informed of the same. In any event workers should have access to a grievance channel, including safe reporting of any form of gender based violence. (l) If an incident or an accident with a serious negative impact or consequences for the environment and/or human health occurs, the Project Implementation Unit (PIU) shoud be notified without delay. The World Bank will be notified by the PIU within 48 hours of the incident. The notification will include all available event information. A more detailed analysis (root-cause analysis) will be conducted within the agreed time.
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) Where/If the LMP of the project applies to the workers, the grievance channel (GRM) as described in the LMP should be made accessible to all workers who should be informed of the same. In any event workers should have access to a grievance channel, including safe reporting of any form of gender based violence. (d) Suppress dust during pneumatic drilling/wall destruction by ongoing water spraying and/or installing dust screen enclosures at site (e) To minimize dust, the construction materials should be appropriately stored and covered; (f) Usage of protective masks for the workers if the dust seems to be appeared; (g) Keep surrounding environment (sidewalks, roads) free of debris to minimize dust (h) There will be no open burning of construction / waste material at the site (i) There will be no excessive idling of construction vehicles at sites

PART 2: ENVIRONMENTAL /SOCIAL SCREENING		
	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
	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. (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 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) Once works are finalized, no waste will be left on the site. Historical waste will be removed prior to works;
ACTIVITY	**PARAMETER**	**MITIGATION MEASURES CHECKLIST**
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. Activity is excluded
F. Toxic Materials	Asbestos management	(a) If asbestos is located on the project site, mark clearly as hazardous material (b) the asbestos will be appropriately contained and sealed to minimize exposure (c) The asbestos prior to removal will be treated with a wetting agent to minimize asbestos dust (d) Asbestos will be handled and disposed by skilled & experienced professionals (a) Prior to final disposal, temporarly stored asbestos materials should be securely enclosed inside closed containers and properly labeled in line with the relevant legislation and procedures; But overall, the ACM waste needs to be removed/collected, stored and immediately removed from the project site/HCF. (e) The removed asbestos will not be reused
	Toxic / hazardous waste management	(a) Temporary storage on site, prior to final disposal, of all hazardous or toxic substances will be in safe containers labeled with details of composition, properties and handling information

PART 2: ENVIRONMENTAL /SOCIAL SCREENING		
		(b) The containers of hazardous substances should be placed in a leak-proof container to prevent spillage and leakage (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. All HCFs have an established medical waste handling and disposal system and an appropriate infrastructure.
	Disposal of old CT Scanners	Prior to disposal the end-of-life CT unit must be rendered permanently incapable of producing ionizing radiation[6]. This can be done for example by arranging for a suitably qualified and competent person[7] to disable the unit by disconnecting the timer unit and removing cables. The CT unit should be otherwise left fully intact.
	X-Ray Films: Disposal	It is not allowed to simply toss old X-ray films into the garbage or dispose of them in a landfill. Not only do X-rays contain silver emulsion, a highly reactive and flammable material, they are considered private health records. Therefore, dispose of X-rays in ways that do not hurt the environment, create safety hazards or compromise patient privacy. The best way to dispose of old X-ray films is to recycle them.
I Traffic and Pedestrian Safety	Direct or indirect hazards to public traffic and pedestrians by construction activities	(a) Signpost, place warning signs, arrange barriers and traffic diversions so that the work site is clearly visible, and the public is warned of all potential hazards (b) Establish traffic management system and conduct staff training, especially for site access and near-site heavy traffic. Provide safe passages and crossings for pedestrians where construction traffic interferes. (c) Adjust working hours to local traffic patterns, e.g. avoid major transport activities during rush hours or times of livestock movement (d) Actively manage traffic if required for safe and convenient passage for the public. (e) Ensure safe and continuous access to office facilities, shops and residences during renovation activities, if the buildings stay open for the public.
J. Social and Labor Risk Management	Public relationship management	(a) Implement and update as needed the project-based Stakeholder Engagement Plan (b) Assign local focal points who is in charge of communication with and receiving requests/complaints from local population at the district and regional level (c) Limit construction activities at night. When necessary, carefully schedule night work and inform affected

[6] CT units can only produce ionizing radiation when connected to an electrical power source. CT units are not inherently radioactive and once the timer unit has been disconnected and the power cables/batteries permanently removed it can no longer generate X-rays. In this case it can be considered solely as waste electrical and electronic equipment (WEEE).
[7] Suitably qualified electrician or engineer or similarly approved. Details may be available to the end user from the distributor of the equipment.

PART 2: ENVIRONMENTAL /SOCIAL SCREENING		
		community beforehand. (d) Properly mark and fence work site preventing in and out patients to interfere and interact with works and workers (e) Allocate areas for temporary storage of construction materials and waste so that free movement of traffic and pedestrians is not hindered.
	Public Safety	(a) Ensure quarantine procedures for COVID-19 patients are maintained; (b) Share information on project activities and construction schedule prior to the start of works; (c) Notify local authorities and communities on the upcoming activities (d) Notify public on the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works) (e) Provide signage for safety at critical locations for warning and informing the community with images and text in local language (b) Acquire all legally required permits for construction and/or rehabilitation (c) Formally agree with Employer that all work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment. (d) Appropriately signpost construction site to inform workers on key rules and regulations. (e) Inform the community about the established grievance redress mechanisms and share contact numbers of focal points
	Labor issues management	(a) Include the ESMP Checklist into the bidding documents; prior to contracting, the bidders will be required to submit a statement confirming their awareness of WB ESS, their firm compliance with the national labor and employment and occupational health and safety laws and labor management procedures in accordance with WB ESS2, and their willingness to refrain from any practice that can be interpreted or perceived as discriminatory or unfair to their employees. The form of the statement is presented in Annex 08 of this ESMPC (b) Ensure contractors and subcontractors comply with labor laws and standards and implement fair work practices; (c) Inform the contractors about the established grievance redress mechanisms and share contact numbers of focal points. This includes safe help line in case of gender based violence; (d) Instruct and train contractor assigned staff on SEA/SH monitoring, GRM, no child/forced labor use, code of conduct and other labor requirements as per ESS2 and Serbian Labor Code; (e) Ensure all workers have written contracts describing terms and conditions of work; (f) Raise awareness of workers on overall relationship management with local population, establish the code of conduct in line with international practice and strictly enforce them, including the dismissal of workers and financial penalties of adequate scale. (g) Ensure neither child (up 18 years old) labor nor forced labor applied; and

PART 2: ENVIRONMENTAL /SOCIAL SCREENING		
		(h) Inform the workers about the established labor grievance redress mechanism and share contact numbers of focal points. This includes access to a safe line for reporting gender based violence. (i) Adequate and safe access to toilet facilities, especially for female workers.
	Worker health and safety requirements	(h) Ensure contractors and subcontractors comply with occupational safety local laws and requirements as per ESS 2; Prior to contracting, the bidders will be required to submit a statement confirming their awareness of WB ESS, their firm compliance with the national labor and employment and occupational health and safety laws and labor management procedures in accordance with WB ESS2, and their willingness to refrain from any practice that can be interpreted or perceived as discriminatory or unfair to their employees. The form of the statement is presented in Annex 08 of this ESMPC document. (i) Provide detailed information to the personnel about the activities foreseen in the project; (j) Conduct safety trainings carried out by specialists in different fields; (k) Ensure that workers' PPE complies with international good practice (masks, gloves and safety glasses, for civil works also hardhats, harnesses and safety boots); (l) Provide adequate sanitary conditions (lavatories and washing areas) in the work site with adequate supplies of running water, soap, antiseptics and hand drying devices; (m) Secure working conditions meeting health and safety standards required by the Serbian legislation; (n) Ensure regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPEs, etc.; (o) Ensure protocols for regular disinfection of public rooms, wards, ICUs, equipment, tools, and waste are in place and followed; (p) Ensure handwashing and other sanitary stations are always supplied with clean water, soap, and disinfectant; (q) Ensure equipment such as autoclaves are in working order; and (r) Provide regular testing to healthcare workers routinely in contact with COVID-19 patients (s) All physical infrastructure designs should consider universal access making sure that there is access for persons with a disability; (t) Workers will wash hands regularly with soap under running water, Projects should ensure that adequate handwashing facilities with soap (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. Alcohol-based hand rub should be provided where handwashing facilities cannot be accessed easily and regularly; (u) Ensure awareness campaigns include standard COVID-19 prevention measures: washing hands regularly with soap, maintaining physical distancing, wearing face masks as appropriate, and avoid hand contact with the face, eyes, and nose; (v) Carry out disinfection using 0.1% chlorine solution, where necessary

PART 2: ENVIRONMENTAL /SOCIAL SCREENING		
		(w) Health facilities should ensure that adequate handwashing facilities with soap (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.

2.3. **PART 3: 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 PHASE							
CT Scanners dismantling	- Timely planning and informing the user about the exact time of the CT Scanner 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 CT devices removal - Ensuring proper final disposal for this kind of waste (equipment)	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) HCF
Waste handling and disposal	- Ensure categorization of all types of waste produced during rehabilitation / refurbishment works - Arrangements in place with an entity that is	Construction site and HCF premises	Inspection of documents Inspection of activities	Before, during and at the end of the activities	- To prevent the mixing of waste of different categories - Minimize the quantities of hazardous waste	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?)
	specifically licensed for regular transportation and disposal of different types of waste in compliance with the waste management legislation				- To prevent hazards that affect the health of workers and other people		
REHABILITATION / REFURBISHMENT PHASE							
Provision of construction materials	Procurement of construction material from licensed providers/suppliers	Provider's office or warehouse	Verification of documents[8]	During conclusion of supply contracts	Ensure reliability of construction materials and their safety for human health	No specific extra cost	PSC
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

[8] 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?)
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	- The construction waste will be separated from the general waste, liquid and chemical waste on site, by sorting in appropriate containers and disposed/treated in accordance with national legislation; - 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 Inspection of evidence documents of disposed waste	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

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?)
Generation of asbestos contained in construction waste	- Removal of roof panels or other parts in demolition containing asbestos with minimal fragmentation in order to avoid dust generation[9]; - 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 by licenced operator - Permanent storage of the hazardous waste at the site predetermined for that kind of waste in accordance with relevant legislation	Construction site; Waste disposal site.	Inspection of documentation – agreement between user and licensed company for transportation of hazardous waste and company for final disposal of hazardous waste Inspection of activities	Periodically during demolition and upon its completion	- Prevention of hazards that affect the health of 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	No specific extra cost: responsibility of the works contractor	PCU PSC Environmental inspection

[9] Wetting or watering the roof panels during the removal of asbestos to avoid kicking-up dust

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?)
	- Provision of construction workers with working clothes and personal protective equipment (PPE)[10]						
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 contractor	PCU
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

[10] 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?)
Occupational health and safety – COVID-19 Infection prevention	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 WHO interim guidance on the rational use of PPE for coronavirus disease 2019 provided further details on the types of PPE that are required for different functions and as per the specifications. • Institute quality control measures for all PPEs that are procured • Workers must wear appropriate PPE when in active work areas	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

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?)
HCF Construction site health and safety – COVID-19 Infection prevention	Health facilities should ensure that adequate handwashing facilities with soap (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.	Hand hygiene stations	Visual observation	The entire period of construction	Increased risk of transmission of virus due to inadequate handwashing facilities.	No specific extra cost: responsibility of the works contractor	PCU PSC
Waste contaminated with COVID-19 virus	The healthcare waste produced during the care of COVID-19 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		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 waste contaminated with	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?)
	HCF shall use autoclaving or incineration as appropriate waste inactivation methods:				COVID-19 virus is considered as a priority during rehabilitation / refurbishment works.		
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)
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	HCF premises	- Inspection of HCF premises - Checking presence and validity of waste removal and disposal agreement with	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?)
	communal/household waste		licensed/ 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

3. ANNEXES

ANNEX 01: SUBPROJECT ENVIRONMENTAL AND SOCIAL SCREENING

All of the activities to be financed under the Project are subject to the project specific environmental and social screening, following the procedures laid out in ESMF document. The ESMF provides guidelines for screening subprojects for ES risks by the Project Coordination Unit (PCU). The screening aims at identifying ES risks to potential impacts at the subproject's levels so adequate avoidance, minimization or offset measures as the case may be are applied.

The PCU is obliged to screen each HCF for potential environmental and social risks per World Bank Group EHS Guidelines, WHO COVID-19 Guidelines and data should be presented following the screening form contained in Annex 03 of the ESMF document. Annex 03 provides a screening form which sets out a list of questions on the screening of ES risks and impacts, identifies the relevant ESSs and the type of assessments and management tools that can be developed. The screening process should:

- Screen the eligibility of the activities (a list of excluded activities is listed in Annex 02 of the ESMF)
- Identify potential environmental and social risks and impacts of the proposed subproject activity
- Determine the subproject category (High, Substantial, Moderate or Low); and
- Determine the level of environment and social assessment and management required to address the potential risks and impacts.

This Environmental and Social screening report is prepared for subproject named:

Procurement and installation of CT Scanners for health care institutions.

1. SUBPROJECT ELIGIBILITY - EXCLUSION LIST OF PROJECT / ACTIVITIES

Activities that are listed in the World Bank Group IFC Exclusion List (given in Annex 02 of the ESMF document) are not eligible for support under the project. Therefore, PCU screened subproject activities for its eligibility and results are presented in following table:

Subproject Name	**Procurement and installation of CT Scanners**
Subproject Locations	1. Institute of Rheumatology in Belgrade 2. Clinical Hospital Center "Dr. Dragisa Misovic" in Belgrade 3. General Hospital in Cacak 4. General Hospital in Gornji Milanovac 5. General Hospital in Jagodina 6. General Hospital in Majdanpek 7. General Hospital in Novi Pazar 8. General Hospital in Paracin 9. General Hospital in Petrovac na Mlavi 10. General Hospital in Prijepolje 11. General Hospital in Sabac 12. Special Hospital for Psychiatric Disesaes "Slavoljub Bakalovic" in Vrsac 13. Health Center in Knjazevac 14. Health Center in Negotin 15. Health Center in Vranje
Subproject Proponent	Ministry of Health of the Republic of Serbia

Activity	Answer	
	Yes	No
Production or trade in any product or activity deemed illegal under host country laws or regulations or international conventions and agreements, or subject to international bans, such as pharmaceuticals, pesticides/herbicides, ozone depleting substances, PCB's, wildlife or products regulated under CITES.		✓
Production or trade in weapons and munitions.[1]		✓
Production or trade in alcoholic beverages (excluding beer and wine). [1]		✓
Production or trade in tobacco. [1]		✓
Gambling, casinos and equivalent enterprises. [1]		✓
Production or trade in radioactive materials. This does not apply to the purchase of medical equipment, quality control (measurement) equipment and any equipment where IFC considers the radioactive source to be trivial and/or adequately shielded.		✓
Production or trade in unbounded asbestos fibers. This does not apply to purchase and use of bonded asbestos cement sheeting where the asbestos content is less than 20%.		✓
Drift net fishing in the marine environment using nets in excess of 2.5 km. in length.		✓
Production or activities involving harmful or exploitative forms of forced labor[2]/harmful child labor.[3]		✓
Commercial logging operations for use in primary tropical moist forest.		✓
Production or trade in wood or other forestry products other than from sustainably managed forests		✓
Production, trade, storage, or transport of significant volumes of hazardous chemicals, or commercial scale usage of hazardous chemicals. Hazardous chemicals include gasoline, kerosene, and other petroleum products.		✓
Production or activities that impinge on the lands owned, or claimed under adjudication, by Indigenous Peoples, without full documented consent of such peoples.		✓
Affecting lands or rights of minorities		✓
Significant adverse social impacts and may give rise to significant social conflict		✓
Involve any resettlement (temporary or permanent) or land acquisition/use restriction or adverse impacts on cultural heritage		✓

Footnotes

[1] This does not apply to project sponsors who are not substantially involved in these activities. "Not substantially involved" means that the activity concerned is ancillary to a project sponsor's primary operations.

[2] Forced labor means all work or service, not voluntarily performed, that is extracted from an individual under threat of force or penalty.

[3] Harmful child labor means the employment of children that is economically exploitive, or is likely to be hazardous to, or to interfere with, the child's education, or to be harmful to the child's health, or physical, mental, spiritual, moral, or social development.

CERTIFICATION

Project Proponent:

The Project Proponent, in signing this form proves that the project activity will not involve land acquisition, any form of construction, or will promote any activities on the World Bank Group IFC exclusion list. In addition, the Applicant is aware of the EIA requirements as per the Serbian Law and certifies that there are no Full Environmental Impact Assessment reports required.

Environmental and Social Experts engaged by the Project:

I hereby certify that I have thoroughly examined all the potential adverse effects of this sub project. To the best of our knowledge, the sub project avoid /avoids all adverse environmental and social impacts.

Environmental Specialist	Social Specialist	Project Proponent (HCF/MOH/PCU)

2. SCREENING OF SUBPROJECT'S ENVIRONMENTAL AND SOCIAL RISKS AND IMPACTS

The PCU screened subject subproject for potential environmental and social risks per World Bank Group EHS Guidelines, WHO COVID-19 Guidelines, and the screening form (Annex 03 of the ESMF document) and results are presented in following table:

Subproject Name	**Procurement and installation of CT Scanners**
Subproject Locations	Institute of Rheumatology in Belgrade, Clinical Hospital Center "Dr. Dragisa Misovic" in Belgrade, General Hospital in Cacak, General Hospital in Gornji Milanovac, General Hospital in Jagodina, General Hospital in Majdanpek, General Hospital in Novi Pazar, General Hospital in Paracin, General Hospital in Petrovac na Mlavi, General Hospital in Prijepolje, General Hospital in Sabac, Special Hospital for Psychiatric Diseases "Slavoljub Bakalovic" in Vrsac, Health Center in Knjazevac, Health Center in Negotin and Health Center in Vranje.
Subproject Proponent	Ministry of Health of the Republic of Serbia

Questions	**Answer**		**ESS relevance**	**Due diligence / Actions**
	Yes	No		
Does the subproject involve civil works including small refurbishment, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?	✓		ESS1	ESIA/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?		✓	ESS5	Exclude from financing
Does the subproject involve relocation of encroachers or squatters?		✓	ESS5	Exclude from financing
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?		✓	ESS5	
Is the subproject associated with any external waste management facilities[11] such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?		✓	ESS3	ESIA/ESMP, SEP
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?	✓		ESS1	ESIA/ESMP, SEP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?	✓			
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?	✓		ESS2	HORMP, SEP
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?	✓			
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?	✓			
Does the subproject involve use of security or military personnel during refurbishment works and/or operation of healthcare facilities and related activities?		✓	ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?		✓	ESS6	ESIA/ESMP, SEP

[11] All hospitals 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

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	No		
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?		✓	ESS7	Indigenous Peoples Plan/other plan reflecting agreed terminology
Is the subproject located within or in the vicinity of any known cultural heritage sites?		✓	ESS8	ESIA/ESMP, SEP
Does the project area present considerable and Sexual Exploitation and Abuse (SEA) / Sexual Harassment (SH) risk?		✓	ESS1	ESIA/ESMP, SEP

CONCLUSIONS[12]:

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

The assessment concluded that potential adverse risks and impacts on human population and the environment are likely to be moderate to negligible. Therefore, the subproject

Procurement and installation of CT Scanners in HCFs in Serbia

is classified as **MODERATE RISK** subproject according to WB ESF Risk Classification.

Justification:

- The project will include only minor rehabilitation works (upgrade, repair, rehabilitation and refurbishment) of adequate units in selected hospitals
- No land acquisition required
- The risks associated with labor are negligible as the sub-project will require labor of a very few number of supply workers, engaged under a one off activity to deliver subject CT Scanners to the selected hospitals. However, the Supplier shall honor the LMP applicable to the Project and ensure OHS standards are observed, in particular those related to minimizing exposure to the COVID -19 by providing appropriate forms of personal protective equipment (PPE). The Supplier will provide a statement confirming conformity to all national laws and applicable regulations concerning employment, labor and employee relations, and labor and working conditions, including the Human and Occupational Resource Management Procedure (HORMP - LMP) will be followed during Project implementation.
- All selected hospitals have a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management.
- There is no risk associated with the subproject in relation to Sexual exploitation, Abuse (SEA) and Sexual Harassment

b. Proposed ES Management Plans/ Instruments:

Subprojects activities (procurement and installation of CT Scanners) are screened as **Moderate Risk** and respecting the nature of subproject they will require **Environmental and Social Management Plan Checklist (ESMPC)** as appropriate ES instrument.

PCU will monitor subproject implementation and documented reports will be delivered to the WB.

Environmental Specialist

Social Specialist

[12] This form is used by the Project Coordination Unit (PCU) to screen for the potential environmental and social risks and impacts of a proposed subproject. It helps the PCU in identifying the relevant Environmental and Social Standards (ESS), establishing the ES category for subprojects and specifying the type of environmental and social assessment required, including specific instruments/plans. This screening report is not a substitute for project-specific ES assessments or specific mitigation plans.

ANNEX 02: INFECTION CONTROL PLAN FOR HCF WORKERS AND CONSTRUCTION WORKERS

	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
1. Occupational Health and Safety Management for Medical Waste Workers						
1.1.	Management of exposure to infectious waste from COVID-19 patient care, other forms of toxic medical waste, chemicals, and partaking in risky activities such as operation of autoclaves and incinerators during the medical waste management cycle to workers involved on medical waste Management.	• Adequate awareness and training should be provided. • Only trained personnel should be allowed to operate machinery such as autoclaves and incinerators as these reduce the risk operational injuries. • Minimum PPE o Gloves should be worn at all times during MWM operations to protect from exposure to blood, other potentially infectious materials and chemicals; particulate masks (respirators) to protect from respiratory infections hazards; and boots for waste handlers to protect from sharps injuries to the foot. o Industrial boots with thick soles should be worn as they offer protection in the storage area, as a precaution from spilt sharps, and where floors are slippery. o As it is likely that health-care waste bags will come into contact with workers' legs during handling, leg protectors may also need to be worn o Workers should have access to soap and water, and alcohol hand rub, for hand hygiene are also important to maintain cleanliness and inhibit the transfer of infection via dirty hands. • The type of protective clothing used will depend to an extent upon the risk associated with the health-care waste, but the following should to be made available to all personnel who collect or handle waste: o obligatory disposable gloves (medical staff) or heavy-duty gloves (waste workers) o industrial aprons o overalls (coveralls)	HCWs, The Contractor, WM Company	On generation	MW HCF Operational budget	HCF Management, PCU, EPA, MOH

	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		○ leg protectors and/or industrial boots ○ depending on type of operation eye protectors (safety goggles) ○ face masks (if there is a risk of splash into eyes) ○ helmets, with or without visors. • The following preventive measures can also be implemented during an emergency response phase such as the COVID-19 Response to reduce public and occupational health risks (in an emergency response period, some activities, such as awareness raising, may not be implemented): ○ Encourage hand hygiene (washing, preferably followed by disinfection) ○ Raise the awareness of staff about simple post exposure prophylaxis in the event of an occupational injury (e.g. needle-stick injury). ○ Contain and promptly clean up spillages of infectious materials and disinfect quickly to avoid pathogen transmission. ○ Conduct onsite awareness-raising activities (whenever possible) to remind health-care staff about occupational exposures and the safe practices for managing health-care waste.				
1.2.	Reporting accidents and incidents	• All health care management staff at the HCFs and WMC should be trained in emergency response and made aware of the correct procedure for prompt reporting. • Accidents or incidents, including near misses, spillages, damaged containers, inappropriate segregation and any incidents involving sharps, should be reported to the waste-management officer (if waste is involved) or to another designated person. • The report should include the following details of: ○ the nature of the accident or incident	HCWs, , WMC	On generation	MW HCF Operational budget	HCF Management, PCU, EPA, MOH

	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		○ the place and time of the accident or incident ○ the staff who were directly involved ○ any other relevant circumstances. • MoH shall Promptly notify the Bank of any incident or accident related to the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public or workers [, including, inter alia, any COVID outbreak in the Project area]. 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. Subsequently, as per the Bank's request, prepare a report on the incident or accident and propose any measures to prevent its recurrence. • The cause of the accident or incident should be investigated by the waste-management officer (in case of waste) or other responsible officer, who should also take action to prevent recurrence. • The records of the investigation and subsequent remedial measures should be maintained at the HCF and by WMC where relevant.				
2. Emergency Preparedness Plans						
2.1.	Biohazard, Infectious material and chemical spills.	• Only staff members who are trained and competent regarding the proper procedures, that have the appropriate spill clean-up equipment and personal protective equipment, are allowed to clean up blood or other potentially infectious materials. • Department heads of the HCF are responsible for ensuring that staff members have been trained regarding spill response procedures for biological materials to which they may be exposed. • Alert people in immediate area of spill to keep away and	HCWs, MWWs, WMC	On generation	MW HCF Operational budget	HCF Management, PCU, EPA, MOH

	Activity and Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget	Monitoring Responsibility
		not to touch the material or walk near it. • Staff trained, need to put on protective equipment including gloves, gown and face and eye protection. • The following management steps needs to be followed: o Cover spill with paper towels or other absorbent material. o Carefully pour a hospital-approved germicide around the edges of the spill and then into the spill. Avoid splashing. Avoid making the spill significantly larger. o Wipe up the spill with towels, absorbent material and dispose properly. o Follow other applicable departmental procedures. o Exposed individuals should be immediately referred to the Occupational/Employee Health Facility or Emergency Department within the HCF and provided with due care. o All actions should be documented in operational logs				
9.5.	Potential closure of a waste treatment facility	• Upon closure of the facility, all equipment, facilities, and non- disposable items used in the operation of the treatment process will be decontaminated either by steam sterilization or by disinfection with a commercial quaternary ammonium salt disinfectant, mixed and used per the manufacturer's directions.	HCWs, MWWs, WMC	On generation	MW HCF Operational budget	HCF Management, PCU, EPA, MOH

ANNEX 03: INFECTION AND PREVENTION CONTROL PROTOCOL

HEALTH CARE SETTINGS

1. Minimize Chance of Exposure (to staff, other patients and visitors)

- Upon arrival, make sure patients with symptoms of any respiratory infection to a separate, isolated and well-ventilated section of the HCF to wait, and issue a facemask
- During the visit, make sure all patients adhere to respiratory hygiene, cough etiquette, hand hygiene and isolation procedures. Provide oral instructions on registration and ongoing reminders with the use of simple signs with images in local languages
- Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms
- Isolate patients as much as possible. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.

2. Adhere to Standard Precautions

- Train all staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly
- Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only
- A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with local health authorities.

3. Training of Personnel

- Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and check that they understand
- Train cleaning staff on most effective process for cleaning the facility: use a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.

4. Manage Visitor Access and Movement

- Establish procedures for managing, monitoring, and training visitors
- All visitors must follow respiratory hygiene precautions while in the common areas of the facility, otherwise they should be removed
- Restrict visitors from entering rooms of known or suspected cases of COVID-19 patient's Alternative communications should be encouraged, for example by use of mobile phones. Exceptions only for end-of-life situation and children requiring emotional care. At these times, PPE should be used by visitors.
- All visitors should be scheduled and controlled, and once inside the facility, instructed to limit their movement.
- Visitors should be asked to watch out for symptoms and report signs of acute illness for at least 14 days.

Construction site Settings in Areas of Confirmed Cases of COVID-19

1. Minimize Chance of Exposure

- Any worker showing symptoms of respiratory illness (fever + cold or cough) and has potentially been exposed to COVID-19 should be immediately removed from the site and tested for the virus at the nearest local hospital
- Close co-workers and those sharing accommodations with such a worker should also be removed from the site and tested
- Project management must identify the closest hospital that has testing facilities in place, refer workers, and pay for the test if it is not free
- Persons under investigation for COVID-19 should not return to work at the project site until cleared by test results. During this time, they should continue to be paid daily wages
- If a worker is found to have COVID-19, wages should continue to be paid during the worker's convalescence (whether at home or in a hospital)
- If project workers live at home, any worker with a family member who has a confirmed or suspected case of COVID-19 should be quarantined from the project site for 14 days, and continued to be paid daily wages, even if they have no symptoms.

2. Training of Staff and Precautions

- Train all staff in the signs and symptoms of COVID-19, how it is spread, how to protect themselves and the need to be tested if they have symptoms. Allow Q&A and dispel any myths.
- Use existing grievance procedures to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing
- Supply face masks and other relevant PPE to all project workers at the entrance to the project site. Any persons with signs of respiratory illness that is not accompanied by fever should be mandated to wear a face mask
- Provide handwash facilities, hand soap, alcohol-based hand sanitizer and mandate their use on entry and exit of the project site and during breaks, via the use of simple signs with images in local languages
- Train all workers in respiratory hygiene, cough etiquette and hand hygiene using demonstrations and participatory methods
- Train cleaning staff in effective cleaning procedures and disposal of rubbish

3. Managing Access and Spread

- Should a case of COVID-19 be confirmed in a worker on the project site, visitors should be restricted from the site and worker groups should be isolated from each other as much as possible;

Extensive cleaning procedures with high-alcohol content cleaners should be undertaken in the area of the site where the worker was present, prior to any further work being undertaken in that area.

ANNEX 04: WB INTERIM NOTE: COVID-19 CONSIDERATIONS IN CIVIL WORKS PROJECTS

This note was issued on April 7, 2020 and includes links to the latest guidance as of this date (e.g. from WHO). Given the COVID-19 situation is rapidly evolving, when using this note it is important to check whether any updates to these external resources have been issued.

1. Requirements for the Contractors

The Contractor should identify measures to address the COVID-19 situation. What will be possible will depend on the context of the project: the location, existing project resources, availability of supplies, the capacity of local emergency/health services, the extent to which the virus already exists in the area. A systematic approach to planning, recognizing the challenges associated with rapidly changing circumstances, will help the project put in place the best measures possible to address the situation. As discussed above, measures to address COVID-19 may be presented in different ways (as a contingency plan, as extension of the existing project emergency and preparedness plan or as standalone procedures). The PCUs and contractors should refer to guidance issued by relevant authorities, both national and international (e.g. WHO), which is regularly updated (see sample References and links provided in the references).

Addressing COVID-19 at a project site goes beyond occupational health and safety and is a broader project issue which will require the involvement of different members of a project management team. In many cases, the most effective approach will be to establish procedures to address the issues and then to ensure that these procedures are implemented systematically. Where appropriate given the project context, a designated team should be established to address COVID-19 issues, including PCU representatives, the Supervising Engineer, management (e.g. the project manager) of the contractor and sub-contractors, security, and medical and OHS professionals. Procedures should be clear and straightforward, improved as necessary, and supervised and monitored by the COVID-19 focal point(s). Procedures should be documented, distributed to all contractors, and discussed at regular meetings to facilitate adaptive management. The issues set out below include a number that represents expected good workplace management but is especially pertinent in preparing the project response to COVID-19.

(a) Assessing workforce characteristics

Many construction sites will have a mix of workers e.g. workers from the local communities; workers from a different part of the country; workers from another country. Workers will be employed under different terms and conditions and be accommodated in different ways. Assessing these different aspects of the workforce will help in identifying appropriate mitigation measures:

- The Contractor should prepare a detailed profile of the project workforce, key work activities, schedule for carrying out such activities, different durations of contract, and rotations (e.g. 4 weeks on, 4 weeks off).
- This should include a breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local community and workers in on-site accommodation. Where possible, it should also identify workers that may be more at risk from COVID-19, those with underlying health issues, or who may be otherwise at risk.
- Consideration should be given to ways in which to minimize movement in and out of the project site. This could include lengthening the term of existing contracts, to avoid workers returning home to affected areas, or returning to site from affected areas.
- Workers accommodated on-site should be required to minimize contact with people near the site, and in certain cases be prohibited from leaving the site for the duration of their contract, so that contact with local communities is avoided.
- Consideration should be given to requiring workers lodging in the local community to move to site accommodation (subject to availability) where they would be subject to the same restrictions.
- Workers from local communities, who return home daily, weekly or monthly, will be more difficult to manage. They should be subject to health checks at the entry to the site (as set out above) and at some point, circumstances may make it necessary to require them to either use accommodation on-site or not to come to work.

(b) Entry/exit to the worksite and checks on commencement of work

Entry/exit to the work site should be controlled and documented for both workers and other parties, including support staff and suppliers. Possible measures may include:

- Establishing a system for controlling entry/exit to the site, securing the boundaries of the site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented.
- Training security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviors required of them in enforcing such system, and any COVID - 19 specific considerations.
- Training staff who will be monitoring entry to the site, providing them with the resources they need to document entry of workers, conducting temperature checks, and recording details of any workers that are denied entry.
- Confirming that workers are fit for work before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers with underlying health issues or who may be otherwise at risk. Consideration should be given to the demobilization of staff with underlying health issues.
- Checking and recording temperatures of workers and other people entering the site or requiring self-reporting before or on entering the site.
- Providing daily briefings to workers before commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene, and distancing measures, using demonstrations and participatory methods.
- During the daily briefings, reminding workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell.
- Preventing a worker from an affected area or who has been in contact with an infected person from returning to the site for 14 days or (if that is not possible) isolating such workers for 14 days.
- Preventing a sick worker from entering the site, referring them to local health facilities if necessary, or requiring them to isolate at home for 14 days.

(c) General hygiene

Requirements on general hygiene should be communicated and monitored, to include:

- Training workers and staff on-site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing), and what to do if they or other people have symptoms (for further information see WHO COVID-19 advice for the public).
- Placing posters and signs around the site, with images and text in local languages.
- Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout the site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. Where handwashing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol-based sanitizer (if available, 60-95% alcohol) can also be used.
- Review worker accommodations, and assess them in light of the requirements set out in IFC/EBRD guidance on Workers' Accommodation: processes and standards, which provides valuable guidance as to good practice for accommodation.
- Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected (see paragraph (f)).

(d) Cleaning and waste disposal

Conduct regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces. Review cleaning protocols for key construction equipment (particularly if it is being operated by different workers). This should include:

- Providing cleaning staff with adequate cleaning equipment, materials, and disinfectant.
- Review general cleaning systems, training cleaning staff on appropriate cleaning procedures, and appropriate frequency in high use or high-risk areas.
- Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with the best available alternatives.
- Training cleaners in proper hygiene (including handwashing) before, during, and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).
- Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national, WHO). If incineration of medical wastes is necessary, this should be for a limited duration as possible. Waste should be reduced and segregated, so that only the smallest amount of waste is incinerated (for further information see WHO interim guidance on water, sanitation, and waste management for COVID-19).

(e) Adjusting work practices

Consider changes to work processes and timings to reduce or minimize contact between workers, recognizing that this is likely to impact the project schedule. Such measures could include:

- Decreasing the size of the work teams.
- Limiting the number of workers on-site at any one time.
- Changing to a 24-hour work rotation.
- Adapting or redesigning work processes for specific work activities and tasks to enable social distancing, and training workers on these processes.
- Continuing with the usual safety training, adding COVID-19 specific considerations. Training should include the proper use of normal PPE. While as of the date of this note, the general advice is that construction workers do not require COVID-19 specific PPE, this should be kept under review (for further information see WHO interim guidance on the rational use of personal protective equipment (PPE) for COVID-19).
- Reviewing work methods to reduce the use of construction PPE, in case of supplies become scarce or the PPE is needed for medical workers or cleaners. This could include, e.g. trying to reduce the need for dust masks by checking that water sprinkling systems are in good working order and are maintained or reducing the speed limit for haul trucks.
- Arranging (where possible) for work breaks to be taken in outdoor areas within the site.
- Consider changing canteen layouts and phasing mealtimes to allow for social distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on-site, including gyms.
- At some point, it may be necessary to review the overall project schedule, to assess the extent to which it needs to be adjusted (or work stopped completely) to reflect prudent work practices, potential exposure of both workers and the community and availability of supplies, taking into account Government advice and instructions.

(b) Project medical services

Consider whether existing project medical services are adequate, taking into account existing infrastructure (size of clinic/medical post, number of beds, isolation facilities), medical staff, equipment and supplies, procedures, and training. Where these are not adequate, consider upgrading services where possible, including:

- Expanding medical infrastructure and preparing areas where patients can be isolated. Guidance on setting up isolation facilities is set out in WHO interim guidance on considerations for quarantine of individuals in the context of containment for COVID-19). Isolation facilities should be located away from worker accommodation and ongoing work activities. Where possible, workers should be provided with a single well-ventilated room (open windows and door). Where this is not possible, isolation facilities should allow at least 1 meter between workers in the same room, separating workers with curtains, if possible. Sick workers should limit their movements, avoiding common areas and facilities, and not be allowed visitors until they have been clear of symptoms for 14 days. If they need to use common areas and facilities (e.g. kitchens or canteens), they should only do so when unaffected workers are not present, and the area/facilities should be cleaned before and after such use.
- Training medical staff, which should include current WHO advice on COVID-19 and recommendations on the specifics of COVID-19. Where COVID-19 infection is suspected, medical providers on-site should follow WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected.
- Training medical staff in testing, if testing is available.
- Assessing the current stock of equipment, supplies, and medicines on-site, and obtaining additional stock, where required and possible. This could include medical PPE, such as gowns, aprons, medical masks, gloves, and eye protection. Refer to WHO guidance as to what is advised (for further information see WHO interim guidance on the rational use of personal protective equipment (PPE) for COVID-19).
- If PPE items are unavailable due to worldwide shortages, medical staff on the project should agree on alternatives and try to procure them. Alternatives that may commonly be found on construction sites include dust masks, construction gloves, and eye goggles. While these items are not recommended, they should be used as a last resort if no medical PPE is available.
- Ventilators will not normally be available on worksites, and in any event, intubation should only be conducted by experienced medical staff. If a worker is extremely ill and unable to breathe properly on his or her own, they should be referred immediately to the local hospital (see (g) below).
- Review existing methods for dealing with medical waste, including systems for storage and disposal (for further information see WHO interim guidance on water, sanitation and waste management for COVID-19, and WHO guidance on the safe management of wastes from health-care activities).

(c) Local medical and other services

Given the limited scope of project medical services, the project may need to refer sick workers to local medical services. Preparation for this includes:

- Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff, and essential supplies).
- Conducting preliminary discussions with specific medical facilities, to agree on what should be done in the event of ill workers needing to be referred to.
- Considering ways in which the project may be able to support local medical services in preparing for members of the community becoming ill, recognizing that the elderly or those with pre-existing medical conditions require additional support to access appropriate treatment if they become ill.
- Clarifying how an ill worker will be transported to the medical facility and checking the availability of such transportation.
- Establishing an agreed protocol for communications with local emergency/medical services.
- Agreeing with the local medical services/specific medical facilities the scope of services to be provided, the procedure for in-take of patients, and (where relevant) any costs or payments that may be involved.
- A procedure should also be prepared so that project management knows what to do in the unfortunate event that a worker ill with COVID-19 dies. While normal project procedures will continue to apply, COVID-19 may raise other issues because of the infectious nature of the disease. The project should liaise with the relevant local authorities to coordinate what should be done, including any reporting or other requirements under national law.

(d) Instances or spread of the virus

WHO provides detailed advice on what should be done to treat a person who becomes sick or displays symptoms that could be associated with the COVID-19 virus (for further information see WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected). The project should set out risk-based procedures to be followed, with differentiated approaches based on case severity (mild, moderate, severe, critical) and risk factors (such as age, hypertension, diabetes) (for further information see WHO interim guidance on operational considerations for case management of COVID-19 in health facility and community). These may include the following:

- If a worker has symptoms of COVID-19 (e.g. fever, dry cough, fatigue) the worker should be removed immediately from work activities and isolated on site.
- If testing is available on site, the worker should be tested on-site. If a test is not available at the site, the worker should be transported to the local health facilities to be tested (if testing is available).
- If the test is positive for COVID-19 or no testing is available, the worker should continue to be isolated. This will either be at the worksite or home. If at home, the worker should be transported to their home in transportation provided by the project.
- Extensive cleaning procedures with high-alcohol content disinfectants should be undertaken in the area where the worker was present, before any further work being undertaken in that area. Tools used by the worker should be cleaned using disinfectant and PPE disposed of.
- Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and be required to quarantine themselves for 14 days, even if they have no symptoms.
- Family and other close contacts of the worker should be required to quarantine themselves for 14 days, even if they have no symptoms.
- If a case of COVID-19 is confirmed in a worker on the site, visitors should be restricted from entering the site and working groups should be isolated from each other as much as possible.
- If workers live at home and have a family member who has a confirmed or suspected case of COVID-19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms.
- Workers should continue to be paid throughout periods of illness, isolation, or quarantine, or if they are required to stop work, following national law.
- Medical care (whether on-site or in a local hospital or clinic) required by a worker should be paid for by the employer.

(e) Continuity of supplies and project activities

Where COVID-19 occurs, either in the project site or the community, access to the project site may be restricted, and the movement of supplies may be affected.

- Identify back-up individuals, in case key people within the project management team (PCU, Supervising Engineer, Contractor, sub-contractors) become ill, and communicate who these are so that people are aware of the arrangements that have been put in place.
- Document procedures, so that people know what they are, and are not reliant on one person's knowledge.
- Understand the supply chain for necessary supplies of energy, water, food, medical supplies, and cleaning equipment, consider how it could be impacted, and what alternatives are available. Early pro-active review of international, regional, and national supply chains, especially for those supplies that are critical for the project, is important (e.g. fuel, food, medical, cleaning, and other essential supplies). Planning for a 1-2-month interruption of critical goods may be appropriate for projects in more remote areas.
- Place orders for/procure critical supplies. If not available, consider alternatives (where feasible).
- Consider existing security arrangements, and whether these will be adequate in the event of an interruption to normal project operations.

- Consider at what point it may become necessary for the project to significantly reduce activities or to stop work completely, and what should be done to prepare for this, and to re-start work when it becomes possible or feasible.

(f) Training and communication with workers

Workers need to be provided with regular opportunities to understand their situation, and how they can best protect themselves, their families, and the community. They should be made aware of the procedures that have been put in place by the project, and their responsibilities in implementing them.

- It is important to be aware that in communities close to the site and amongst workers without access to project management, social media is likely to be a major source of information. This raises the importance of regular information and engagement with workers (e.g. through training, town halls, toolboxes) that emphasize what management is doing to deal with the risks of COVID-19. Allaying fear is an important aspect of workforce peace of mind and business continuity. Workers should be allowed to ask questions, express their concerns, and make suggestions.
- Training of workers should be conducted regularly, as discussed in the sections above, providing workers with a clear understanding of how they are expected to behave and carry out their work duties.
- Training should address issues of discrimination or prejudice if a worker becomes ill and provide an understanding of the trajectory of the virus, where workers return to work.
- Training should cover all issues that would normally be required on the worksite, including the use of safety procedures, use of construction PPE, occupational health and safety issues, and code of conduct, taking into account that work practices may have been adjusted.
- Communications should be clear, based on fact, and designed to be easily understood by workers, for example by displaying posters on hand washing and social distancing, and what to do if a worker displays symptoms.

ANNEX 05: LIST OF CONTACTS – COUNTERPARTS IN HCFS

1. **Institute of Rheumatology in Belgrade**

Branko Barac, 011 3600-801, 063 111-2050, reumabeo@eunet.rs

2. **Clinical Hospital Center "Dr. Dragisa Misovic" in Belgrade**

Vladimir Djukic, 011 363- 0730, office@dragisamisovic.bg.ac.rs

3. **General Hospital in Cacak**

Zeljko Lasica, 069 171-6272, radiologijacacak@gmail.com
Milenko Bozic, 064 8647-1776

4. **General Hospital in Gornji Milanovac**

Dejan Trifunovic, 064 172-8820, dejandronja@gmail.com
Ljubo Ljesevic, 064 192-3578

5. **General Hospital in Jagodina**

Milica Pavlovic, 060 027-0575, mimapa1@mts.rs
Darko Stojkovic, 064 194-9828

6. **General Hospital in Majdanpek**

Nikola Stefanovic, 062 778866, opstabolnicampek@mts.rs
Milonja Soskic, 062 8012-076

7. **General Hospital in Novi Pazar**

Meho Mahmutovic, 064 000-0094, mahmutovic.meho@yahoo.com

8. **General Hospital in Paracin**

Sasa Bacic, 062 561-037, direktorbol@obparacin.rs
Marjana Savic, 062 560-107

9. **General Hospital in Petrovac na Mlavi**

Slavica Milenkovic, 064 6466-388, office@opstabolnicapetrovac.rs

10. **General Hospital in Prijepolje**

Zoran Drobnjak, 062 294-187, prijepoljebolnica@gmail.com

11. **General Hospital in Sabac**

Slobodan Popovic, 015 363-603, opstabolnicasabac@mts.rs

12. **Special Hospital for Psychiatric Disease "Slavoljub Bakalovic" in Vrsac**

Tatjana Voskresenski, 063 644-404, tvoskresenski@gmail.com
Filip Kalnak, 060 025-9356

13. Health Center in Knjazevac

Ivica Rakic, 019 731-526, upravazck@mts.rs

14. Health Center in Negotin

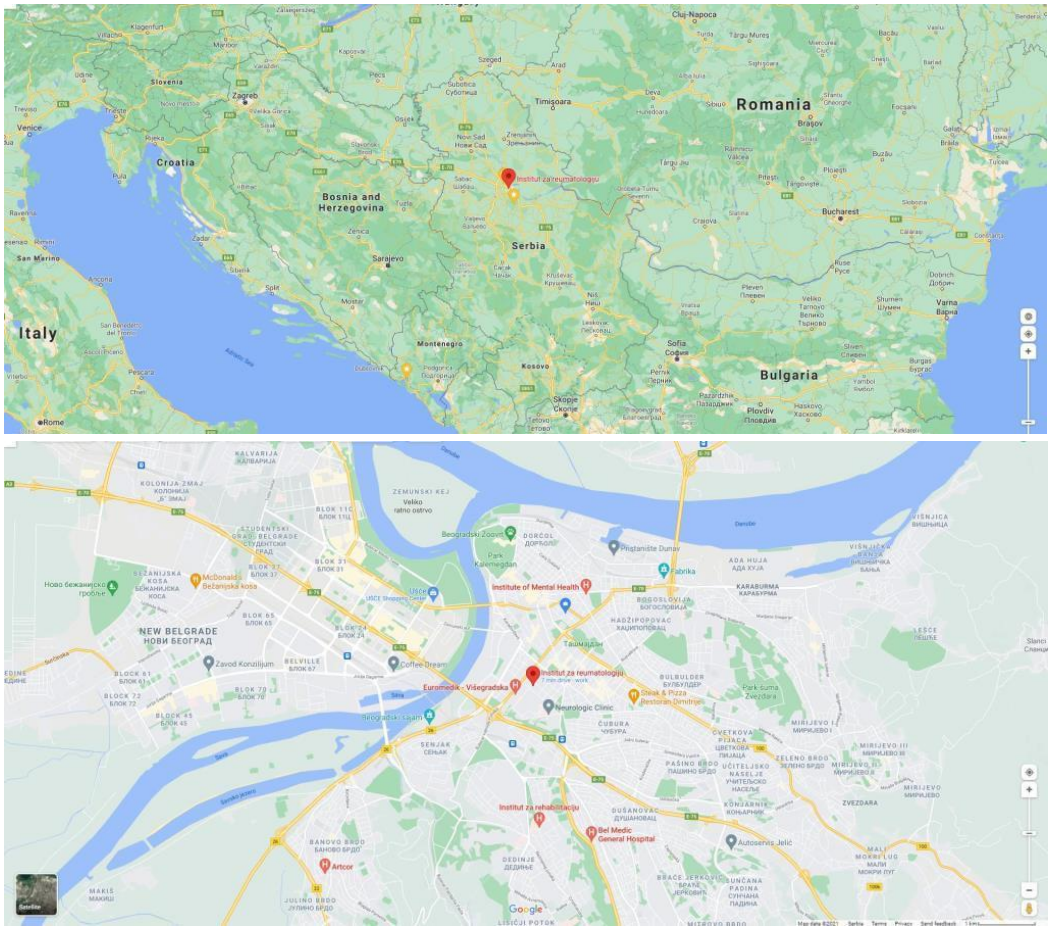
Zoran Stanojlovic, 019 542-951, tehnickasluzba@zcnegotin.rs

15. Health Center in Vranje

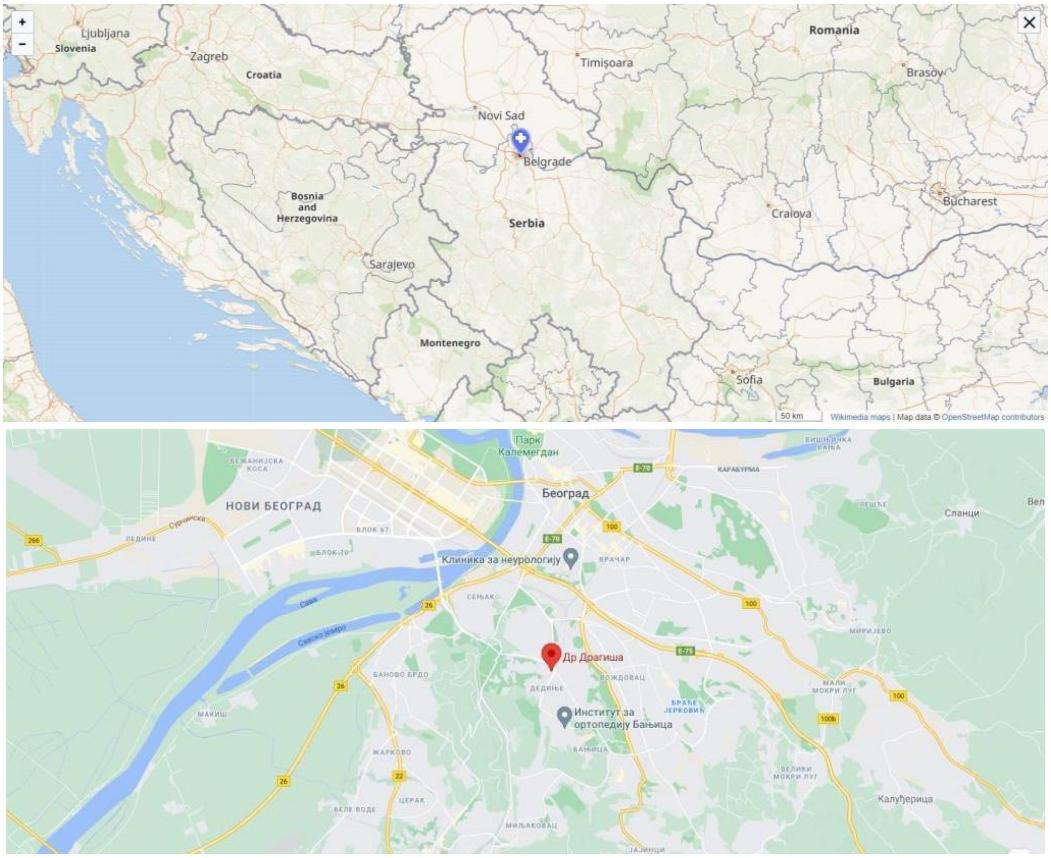
Ljiljana Antic, 017 424-205, zcvranje@verat.net
Nevenka Stanojkovic, 063 714-2330
Sladja Grbic, 064 8788-149

ANNEX 06: SITE MAPS

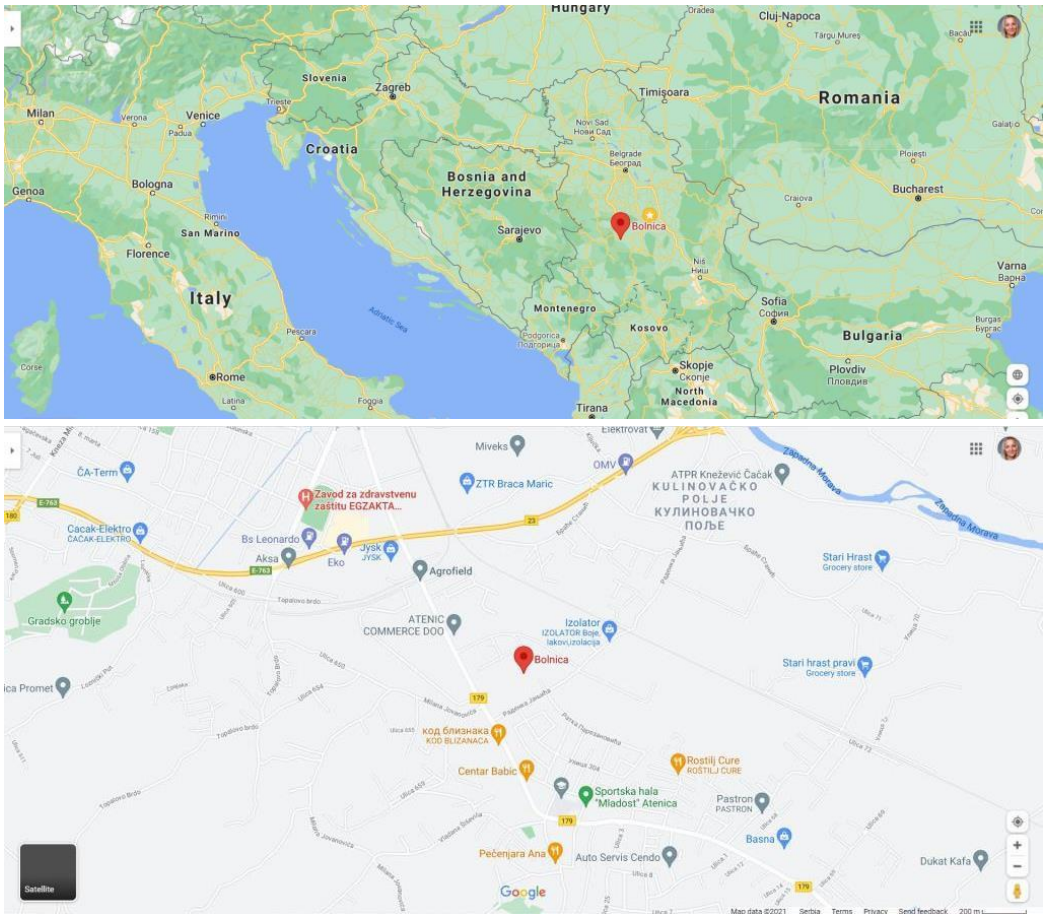
1. Institute of Rheumatology in Belgrade



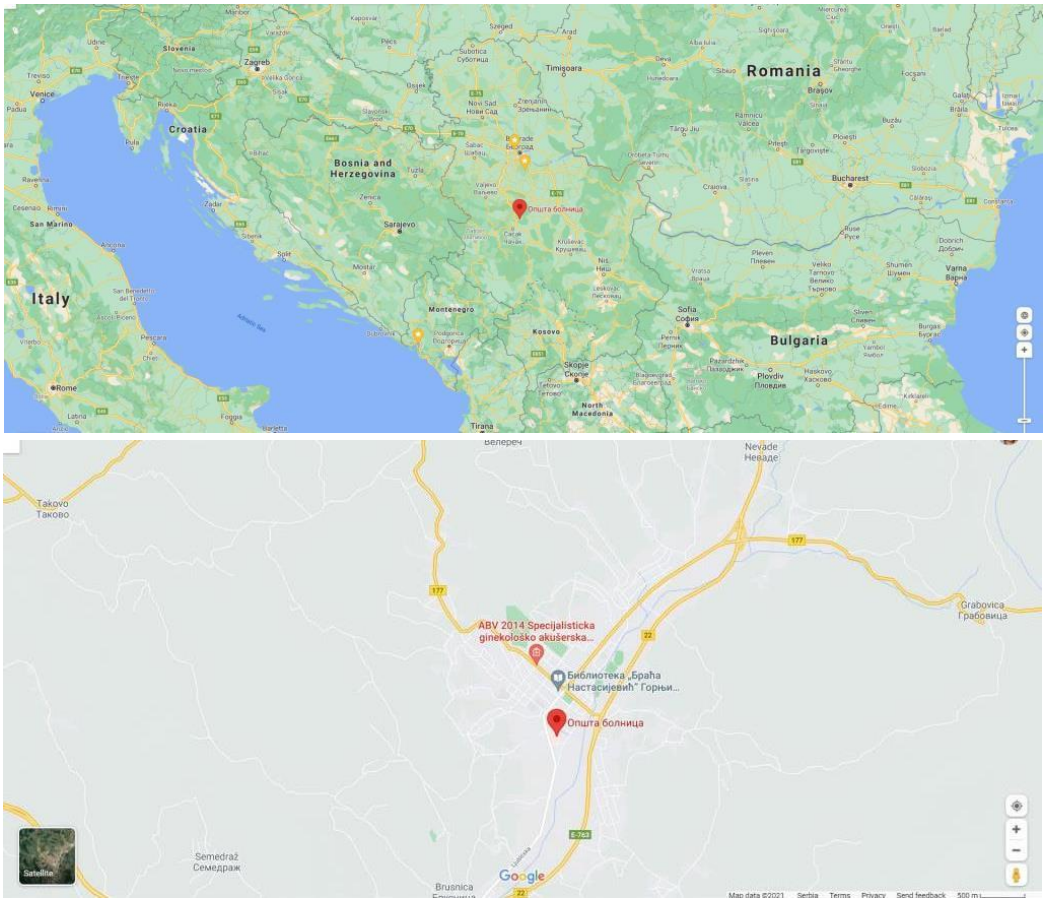
2. Clinical Hospital Center “Dr. Dragisa Misovic” in Belgrade



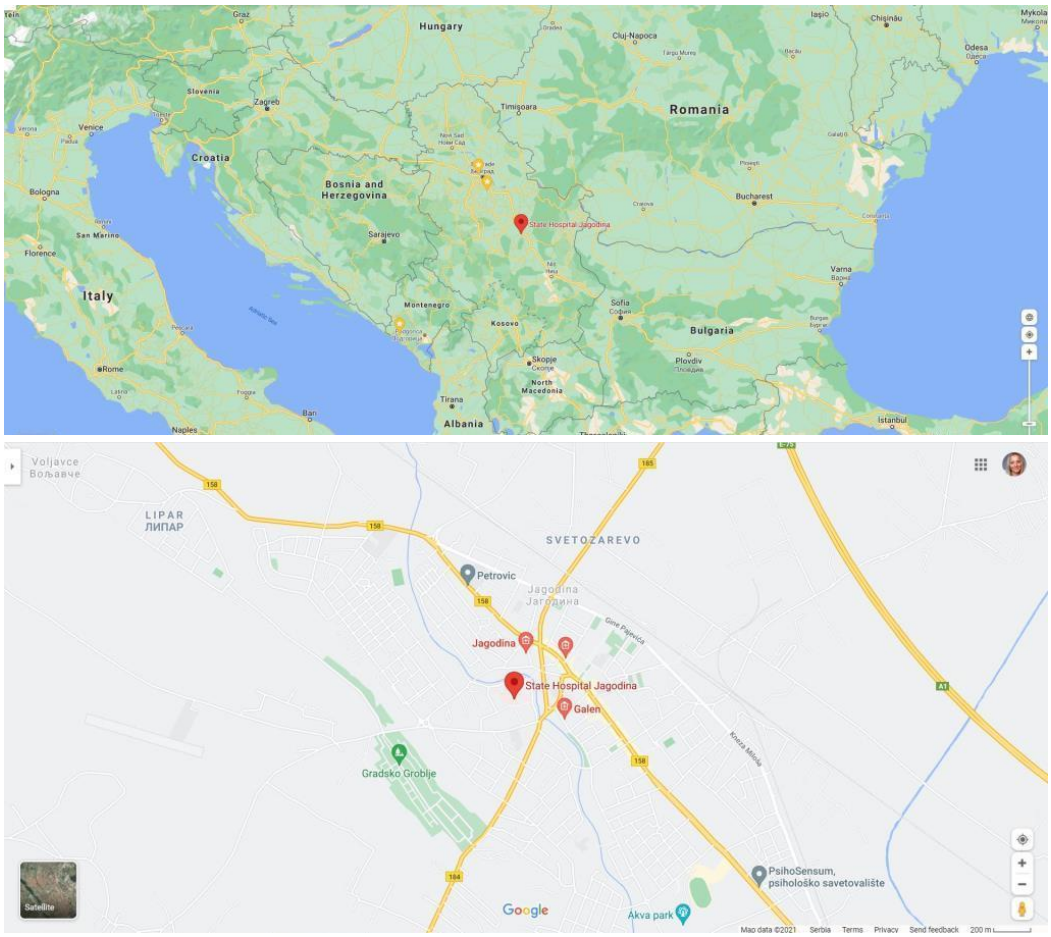
3. General Hospital in Cacak



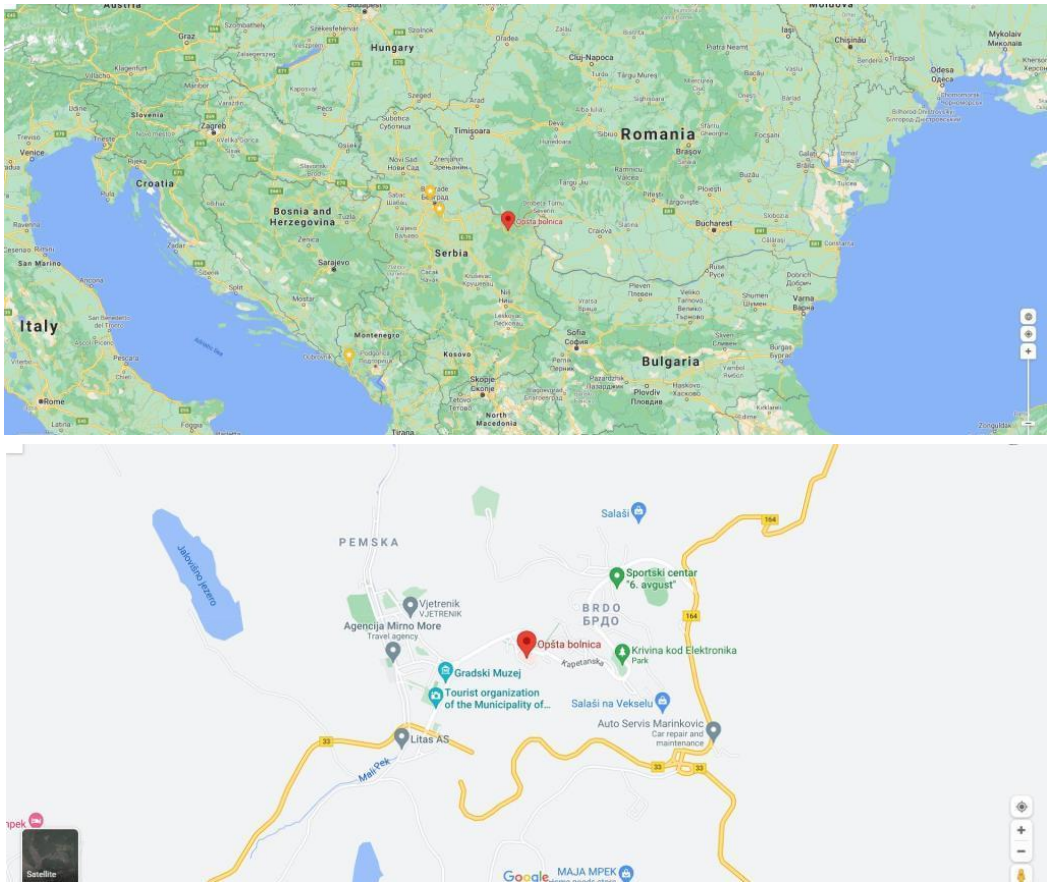
4. General Hospital in Gornji Milanovac



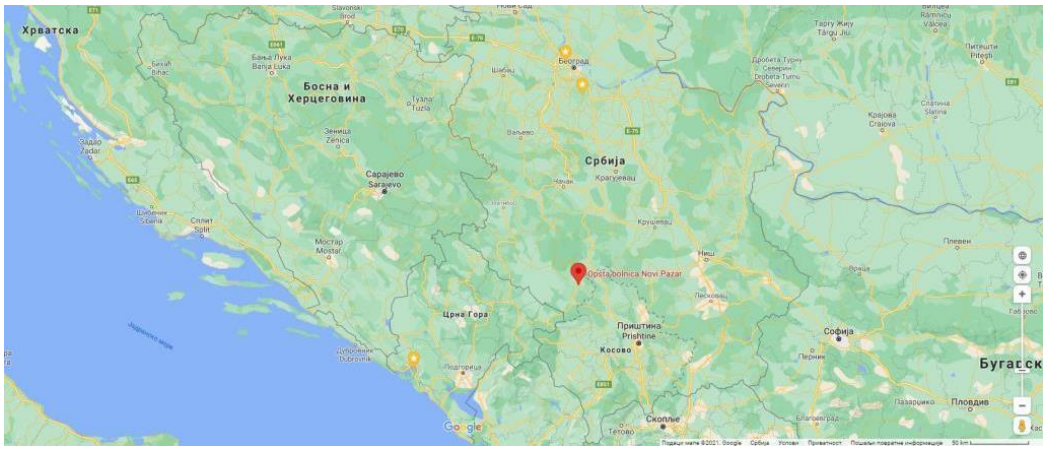
5. General Hospital in Jagodina

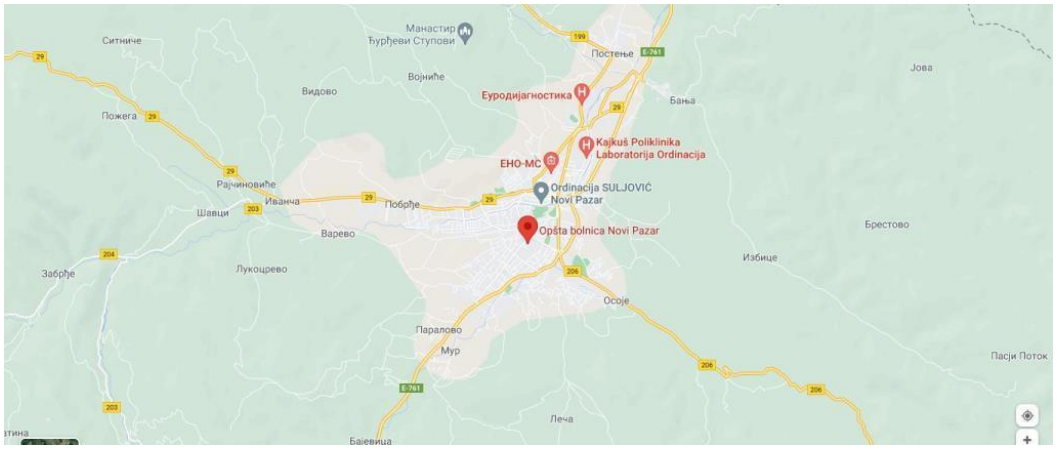


6. General Hospital in Majdanpek

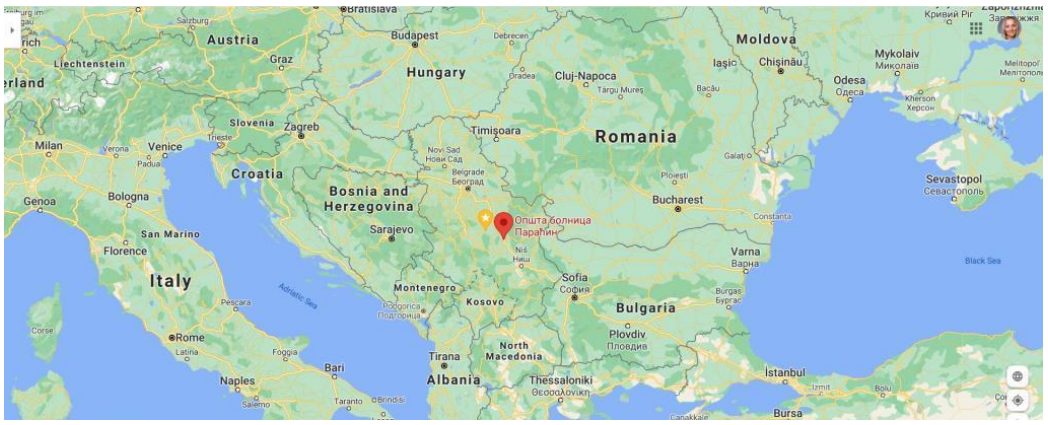


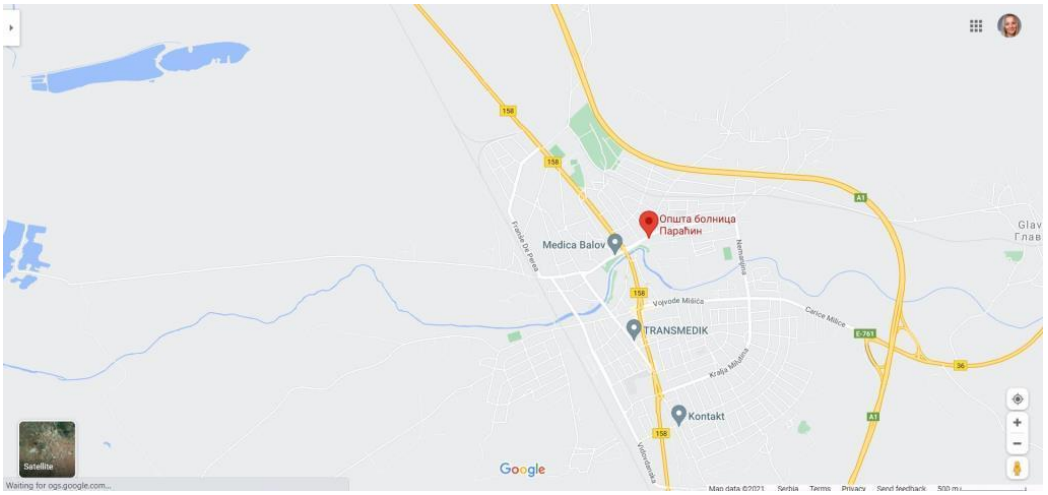
7. General Hospital in Novi Pazar



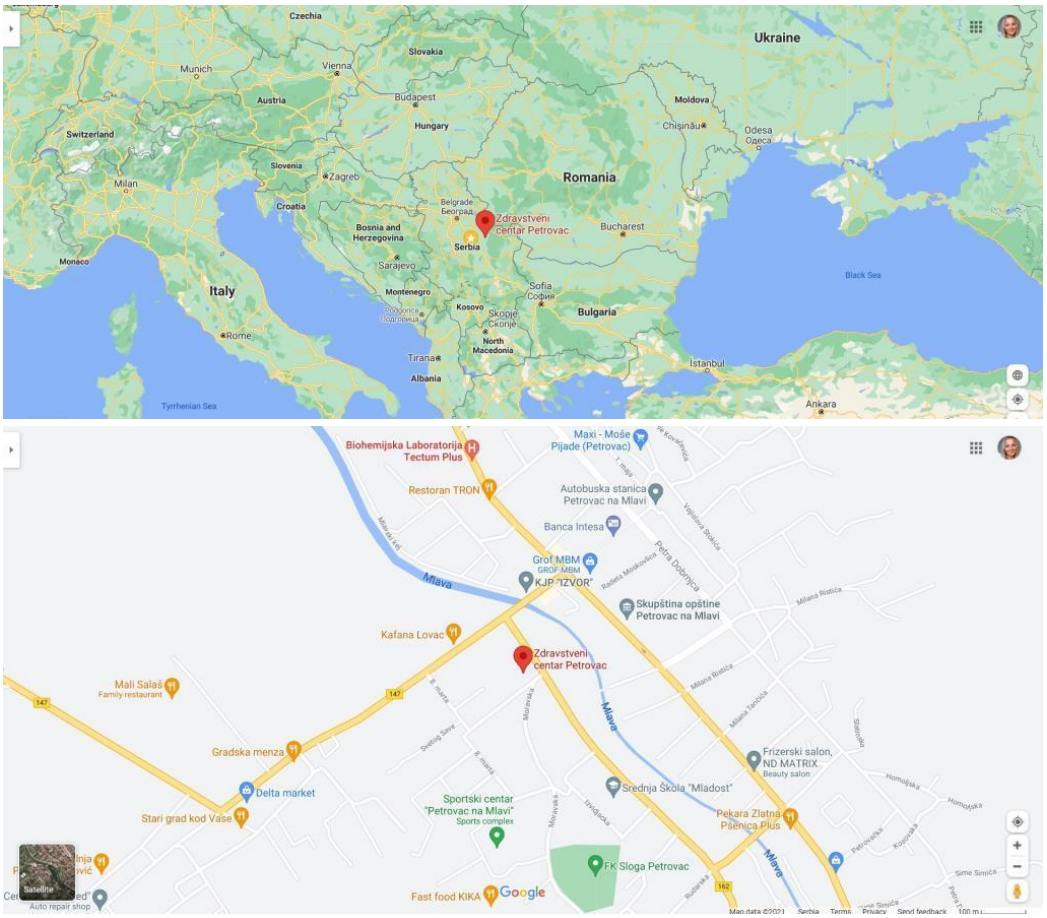


8. General Hospital in Paracin

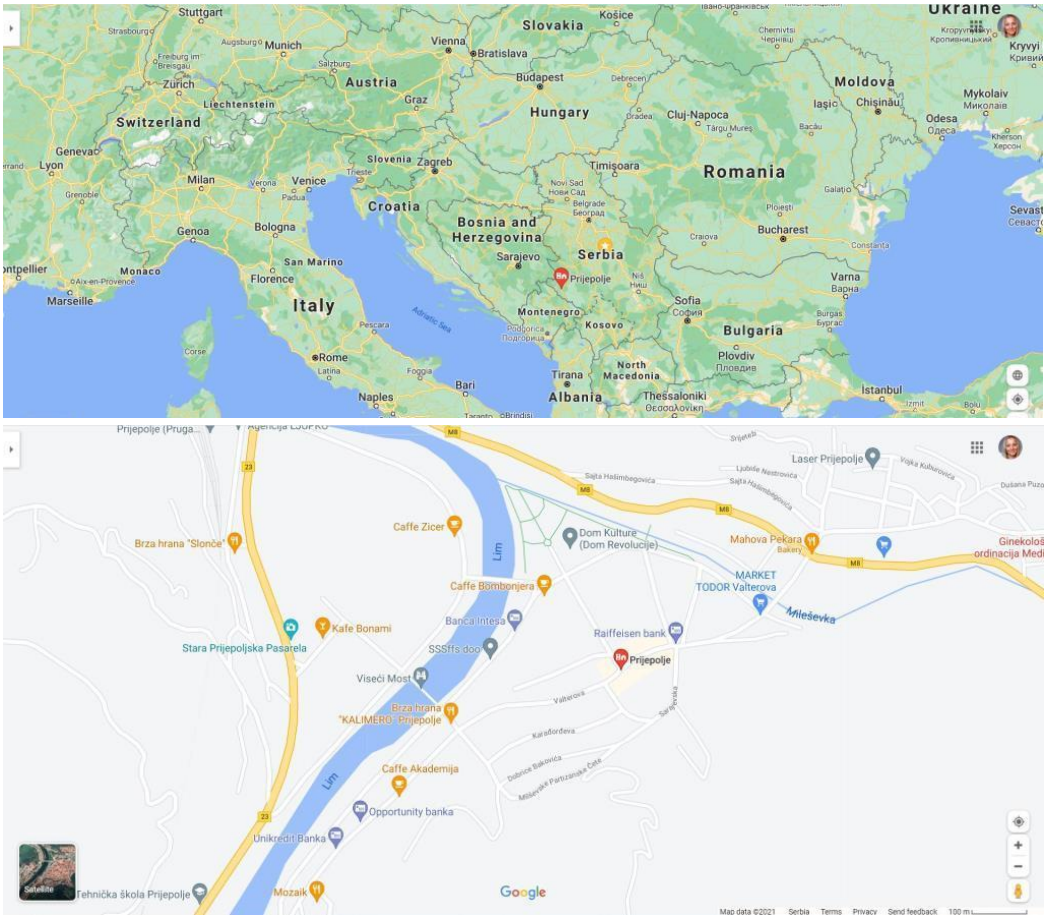




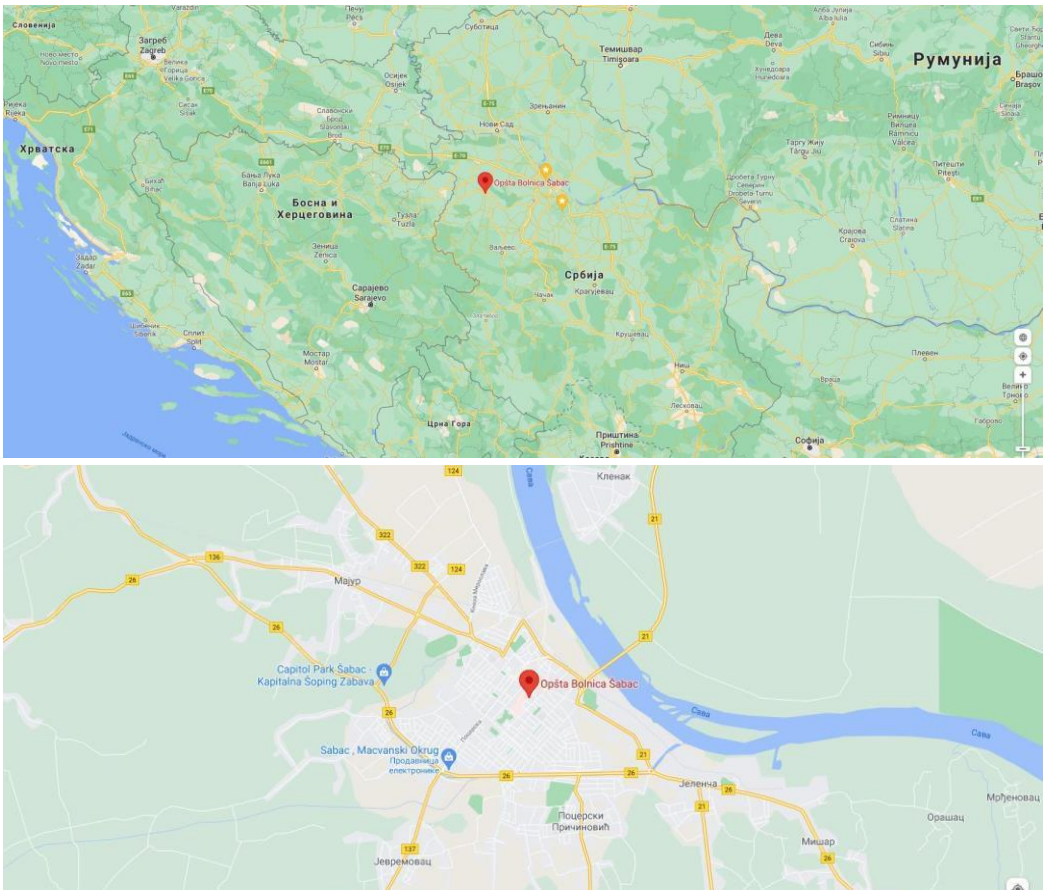
9. General Hospital in Petrovac na Mlavi



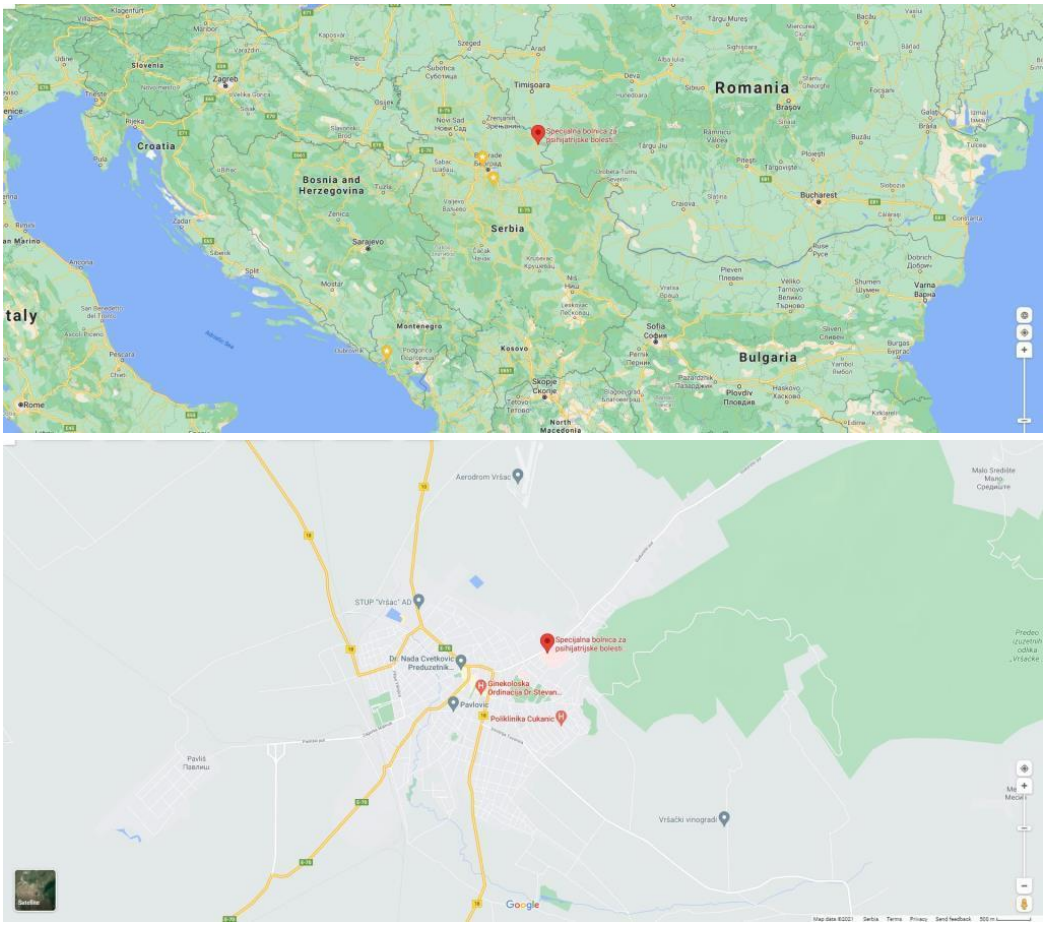
10. General Hospital in Prijepolje



11. General Hospital in Sabac

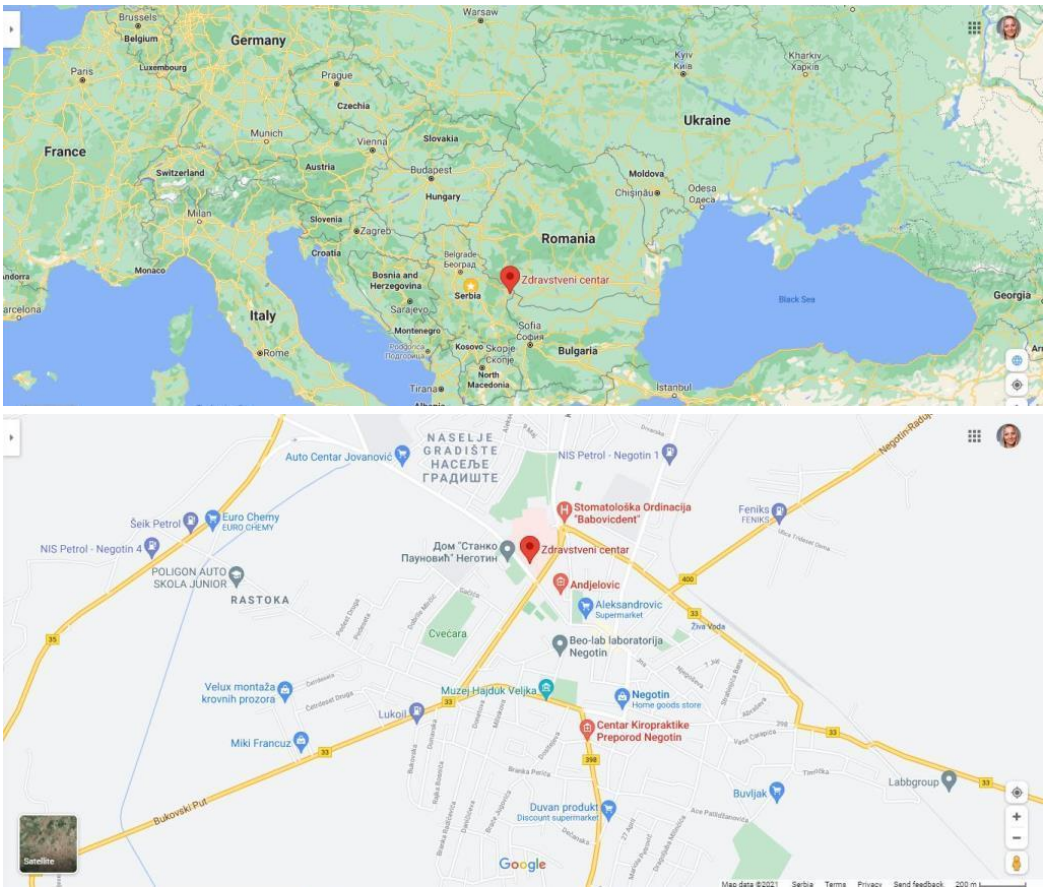


12. Special Hospital for Psychiatric Diseases“Slavoljub Bakalovic” in Vrsac

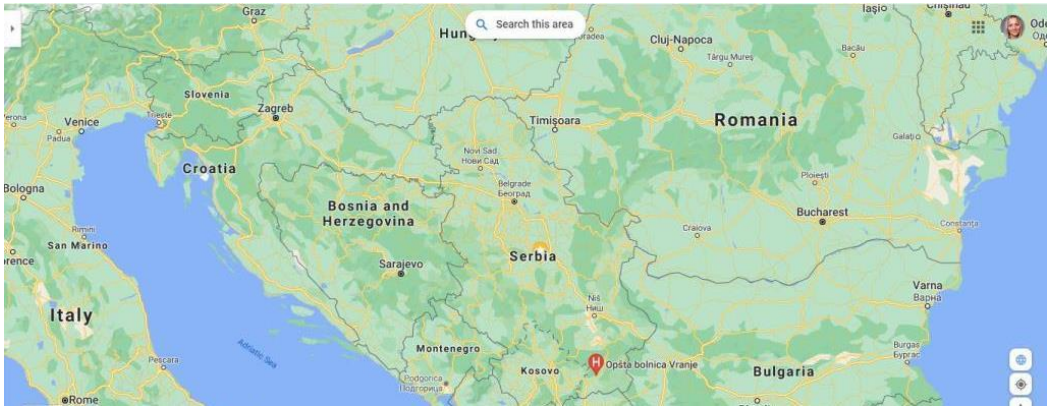


13. Health Center in Knjazevac

14. Health Center in Negotin

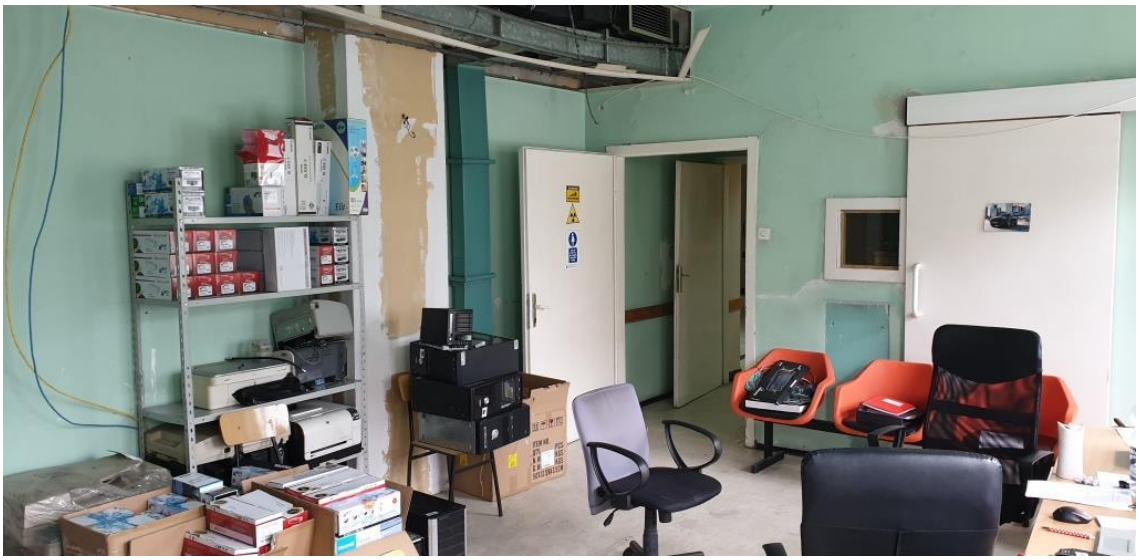


15. Health Centre in Vranje



ANNEX 07: PHOTO DOCUMENTS – CURENT CT UNITS WITHIN THE SUBJECT HCFS

1. Institute of Rheumatology in Belgrade



2. Clinical Hospital Center “Dr. Dragisa Misovic” in Belgrade

3. General Hospital in Jagodina

4. General Hospital in Novi Pazar

5. General Hospital in Petrovac na Mlavi

6. General Hospital in Prijepolje

7. General Hospital in Sabac

8. Special Hospital for Psychiatric Diseases “Slavoljub Bakalovic” in Vrsac

9. Health Center in Negotin

10. Health Center in Knjazevac

ANNEX 08: THIRD PARTIES STATEMENT (POTENTIAL CONTRACTORS AND SERVICE PROVIDERS) ON COMPLIANCE WITH PROVISIONS OF LABOR LEGISLATION and THE PROJECT`S LMP

Date and place of issuance: _____
Name and address of the issuer (Bidder): _____

STATEMENT OF LEGAL AND REGULATORY COMPLIANCE

Hereby we declare that

- We are aware of, and comply with, the standards laid down in the WB ESS2;
- We conform to all national laws* and applicable regulations concerning employment, labor and employee relations, and labor and working conditions;
- We are committed to providing a safe and healthy environment for our employees and to implementing all occupational health and safety requirements as stipulated by national legislation and WB ESS2;
- We do not tolerate any form of child, forced or slavery work.
- We prohibit any form of harassment, sexual harassment, abuse, violence, including SEA/SH at work and forbid direct or indirect discrimination against any employee or groups of employees on any ground and for whatever reason.
- We confirm that a worker Grievance Mechanism will have been available to all our employees and persons hired to work with us by the commencement date of the contract.

We hereby state that should we be awarded with the contract; we shall adopt the Labor Management Procedures in line with WB ESS2, applicable to the project, and incorporate them in our practice.
We hereby acknowledge our understanding that our company may be subjected to announced and unannounced visits, site checks and labor and working condition audits by authorized Employer's representatives or independent third parties with the aim to verify compliance with the above statement.
We understand that the failure to respect any of the above stated commitments could lead to termination of the contract and exclusion from the project.

Signature:

Name:

Position:

*National Laws refers both to the Laws of Republic of Serbia and the domicile Law of the country in case the Bidder is foreign