

**SERBIA NONCOMMUNICABLE DISEASES
PREVENTION AND CONTROL PROJECT
(P180619)**

**ENVIRONMENTAL AND SOCIAL
MANAGEMENT FRAMEWORK
(ESMF)**

Final document

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Abbreviations and Acronyms

EHS	Environmental, Health and Safety
EHSG	World Bank Group Environmental, Health and Safety Guidelines
EIA	Environment Impact Assessment
ERP	Emergency Response Plan
ES	Environmental and Social
ESCP	Environment and Social Commitment Plan
ESF	Environmental and Social Framework
ESHS	Environmental, Social, Health and Safety
ESIA	Environmental and Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESMPCL	Environmental and Social Management Plan Check List
ESS	Environmental and Social Standard
EU	European Union
GIIP	Good International Industry Practice
GoS	Government of Serbia
GRM	Grievance Redress Mechanism
HCF	Healthcare Facility
HCW	Healthcare Waste
HIF	Health Insurance Fund
HORMP	Human and Occupational Resource Management Procedure
HVAC	Heating, Ventilation and Air Conditioning
IEC	Information, Communication and Education
LMP	Labor Management Procedures
MOH	The Ministry of Health of the Republic of Serbia
NCD	Non-Communicable Disease
OHS	Occupational Health and Safety
PAP	Project Affected Person
PCU	Project Coordination Unit
PDO	Project Development Objective
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
RS	Republic of Serbia
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
WB	World Bank
WEEE	Waste from Electrical and Electronic Equipment
WHO	World Health Organization
WWTP	Wastewater Treatment Plant

Executive Summary

The World Bank will be supporting the Ministry of Health of the Republic of Serbia in implementing the Serbia Noncommunicable Diseases Prevention and Control Project. The objective of the project is to contribute to improving health system effectiveness in addressing noncommunicable diseases in Serbia. The project will support the following activities: Summarize project components and activities as relevant to environmental and social risks, in simple language that would be accessible to project stakeholders.

The project activities will take place in broad location of project activities: nationwide or in a certain region, etc.. Specific locations of subproject activities are not known at this stage, because provide details on why subproject locations are not known at this time. The subproject locations will be known provide timeline of when subproject locations will be known.

This Environmental and Social Management Framework (ESMF) has been prepared to identify the potential environmental and social risks and impacts of proposed Project activities and propose suitable mitigation measures to manage these risks and impacts. It maps out the Republic of Serbia laws and regulations and the World Bank policies applicable to the Project, and describes the principles, approaches, implementation arrangements, and environmental and social mitigation measures to be followed.

The potential environmental and social risks for project activities are identified as: risk related to civil works, such as noise emission, dust emission, wastewater, construction waste and risks to workers (OHS issues). Also, potential environmental risks and impacts related to hardware purchase as part of the sector digitalization modernization process will be managed by including provisions of energy efficiency requirements for such appliances and implementing the EU Directive on waste from electrical and electronic equipment (WEEE). Project social risks are mostly related to occupational health and safety, risks specific to labor and working conditions, personal data protection and possible risks of exclusion of Vulnerable Groups.

These risks will be managed and mitigated through the application of site specific Environmental and Social Management Plans (ESMPs) and/or ESMP checklist planned to be prepared and disclosed before commencement of works, included into bidding documents, and by clear instructions to contractors to adhere standards relating to Labor Management Procedure (LMP) and Stakeholder Engagement Plan (SEP) prepared under the project.

Implementation Arrangements. The PCU as well as the individual HCF will be responsible for the implementation of the instruments. For ESMPs, this responsibility will be shared with contractors and supervising consultants when applicable. The PCU will also provide implementation support and supervision.

Monitoring. Project Supervision Consultant will monitor and report to PCU about implementation of ESMP, LMP, SEP and ICHCWMP requirements for subprojects. Regular World Bank missions will include specialists to monitor the project's compliance with World Bank safeguard policies. The progress of environmental monitoring will be formally communicated to World Bank through regular progress reports and updates as per the compliance monitoring agreement made during project implementation.

There will be two types of reports, Monthly from the Contractors to the PCU and periodic reports from the PCU to the Bank as per ESCP.

A separate **Stakeholder Engagement Plan** (SEP) has been prepared for the Project, based the World Bank's Environmental and Social Standard 10 on Stakeholder Engagement. The SEP can be found here: <https://www.zdravlje.gov.rs/tekst/352907/projekat-u-pripremi-prevencija-i-kontrola-nezaraznih-bolesti-u-srbiji.php> .

1. Introduction

This Environmental and Social Management Framework (ESMF) is developed to support the environmental and social due diligence provisions for activities financed by the World Bank in the Serbia Noncommunicable Diseases Prevention and Control Project. The project will support improving Serbian health system effectiveness in addressing Non Communicable Diseases (NCDs). The effectiveness of a health system is reflected in its ability to achieve desired outcomes in prevention, management, and treatment of NCDs. The Project result indicators selected to measure the Project's contribution to improving health system effectiveness in addressing NCDs include improvement in the early detection of NCDs, as reflected in the rate of screening for breast and colorectal cancer at the PHC level, improvement in case management of NCDs in PHC and improvement in treatment of NCDs, proxied by percentage of patients undergoing chemotherapy who receive anti-cancer therapy prepared according to international Quality Standard for the Oncology Pharmacy Service (QUAPOS).

An important condition to ensure effectiveness is the availability of and access to high quality services, not only in clinical care settings, but also in public health measures. This requires both capacity of the system and its accountability for population health. Hence, the Project Development Objective (PDO) will be achieved through improvements in provider competence and accountability, as well as in the availability and quality of services.

Project activities contribute to the second Higher Level Objective of the Country Partnership Framework to provide more inclusive service delivery and better access to quality health and education services for the disadvantaged by supporting ongoing Government reforms to address the persistently high rates of NCDs through increased access to and uptake of preventive, curative, and palliative NCD services.

Project will be implemented nationwide. The Ministry of Health of the Republic of Serbia (MOH) will be implementing the Project activities.

This ESMF follows the World Bank Environmental and Social Framework (ESF) as well as the national laws and regulations of the Republic of Serbia. The objective of the ESMF is to assess and mitigate potential negative environmental and social risks and impacts of the Project consistent with the Environmental and Social Standards (ESSs) of the World Bank ESF and national requirements. More specifically, the ESMF aims to (a) assess the potential environmental and social risks and impacts of the proposed Project and propose mitigation measures; (b) establish procedures for the environmental and social screening, review, approval, and implementation of activities; (c) specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring environmental and social issues related to the activities; (d) identify the staffing requirements, as well as the training and capacity building needed to successfully implement the provisions of the ESMF; (e) address mechanisms for public consultation and disclosure of project instruments as well as redress of possible grievances; and (f) establish the budget requirements for implementation of the ESMF.

This ESMF should be read together with other plans prepared for the project, including the Stakeholder Engagement Plan (SEP), the Environmental and Social Commitment Plan (ESCP) and Labor Management Procedure (LMP).

2. Project Description

The Project seeks to tackle the major risk factors of NCDs and improve prevention, early detection and effective management of chronic diseases. This will require interventions to: (i) improve competence and accountability of health care providers; (ii) increase access to and availability of health services; and (iii) strengthen quality of clinical services and public health measures to improve population's awareness. Digital solutions will be enablers of such transformation and will be integrated in all components of the Project to facilitate effective delivery of intended outcomes.

Component 1: Improving Provider's Competence and Accountability. This component supports improvement in the competence of general practitioners in prevention and management of NCDs, strengthening capacity of PHC facilities to provide patient management by joint teams of GPs and outpatient specialists, establishment of telemedicine services and further digitalization and integration of medical records, establishment of palliative care capacities for patients with NCDs, and implementation of payment models for outpatient, inpatient and palliative care that improve accountability of health care providers for results.

Subcomponent 1.1. Strengthening PHC and palliative care capabilities for NCDs. This subcomponent finances the further development and implementation of the GP/family doctor concept, increasing the scope of services provided at primary level through developing of new nomenclature of services and establishing specialist outpatient services in PHC institutions, with focus on rural areas, joint management of patients with chronic conditions by integrated teams of GPs and outpatient specialists, training of GP/family doctors for better screening, early detection, prevention and management of NCDs, and training of health professionals in prehospital emergency service. This subcomponent finances telemedicine and digitalization of medical record keeping and reporting in health facilities. It also supports organization of palliative care at patient homes provided by PHC mobile teams, establishing inpatient palliative care in former COVID-19 hospitals, and training of health professionals in palliative care.

1.1.1. Strengthening the capacities of GP

- Situational analysis on the current capacities of PHC (certain analyses carried out during the Masterplan can be used, but it is necessary to make more analyses, especially in terms of personnel, given that significant changes occurred during the COVID pandemic);
- Defining of the scope of services at PHC level provided by chosen doctors (including the change of the PHC nomenclature);
- Defining of the curriculum for training (continuing medical education) for GPs (based on the expanded scope of work and defined needs. Some of the topics that should be covered are: palliative care, emergency response, NCDs prevention, early detection and management, gender-based violence, ultrasound diagnostics, small surgery...);
- Selection of doctors who need training, organization and logistical support, selection of educators and monitoring.

1.1.2. Strengthening the capacities of PHC facilities

- Situational analysis of the current scope of services within PHC (PHC nomenclature and Lab nomenclature defines which services can be provided at PHC level. However, it is not possible to say which services are actually available. It is certain that there are inequalities in the scope of services between institutions. It is also important to note that some PHC centers have their own specialists.)
- Situational analysis of the existing equipment within PHC
- Situational analysis of the current capacities within hospitals (narrow specialist)

- Establishing prerequisites for specialists from hospitals to perform examinations in PHC centers (as defined by the Masterplan).
- Defining the list of services that should be available in PHC centers (to be defined by the MoH)
- Defining the model of work organization of narrow specialists in order to provide their services in the PHC center according to the needs (including the communication channels with selected doctors, joint counselling for NCDs, case presentations and consultations) including training if needed
- Defining the model of work organization among functionally integrated institutions (that share staff, equipment...) including training if needed
- Piloting the model
- Amendment of the Regulation on the Network Plan (alignment with the mentioned changes)

1.1.2.A Establishing a national network of pre-hospital emergency assistance institutions

- Establishing a national network of pre-hospital emergency assistance institutions
- Equipping dispatch centers (equipment refers to IT equipment and software, not basic infrastructure and medical equipment).
- Defining and organizing staff training

1.1.2.B Telemedicine

- Providing basic technical precondition to allow on-line patient consultations on primary care level.
- Allowing on-distance consultations between healthcare professionals.

1.1.3. Optimisation of medical record keeping and reporting

- Deep analysis of the legal framework and potential challenges
- Defining the new legal framework proposal
- Technical support for the stakeholders (health facilities, IPHS and HIF) in terms of trainings if needed

1.1.4. Establishing palliative care capacities

- Capacity building of PHC staff (doctors and nurses) – training (definition of the curriculum, guidelines and organization of trainings)
- Capacity building within PHC institutions – definition of palliative care mobile teams for home care including the usage of existing inpatient capacities within PHC centers for short-term provision of palliative care
- Capacity building of hospitals staff – training (definition of the curriculum, guidelines and organization of trainings)
- Capacity building within hospital institutions – usage and adaptation of existing inpatient capacities

Subcomponent 1.2. **Improving health financing for better accountability.** This subcomponent supports further development and implementation of provider payment models aimed at improving accountability of health service providers for better prevention, diagnosis and management of NCDs. This includes: (i) further developing the capitation payment model with a stronger emphasis on pay-for-performance; (ii) rolling out an activity-based payment model for outpatient specialists to incentivize priority NCDs services; (iii) expanding the output based and performance-based payment for hospitals; and (vi) developing a payment model for palliative care.

1.2.1. Improvement of PHC Financing

- Developing of the new PHC payment model (global budget for PHC institutions and improved capitation formula for selected doctors)
- Defining changes in HIF E-Invoicing
- Simulation, piloting and analytics
- Defining and adopting changes in legal framework (rulebooks and decrees)
- Training of stakeholders (medical staff and management of PHC centers, HIF and IPHS representatives)

1.2.2. Improvement of Hospitals Financing

- Introduction of global budget;
- Increasing the variable part of the hospital budget depending on DRG up to 10-15% by the end of the project;
- Implementation of the new AR DRG version 11 (development of a new Grouper and adoption of the new nomenclature of hospital services);
- Defining the final methodology of the payment for performance for hospitals doctors
- Piloting and analytics;
- Training of stakeholders (medical staff and management of hospitals, HIF and IPHS representatives);
- Defining and adopting changes in legal framework (rulebooks)
- National costing
- Digital financial operations optimization (issuance, control and invoice payment, cost centers)

Component 2: **Increasing Availability of Services.** This component supports upgrading health care infrastructure to improve availability of diagnostic and treatment services, with focus on expanding access to people living in rural areas. The component finances equipment, infrastructure improvements and mobile vehicles. It supports reforms of rationalization of health facilities network proposed by the Masterplan developed under Second Serbia Health Project. It also finances strengthening of health system IT infrastructure, development of digital health platform to improve electronic data exchange for management of NCDs, and data analytics for policy making.

Subcomponent 2.1. **Strengthening the health institutions infrastructure.** At the PHC level, this subcomponent finances medical and laboratory equipment and facilities improvements in rural areas, mobile vehicles for on-site checkups, equipment for day hospitals. The subcomponent finances procurement of MRIs for secondary and tertiary care facilities and two linear accelerators (LINAC) for radiology centers to replace the depreciated ones. This subcomponent also supports a pilot project to transform former COVID-19 hospitals into inpatient facilities for the provision of palliative care. Following evaluation of the pilot project, this could be rolled out nationwide.

2.1.1. Strengthening of the basic infrastructure (facilities, equipment)

- Situational analysis (in addition to what will be done under Component 1) regarding the exact number of locations, type of civil works that should be done and type of equipment that should be procured. At the moment, the estimated number of locations is 100
- Procurement for the constructions and other civil work activities
- Procurement of the equipment (10 MRIs and 2 additional linear accelerators are planned)
- Procurement of colonoscopes and gastroscopes according to established needs
- Training of medical staff to use the equipment

2.1.2. Infrastructure for specialised rehabilitation hospital for children suffering from diabetes

The MoH has recognised the need to expand the existing capacities of the Bukovička Banja Specialised Hospital through reconstruction, extension and equipping of the hospital premises with the aim of increasing the availability and quality of managing children with diabetes. Project will support:

- Construction of a separate building, 4000 m²
- Equipment and furniture

2.1.3. Infrastructure for palliative care for inpatient facilities

- Situational analysis
- Investment plan
- Adaptation of existing COVID-19 hospitals (civil work, equipment, furniture)

Subcomponent 2.2. **Strengthening the IT infrastructure.** The Project will strengthen the IT structure by improving the legal and technical aspects of the digital health enabling environment. Assessment of the digital health landscape in Serbia will inform the design of improved regulatory, standardization and technical environment that will tackle fragmentation of digital services and healthcare data. The Project will support adaptation of the digital legal framework and set up of platform-based services to allow: (i) adaptation of existing digital health systems to the new legal framework and optimized and paperless service delivery; (ii) more effective data exchange and orchestration of services, thus reducing fragmentation of digital health services; and (iii) strategic health data management to encourage the use of data for policy and decision making. Changes in the legal framework and digital services supported by this subcomponent will address the needs of both public and private sector providers looking at the healthcare sector holistically. Specifically, the Project will support a number of critical needs, outlined below.

- Implementation of a central Logistics Management Information System (LMIS) for informed management of assets and supplies. Project objectives related to improvement of infrastructure and strengthening the PHC require more strategic and integrated approach to asset and supply management.
- Investment in the Radiology Information System (RIS) to allow shared access to imaging and more integrated approach to use of radiology related information. Previous and planned investments to radiology/imaging equipment and services will be better utilized if supported by integrated RIS.
- Improvement of digital health enabling environment, with clear delineation of activities to be supported by the Project. The Ministry of Health's (MoH) Sector for Digitalization is currently leading the process of comprehensive assessment and design of the infostructure¹ improvement within the time horizon of 4-5 years (in cooperation with stakeholders). The Project will be instrumental for implementation of some of these activities that are supporting the achievement of Project objectives. Therefore, as part of the Project preparation, the MoH team will do rapid assessment and quick overall planning process to inform the Project design on specific activities to be supported.

2.2.1. Managing Healthcare System's Resources

¹ An infostructure is the layout of information in a manner such that it can be navigated -- it's what's created any time an amount of information is organized in a useful manner (e.g. table of contents is an infostructure, as is a bibliography, or the World Wide Web is an infostructure, etc.)

- Purchase of Healthcare System's Resources software system
- Purchase of the hardware and platform for Healthcare System's Resources software system
- Initial database population
- Implementation of Healthcare System's Resources software system, including user training and existing data migration

2.2.2. Pathway of a Medicine

- Purchase of the Pathway of a Medicine software system
- Adaptation of interfaces of involved agencies' information systems
- Purchase of the hardware and platform for the Pathway of a Medicine software system
- Implementation of the Pathway of a Medicine software system, including user training, connecting external systems, existing data migration and initial database population.

Component 3: **Strengthening Quality of Public Health and Clinical Services.** This component supports development of the national programs for prevention and control of NCDs, implementation of the national Health Care Quality Improvement Plan, good practice guidelines and clinical pathways for NCDs, and improving quality of primary prevention of NCDs through targeted behavior change campaigns.

Subcomponent 3.1. **Improving quality of NCD prevention.** This subcomponent finances targeted behavior change campaigns for healthy lifestyle promotion and prevention of main risk factors of NCDs as smoking, obesity, hypertension, raising awareness of early diagnostic of NCDs to increase the coverage of population with preventive and screening examinations and importance of vaccination against the human papilloma virus in prevention of malignant diseases.

3.1.1 Targeted research will be included here to inform the campaigns.

3.1.2 Improving the quality of primary NCD prevention through targeted campaigns

Subcomponent 3.2. **Strengthening quality improvement system.** This subcomponent supports development of the national cancer control program (as a continuation of the National Cancer Control Program for 2020-2022), development of the national program for prevention and control of diabetes, development of the national Health Care Quality Improvement Plan and support to its implementation at the level of health facilities, development of national good clinical practice guidelines and electronic clinical pathways for NCDs and their integration in electronic medical records of health facilities, and training for health professionals in using of national good clinical practice guidelines, electronic clinical pathways and quality improvement programs.

This subcomponent will provide further support to the Quality Indicators Software System (QISS) in the Institute of Public Health. The system introduces fundamentally new ways of health data analytics. In addition to calculation of standardized indicators, the availability of rich sets of raw anonymized data will allow dynamic, flexible reporting and smart analytics for many other purposes such as health systems performance, clinical decision making, policy making, etc. not only for the IPH but other data consumers in healthcare system. The system is of modern data analytics architecture that allows further evolution of connecting to health or non-health systems (such as, for example, social protection registries). However, to harness its full potential, the system shall be fully integrated with core digital health systems and services that manage primary health data. That process is ongoing and will take some time. It needs to be supported in terms of building the capacity to manage data extraction, but also improving capabilities to use of data for further improvement of quality at the level of facility, district and country.

Development of good practice guidelines and clinical pathways for NCDs will potentially need adaptation of PHC and hospital information systems. Previous experience in introducing new clinical protocols showed that effectiveness improves with protocols embedded into the electronic medical records and other electronic systems. Adaptation of systems was done through the software certification and compliance system. Similar method for the support to new guidelines and pathways can be used again.

Subcomponent 3.3. **Improving quality and safety of anti-cancer drug treatment.** This subcomponent will introduce the practice of centralized preparation of cytotoxic therapy based on the Good Pharmacy Practice Guideline. This will be an important change compared to the previous (current) preparation of anti-cancer drug therapy and represent a transition from volumetric (measuring the volume of the drug, by syringe) to gravimetric mode of operation (measuring the mass of the drug), supported by new application software system (workflow software system). The entire process of preparing the drugs will take place in special isolators using computer scale for accurate calculation of drug doses according to the weight, mass and height of the patient for whom the drug is being prepared, thus almost completely excluding the possibility of errors. The Project will support necessary equipment, software development, standard operation procedure, and training in all secondary and tertiary hospitals that are providing chemotherapy. Bearing in mind that this system does not exist in Serbia, the introduction of the new method of anti-cancer drug preparation would significantly improve the quality of care for oncology patients.

- CE activities
- Campaign/workshops/education events on NCDs risks targeting vulnerable populations, implemented in collaboration with civil sector
- Training of Roma health mediators on NCDs prevention
- Training for using e-government health-related platforms targeting rural population

Component 4: **Project Management, Monitoring and Evaluation.** This component will support overall project administration, including project management, fiduciary functions, environmental and social compliance, and regular monitoring of and reporting on implementation.

Component 5: **Contingency Emergency Response – CERC** (no funds allocated). The objective of this component is to improve the Government's response capacity in the event of an emergency. The component would support a rapid response to a request for urgent assistance in respect of an event that has caused, or is likely to imminently cause, a major adverse economic and/or social impact in the health sector associated with natural or man-made crises or disasters. In such a case, funds would be reallocated from other components into this one to finance goods and consulting services. It should be noted that this component cannot be used to finance salaries, nor any expenditures that could trigger any of the World Bank's Environmental and Social Standards (ESS).

Project Information Document is prepared by the WB and it is available on following web address: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099041223212012491/p18061902641dd010b6a30eb8ed51a6d7f>

The Ministry of Health of the Republic of Serbia, through its Project Coordination Unit (PCU) will coordinate project activities, including day-to-day implementation, coordination, supervision, and overall management of project activities. The Project will be implemented by the MoH as the key implementing agency, with support from the existing Project Coordination Unit (PCU) of the Serbia Emergency COVID-19 Response Project (P173892). The MoH, which has the overarching responsibility for Serbia's health sector and related policy oversight, will have fiduciary responsibility for the project through its PCU and will ensure the technical implementation of all components.

All procurement under the Project will be undertaken by the PCU/MoH supported by the Centralized Fiduciary Unit (CFU) nested under MoF. The MoH has a proven track record in implementing previous World Bank projects, which contributed to health sector reforms and improving the existing health system in Serbia. The Project procurement activities are related to procurement of medical and laboratory equipment, MRIs, and linear accelerators (LINAC) for radiology centers to replace the depreciated ones, transformation of former COVID-19 hospitals into inpatient facilities for the provision of palliative care.

3. Environmental and Social Policies, Regulations, and Laws

3.1 Serbian Legal Framework

Environmental protection in Republic of Serbia is regulated by a set of laws and secondary laws. Table 1 below lists Serbian policies, laws, and regulations that are **relevant and directly applicable** to the environmental and social risks and impacts of subproject activities.

Table 1. Serbian Relevant Legal Framework

Law	Description and Relevance to Project Activities
Law on Environmental Protection	"Official Gazette of the RS", no. 135/04, 36/09, 72/09, 43/11, 14/16, 76/18 and 95/18. This Law shall regulate the integral environmental protection system in Serbia
Law on Environmental Impact Assessment	"Official Gazette of the RS", no. 135/04, 36/09, 72/09, 43/11, 14/16, 76/18 and 95/18. This Law regulates the impact assessment procedure for projects that may have significant effects on the environment and i.a. the participation of authorities and organisations concerned, the public participation, etc.
Decree on establishing the List of Projects for which the Impact Assessment is mandatory and the List of projects for which the EIA can be requested	"Official Gazette of the RS", no. 114/08. This regulation establishes List I Projects for which an environmental impact assessment is mandatory and List II Projects for which an environmental impact assessment can be requested, which are printed with this regulation and form an integral part of it. Sub-project that require ESIA Study will be excluded from financing under the Project.
Law on Planning and Construction	"Official Gazette of the RS", no. 72/09, 81/09, 56/10, 24/11, 121/12, 42/13, 50/13, 98/13, 132/14, 145/14, 83/18, 31/19, 37/19 and 9/20. This law provide clear distinction between the construction, extension, reconstruction, adaptation and rehabilitation/sanation activities. Construction and extension activities as defined by this law will be considered as non-eligible for this Project.
Law on Waste Management	"Official Gazette of the RS", no. 36/09, 88/10, 14/16 and 95/18. This law regulates: types and classification of waste; waste management planning; entities of waste management; responsibilities and obligations in waste management; organizing waste management; management of special waste streams; etc.
Law on Environmental Noise Protection	"Official Gazette of the RS", no. 96/21. The provisions of this law refer to noise in the environment to which people are exposed.
Law of Ionizing radiation and on Nuclear Safety	"Official Gazette of the RS", no. 36/2009 and 93/2012. The Law regulates the measures of radiation and nuclear safety and security, conditions for conducting practices with radiation sources, response in case of planned, existing and emergency exposure to ionising radiation, and aims at ensuring proper protection of members of the public, the public and the environment from the harmful effect of ionising radiation. Also, this law defines arrangements for radioactive waste management.
Rulebook on the management of waste containing asbestos	"Official Gazette of the RS", no. 75/10. This rulebook prescribes the method of packaging, criteria, conditions and method of final disposal of waste which contains asbestos and other measures to prevent the spread of asbestos fibers and dust in the environment the environment.
Rulebook on preventive measures for safe and healthy work when using work equipment	"Official Gazette of the RS", no. 23/09, 123/12, 102/15, 101/18 and 130/21. These regulations prescribe are the minimum requirements that the employer is obliged to fulfill in ensuring the application of preventive measures when using work equipment.

Law	Description and Relevance to Project Activities
Rulebook on medical waste management	"Official Gazette of the RS", no. 48/19. Medical waste generated by healthcare facilities must be treated in accordance with the Rulebook on Medical Waste Management.
Rulebook on the method of storage, packaging and marking of hazardous waste	"Official Gazette of RS", no. 92/10 and 77/21. This rulebook regulates the storage, packaging and marking of hazardous waste.
Rulebook on applying the sources of ionizing radiation in medicine	"Official Gazette of the RS", no. 01/12. This regulation prescribes conditions for performing radiation activity, that is, nuclear activity in medicine, as well as the way to protect patients during medical exposure for the purpose of conducting a diagnostic or therapeutic procedure and types and method of measurement for assessing the level of medical exposure to ionizing radiation.
Rulebook on limits of exposure to ionizing radiation and measurements to assess the level of exposure to ionizing radiation	"Official Gazette of the RS", no. 86/11 and 50/18. This regulation prescribes types, method and time intervals of measurement to assess the level of exposure to ionizing radiation of occupationally exposed persons, patients and the population and prescribe limits of exposure to ionizing radiation for occupationally exposed persons, persons in education and the population.
Regulation on the limits of radioactive contamination of person, workplace and environment and the methods of decontamination	"Official Gazette of the RS", no. 38/11. This rulebook prescribes the limits of radioactive contamination of the person, work and environment and the method of carrying out decontamination.
Law on fire protection	"Official Gazette of the RS", no. 111/09, 20/15 and 87/18. This law regulates the fire protection system, rights and obligations of different legal and natural persons in case of fire.
Law on energy efficiency and rational energy use	"Official Gazette of the RS", no. 40/21. This law regulates the conditions and manner of efficient use of energy and energy sources, policy of efficient use of energy, energy management system and energy efficiency policy measures.
Occupational Health and Safety Law	"Official Gazette of the RS", no. 35/23. This law regulates the improvement and implementation of safety and health measures at work for persons participating in work processes, as well as persons who find themselves in the working environment, in order to prevent injuries at work and occupational and work-related diseases.
Labor Law	"Official Gazette of the RS", no. 24/05, 61/05, 54/09, 32/13, 75/14, 13/17, 113/17 and 95/18. Labor rights, obligations and responsibilities are regulated by this law and a separate law, in accordance with ratified international conventions.
Law on peaceful settlement of labor disputes	"Official Gazette of the RS", no. 125/04, 104/09 and 50/18. This law regulates the method and procedure for the peaceful settlement of collective and individual labor disputes.
Law on prohibition of discrimination	"Official Gazette of the RS", no. 22/09 and 52/21. This law regulates the general prohibition of discrimination, forms and cases of discrimination, as well as procedures for protection against discrimination.

Law	Description and Relevance to Project Activities
Law on prevention of discrimination against persons with disabilities	"Official Gazette of the RS", no. 33/06 and 13/16. This law regulates the general regime of prohibition of discrimination on the basis of disability, special cases of discrimination against persons with disabilities, the procedure for the protection of persons exposed to discrimination and measures taken to encourage equality and social inclusion of persons with disabilities.
Personal Data Protection Act	"Official Gazette of the RS", no. 87/18. This law regulates the right to the protection of natural persons in connection with the processing of personal data and the free flow of such data. Healthcare providers as data processors must maintain records of the processing activities, appoint a data protection officer, notify data breaches to the data controller and abide by the rules of cross-border transfers of personal data
Law on Patients' Rights	"Official Gazette of the RS", no. 45/13 and 25/19. The Law on Patients' Rights specifically guarantees the right to confidentiality of personal data and an explicitly prescribed obligation to keep data confidential, from which only the patient's consent or a court decision exempts
Law on Free Access to Information of Public Importance	"Official Gazette RS" No. 120/04, 54/07, 104/09, 36/10 and 105/21. This Law regulates the rights to access information of public importance held by public authority bodies, with the purpose of the fulfillment and protection of the public interest to know and attain a free democratic order and an open society.
Draft Digitalization Program in the Health System of the Republic of Serbia for the period 2022 – 2026 Action plan for the implementation of the Digitalization Program in the health system of the Republic of Serbia for the period 2022 - 2023.	Government decision, Feb 10, 2022 Government decision, May 05, 2022 This document contains recommendations, i.e. measures that should be taken in order to optimize and increase the efficiency of health care, which affect the planning of needs related to digitization and the development of electronic services. General objective is digitization of the health system and safe use of services and technologies for better quality, more efficient and more accessible health care.

The Environmental protection in Republic of Serbia is regulated by a set of laws and secondary laws. Full List of regulations in the field of environmental protection in the Republic of Serbia, in English and Serbian, is accessible at following websites:

https://www.ekologija.gov.rs/sites/default/files/inline-files/List_of_regulations.pdf and
https://www.ekologija.gov.rs/sites/default/files/inline-files/Spisak_propisa_iz_oblasti_ZZS_-_230217.pdf

3.2 National Environmental and Social Assessment and Permitting

The Environmental Impact Assessment procedure in the Republic of Serbia as governed by the Law on Environmental Impact Assessment, is harmonized with European EIA Directive (85/337/EEC, 97/11/EC, 2003/35/EC and COM 2009/378 as codified by the Directive 2011/92/EU). The EIA Law defines procedures of impact assessment for activities that may have significant effects on the environment, the contents of the Environmental Impact Assessment Study, the required engagement of authorities and organizations concerned, citizen engagement, transboundary exchange of information for projects that may have transboundary impacts, supervision and other issues of relevance to impact assessment.

The Competent authorities on three different levels are the key institutions in Republic of Serbia responsible for formulation and implementation of environmental policy matters. Competent authorities responsible for carrying out the EIA procedure within the functions set forth by the Law on EIA are:

- The Ministry responsible for environmental protection matters – for those projects for which the permit for project implementation is under the responsibility of the Republic authority;
- The Provincial authority responsible for environmental protection matters – for those projects for which the permit for project implementation is under the responsibility of the authority of the autonomous province;
- The local self-government authority responsible for environmental protection matters – for those projects for which the permit for project implementation is under the responsibility of the local self-government authority

The other aspects of environmental management related to the environmental aspects of projects are dealt with several other institutions, among which are Serbian Radiation and Nuclear Safety and Security Directorate (SRBATOM), Serbian Environmental Protection Agency, OHS Administration, Labor Inspectorate, and the Ministry of Construction, Transport and Infrastructure.

The Government of the Republic of Serbia (GoS) has adopted lists sensitized by risks²:

- LIST I - The Projects for which an impact assessment is mandatory. Those are the projects with significant environmental and social impacts.
- LIST II - Projects for which an impact assessment may be required. For these the PCU will be required to submit a Request for Decision about the Need for Environmental Impact Assessment to the relevant institution. Based on the outcome of the process a Decision whether an E(S)IA is required or not will be issued.

Any sub-project listed under the List I and those from List II that requires ESIA Study are not eligible for financing under the SNDPC Project.

3.3 World Bank Standards and Key Gaps with the National Framework

The project will follow the World Bank Environmental and Social Standards (ESSs), as well as the World Bank Group Environmental, Health and Safety Guidelines. Based on these policies, the environmental and social risk of the project is categorized as **moderate**.

The World Bank's environmental and social standards applicable to project activities are summarized in table below.

Table 2. Relevant World Bank ESS and Key Gaps with the National Framework

ES Standard	Relevance
ESS1 Assessment and Management of Environmental and Social Risks and Impacts	This standard is relevant. Component 2, subcomponents 2.1 and 2.2 of the Project will support civil works and small-scale refurbishment and repurposing works, so some environmental impacts may occur within civil works on rehabilitation and refurbishment, but the project will not include works outside the already existing facilities. Impacts from these activities should be typical for civil works, e.g. noise emission, dust emission, wastewater, construction waste, and risks to workers (OHS issues), and as such,

²

https://www.paragraf.rs/propisi/uredba_o_utvrdivanju_liste_projekata_za_koje_je_obavezna_procena_uticaja_i_liste_projekata_za_koje_se_moze_zahtevat_i_procena_uticaja_na_zivotnu_sredinu.html

	<p>predictable and easily manageable. The Serbian legal framework in the area of EIA is fully aligned with the EU EIA Directives and amendments. The area where the alignment with ESS1 is lacking is related to the comprehensive assessment of Social risks and impacts. Public consultations on project design is not required and Associated facilities are not covered.</p>
ESS2 Labor and Working Conditions	<p>This standard is relevant. Component 2, subcomponents 2.1 and 2.2 of the Project will support civil works and small-scale refurbishment and repurposing works, so some environmental impacts may occur within civil works on rehabilitation and refurbishment, but the project will not include works outside the already existing facilities. This will require employment of local labor and their number is not expected to be significant.</p> <p>The necessary protocols for handling medical waste in the operation phase, disinfectant protocols, regular testing of healthcare workers, requirements for proper disposal of sharps, along with the environmental health and safety guidelines for staff and necessary Personal Protective Equipment (PPE), will be included in Infection Control and Medical Waste Management Plan (ICMWMP) to be adopted by and then implemented by specific facilities and laboratories participating in the Project.</p> <p>The Serbian legal framework is less a few minor gaps fully aligned with ESS2 requirements. The two most prominent gaps are in the area of payment at the time of termination, a structured labor grievance mechanisms and the need to consult with worker on OHS issues</p>
ESS3 Resource Efficiency and Pollution Prevention and Management	<p>This Standard is relevant. It is expected that a certain amount of waste will be generated as a result of the reconstruction and rehabilitation works. The scale of waste is expected to be small, so provisions of proper waste management will be included into the relevant ESMP/ESMP checklist and will include information on estimated volumes of various types of waste (waste management, wastewater, communal, hazardous waste), arrangements for temporary storage, transport and final disposal. When it comes to medical waste management and disposal, having in mind that each HCF is operating in accordance with the Rulebook on Medical Waste Management, and ICMWMP will be prepared for the project; waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the ICMWMP and WB EHS guidelines.</p> <p>Finally, proper handling of potentially radioactive waste arising from end-of-life of MRIs and LINAC purchased equipment is recognized as relevant project issue.</p> <p>The legal framework does not require regular monitoring.</p>
ESS4 Community Health and Safety	<p>The Standard is relevant to the project, given the possibility that some adverse impacts on the health and safety of the surrounding communities, staff and patients may occur during refurbishment/repurposing works; these risks are related to generation of waste, noise, dust, fires and other crisis events, increased traffic and road accidents (if there are unusual movement of transport of materials). Additional potential risks to health care workers and patients are related to non-compliance of measures prescribed to protect life, health, and the environment from harmful effects of ionizing radiation and nuclear safety, and nuclear materials and radioactive management. As per the national requirements, namely the Law on Ionizing Radiation and on Nuclear Safety, it is not allowed to proceed with activities with ionizing radiation sources and nuclear materials without prior approval by the Serbian Radiation Protection and Nuclear Safety Agency. The measuring of radiation level and ensuring safety and security is an integral part of the technical documentation for facilities that use or will use ionizing radiation sources.</p> <p>In substance the gaps between the national requirements and the ESS are not substantial. However, mitigation and prevention measures shall be required in the form of site-specific Contractor management plans. In case double standards are detected within the ESF and national requirements the more stringent will prevail.</p>
ESS6 Biodiversity Conservation and	<p>The Standard is precautionary relevant to the project, given the possibility that some adverse impacts on biodiversity may occur during expanding the existing capacities of the</p>

Sustainable Management of Living Natural Resources	<p>Bukovička Banja Specialised Hospital in Arandjelovac, through reconstruction, extension and equipping of the hospital premises with the aim of increasing the availability and quality of managing children with diabetes. Project will support construction of a separate building (area of 4000 m²) within the existing hospital complex, located within the Bukovicka banja park. The park includes several mineral springs and flower alleys.</p> <p>However, during project preparation, separate preconditions will be obtained from the Republican Institute for Nature Conservation in order to harmonize subproject activities with the requirements related to nature conservation.</p> <p>Biodiversity risks and impacts shall be efficiently addressed through Environmental Assessment Instruments in accordance with ESS6 requirements and in a manner acceptable to the Bank.</p> <p>There are gaps between ESS 6 and national laws with respect to No Net Loss/Net Gain requirements pertinent to Natural and Critical Habitats respectively</p>
ESS8 Cultural Heritage	<p>The Standard is precautionary relevant to the project, given the possibility that some adverse impacts on cultural heritage may occur during expanding the existing capacities of the Bukovička Banja Specialised Hospital in Arandjelovac,</p> <p>More than 200 international sculptors provided the 66 abstract sculptures that now permanently decorate the Bukovicka Banja park and act as a unique open-air museum. Besides these unique and unusual sculptures, the park also includes several mineral springs, flower alleys, and playgrounds.</p> <p>Relevant aspects of this standard shall be considered, as needed, under action 2.1.2. above including Cultural Heritage Management Plans (CHMPs) which shall be developed for all works with identified risks to cultural heritage (upon establishing level of protection under the national law). Chance finds procedures, as part of sub-projects' ESMP or ESMP checklists, shall be part of all contracts involving any works under the project.</p> <p>There are gaps between ESS 8 and national laws with respect to intangible cultural heritage</p>
ESS10 Stakeholder Engagement and Information Disclosure	<p>This standard is relevant. Digitalization of health services will have to connect more than at present with the needs of both health professionals and patients and particularly vulnerable groups. A SEP is prepared for the project, identifying all stakeholders, including specific vulnerable groups and proposed adequate dynamics and methods of engagement. The SEP follows the best international practice in digital inclusion principle and will include both, outreach to stakeholders as well as awareness raising. A SEP includes a Grievance Mechanism to enable continued feedback on the project activities and resolution of individual grievances during implementation. The project SEP will be used to improve the outreach and dialogue between stakeholders and health service providers but also to ensure that communities and workers around the small renovation works sites are adequately informed and protected in line with ESMF and ESS2 and ESS4. Stakeholder activities under the project will be implemented by the PCU staff and social and CE specialists who will have an essential role in public awareness, GM and CE-related work. To collect feedback and measure beneficiaries' satisfaction with health services the PCU will carry out public and multi-stakeholder consultations and gender-disaggregated citizen engagement surveys</p> <p>While the legal framework spells out the right to access to information held by public authorities, the ESS recognizes the importance of open and transparent engagement vis-à-vis project stakeholders by the project</p>

4. Potential Environmental and Social Risk Impacts and Standard Mitigation Measures

In general, the project is not expected to have significant negative environmental and social impacts.

Environmental Risks and Impacts

Given the nature of the operation and the potential environmental impacts, the project's environmental risk is considered to be **moderate**. Some potential short-term risks and adverse impacts are related to:

- Risks and impacts related to civil works and small-scale refurbishment and repurposing works in health care facilities.

The Project will mainly support small-scale civil works, so some environmental impacts may occur within civil works on rehabilitation and refurbishment, but the project works will be interior and carried out within the scope of existing facilities. In this regard, the environmental risks and adverse impacts are the ones usually related to these kinds of works, such as noise emission, dust emission, wastewater, construction waste and risks to workers (OHS issues). Access to Personal Protective Equipment (PPE), procedures around medical waste disposal, relevant OHS measures and clear communication of risks and prevention measures to all persons at risk is required. All of these are expected to be low in magnitude, predictable and easily manageable.

Additional risks and impacts are expected during civil works on construction of a separate building (area of 4000 m²) within the existing complex of Specialised hospital Bukovicka banja in Arandjelovac. Those are clearing land and impacts on park ecosystems, potential removal of trees and vegetation and annoyance to nearby communities. Also, civil works contribute to greenhouse gas emissions through the use of energy, materials production, and transportation.

- Procurement and installation of medical and laboratory equipment (MRIs and LINACs) for secondary and tertiary care facilities and radiology centers, to replace the depreciated ones and transformation of former COVID-19 hospitals into inpatient facilities for the provision of palliative care.

Beside small reconstruction works, an adequate disposal of old equipment is also considered as project issue. However, this ESMF includes provisions on adequate medical waste management in line with national legal procedures and the Bank's Environment Health and Safety General (EHS) guidelines and requirements on proper handling of radioactive waste arising from end-of-life of MRIs and LINACs. Risks around MRIs and LINAC usage in operation phase will be negligible because the measuring of radiation level and ensuring safety and security is an integral part of regular work performance for facilities that use or will use ionizing radiation sources.

- Hardware purchase as part of the sector digitalization modernization process

Potential environmental risks and impacts related to this activity will be managed by including provisions of energy efficiency requirements for such appliances and implementing the EU Directive on waste from electrical and electronic equipment (WEEE). This Directive lays down measures to protect the environment and human health by preventing or reducing the adverse impacts of the generation and management of waste from electrical and electronic equipment and by reducing overall impacts of resource use and improving the efficiency of such use.

- Improper medical waste management during operational phase.

Medical waste, including chemicals, contaminated PPE and equipment, will need to be safely and properly collected, stored, transported and disposed. Serbia has a solid medical waste management legal framework which covers all the measures regarding this kind of waste and its treatment, but it needs to be applied properly in every healthcare facility.

On the other side, the project will bring some positive environmental impacts arising from the establishment of telemedicine services and further digitalization and integration of medical records which will in a long run lead to the decrease in the use of paper.

Social Risks and Impacts

Given the nature of the operation and the potential social impacts, the project's social risk is considered to be **moderate**.

Activities aimed at the prevention, early detection and effective management of NCD are generally anticipated to have a positive impact on the improved competencies of practitioners and service to patients. Project activities will not result in land acquisition or resettlement. However, project's potential social risks and impacts are related to:

- Project rehabilitation works

Works are expected to be of small scale, but these types of activities still can cause certain occupational and health risks (working at height, welding and hot work, working with chemicals, and occupational exposure to infectious materials or radiation). Additional potential measures will be developed to ensure the safety of HCF's personnel and patients during civil works. All impacts can be easily addressed by introducing adequate OHS measures during work.

- Community health and safety related risks.

The central risk to community health and safety relates to physical interventions in retrofitting and small scale civil works and equipment mounting in PHC and HCF while under full operation.

- Labor and Working conditions

The country norms guiding Labor and Working Conditions are with the exception of a couple of areas fully compliant with the ESS. The PCU has prepared a standalone LMP to address labor and working conditions of all workers in the project. The adoption of digital technologies in healthcare can change the roles and responsibilities of healthcare professionals. Automation may replace certain tasks traditionally performed by healthcare workers. This may lead to job displacement and necessitate retraining efforts to equip healthcare professionals with the skills needed to adapt to the digital healthcare landscape.

- Possible risks of exclusion of Vulnerable Groups

The context of the context of this Project implies that almost the entire population of the Republic of Serbia will in a form benefit from the Project. For this reason, the affected parties and other interested parties in the context of the project are blended. The challenges posed are related to the security of data, data privacy and possible reduction in personnel. Digitalization may exacerbate existing inequalities in healthcare access. Not everyone has equal access to technology or the digital skills necessary to navigate digital health platforms. This can result in marginalized populations, including low-income individuals, elderly individuals, and those in remote areas, being left behind and unable to benefit from digital health services.

The specific details of all groups and individuals vulnerable to impacts from the project are not entirely known. The drivers of vulnerability will be in details assessed and identified during development of the specific activities and components. However, based on the initial screening some of the identified groups may include:

- Retired, elderly and people with disabilities and chronic disease.
- Single parent households.

- Parents with children suffering from Type 2 Diabetes or cancer.
- People in remote deprived areas.
- Digitally excluded - ICT literate people but with poor or no broadband connection, ICT illiterate, people in substandard housing and economic conditions (slum's quarters in urban areas, low-standard urban areas).
- Homeless people.

However, on the other side, digitalization will improve the access and quality of services and will leverage the use of data generated across grass-roots platforms to further research and evaluation.

Data security and privacy concern

Another potential risk relates to data security and privacy. The digitization of health services involves the collection, storage, and sharing of sensitive personal health data. There is a risk of data breaches, unauthorized access, and potential misuse of health information.

Table 3. Environmental and Social Risks and Mitigation Measures

Subcomponent Activity	Risks and Impacts	Mitigation Measures
Refurbishment and repurposing works in health care facilities PLANING AND DESIGN PHASE	Exclusion of non eligible sub-projects	Sub-project ES screening and preparation of adequate ES instrument (ESMP or ESMP checklist)
Refurbishment and repurposing works in health care facilities REHABILITATION PHASE	Waste generation, disposal, and pollution	<ul style="list-style-type: none"> - Store solid waste temporarily on-site in a designated place prior to off-site transportation and disposal. - Dispose of waste at designated place identified and approved by local authority. Open burning or burial of solid waste shall not be allowed. It is prohibited for the contractor(s) to dispose of any debris or construction material/paint in environmentally and culturally sensitive areas (including watercourses, natural habitats, and cultural sites). - To the degree feasible, recyclable materials such as wooden plates for trench works, steel, site holding, packaging material, etc., shall be segregated and collected on-site from other waste sources for reuse or recycle (sale). - PCU will ensure that rehabilitation work will be carried out in compliance with a site-specific ESMP / ESMPCL based on the templates of this ESMF - Follow the template of the <i>Environmental and Social Management Plan (ESMP) included in Annex 03</i>. - Follow the template of the <i>Environmental and Social Management Plan Check List (ESMPCL) included in Annex 04</i>.
Refurbishment and repurposing works in health care facilities REHABILITATION PHASE	Removal, handling, and disposal of Asbestos Contained Materials (ACM)	<p>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.</p> <ul style="list-style-type: none"> - Follow the template of the <i>Environmental and Social Management Plan (ESMP) included in Annex 03 – Section C</i>

Subcomponent Activity	Risks and Impacts	Mitigation Measures
Procurement and installation of medical equipment (MRIs and LINACs) PROCUREMENT PHASE	Old MRI/LINAC devices dismantling and disposal	<ul style="list-style-type: none"> - Timely planning and informing the user about the exact time of the old MRI/LINAC dismantling - Ensure proper handling of radioactive waste arising from end-of-life of MRIs and LINAC purchased equipment, following national regulations, ESHG guidelines and good international practice (GIIP). - Measuring the level of ionising radiation before handling the old devices. The measuring of radiation level and ensuring safety and security shall be an integral part of the technical documentation for facilities that use or will use ionizing radiation sources. - 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 devices removal - Ensuring proper final disposal for this kind of waste (equipment) - Follow the template of the <i>Environmental and Social Management Plan (ESMP) included in Annex 03</i>.
Hardware purchase as part of the sector digitalization modernization process PROCUREMENT PHASE	minimizing the volume of electrical and electronic waste disposal	Some of existing IT hardware will be replaced with the new ones, becoming Waste from Electrical and Electronic Equipment (WEEE). WEEE management shall comply with the provisions of energy efficiency requirements for such appliances and implementing the EU Directive on WEEE. Therefore, tender documents shall contain provisions to ensure purchasing of electronic equipment from producers that manage and finance the collection, reuse, recycling and appropriately treat WEEE.
Refurbishment and repurposing works in health care facilities OPERATION PHASE	inadequate medical waste management	The PCU and HCFs will ensure the following: <ul style="list-style-type: none"> - Each HCF is operated in accordance with the Rulebook on Medical Waste Management (Official Gazette of the RS No 48/2019) and ICMWMP prepared for the project; - Medical waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the ICMWMP. - Arrangements in place with especially licensed entity for regular out- transporting and disposal of medical waste in compliance with the national legislation and the best national practice. - The PCU will, through project supervision services, audit any off-site waste disposal required on a monthly basis and institute any remedial measures required to ensure compliance; and - Follow the template of the Infection Control and Medical Waste Management Plan (ICMWMP)

Subcomponent Activity	Risks and Impacts	Mitigation Measures
		<i>included in Annex 05.</i>
Procurement of Goods and Supplies (in General)	High consumption of Energy, adverse impacts on human health, air pollution and emission and generation of hazardous and general waste, etc.	<p>Adapt sustainable procurement³. Before purchasing any goods or services consider these basic checklists of environmentally sustainable procurement:</p> <ul style="list-style-type: none"> • Ensure the life cycle impacts of the item were considered (i.e.: what processes were used to create it, what environmental impacts does it have when used, what will happen at the end of its life?) • Ensure the supplier provides any relevant environmental information. • Ensure required ESHS measures, are into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms. • Ensure that the contractors and supervising firms comply with the ESHS specifications of their respective contracts. <p>Environmentally Sustainable Procurement Guidelines with Example Clauses in Tenders and Contracts are enclosed as Annex 06 of this ESMF</p>
Public health emergency planning including community engagement and risk communication	Possible exclusion of vulnerable groups(elderly, people with disabilities, immune compromised and poor) from access to emergency response health services	<ul style="list-style-type: none"> • Ensure meaningful consultation and outreach to vulnerable groups (elderly, people with disabilities, immune compromised and poor in decision making • Ensure that public health emergency mitigation plans are a gender inclusive and account for the needs of different vulnerable groups. <p>Reference shall also be made to the WHO “A Strategic Framework for Emergency Preparedness”⁴ and 2019 Novel Coronavirus (2019-nCoV): STRATEGIC PREPAREDNESS AND RESPONSE PLAN⁵</p>
Design or redesign of health care facilities for rehabilitation works	Potential to ignore universal access for persons with a disability, Potential to ignore measures for energy and resource efficiency	<ul style="list-style-type: none"> • All physical infrastructure designs should consider universal access making sure that there is access for persons with a disability; • Design and rehabilitation works should incorporate measures for sustainable use of energy and water resources (e.g. consider solar wherever feasible and effective) • Material specifications for rehabilitation works should consider general environmental concerns.
Construction-related Activities		
Construction (including expansion, upgrading, and rehabilitation) of healthcare facilities	<ul style="list-style-type: none"> • Resource efficiency and material supply; • solid wastes and wastewater generated from construction activities, • pollution-related to noise, 	<ul style="list-style-type: none"> • Install bins for waste segregation • Collect, treat and dispose-off of waste at designated facilities, • Plan and carry out construction working hours to minimize noise, dust, emission and waste impact on nearby population

³ Environmentally sustainable procurements integrate the concern for social, economic, and environmental issues, and involves thinking broadly about objectives, considering long term as well as short term effects, assessing indirect as well as direct effects.

⁴ <https://apps.who.int/iris/bitstream/handle/10665/254883/9789241511827-eng.pdf?sequence=1>

⁵ <https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

Subcomponent Activity	Risks and Impacts	Mitigation Measures
Establishment/rehabilitation of laboratories	<ul style="list-style-type: none"> • dust, emission, and hazardous waste. • Occupational Health and Safety (OHS) related issues; • Possible impacts on patients and health care workers; • Community health and safety issues including pollution and road safety; • Disruption of community and local facilities/services • Influx of labor • Increased exposure for workers and community in the vicinity • The potential risk of SEA/SH due to increased workers for construction activities particularly in the rural areas • Possible use of child labor or forced labor • Discrimination at employment, non-payment of wages 	<ul style="list-style-type: none"> • Provide appropriate PPE to workers including earplugs during working hours • The PCU will ensure that all rehabilitation work done under the project will be carried out in compliance with a site-specific ESMPs prepared based on the template in in Annex 03. The PCU will also ensure that the site-specific ESMPs will be included in any works or supervision contracts entered into for a specific HCF. • Provide signage for safety at critical locations for warning and informing the community with images and text in local language • Consultation with the local community to identify issues and ways to minimize the disturbance of local facilities • Different communication approach and materials should be developed which is clear and designed to be easily understood, particularly by the vulnerable groups including people with disability. • Develop Labor and SEA/SH code of conduct and include in civil works contracts. Orientation to the labor force, contractor, and the project. • Laboratory testing will not be undertaken at the labs unless the appropriate capacity and infrastructure is in place • ESMPs will be prepared as it involves small scale civil works <p>Waste management facilities will be established and each HCF will prepare and implement an ICMWMP for the same.</p>
<p>Operation of healthcare facility and its quality; Assets, and management systems.</p> <p>Procedures implemented to manage infection control and waste management to reduce or avoid cross-infection</p>	<ul style="list-style-type: none"> • Delivery and storage of goods, including samples, pharmaceuticals, reagents, and other hazardous materials; • Waste processes that align with WHO guidance on Safe Management of Wastes from Healthcare Activities, including to: <ul style="list-style-type: none"> ○ Waste generation, minimization, reuse, and recycling; ○ Waste segregation at the point of care, packaging, collection, storage, and transport; ○ Suitability and capacity of onsite disinfection and waste handling equipment such as an autoclave. Onsite treatment facilities may 	<ul style="list-style-type: none"> • Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid, and general waste) following WBG EHS Guidelines for Healthcare Facilities • Assess the adequacy of the healthcare waste management system of the HCF material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment work and recommend proper measures as necessary • Describe applicable performance levels and/or standards and monitor the compliance of the existing management system. • Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the ICMWMP conducted weekly. • The PCU will audit any off-site waste disposal required monthly and institute any remedial measures required to ensure compliance; <p>For further detailed information refer to the “Infection Control and Medical Waste Management Plan</p>

Subcomponent Activity	Risks and Impacts	Mitigation Measures
	<p>include small-scale autoclaves and wastewater treatment works.</p> <ul style="list-style-type: none"> ○ Suitability and capacity of off-site disposal facilities, where healthcare wastes will be transported and disposed of off-site. • Increased risk for vulnerable groups such as children, people with disability in accessing health services, and related information • Possible discrimination against individuals of ethnic groups or religious groups. <p>Community health and safety issues due to improper handling and disposal of medical waste</p>	<p>(ICMWMP) Template” provided in Annex 05</p> <ul style="list-style-type: none"> • The project will take all measures to ensure proper disposal of medical waste that will be generated during the operation of health facilities to avoid community health and safety issues as per the provisions made in ESMP. Also, the project makes sure the implementation of WHO’s <u>Safe Management of Wastes from Health-care Facilities</u> and the government standard on <u>Hospital Waste Water</u>. • The project will take all necessary measures to ensure the safety of health workers as prescribed by <u>WHO</u> and several directives issued by the government such as <u>Pandemic Health Services and Use of PPE</u>. • The project as envisaged in the ESMF and ESMP will classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid, and non-hazardous) following WBG <u>EHS Guidelines for Healthcare Facilities</u> and pertaining GIIP • Strengthen the Grievance Redress Mechanism for the public to prevent social unrest and mismanagement • Leaders, Civil society, and community groups should be engaged early in the process to facilitate the process and dispel any misinformation.
Operation Phase		
Community engagement and risk communication	<ul style="list-style-type: none"> • Possible risk of exclusion of vulnerable groups from access to information due to language barrier, cultural barriers, literacy, remoteness, etc. • Social unrest, mistrust due to misinformation and misunderstanding 	<ul style="list-style-type: none"> • Mapping of different social groups including vulnerable groups and barriers and challenges. • Identify key media and other channels and influencers to reach the target groups/audience. • Develop culturally and socially relevant messaging and awareness-raising for people with disabilities, poor urban communities, children. • Information dissemination in local languages and in various formats through formal and informal channels. • Involve local social mobilizers/ leaders/community influencers who can speak the local language and understand the cultural practices of the vulnerable groups. • Consider providing information through individuals they trust and understand their concerns and language barriers. • Identify vulnerable group networks and mobilize to reach the remote, marginalized, and vulnerable populations who cannot read and do not have access to phone or TV, Radio. • Ensure that community engagement teams are gender-balanced.

Subcomponent Activity	Risks and Impacts	Mitigation Measures
		<ul style="list-style-type: none"> • Establishment of strong community and citizen engagement platforms taking into consideration the social networks available and operating within poor, disadvantaged, and vulnerable communities... • Establishment of emergency support hotline that is free and known to all, including vulnerable groups • Training modules developed takes into account gender and inclusive requirements. • Regular and proactive communication and engagement with the public to alleviate confusion and avoid misunderstanding. • Establish a regular feedback mechanism and capture common questions, misunderstandings through health hotlines, health care workers, and communities.
Decommissioning Phase		
Decommissioning of the demolished materials	<ul style="list-style-type: none"> • Construction-related solid wastes, wastewater, noise, dust & emission, hazardous materials waste, etc. • Occupational Health and Safety (OHS) related issues; • Community health and safety issues including pollution and road safety; Temporary Stockpiling of demolished materials;	<ul style="list-style-type: none"> • Suitability and capacity of off-site disposal facilities, where demolished wastes will be transported and disposed of off-site. The adequacy and compliance with transport and disposal regulations and licensing for the transport vehicles and the offsite disposal facilities should be assessed; • Appropriate mitigation measures shall be developed preparing site-specific ESMPs following WBG ESF ESS 2,3 and 4; Reference shall also be made to WHO medical device technical series “ <u>Decommissioning Medical Devices</u> ”
Refurbishment and repurposing works in health care facilities PROCUREMENT PHASE	Occupational health and safety risks	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 09 .
Refurbishment and repurposing works in health care facilities REHABILITATION PHASE	Occupational and health risks (working at height, welding and hot work, working with chemicals occupational exposure to infectious materials or radiation)	Measuring the level of ionising radiation before handling the old devices; OHS plan developed; Emergency plan developed;
Health and Safety issues concerning Goods and Services		
Purchase of PPE for healthcare staff and workers in health facilities, laboratories, waste disposal sites.	Potential for procuring sub-standard quality of PPE leads to the spread of infection to healthcare workers and cleaners. Potential for improper disposal	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

Subcomponent Activity	Risks and Impacts	Mitigation Measures
	of used PPEs	<p>product labeling;</p> <p>WHO interim guidance on the rational use of PPE provided further details on the types of PPE that are required for different functions and as per the specifications;</p> <p>Institute quality control measures for all PPEs that are procured;</p> <p>Workers must wear appropriate PPE when in active work areas;</p>
Hand hygiene stations	Increased risk of transmission of virus due to inadequate handwashing facilities	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.
Location, type, and scale of healthcare facilities and associated waste management facilities including waste transport routes	Occupational health and safety concerns to frontline healthcare workers and staff especially Dust and noise during rehabilitation/civil works	<p>The PCU will screen each HCF for potential environmental and social risks per World Bank Group EHS Guidelines</p> <p>Determination of any needed design changes in the facility or its operation such as ICUs, structural and equipment safety, universal access, nosocomial infection control, medical waste disposal, etc.;</p> <p>Identification of the scope of works expected (i.e. wards rehabilitated into ICUs, installation of box chambers, installation/augmentation of water supply and installation of sanitary stations, rehabilitation or installation of medical waste incinerators, etc.</p> <p>Incorporate universal access standards</p> <p>Determination of the utility capacity (power, water, heat, etc.) that are adequate for planned works;</p> <p>Identification of how such works might interfere with the normal operation of the HCF;</p> <p>Preparation of a site-specific ESMP based on the Generic ESMP presented and template for Planning & Designing Stage, Template for Construction Stage, Template for Operation Stage, and Template for Decommissioning Stage are presented in Annex 03 of this ESMF.</p> <p>Ensure representatives from vulnerable groups in the planning and decision-making process.</p> <p>Consideration of universal access in the design of the health care facilities for vulnerable groups particularly people with disability and elderly.</p> <p>Establish an effective Grievance Redress Mechanism for the public to prevent social unrest and mismanagement.</p> <p>Communication materials and approaches should be clear and designed to ensure that the vulnerable and marginalized groups such as people with disabilities easily understand. A communication strategy will be</p>

Subcomponent Activity	Risks and Impacts	Mitigation Measures
		guided by the WHO Risks Communication and Community Engagement (RCCE) Protocol, Serbia's National Health Communication Policy 2012, and the SEP prepared for the project.
Refurbishment and repurposing works in health care facilities REHABILITATION PHASE	Community health and safety risks for patients, visitors accompanying patients and medical staff performing health care while refurbishment and repurposing works are ongoing. Further risks are related to generation of waste, noise, dust, fires and other crisis events, increased traffic and road accidents (if there are unusual movement of transport of materials).	The areas under works will need to be safely secured to prevent inadvertent or intentional trespassing. Further risk management strategies must include communication of risks to the local community and active outreach relying on the Stakeholder Engagement Plan which is the key instrument in communicating risks, raising awareness and preventing occurrence of incidence.
PROJECT IMPLEMENTATION PHASE	Key labor risks are associated with office work (office-based activities) and small-scale civil works (retrofitting of existing COVID healthcare facilities), Refurbishment and repurposing works and installation of equipment.	LMP is developed to help avoid, mitigate and manage subject risks/. The LMP applies to all Project workers hired under the Project as defined by ESS2.
PROJECT IMPLEMENTATION PHASE	Protection of personal medical data	The SEP is prepared for the project, ensuring integration and applying the digital inclusion principle and adequately address any concerns the stakeholder may pose in relation to data privacy and security. ES screening and ESMP /checklist introduce measures to ensure medical data are collected, secured and shared in a (standardized) manner that is in line with the care duty of care providers and meets the legal requirement. Follow the template of the <i>Environmental and Social Management Plan (ESMP) included in Annex 03 ESMP Template 03 - Operational Stage.</i>
Component 5 - Contingency Emergency Response – CERC PROJECT IMPLEMENTATION PHASE	Event of an emergency	The Government's response capacity in the event of an emergency will be improved by preparation of CERC manual during the early project implementation phase. PCU will ensure procurement of consultancy service for preparation of CERC Manual.
Refurbishment and repurposing works in health care facilities REHABILITATION PHASE	Risks specific to labor and working conditions	The PCU will require the contractor to adhere to standards relating to: Labor management and working conditions as laid out in the 'Labor Management Procedure' prepared under the project, Labor issues to be incorporated in the ESMP, as mentioned above. Awareness about and access to Labor grievance

Subcomponent Activity	Risks and Impacts	Mitigation Measures
		mechanism that will among others, address grievances relating to GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH)
Stakeholder Engagement and Grievance Mechanism	Perceived or real exclusion from Project benefits	Continued engagement with stakeholders on construction-related activities to be undertaken. Effective and efficient Grievance Mechanism in place Provide stakeholders with timely, relevant, understandable, and accessible information on the digitalization of health service during program implementation and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
Improving Provider's Competence and Accountability	Data security and privacy concerns related data security and privacy. The digitization of health services involves the collection, storage, and sharing of sensitive personal health data. There is a risk of data breaches, unauthorized access, and potential misuse of health information.	Maintain records of the processing activities, appoint a data protection officer, notify data breaches to the data controller and abide by the rules of cross-border transfers of personal data The project will rely on the existing national framework related to Law on Patients' Rights and Personal Data Protection Act. In addition, ES screening and ESMP /checklist will contain measures to ensure medical data are collected, secured and shared in a (standardized) manner that is in line with the care duty of care providers and meets the legal requirement.
Improving Provider's Competence and Accountability	Digitalization is unlikely to lead to job losses however is accounted for as a potential but highly unlikely impact	Retrenchment plan will be required following national labor law and ESS2
Refurbishment and repurposing works in health care facilities REHABILITATION PHASE	Impacts on the health and safety of the surrounding communities (generation of waste, noise, dust, fires and other crisis events, increased traffic and road accidents)	Set of mitigation measures shall be specified in the ESMPs/ESMP checklists Follow the template of the Environmental and Social Management Plan (ESMP) included in Annex 03 ESMP Template 02 - Construction Stage

4.1 Planning and Design Phase Considerations for Avoidance of Environmental and Social Risks and Impacts

Key ESES issues that should be considered at the planning and design stage may include considering the following features of the subproject:

- Sub-projects ES screening and preparation of adequate ES instrument (ESMP or ESMP checklist)
 - Assessment of type and scale of healthcare facilities and facilities where waste will be disposed, including waste transport routes. The assessment should identify and examine the salient characteristics and carrying/disposal capacity of a targeted facility. The assessment should consider the waste processing and transportation arrangements, operational procedures and working practices, and the required capacity of the type of disposal facility needed for the volume of the wastes generated.
- Confirmation that no land acquisition is envisaged since civil work involved will be refurbishment and rehabilitation of healthcare facilities. No new infrastructure has been planned to be built either

on public or private property. Existing waste management facilities will be used for waste disposal and no additional waste management facilities/ dumpsite/ landfill will be required.

- The principles of digital inclusion have been applied
- The challenges posed are related to the security of data, data privacy and possible reduction in personnel during digitalization activities. Data sharing and access services in the field of radiology, laboratory results, immunization information, electronic consultations with medical specialists, and many others. Special attention should be paid to the ability of citizens to use electronic services in health care, to the promotion and support of the use of electronic services in the health care system, and to the improvement of the user experience when using the electronic services.

Procurement of goods and supplies

The Project will engage in the procurement of goods and supplies and the PCU will be responsible for ensuring that the required technical specifications are met as per and GIIP. This will involve:

- Measures to ensure that the disadvantaged and vulnerable groups have equal if not better access to these resources.
- Inclusion of the relevant specifications in Tender documents in order to ensure project compliance with the provisions of energy efficiency requirements for IT equipment, hardware and appliances and implementing the EU Directive on WEEE. Therefore, tender documents shall contain provisions to ensure purchasing of electronic equipment from producers that manage and finance the collection, reuse, recycling and appropriately treat WEEE.
- Inclusion of the relevant specification, process and procedures in the site-specific ESMP based on the generic ESMP presented in Annex 03.

Sub-project environmental and social screening

The PCU will screen each HCF for potential environmental and social risks per World Bank Group EHS Guidelines, and the screening form contained in Annex 02 will include:

- Determination of any needed design changes in the facility or its operation such as ICUs, structural and equipment safety, universal access, nosocomial infection control, medical waste disposal, life and fire safety (fire protection) etc.;
- Identification of the scope of works expected (i.e. wards rehabilitated into ICUs, installation of box chambers, installation/augmentation of water supply and installation of sanitary stations, rehabilitation or installation of medical waste incinerators, etc.
- Incorporate universal access standards
- Determination that utilities (power, water, heat, etc.) are adequate for planned works;
- Identification of how such works might interfere with normal operation of the HCF;
- Determination if works are eligible for financing - for example, activities excluded from financing under the project include those requiring the acquisition of land or works conducted in wards or areas where patients are being treated where asbestos insulation or pipe lagging was used in original construction (a list of excluded activities is found in Annex 01);
- Determination as to whether external or additional security personnel are needed;
- Preparation of a site-specific ESMP based on the Generic ESMP presented in Annex 03.

Medical waste management and disposal

The PCU will screen each HCF's medical waste management and disposal practices to determine if they are in keeping with the World Bank Group's EHS Guidelines. The screening will include:

- Identification of current methods of medical waste management and disposal at the HCF;
- Identification of any on-site facilities for disposal of medical waste
- Identification of any off-site disposal of medical waste, including how material is gathered and stored, routes taken to the disposal facility, and disposal procedures;
- Review of training procedures for healthcare workers and other relevant HCF employees for medical waste management and disposal;
- Preparation of an ICMWMP, based on the Generic ICMWMP contained in Annex 05, for the HCF.

4.2 Implementation phase

The PCU will ensure that all rehabilitation work done at the HCFs under the project will be carried out in compliance with a site-specific ESMP based on the template in Annex 03 of this ESMF. The PCU will develop site specific ESMPs through the ES consultants hired for the project before the approval of each subprojects. The site-specific ESMPs will include:

- Environmental risks and impacts associated with resource efficiency and material supply; construction related solid wastes, wastewater, noise, dust and emission management; hazardous materials management including construction waste and asbestos containing materials (ACM) generated from rehabilitation or minor civil works;
- Occupational Health and Safety (OHS) issues;
- Community health and safety issues;
- Social issues, including in relation to labor influx, Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks, gender or disability
- Labor and working conditions. Arrangements for employment and accommodation of workers to be engaged in project activities, and issues relating to working, particularly if these are impacted by emergency legislation

The ESMP will form part of the Contract and the ESMF will be part of the bidding document. The key suggestions are given below:

Construction work at existing HCFs

The PCU will ensure that all rehabilitation work done under the project will be carried out in compliance with a site-specific ESMP prepared based on the Template ESMP presented in Annex 03 of this ESMF. The PCU will also ensure that the site-specific ESMP will be included in any works or supervision contracts entered into for a specific HCF. The site-specific ESMP will include:

- Environmental risks and issues such as resource efficiency and material supply;
- Construction related solid wastes, wastewater, noise, dust and emission management;
- Hazardous materials management;
- Occupational Health and Safety (OHS) issues;
- Community Health and Safety
- Labor influx, GBV/SEA risks, gender issue; and
- Labor and working conditions.

Issues specific to labor and working conditions

Issues specific to labor and working conditions. The PCU will require the contractor to adhere to standards relating to:

- Labor management and working conditions as laid out in the ‘Labor Management Procedure’ prepared under the project

- Labor issues to be incorporated in the ESMP, as mentioned above.
- Arrangements for employment and accommodation of workers to be engaged in project activities, and issues relating to working conditions

Stakeholder Engagement and Grievance Mechanism.

- Continued engagement with stakeholders on construction-related activities to be undertaken
- Information dissemination/awareness in the communities in the vicinity of the HCFs, including measures taken to ensure community health and safety, prevent the spread of infection, and contingency plan in case of an outbreak
- Awareness about and access to grievance redress mechanism that will among others, address grievances relating to labor influx as well as those relating GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Provide stakeholders with timely, relevant, understandable, and accessible information on the digitalization of health service during program implementation and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
-

4.3 Operation phase

Medical waste management and disposal.

The PCU and HCFs will ensure the following:

- Each HCF is operated in accordance with the Rulebook on Medical Waste Management (Official Gazette of the RS No 48/2019) and ICMWMP prepared for the project;
- Waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the ICMWMP
- Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the ICMWMP conducted on a weekly basis;
- The PCU will audit any off-site waste disposal required on a monthly basis and institute any remedial measures required to ensure compliance; and
- Waste generation, minimization, reuse and recycling

Stakeholder Engagement and Grievance Mechanism

- Continued engagement with stakeholders on the operation of HCF and other project related activities as per the SEP
- Continue with behavioral changes
- Continue work on the digital inclusion agenda
- Awareness about and access to grievance redress mechanism that will among others, address grievances relating to labor influx as well as those relating GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH)

5. Procedures and Implementation Arrangements

5.1 Environmental and Social Risk Management Procedures

The environmental and social risk management procedures will be implemented through the Project's subproject selection process. In summary, the procedures aim to do the following:

Table 4. Project Cycle and ES Management Procedures

Project Stage	ES Stage	ES Management Procedures
a. Assessment and Analysis: Subproject identification	Screening	<ul style="list-style-type: none"> - During subproject identification, ensure subproject eligibility by referring to the <i>Exclusion List in Annex 01</i>. - For all activities, use the <i>Screening Form in Annex 02</i> to identify and assess potential environmental and social risks and impacts, and identify the appropriate mitigation measures for the subproject. - Identify the documentation, permits, and clearances required under the government's Environmental Regulation.
b. Formulation and Planning: Planning for subproject activities, including human and budgetary resources and monitoring measures	Planning	<ul style="list-style-type: none"> - Based on <i>Screening Form</i> adopt and/or prepare relevant environmental and social procedures and plans. - For activities requiring Environmental and Social instruments, adequate ES instruments will be prepared and categorized for similar activities or grouped by activities (e.g. procurement and installation of equipment, small scale refurbishment works, construction works etc.). Only the first ES instrument from each category of subproject (unless otherwise agreed with the World Bank) will be submitted to the World Bank for prior review and no objection prior to initiating bidding processes (for subprojects involving bidding processes) and/or launching activities (for subproject activities not subject to bidding). - Ensure that the contents of the ESMPs are shared with relevant stakeholders in an accessible manner and consultations are held with the affected communities in accordance with the SEP. - Complete all documentation, permits, and clearances required under the government's Environmental Regulation. - Train staff responsible for implementation and monitoring of plans. - Incorporate relevant environmental and social procedures and plans into contractor bidding documents; train contractors on relevant procedures and plans.
c. Implementation and Monitoring: Implementation support and continuous monitoring for projects	Implementation	<ul style="list-style-type: none"> - Ensure implementation of plans through site visits, regular reporting from the field, and other planned monitoring. - Track grievances/beneficiary feedback. - Continue awareness raising and/or training for relevant staff, volunteers, contractors, communities.
d. Review and Evaluation: Qualitative, quantitative, and/or participatory data collection on a sample basis	Completion	<ul style="list-style-type: none"> - Assess whether plans have been effectively implemented. - Ensure that physical sites are properly restored.

More detail for each stage is provided below.

Subproject Assessment and Analysis – ES Screening

As a first step, all proposed activities should be screened to ensure that they are within the boundaries of the Project's eligible activities, and they are not considered as activities listed on the ES Exclusion List in *Annex 01*.

As a second step, the Project Coordination Unit (PCU) within the Ministry of Health will use the *ES Screening Form in Annex 02* to identify and assess relevant environmental and social risks specific to the activities, and identify the appropriate mitigation measures. The *Screening Form* lists the various mitigation measures and plans that may be relevant for the specific activities (such as the Environmental and Social Codes of Practice, the Environmental and Social Management Plan, the Labor Management Procedures, Chance Find Procedures, etc.)

The process of screening of ES risks and impacts begins at the subproject planning stage to allow early identification of potential impacts and mitigation measures. The screening process will:

- Screen the eligibility of the activities
- 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.

The PCU will also identify the documentation, permits, and clearances required under the government's Environmental Regulation.

Subproject Formulation and Planning – ES Planning

Upon screening, proposed activities will be categorized based on the scope of risks and the sensitivity of the receptive environment as below. The screening will also determine the extent of assessment and management plans to be developed. Based on the process above and the Screening Form, the PCU will adopt the necessary environmental and social management measures already included in the Annexes of this ESMF (ESCP, LMP and SEP) or develop relevant site-specific environmental and social management plans (ESMP, ESMPCl).

- HIGH RISK sub-projects will not be included in the project.
- SUBSTANTIAL RISK sub-projects will not be included in the project.
- MODERATE RISK sub-projects are eligible for financing and may require the preparation of ESMPs or ESMPCls. Support measures to address the issues related to vulnerable groups will be integrated into the ESMPs. ESMPs will be included as an integral part of any works or supervision contract for the activity.. (See Annex 05 for the templates on ICMWMP and Annex 03 ESMP). The management plans (final draft version) will be submitted to the World Bank for review and/ clearance. ES risk as well as the level of assessments required will be agreed with the World Bank. Finally, for moderate risk sub-projects Each healthcare facility will prepare and ICMWMP based on form given in Annex 05 of this ESMF.
- LOW RISK activities will not require assessment beyond screening. The screening report will recommend mitigation measures for minor issues/impacts identified by the screening exercise.

The PCU and individual HCFs will ensure that all subprojects/activities with civil works will prepare necessary ES instruments (ESMP and ICMWMP) that will describe and prioritize mitigation measures, corrective actions and monitoring measures necessary to manage the impacts and risks identified in the screening assessments.

Preparation of ESMPs and ESMPCls

If site-specific ESMPs/ESMPCLs are necessary, the PCU will prepare these ESMPs based on the template found in the Annex 03 or ESMPCL based on the template found in Annex 04, and other applicable documents as needed. The PCU will provide approval and compile ESMPs and other applicable forms. The contents of the ESMPs will be shared with relevant stakeholders in an accessible manner, and consultations will be held with the affected communities on the environmental and social risks and mitigation measures. If certain subprojects or contracts are being initiated at the same time or within a certain location, an overall ESMP covering multiple subprojects or contracts can be prepared. The Environmental and Social instruments will be prepared categorized for similar activities or grouped by activities e.g. procurement and installation of equipment, small scale refurbishment works, construction works etc. Only the first ES instrument from each category of subproject (unless otherwise agreed with the World Bank) will be submitted to the World Bank for prior review and no objection.

The PCU will also complete the documentation, permits and clearances required under the government's Environmental Regulation before any project activities begin.

At this stage, staff who will be working on the various subproject activities should be trained in the environmental and social management plans relevant to the activities they work on. The PCU should provide such training to field staff.

Contractor Management:

The PCU should also ensure that all selected contractors, subcontractors, and vendors understand and incorporate environmental and social mitigation measures relevant to them as standard operating procedures for civil works. The PCU should provide training to selected contractors to ensure that they understand and incorporate environmental and social mitigation measures; and plan for cascading training to be delivered by contractors to subcontractors and vendors.

Technical Assistance

The PCU will ensure that the consultancies, studies (including feasibility studies, if applicable), capacity building, training, and any other technical assistance activities under the Project are carried out in accordance with terms of reference acceptable to the World Bank, that are consistent with the ESSs. Thereafter ensure that the outputs of such activities comply with the terms of reference.

Implementation and Monitoring – ES Implementation

The PCU as well as the individual HCF will be responsible for the implementation of the instruments. For ESMPs, this responsibility will be shared with contractors and supervising consultants when applicable. The PCU will also provide implementation support and supervision.

The responsible parties in the implementing agency working to implement the project will ensure that monitoring practices include the environmental and social risks identified in the ESMF and will monitor the implementation of ES risk management mitigation plans as part of regular project monitoring.

Supervision of final ESMPs and implementation of ICHCWMPs for subprojects, along with other aspects of the project, will cover monitoring, evaluative review and reporting in order to achieve, among others, the following objectives:

- Determine whether the project is being carried out in conformity with environmental and social and legal agreements
- Identify issues as they arise during implementation and recommend means to resolve in time
- Recommend changes to the proposed concept and the project design, as appropriate, as the project evolves, or circumstances change; and identify the key risks to project sustainability and recommend appropriate risk management strategies.

An appropriate environmental and social supervision plan will be developed aiming to ensure the successful implementation of an ESMF across the project and will be shared with the World Bank. The

environment and social team based in the PCU will be responsible for overall monitoring of the ESMF implementation up to the project closure and transfer for management to the designated authority.

A proposed template for Environmental and Social Compliance Monitoring Checklist for Project Activities is presented in Annex 10. In addition, the Special Monitoring Checklist for Ensuring Safe Conditions for Workers and Public, should be attached to the main monitoring update presented in Annex 10. For all project ESMPs in implementation Annex 10 must be combined and maintained through intervention commencement in the field to implementation completion. Compliance monitoring reports will be submitted to the World Bank on a semi-annual basis from the commencement of the contract.

Regular World Bank missions will include specialists to monitor the project's compliance with World Bank safeguard policies. The progress of environmental monitoring will be formally communicated to World Bank through regular progress reports and updates as per the compliance monitoring agreement made during project implementation.

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

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

Semi-Annual Reports. the PCU will submit an overall report of project implementation to the Bank every 6 months the project is active. . These reports will include statistics on national project implementation; a summary of grievances received and their resolution, a summary of activities for each individual HCF, and copies of screenings and individual HCF instruments prepared during the subject 6 month period.

At a minimum, the reporting will include (i) the overall implementation of ES risk management instruments and measures, (ii) any environmental or social issues arising as a result of project activities and how these issues will be remedied or mitigated, including timelines, (iii) Occupational Health and Safety performance (including incidents and accidents), (iv) community health and safety, (v) stakeholder engagement updates, in line with the SEP, (vi) public notification and communications, (vii) progress on the implementation and completion of project works, and (viii) summary of grievances/beneficiary feedback received, actions taken, and complaints closed out, in line with the SEP. Reports from the local levels will be submitted to the PCU at the national level, where they will be aggregated and submitted to the World Bank on a biannual basis.

Throughout the Project implementation stage, the PCU will continue to provide training and awareness raising to relevant stakeholders, such as staff, selected contractors, and communities, to support the implementation of the environmental and social risk management mitigation measures. An initial list of training needs is proposed below, in Section 6.3.

The PCU will also track grievances/beneficiary feedback (in line with the SEP) during project implementation to use as a monitoring tool for implementation of project activities and environmental and social mitigation measures.

If the Project will utilize an external monitoring mechanism, such as a third-party consultant, monitoring arrangement, responsibility, and frequency will be clearly outlined .

Last, if the PCU becomes aware of a serious incident in connection with the project, which may have significant adverse effects on the environment, the affected communities, the public, or workers, it should

notify the World Bank within 48 hours of becoming aware of such incident. A fatality is automatically classified as a serious incident, as are incidents of forced or child labor, abuses of community members by project workers (including gender-based violence incidents), violent community protests, or kidnappings.

Review and Evaluation – ES Completion

Upon completion of Project activities, the PCU will review and evaluate progress and completion of project activities and all required environmental and social mitigation measures. Especially for civil works, the PCU will monitor activities with regard to site restoration and landscaping in the affected areas to ensure that the activities are done to an appropriate and acceptable standard before closing the contracts, in accordance with measures identified in the ESMPs and other plans. The sites must be restored to at least the same condition and standard that existed prior to commencement of works. Any pending issues must be resolved before a subproject is considered fully completed. The PCU will prepare the completion report describing the final status of compliance with the ES risk management measures and submit it to the World Bank.

5.2 Contingency Emergency Response Component

The Contingency Emergency Response Components (CERC) Manual to be prepared for the Project will include a description of the environmental and social risk assessment and management arrangements if the CERC component becomes activated. This may include a CERC ESMF or an Addendum to this ESMF based on the subproject activities that will be funded under the CERC component. If such additional documentation or revision to documentation is needed, the PCU will prepare, consult, adopt, and disclose these in accordance with the CERC Manual, and implement the measures and actions necessary.

5.3 Implementation Arrangements

The project will be implemented by the MOH as the key implementing agency, with support from the existing PCU of the Second Serbia Health Project - SSHP (P129539). The project will be implemented over a period of five years. The MOH, which has the overarching responsibility for Serbia's health sector and related policy oversight, will have fiduciary responsibility for the project through its PCU and will ensure the technical implementation of all components. The Health Insurance Fund (HIF) and the national and regional Institutes of Public Health will contribute to planning, executing, and monitoring activities that are in their scope of work. The HIF will support in the planning and monitoring of centralized procurement of goods and supplies for the Project in terms of preparation of technical specifications for procurement of tests, personal protective equipment for medical staff and other sanitation and medical supplies. The national and regional public health institutes will support in the health promotion, disease prevention and environmental protection activities of the Project, including guidance to health care institutions on how to implement such activities. The PCU that is already established for the implementation of the SSHP includes core staff who are responsible for administrative and fiduciary management, as well as several technical staff who will coordinate activities under the Serbia Emergency COVID-19 Response Project. Additional technical staff will be hired to assist with project activities related to the project as needed. All procurement under the project will be undertaken by the PCU/MOH.

PCU will coordinate and oversight overall activities related to environmental and social activities envisaged by the ESMF until the project closure and transfer for management to the designated authority. The PCU will be responsible for the implementation of ESCP, ESMF, IHCWMP, ESMPs, ESMPCLS, LMP, and SEP of the project. PCU in coordination with other relevant Divisions will be responsible for due diligence, screening of activities, and monitoring.

The project will require clear and strong implementation oversight, regular consultation among key stakeholders, and decision-making mechanisms to prevent and address bottlenecks.

A Project Coordination Unit (PCU) in the MOH will be headed by a Project Director (PD).

PCU will recruit an Environmental and a Social Specialist in the PCU, who will be responsible for:

- Screening of subprojects (Form at Annex 02) for ES issues, disclosure, review and clearance of subprojects to monitoring the implementation of the ESMP.
- Preparation and consultation for required ES instruments
- Addressing ES risks and impacts including monitoring of the implementation of all ES instruments, community health and safety measures, the functioning of the grievance redress mechanism (GRM) etc.
- Assist to HCF during preparation of their own ICMWMP (Template at Annex 05)

In the Operation stage, the PCU will ensure the following aspects are followed in the HCFs:

- The management involves all relevant departments in a healthcare facility, and build an intra-departmental team to manage, coordinate and regularly review the issues and performance;
- Establish an information management system to track and record the waste streams in HCF; and
- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

Local contractors will be required to comply with the Project's ES risk management plans and procedures, including the ESMP, ESCOPs, LMP, and local legislation. This provision will be specified in the contractor's agreements. Contractors will be expected to disseminate and create awareness within their workforce of environmental and social ES risk management compliance for their effective implementation.

6. Stakeholder Engagement, Disclosure, and Consultations

A separate Stakeholder Engagement Plan (SEP) has been prepared for the Project, based on the World Bank's Environmental and Social Standard 10 on Stakeholder Engagement. The SEP can be found here: <https://www.zdravlje.gov.rs/tekst/352907/projekat-u-pripremi-prevencija-i-kontrola-nezaraznih-bolesti-u-srbiji.php>

This ESMF, Labour Management Procedures (LMP) as well as the SEP and the Environmental and Social Commitment Plan (ESCP) that have been prepared for this project, have been disclosed as draft for stakeholder consultations on the following website <https://www.zdravlje.gov.rs/tekst/352907/projekat-u-pripremi-prevencija-i-kontrola-nezaraznih-bolesti-u-srbiji.php> . Key feedback on the disclosed ESMF is listed within the Annex 11 – Report on public consultations.

In order to meet best practice approaches, the project has adopted the following principles for stakeholder engagement: awareness raising and behavioral change, openness and life-cycle approach: Informed participation and feedback, citizen engagement, Inclusiveness and sensitivity and Digital inclusion: To ensure equitable access the Project will assess and strengthen the following interdependent pillars of digital inclusion— access, skills, motivation, and trust.

The Project will be implemented nationwide while A separate Grievance Mechanism (GM) will be established at the central project level and its administration will be the responsibility of PCU. Given the nationwide scope the GM comprises aa Central Feedback Desk (CFD) established and administered by the PCU and specific Local Grievance Admission Desks (LGAD) (collectively referred to as Grievance Mechanism (GM)) established by health care facilities and institutions directly involved in implementation of activities under the Project But administered by the PCU. The CFD shall be responsible for overall grievance administration including resolution while LGAD shall serve as local admission points for uptake of grievances and acknowledgment of grievance receipt through local avenues. All grievances, concerns and queries should be sent to the following address:

Ministry of Health
Noncommunicable Disease Project
Project Coordination Unit
- Grievance Mechanism-
- E-mail TBD
- Main Contact TBD
Dom zdravlja „Savski venac“
1 Pasterova Street
11000 Belgrade

The ESMF and other ESF instruments are disclosed in Serbian and English on the MoH website <https://www.zdravlje.gov.rs/tekst/352907/projekat-u-pripremi-prevencija-i-kontrola-nezaraznih-bolesti-u-srbiji.php> .

7. Labor Management Procedures

In response to the requirements for the Project to comply with the ESF, The Ministry of Health of the Republic of Serbia (MoH) has adopted stand alone Labor Management Procedures (LMP), laying out the approach to meeting the objectives of ESS 2: Labor and Working Conditions (ESS2) on the Project.

Key aspects of the LMP will be integrated into bidding documents and contractual obligations of contractors, suppliers, and sub-contractors. It is the commitment of MoH to ensure the requirements are enforced and performance monitored.

LMP instrument identifies categories of workers who are expected to be hired/engaged under the Project, sets out the terms and conditions for employment or engagement of workers on the Project, specifies the requirements and standards to be met and the policies and procedures to be followed, assesses risks and proposes the mechanisms for compliance measures implementation. The LMP is developed to help avoid, mitigate, and manage risks and impacts in relation to project workers and set out the way in which project workers will be managed, in accordance with the requirements of the national law supplemented by measures to close any gaps in meeting the requirements of ESS2.

The LMP is organized around 13 chapters. Chapter 1 serves as an introduction and provides background on the origin of the procedures. Chapter 2 defines the scope of application of the LMP. An overview of labor used in the project is presented in Chapter 3. Key potential labor risks are listed in Chapter 4. The national labor regulatory framework governing employment relationships in Serbia is discussed in Chapter 5. Occupational health and safety in-country legal requirements are dealt with in Chapter 6. Working conditions, management of employee relationships, and protection of the workforce are addressed in Chapters 7,8, 9, and 10, the grievance mechanism in Chapter 11, and third parties' management and primary supply workers in the last two chapters.

ANNEX 01: EXCLUSION LIST OF PROJECT / ACTIVITIES

IFC does not finance the following projects:

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.

Production or trade in alcoholic beverages (excluding beer and wine).

Production or trade in tobacco.¹

Gambling, casinos and equivalent enterprises.

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 of weapons, including but not limited to mines, guns, ammunition, and explosives

Support of production of any hazardous good, including alcohol, tobacco, and controlled substances

Any construction in protected areas or priority areas for biodiversity conservation, as defined in national law

Activities that have the potential to cause any significant loss or degradation of critical natural habitats, whether directly or indirectly, or which would lead to adverse impacts on natural habitats

Activities that involve extensive harvest and sale/trade of forest resources (post, timber, bamboo, charcoal, wildlife, etc.) for large-scale commercial purposes

Activities involving changing forestland into agricultural land or logging activities in primary forest

Purchase or use of banned/restricted pesticides, insecticides, herbicides, and other dangerous chemicals (banned under national law and World Health Organization (WHO) category 1A and 1B pesticides)

Construction of any new dams or rehabilitation of existing dams including structural and or operational changes; or irrigation or water supply subprojects that will depend on the storage and operation of an existing dam, or a dam under construction for the supply of water

Activities that involve the use of international waterways

Any activity affecting physical cultural heritage such as graves, temples, churches, historical relics, archeological sites, or other cultural structures

Activities that may cause or lead to forced labor or child abuse, child labor exploitation or human trafficking, or subprojects that employ or engage children, over the minimum age of 14 and under the age of 18, in connection with the project in a manner that is likely to be hazardous or interfere with the child's education or be harmful to the child's health or physical, mental, spiritual, moral, or social development

Any activity on land that has disputed ownership or tenure rights

Any activity that will cause physical relocation of households or will require the use of eminent domain

Any activity with significant environmental and social risks and impacts that require an Environmental and Social Impact Assessment (ESIA) Study

Any activity that will require Free, Prior and Informed Consent (FPIC) as defined in ESS7.

A reasonableness test will be applied when the activities of the project company would have a significant development impact but circumstances of the country require adjustment to the Exclusion List.

All financial intermediaries (FIs), except those engaged in activities specified below*, must apply the following exclusions, in addition to IFC's Exclusion List:

Production or activities involving harmful or exploitative forms of forced labor/harmful child labor.

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.

* When investing in microfinance activities, FIs will apply the following items in addition to the IFC Exclusion List:

Production or activities involving harmful or exploitative forms of forced labor²/harmful child labor.

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.

* Trade finance projects, given the nature of the transactions, FIs will apply the following items in addition to the IFC Exclusion List.

ANNEX 02: SCREENING FORM FOR POTENTIAL ENVIRONMENTAL AND SOCIAL ISSUES

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

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

Project	Serbia Noncommunicable Diseases Prevention and Control Project The objective of the project is to contribute to improving health system effectiveness in addressing noncommunicable diseases in Serbia
Subproject/activity title	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	
Brief description of the sub/project or/ project activity	

Questions	Answer		ESS relevance	Comments	Due diligence / Actions
	Yes	No			
ES					
Does the subproject involve civil works including small refurbishment, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?			ESS1		ESMP, ESMPC, SEP
Does the subproject require preparation of ESIA Study			ESS1		If YES - exclude from financing
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1		ESMP, ESMPC, SEP
Does the subproject have appropriated OHS procedures in place, and an adequate supply of PPE (where necessary)?			ESS4		ESMP, ESMPC
ENVIRONMENTAL					
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3		ESMP, ESMPC, SEP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?			ESS3		
SOCIAL					
Does the subproject involve land acquisition and/or restrictions on land use?			ESS5		If YES - exclude from financing
Could the subproject activities impact biodiversity and habitats?			ESS6		ESIA, ESMP

Questions	Answer		ESS relevance	Comments	Due diligence / Actions
	Yes	No			
Are the activities of subprojects likely to have risks or impacts on cultural heritage (both tangible and intangible)?			ESS8		ESIA, ESMP
Does the subproject involve relocation of encroachers or squatters?			ESS5		If YES - Exclude from financing
Does the subproject involve acquisition of assets for quarantine, isolation or medical treatment purposes?			ESS5		If YES - Exclude from financing
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			ESS2		HORMP, SEP
Are there any potential risks related to labor conditions or human rights violations including those related to job displacement due to service digitalization?			ESS2		LMP/ESMP
Does the subproject have a GRM in place, to which all workers have access,?			ESS2		LMP/ESMP
Are there any concerns and grievances related to labor conditions?			ESS2		LMP, ESMP
Does the subproject involve use of security or military personnel during civil works and/or operation of healthcare facilities and related activities?			ESS4		If YES - exclude from financing
Does the project area present considerable and Sexual Exploitation and Abuse (SEA) / Sexual Harassment (SH) risk?			ESS1		ESMP, ESMPCCL, SEP
Has there been any consultation or engagement with local communities, NGOs, or other relevant stakeholders?			ESS10		SEP
Are there any concerns or grievances raised by stakeholders or community regarding the project/subproject?			ESS10		SEP ESMP
Does the (sub)project have the potential to impact vulnerable people or their rights			ESS1 ESS10		SEP ESMP, ESMPCCL
Does the (sub) project have the potential to lead to job loss?			ESS2 ESS1 ESS10		SEP LMP
Does the (sub) project have the potential to cause social conflicts or community unrest due to inadequate information sharing about the project or data security issues?			ESS ESS4 and ESS 10		SEP, ESMP

Conclusions:

1. **Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.**
2. **Exclusion of Substantial and High Risk Projects**
3. **Proposed ES Management Plans/ Instruments (ESMP or ESMPCCL)**

ANNEX 03: TEMPLATES / SAMPLES FOR ESMP PREPARATION

Introduction

The Borrower will ensure that site specific Environmental and Social Management Plans (ESMP) are developed by the PCU, setting out how the environmental and social risks and impacts will be managed through the project lifecycle. This ESMP template includes several matrices identifying key risks and setting out suggested ES mitigation measures. The Borrower can use the matrices to assist in identifying risks and possible mitigations.

The ESMP should also include other key elements relevant to delivery of the project, such as institutional arrangements, plans for capacity building and training plan, and background information. The Borrower may incorporate relevant sections of the ESMF into the ESMP, with necessary updates.

The matrices illustrate the importance of considering lifecycle management of ES risks, including during the different phases of the project identified in the ESMF: planning and design, refurbishing/rehabilitation, operations and decommissioning.

The WBG EHS Guidelines, WHO technical guidance documents and other GIIPs set out in detail many mitigation measures and good practices, and can be used by the Borrower to develop the ESMP. Proper stakeholder engagement should be conducted in determining the mitigation measures, including close involvement of medical and healthcare waste management professionals.

The Infection Control and Medical Waste Management Plan forms part of the ESMP. The ESMP should identify other specific ES management tools/instruments, such as Human and Occupational Resource Management Procedure (HORMP), and/or Medical Waste Management Plan etc.

Environmental and Social Management Plan (ESMP)

An Environmental and Social Management Plan (ESMP) outlines the mitigation, monitoring and institutional strengthening measures to be taken during project implementation and project operation phases to avoid or eliminate negative environmental/social impacts. For projects of intermediate environmental risk (Substantial and Moderate Risk) an ESMP may be an effective way of summarizing the activities needed to achieve effective mitigation of negative environmental/social impacts.

The format in this annex provides a model for development such an ESMP. The model divides the project cycle into two phases: construction, and operation. For each phase, the preparation team identifies any significant environmental and social impacts that are anticipated based on the analysis done in the context of conducting an environmental and social review or preparing an environmental assessment, including social aspects (if required). For each impact, mitigation measures are identified and listed. Estimates are made of the cost of mitigation actions broken down by estimates for implementation (investment cost) and operation (recurrent cost). The ESMP format also provides for the identification of institutional responsibilities for implementation and operation of mitigation devices and methods.

To keep track of the requirements, responsibilities and costs for monitoring the implementation of environmental/social mitigation identified in the analysis included in an environmental review or assessment for Substantial and Moderate Risk projects, a monitoring plan may be useful. A format is provided in this annex. Like the ESMP, the project cycle is broken down into two phases (construction and operation). The format also includes a row for baseline information that is needed to achieve reliable and credible monitoring. The key elements of the matrix are:

- What is being monitored?
- Where is monitoring done?
- How is the parameter to be monitored to ensure meaningful comparisons?
- When or how frequently is monitoring necessary or most effective?
- Why is the parameter being monitored (what does it tell us about environmental impact)?

In addition to these questions, it is useful to identify the costs associated with monitoring (both investment and recurrent) and the institutional responsibilities. When a monitoring plan is developed and put in place in the context of project implementation, PCU will request reports from the local implementation actors (supervising engineers, contractors etc.) at appropriate intervals, and include the findings in its periodic reporting to the World Bank; in addition, PCU will make the findings available to Bank staff in the course of implementation support missions.

Templates for ESMP/ESMPCL preparation are presented in following tables. However, final version of the ESMP shall be highly site specific, tailored to each subproject which requires ESMP/ESMCL preparation, taking into account local characteristics and site specific project environment.

ESMP Template 01 - Planning and Designing Stage

Concrete Project Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsible Entity	Timeline	Budget
Planning and Designing Stage					
Conducting a comprehensive assessment of the existing health facility and its infrastructure to identify areas that require renovation and define the scale and type of renovation works	Inadequate involvement of all stakeholders in planning the needs for health infrastructure renovation	Developing a project plan, setting timelines, assigning responsibilities, and overseeing the implementation of the renovation. This includes coordinating with contractors, technology vendors, and other stakeholders involved in the project.	MOH - PCU		
Identify the needs for ancillary works and associated facilities, such as access roads, construction materials, supplies of water and power, sewage system	<ul style="list-style-type: none"> • Increased vehicle traffic on access roads can result in noise and air pollution, impacting nearby communities. • Improper handling and disposal of construction materials can lead to the generation of waste and pollution. • Construction works typically require energy for powering machinery, equipment, and site facilities, contributing to increased energy demand. • Inadequate or poorly maintained sanitation facilities can pose health risks to workers and nearby communities. • There will be no associated facilities 	<ul style="list-style-type: none"> • Traffic Management Plans including speed control measures • Water and wastewater management plans including treating wastewater through the use of appropriate sewage systems and treatment facilities. • Engaging with local communities, following relevant regulations, and designing complaints mechanism or other appropriate tools to address community concerns and promote positive social outcomes. 	MOH – PCU		
Identify the needs for acquisition of land and assets (e.g. acquiring	A low-capacity assessor who may not have the	Seeking external expertise or consulting with specialized organizations to do professional assessment	MOH - PCU		

Concrete Project Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsible Entity	Timeline	Budget
Planning and Designing Stage					
existing assets such as a hostel, stadium to hold potential patients)	<p>necessary expertise or resources to conduct a comprehensive assessment of the needs for land and asset acquisition.</p> <p>A low-capacity assessor may face challenges in engaging stakeholders meaningfully, resulting in limited input and a narrower perspective on the needs. When stakeholders perceive low capacity in assessing resettlement needs for a project, it can contribute to project resistance and concerns.</p>				
Identify onsite and offsite waste management facilities, and waste transportation routes and service providers	Inadequate facilities, expertise and processes for the treatment of waste	<ul style="list-style-type: none"> • Formation of Health care waste management committee in the health care facilities • Estimate potential waste streams • Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through small refurbishment, expansion, etc. • Specify that the design of the facility considers the collection, segregation, transport, and treatment of the anticipated volumes and types of healthcare wastes • Require that receptacles for waste should be sized appropriately for the waste volumes generated and color-coded and labeled according to the types of waste to be segregated. • Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas following WHO 	HCF		

Concrete Project Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsible Entity	Timeline	Budget
Planning and Designing Stage					
		guidance. Design training for staff in the segregation of wastes at the source of generation.			
Identify needs for transboundary movement of samples, specimen, reagent, and other hazardous materials	N/A Not relevant for the Project.	N/A Not relevant for the Project.	MOH - PCU		
Stakeholder engagement	Inadequate information sharing and engagement in preparation stage and impact on stakeholders/public misinterpretation with risk of public unrest	<ul style="list-style-type: none"> - Apply SEP to all subproject activities: <ol style="list-style-type: none"> 1. disclose information in understandable accessible and appropriate manner 2. Timely and regularly engage with all stakeholders 	MOH PCU		
Identify needs for using security personnel during refurbishment and/or operation of HCF	Conflict with communities, workers in HCF	<p>Prepare Security engagement plan</p> <p>Conduct appropriate background checks on any personnel retained to provide security; (ii) train the security personnel adequately (or determine that they are properly trained) in the use of force (and where applicable, firearms), and appropriate conduct towards Contractor's Personnel, Employer's Personnel and affected communities; and (iii) require the security personnel to act within the applicable Laws .</p> <p>Use of force by security personnel in providing security is not allowed except when used for preventive and defensive purposes in proportion to the nature and extent of the threat.</p>	MOH - PCU		
HCF design – general	<ul style="list-style-type: none"> • Structural safety risk; • Functional layout and engineering control for nosocomial infection • adverse effects of works on indoor air quality • disturb of asbestos 	<ul style="list-style-type: none"> • Ensuring compliance with relevant regulations, standards, and guidelines related to HCF design. • Collaborating with architects and designers to create a detailed architectural plan that incorporates the renovation requirements and accommodates the integration of digital infrastructure seamlessly. • Design to propose dust control measures (e.g., wetting 	MOH – PCU HCF		

Concrete Project Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsible Entity	Timeline	Budget
Planning and Designing Stage					
	materials, leading to health risks.	surfaces, using barriers), proper ventilation, and minimizing the use of VOC-containing materials. Surveys and inspections before refurbishment to identify and safely remove or manage any asbestos or hazardous materials present.			
HCF-renovation-architectural design	Physical accessibility components not considered by renovation architectural design. Risk of exclusion as some groups may have difficulty accessing health facilities.	<ul style="list-style-type: none"> Designing a health facility with a focus on accessibility to ensure that all individuals the elderly, those with preexisting conditions, children, including those with disabilities or limited mobility, can easily access and utilize the services. Considering adapting entrances and exits, parking facilities, hallways and pathways, waiting rooms, examination rooms and treatment areas, restrooms. Use clear and visible signage throughout the facility, including Braille and large-font options. Implement color-coding or numbering systems to aid navigation. Provide accessible maps or directories near entrances to help visitors find their way. Develop an emergency evacuation plan that accounts for individuals with disabilities. Install emergency alarms and visual notification systems for individuals with hearing impairments. Ensure emergency exits are accessible and clearly marked 	MOH – PCU HCF		
Developing detailed functional specifications for the digital systems and technologies to be implemented and identifying the necessary hardware and software components required for health digitalization,	Non considering all factors such as compatibility, scalability, usability, and compliance with industry standards and regulations leading to increased risk of digital exclusion and data security and data privacy	<ul style="list-style-type: none"> Involving adequate expertise for equipment and software selection and ensuring compliance with relevant regulations, standards, and guidelines related to, patient privacy and data security, interoperability, and other legal requirements. Health technologies and platforms will be developed with a focus on user experience, making them intuitive, accessible, and inclusive for individuals with varying levels of digital literacy. Include in the project design alternatives to prevent potential digital exclusion .This include setting up mechanisms to 	MoH and PCU		

Concrete Project Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsible Entity	Timeline	Budget
Planning and Designing Stage					
		<p>ensure all patients have access to health services regardless of their technological access and literacy levels.</p> <ul style="list-style-type: none"> • In the planning stage focus on improving digital infrastructure, ensuring reliable and affordable internet access, particularly in underserved areas. • Plan digital literacy programs: Initiatives that promote digital literacy can empower individuals to navigate digital health platforms, understand health information, and actively participate in their own care. 			

ESMP Template 02 - Construction⁶ Stage

Concrete Project Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Construction / Installation Stage					
Clearing of vegetation and trees; Construction activities near ecologically sensitive areas/spots	- Impacts on natural habitats, ecological resources, and biodiversity	- Prioritize the preservation of existing vegetation and trees wherever possible. Identify key trees or species of ecological importance and implement measures to protect and retain them during construction. - scheduling work during seasons when sensitive species are least affected	The Contractor		
General construction activities Foundation excavation; borehole digging	- Impacts on soils and groundwater; - Geological risks - Impacts on cultural heritage	- capturing and treating runoff water, implementing sediment basins or ponds, and using best management practices for controlling chemical runoff from construction sites - implement chance finds procedure	The Contractor		
General construction activities	- Resource efficiency issues, including raw materials, water, and energy use; - Materials supply	- Minimize construction waste by implementing waste management plans, recycling, and reusing materials where	The Contractor		

⁶ there are no significant construction activities anticipated and any physical works will be limited to rehabilitation or upgrading of existing facilities, entirely within their existing footprint

Concrete Project Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Construction / Installation Stage					
		<ul style="list-style-type: none"> - feasible - Design and construct buildings with energy-efficient features, such as proper insulation, efficient HVAC systems, solar panels and LED lighting. - Use energy-efficient equipment and machinery during construction activities. 			
General construction activities – general pollution management	<ul style="list-style-type: none"> - Construction solid waste; - Construction wastewater; - Noise; - Vibration; - Dust; - Air emissions from construction equipment 	<ul style="list-style-type: none"> - Waste management plan - wastewater management plan - avoiding construction activities during night - cover truck load - watering of access roads 	The Contractor		
General construction activities – hazardous waste management	<ul style="list-style-type: none"> - Fuel, oils, lubricant 	<ul style="list-style-type: none"> - Ensuring proper storage and handling - Ensuring spill kits on site and within the construction machinery 	The Contractor		
General construction activities – Labor and working condition issues	<ul style="list-style-type: none"> - SH/SHA risks - Informal labor risks - Child labor risks - Forced labor - Unfair treatment of labor forces 	<ul style="list-style-type: none"> - Implement LMP - Consider ways to minimize/control movement in and out of construction areas/sites. - If workers are accommodated on-site require them to minimize contact with people outside the construction area/site or prohibit them from leaving the area/site for the duration of their contract 	The Contractor		
General construction activities – Occupational Health and Safety (OHS)	<ul style="list-style-type: none"> - Exposure to toxic materials, - Working on heights - Working without proper protection equipment 	Conduct a thorough assessment to identify potential toxic materials. Explore the possibility of substituting toxic materials with safer alternatives wherever feasible. Provide comprehensive training to workers on the safe handling, storage, and disposal of toxic materials. Raise awareness about potential risks and the importance of adhering to proper	The Contractor		

Concrete Project Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Construction / Installation Stage					
		<p>safety protocols. Ensure that workers are provided with appropriate PPE, such as gloves, masks, goggles, or respirators, based on the specific hazards involved. Implement proper ventilation systems</p> <p>Implement appropriate fall prevention systems, such as guardrails, safety nets, or personal fall arrest systems (PFAS). Provide comprehensive training to workers on safe working at heights practices, including the correct use of fall protection equipment and techniques. Regularly inspect and maintain equipment used for working at heights, such as scaffolding, ladders, or lifts.</p>			
General construction activities – traffic and road safety	- Disturbance of local transport - Pedestrian safety	Traffic management Plan	The Contractor		
General construction activities – security and safety on site	- workers safety	<p>Site Access Control: Implementing secure entry points and fencing. Utilize identification badges or access cards Employ security personnel or install surveillance systems</p>	The Contractor		
General construction activities	- SEA/SH issues	<p>Communicate the policy to all workers, contractors, and stakeholders, emphasizing the importance of compliance.</p> <p>Provide regular training sessions to all workers, supervisors, and management on preventing sexual abuse and harassment.</p> <p>Educate employees about their rights and responsibilities and promote a culture of respect, equality, and inclusion.</p> <p>Raise awareness about reporting procedures and support services available for victims.</p>	MOH – PCU The Contractor		
General construction activities – cultural heritage	- Cultural heritage	Chance-finds procedure	The Contractor		

Concrete Project Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Construction / Installation Stage					
General construction activities – emergency preparedness and response	- fire cases - releasing of hazardous substances and gases	Develop and implement emergency preparedness and response plan Install fire detection and suppression systems as appropriate Identify and clearly mark emergency exit routes throughout the construction site Train workers in fire safety, including evacuation procedures and the proper use of firefighting equipment	The Contractor		
Construction activities related to onsite waste management facilities, including temporary storage, autoclaves, sewerage system, and wastewater treatment works	Lack of space and expertise	Identification of areas for the constructions Designated storage areas with adequate lighting, ventilation, and provision for the containment of spills within the area Waste should be stored as per the types of waste. Enough space to ensure maximum storage time before treatment or disposal of the infectious waste is no longer than 48 hours in cold seasons and 24 hours in the warm season Ensure enough supply of water for cleaning purposes. Ensure the storage is secure and restricted for access of unauthorized persons Easy access for the waste collection vehicle Protected from the sun, rain strong winds and floods. Floors and wall are designed such that routine cleaning and other are easy to undertake.	The Contractor		
Construction activities related to the demolition of existing structures or facilities (if needed)	- Air Pollution: - Water Pollution: - Noise Pollution: - Waste Generation and Management: - Habitat Protection:	Use water or dust suppression techniques to minimize the release of airborne particles during demolition. Properly manage and dispose of wastewater generated during the demolition process, Schedule demolition activities during	The Contractor		

Concrete Project Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Construction / Installation Stage					
		<ul style="list-style-type: none"> - appropriate hours - Develop and implement a waste management plan - establishing buffer zones or relocating sensitive species 			
Installation of necessary hardware and software components required for health digitalization,	- Temporary disruption of health service	- Clear communication with HCF Management, patients and community about installation works and temporary disturbance of services.	MoH The Contractor		
Installation of digitalized equipment.	<ul style="list-style-type: none"> - Generation of electronic waste (e-waste) when older equipment is replaced. - Increasing energy consumption in healthcare facilities - potential job displacement or changes in job roles. - Protecting patient privacy and ensuring data security are critical social considerations. Healthcare facilities must implement 	<ul style="list-style-type: none"> - Recycling or proper disposal of electronic waste - Selecting energy-efficient equipment - Adequate training programs, support, and job transition strategies - Robust data protection measures, comply with relevant privacy regulations, and prioritize cyber security 	MoH The Contractor		
Stakeholder engagement	Inadequate information sharing and stakeholder engagement practices leading to opposition to the project at the construction stage	<ul style="list-style-type: none"> - Apply SEP to all subproject activities in the construction stage : - Disclose information in understandable accessible and appropriate manner - Timely and regularly engage with all stakeholders 			

ESMP Template 03 - Operational Stage

Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Operational Stage					
General HCF operation – Environment	- General wastes, wastewater, and air emissions	- Waste management Plan	HCF		
General HCF operation – Social issues	Risk on data privacy and security	- Robust privacy and security measures will be in place to address concerns and build trust among	PCU		

Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Operational Stage					
Data privacy and security		<p>individuals using digital health services, ensuring the protection of personal health information.</p> <ul style="list-style-type: none"> - The project will rely on the existing national framework related to Law on Patients' Rights and Personal Data Protection Act. <p>In addition, ES screening and ESMP /checklist will introduce measures to ensure medical data are collected, secured and shared in a (standardized) manner that is in line with the care duty of care providers and meets the legal requirement.</p>			
General HCF operation – Social issue: Digital inclusion	Risk of digital exclusion	<ul style="list-style-type: none"> - Targeted efforts will be made to reach marginalized communities and provide assistance in accessing and utilizing digital health services - Introduce digital literacy programs to empower individuals to navigate digital health platforms, understand health information, and actively participate in their own care. - Recognizing that not all individuals have equal access to digital tools, healthcare systems should ensure multiple channels for accessing services, including traditional in-person methods - Reducing the cost of digital devices and internet services, making them more accessible to all segments of society 	MoH PCU		
General HCF operation – Social issue: Labor and working conditions	Job displacement of health workers as a consequence of digitalization service	<ul style="list-style-type: none"> - In the event that job displacement arises as a consequence of service digitalization during the implementation of a project, introduce additional measures in accordance with the relevant national regulations and the prevailing best international practices. - Provide opportunities for reskilling and upskilling to help displaced workers acquire 			

Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Operational Stage					
		<ul style="list-style-type: none"> - new digital skills - Provide job assistance including for vulnerable workers. 			
General HCF operation – OHS issues	Physical hazards; Electrical and explosive hazards; Fire; Chemical use; Ergonomic hazard; Radioactive hazard	<ul style="list-style-type: none"> - Implement effective signage and warning systems to alert workers and visitors to potential physical hazards, such as slippery floors, falling objects, or uneven surfaces. - Provide appropriate personal protective equipment (PPE), including hard hats, safety goggles, gloves, and safety shoes, and ensure their proper use. - Ensure proper installation, grounding, and insulation of electrical equipment and wiring in general but especially in regard with new MRI and LINAC installation - Provide training to workers on electrical safety, including safe use of electrical tools and proper handling of electrical systems. - Install and maintain fire detection and suppression systems, such as smoke detectors, fire alarms, fire extinguishers, and sprinkler systems. - Develop and regularly review emergency response plans - Implement proper storage, handling, and disposal practices for chemicals in accordance with safety data sheets (SDS) and regulatory requirements. - Label and store chemicals in designated areas, clearly indicating potential hazards and required precautions. - Provide adequate ventilation systems and personal protective equipment when working with or near hazardous chemicals. - Design workstations and equipment to promote proper ergonomics, including adjustable seating, 	HCF		

Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Operational Stage					
		<p>work surfaces, and equipment.</p> <ul style="list-style-type: none"> - Provide appropriate training on radiation safety procedures, including the use of personal dosimeters and protective clothing. - Establish controlled areas and implement access controls to restrict unauthorized personnel from areas with radiation hazards. - Regularly monitor radiation levels in work areas and implement appropriate shielding and containment measures. 			
HCF operation - considerations for differentiated treatment for groups with different needs (e.g. the elderly, those with preexisting conditions, the very young, people with disabilities)			HCF		
HCF operation – cleaning		<ul style="list-style-type: none"> - Provide 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. - Train 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). 	HCF		
HCF operation - Infection control and waste management plan	Spreading of infection during regular HCF activities	<ul style="list-style-type: none"> - Ensure all staff members are trained on infection control protocols, including hand hygiene, personal protective equipment (PPE) use, respiratory etiquette, and environmental cleaning. 	HCF		
Waste minimization, reuse, and recycling	Use of non-burn technologies for the sterilization of the infected waste.	<ul style="list-style-type: none"> - Avoid the use of incinerators - If small-scale incineration is the only option, 	HCF		

Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Operational Stage					
		<p>this should be done using best practices, and plans should be in place to transition to alternative treatment as soon as practicable (such as steam treatment before disposal with sterile/non-infectious mutilated waste and disposed of in suitable waste facilities)</p> <ul style="list-style-type: none"> - Do not use single-chamber, drum and brick incinerators - Always use non-burn technologies such as autoclaves and microwaves. 			
Delivery, Storage and handling of specimen, samples, reagents, and infectious materials	<p>Contamination of Water Sources Air Pollution Fire Hazards Improper Waste Management Exposure to Hazardous Substances</p>	<ul style="list-style-type: none"> - Store hazardous materials and infectious substances in leak-proof containers to prevent leakage or spills. - Provide secondary containment, such as trays or spill kits, in areas where materials are stored or handled. - Store volatile or hazardous materials in well-ventilated areas or storage cabinets to minimize emissions. - Implement proper labeling and identification of hazardous materials to facilitate safe handling and storage. - Store flammable materials and chemicals in designated areas with proper ventilation and fire-resistant cabinets. - Establish a waste management system that includes proper segregation, labeling, and storage of different types of waste, such as biohazardous waste, sharps, and chemical waste. - Provide appropriate personal protective equipment (PPE) to staff involved in handling or storage activities, including gloves, goggles, masks, and protective clothing. 	HCF		
Waste segregation, packaging, color coding, and labeling		Waste should be categorized and segregated into the following categories as per their properties:	HCF		

Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Operational Stage					
		<ul style="list-style-type: none"> Hazardous health care waste <ul style="list-style-type: none"> Infectious waste Pathological waste Sharp waste Pharmaceutical and Cytotoxic waste Chemical waste Radioactive waste Non-hazardous general health care waste <p>Proper labeling should be placed in all the bins used for waste segregation and collection</p>			
Onsite collection and transport	Lack of designated staffs and time for collection	<ul style="list-style-type: none"> Ensure proper color-coded bins are used for collection. Waste is collected away from the patient's area every day. 	HCF		
Waste storage		Establish a dirty utility room/area for temporary waste storage wherever required	HCF		
Onsite waste treatment and disposal			HCF		
Waste transportation to and disposal in on-site treatment and disposal facilities		<ul style="list-style-type: none"> Hospitals should have separate trollies for transportation of hazardous and general waste. Waste should be transported via a designated route and time with less movement of patients and visitors. If trollies are not possible the waste should be transported in bins but never in polythene bags. 	HCF		
Transportation and disposal at offsite waste management facilities		A separate vehicle should be used for waste transportation for off-site. The specification of the vehicles should be as per the WHO standard	HCF		
Emergency events	<ul style="list-style-type: none"> Spillage; Occupational exposure to infectious disease; Exposure to radiation; Accidental releases of infectious or hazardous substances to the environment; 	<ul style="list-style-type: none"> Emergency Response Plan Post Exposure Prophylaxis Incident recording system 	HCF PCU		

Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Operational Stage					
	<ul style="list-style-type: none"> • Medical equipment failure; • Failure of solid waste and wastewater treatment facilities • Fire; • Other emergent events 				

ESMP Template 04 - Environmental and Social Risks and Mitigation Measures during Decommissioning

Key Activities	Potential ES Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Decommissioning phase					
Decommissioning Stage					
Decommissioning of interim HCF			HCF		
Decommissioning of medical equipment – old MRIs and LINACs	handling of radioactive waste arising from end-of-life of MRIs and LINAC purchased equipment	The measuring of radiation level and ensuring safety and security shall be an integral part of the technical documentation for facilities that use or will use ionizing radiation sources. Ensure proper handling of radioactive waste arising from end-of-life of MRIs and LINAC purchased equipment, following national regulations, ESHG guidelines and good international practice (GIIP).	HCF		
Regular decommissioning			HCF		

ANNEX 04: TEMPLATE FOR ESMP CHECKLIST

Templates for ESMPCCL preparation are presented in following tables. However, final version of the ESMP shall be highly site specific, tailored to each subproject which requires ESMCL preparation, taking into account local characteristics and site specific project environment.

PART A: GENERAL PROJECT AND SITE INFORMATION

INSTITUTIONAL & ADMINISTRATIVE			
Country	Serbia		
Project title	Serbia Noncommunicable Diseases Prevention and Control Project		
Subproject title			
Scope of site-specific activity			
Institutional arrangements (WB)	Task Team Leader: (insert)	Safeguards Specialists: (insert)	
Implementation arrangements (Borrower)	Implementing entity: (insert)	Works supervisor: (tbd)	Works contractor: (tbd)
SITE DESCRIPTION			
Name of institution whose premises are to be rehabilitated			
Address and site location of institution whose premises are to be rehabilitated			
Who owns the land? Who uses the land (formal/informal)?			
Description of physical and natural environment, and of the socio-economic context around the site			
Locations and distance for material sourcing, especially aggregates, water, stones?			
LEGISLATION			
National & local legislation & permits that apply to project activity			
PUBLIC CONSULTATION			
When / where the public consultation process will take /took place			
ATTACHMENTS			
Attachment 1: Site plan / photo Attachment 2: Construction permit (as required) Attachment 3: Agreement for construction waste disposal Other permits/agreements – as required			

PART B: ESMP SCOPING

ENVIRONMENTAL /SOCIAL SCREENING			
	Activity/Issue	Status	Triggered Actions
Will the site activity include/involve any of the following?	1. Building rehabilitation	Yes No	If “Yes”, see Sections A and E below
	2. Small-scale construction at existing facilities	Yes No	If “Yes”, see Section A and E below
	3. Individual wastewater treatment system	Yes No	If “Yes”, see Section B below
	4. Acquisition of land	Yes No	If “Yes”, activity is excluded
	5. Hazardous or toxic materials ³⁴	Yes No	If “Yes”, see Section C below
	6. Traffic and Pedestrian Safety	Yes No	If “Yes”, see Section D below
	7. Social Risks	Yes No	If “Yes”, see Section E below

PART C: MITIGATION MEASURES

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST	RESPONSIBILITY	BUDGET
Section A. General Rehabilitation and /or Construction Activities	Air Quality	(a) Use debris-chutes during interior demolition above the first floor (b) Keep demolition debris in controlled area and sprayed with water mist to reduce debris dust (c) Suppress dust during pneumatic drilling/wall destruction by ongoing water spraying and/or installing dust screen enclosures at site (d) Keep the surrounding environment (sidewalks, roads) free of debris to minimize dust (e) Disallow open burning of construction / waste material at the site (f) Disallow excessive idling of construction vehicles at sites	Contractors	
	Noise	(a) Limit construction noise to daytime unless extreme urgency. Notify health workers on the works schedule if it deviates from standard working hours (b) Ensure that during operation, engine covers of generators, air compressors and other powered mechanical equipment are closed, and equipment placed as far away from residential areas as possible		
	Water Quality	(a) Establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers.		
	Waste management	(a) Identify waste collection and disposal pathways for all major waste types expected from demolition and construction activities	Contractors	

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST	RESPONSIBILITY	BUDGET
		(b) Separate mineral construction and demolition wastes from general refuse, organic, II2Quid and chemical wastes by on-site sorting and stored in appropriate containers. (c) Collect construction waste and dispose properly to the designated locations (d) Whenever feasible, reuse and recycle appropriate and viable materials (except asbestos)		
Section B. Individual Wastewater treatment system	Water Quality	(a) Ensure that the approach of handling sanitary wastes and wastewater and the design of the treatment system is approved by relevant authorities (b) Ensure that before discharging into receiving waters, effluents from individual wastewater systems are treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment (c) Undertake monitoring of newly established wastewater treatment systems and report to Employer on the monitoring outcome (d) Wash construction vehicles and machinery only in designated areas where runoff will not pollute natural surface water bodies.		
Section C. Toxic Materials	Asbestos management	(a) If asbestos is located on the subproject site, mark it clearly as hazardous material (b) When possible, appropriately contain and seal asbestos to minimize exposure (c) Treat asbestos prior to removal (if removal is necessary) with a wetting agent to minimize asbestos dust (d) Handle and disposed asbestos using skilled & experienced professionals (e) If asbestos material is being stored temporarily, securely enclosed it inside closed containments and mark appropriately. Take security measures against unauthorized removal from the site (f) Do not reuse the removed asbestos		
	Toxic / hazardous waste management	(a) Temporarily store all hazardous or toxic substances on site in safe containers labeled with details of composition, properties and handling information (b) Place containers of hazardous substances in leak-proof containers to prevent spillage and leaching (c) Transport waste to official landfills and dispose excess excavated material at sites agreed with the local authorities. (d) No not use paints with toxic ingredients or solvents, or lead-based paints		

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST	RESPONSIBILITY	BUDGET
Section D. 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.		
Section E. 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) Consult local communities to identify and proactively manage potential conflicts between an external workforce and local people. (d) Raise local community awareness about sexually transmitted disease risks associated with the presence of an external workforce and include local communities in awareness activities. (e) Scheduled works beyond irrigation season to the extent possible in order to avoid/minimize service disruption. Inform local population about construction and work schedules, interruption of services, traffic detour routes and provisional bus routes, blasting and demolition, as appropriate. (f) Limit construction activities at night. When necessary, carefully schedule night work and inform affected community beforehand. (g) Properly mark and fence work site (h) No temporary storage of construction materials and waste occurs within cultivated land plots or any type of private property (i) Allocate areas for temporary storage of construction materials and waste so that free movement of traffic and pedestrians is not hindered.	PCU Contractors	

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST	RESPONSIBILITY	BUDGET
	Public Safety	<ul style="list-style-type: none"> (a) Share information on project activities and construction schedule prior to the start of works; (b) Notify local construction and environment inspectorates and communities on the upcoming activities (c) Notify public on the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works) (d) Acquire all legally required permits for construction and/or rehabilitation (e) 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. (f) Appropriately signpost construction site to inform workers on key rules and regulations. (g) Inform the community about the established grievance redress mechanisms and share contact numbers of focal points 	PCU, HCFs Contractors	
	Labor issues management	<ul style="list-style-type: none"> (a) Include the ESMP Checklist into the bidding documents; (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; (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) To the extent possible, do not locate work camps in close proximity to local communities. (f) Locate and operate workers' camps in consultation with neighboring communities. (g) Recruit unskilled or semi-skilled workers from local communities to the extent possible. Where and when feasible, worker skills training, should be provided to enhance participation of local people. (h) Ensure all workers have written contracts describing terms and conditions of work; (i) 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. (j) Ensure neither child (up 18 years old) labor nor forced labor applied; and (k) Inform the workers about the established labor grievance redress mechanism and 	PCU Contractors	

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST	RESPONSIBILITY	BUDGET
		share contact numbers of focal points.		
	Worker health and safety requirements	<p>(a) Ensure contractors and subcontractors comply with occupational safety local laws and requirements as per ESS 2;</p> <p>(b) Provide detailed information to the personnel about the activities foreseen in the project;</p> <p>(c) Conduct safety trainings carried out by specialists in different fields;</p> <p>(d) Ensure that workers' PPE complies with international good practice (masks, gloves and safety glasses, for civil works also hardhats, harnesses and safety boots);</p> <p>(e) Provide adequate sanitary conditions (lavatories and washing areas) in the work site with adequate supplies of running water, soap, antiseptics and hand drying devices;</p> <p>(f) Secure working conditions meeting health and safety standards required by the Serbian legislation;</p> <p>Ensure regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPEs, etc.;</p> <p>(h) Ensure protocols for regular disinfection of public rooms, wards, ICUs, equipment, tools, and waste are in place and followed;</p> <p>(i) Ensure handwashing and other sanitary stations are always supplied with clean water, soap, and disinfectant;</p> <p>(j) Ensure equipment such as autoclaves are in working order</p>	PCU Contractors HCFs	
Conducting a comprehensive assessment of the existing health facility and its infrastructure to identify areas that require renovation and define the scale and type of renovation works	Inadequate involvement of all stakeholders in planning the needs for health infrastructure renovation	Developing a project plan, setting timelines, assigning responsibilities, and overseeing the implementation of the renovation. This includes coordinating with contractors, technology vendors, and other stakeholders involved in the project.	MOH - PCU	
Identify the needs	• Increased vehicle	• Traffic Management Plans including speed control measures	MOH – PCU	

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST	RESPONSIBILITY	BUDGET
for ancillary works and associated facilities, such as access roads, construction materials, supplies of water and power, sewage system	<p>traffic on access roads can result in noise and air pollution, impacting nearby communities.</p> <ul style="list-style-type: none"> • Improper handling and disposal of construction materials can lead to the generation of waste and pollution. • Construction works typically require energy for powering machinery, equipment, and site facilities, contributing to increased energy demand. • Inadequate or poorly maintained sanitation facilities can pose health risks to workers and nearby communities. • There will be no associated facilities 	<ul style="list-style-type: none"> • Water and wastewater management plans including treating wastewater through the use of appropriate sewage systems and treatment facilities. • Engaging with local communities, following relevant regulations, and designing complaints mechanism or other appropriate tools to address community concerns and promote positive social outcomes. 		
Identify the needs for acquisition of land and assets (e.g. acquiring existing assets such as a hostel, stadium to hold potential patients)	A low-capacity assessor who may not have the necessary expertise or resources to conduct a comprehensive assessment of the needs for land and asset acquisition.	Seeking external expertise or consulting with specialized organizations to do professional assessment	MOH - PCU	

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST	RESPONSIBILITY	BUDGET
	<p>A low-capacity assessor may face challenges in engaging stakeholders meaningfully, resulting in limited input and a narrower perspective on the needs. When stakeholders perceive low capacity in assessing resettlement needs for a project, it can contribute to project resistance and concerns.</p>			
<p>Identify onsite and offsite waste management facilities, and waste transportation routes and service providers</p>	<p>Inadequate facilities, expertise and processes for the treatment of waste</p>	<ul style="list-style-type: none"> • Formation of Health care waste management committee in the health care facilities • Estimate potential waste streams • Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through small refurbishment, expansion, etc. • Specify that the design of the facility considers the collection, segregation, transport, and treatment of the anticipated volumes and types of healthcare wastes • Require that receptacles for waste should be sized appropriately for the waste volumes generated and color-coded and labeled according to the types of waste to be segregated. • Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas following WHO guidance. Design training for staff in the segregation of wastes at the source of generation. 	<p>HCF</p>	
<p>Identify needs for transboundary movement of samples, specimen, reagent, and other hazardous</p>	<p>N/A Not relevant for the Project.</p>	<p>N/A Not relevant for the Project.</p>	<p>MOH - PCU</p>	

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST	RESPONSIBILITY	BUDGET
materials				
Stakeholder engagement	Inadequate information sharing and engagement in preparation stage and impact on stakeholders/public misinterpretation with risk of public unrest	<ul style="list-style-type: none"> • 3. Apply SEP to all subproject activities: disclose information in understandable accessible and appropriate manner 4. Timely and regularly engage with all stakeholders 	MOH PCU	
Identify needs for using security personnel during refurbishment and/or operation of HCF	Conflict with communities, workers in HCF	<p>Prepare Security engagement plan</p> <p>Conduct appropriate background checks on any personnel retained to provide security; (ii) train the security personnel adequately (or determine that they are properly trained) in the use of force (and where applicable, firearms), and appropriate conduct towards Contractor’s Personnel, Employer’s Personnel and affected communities; and (iii) require the security personnel to act within the applicable Laws .</p> <p>Use of force by security personnel in providing security is not allowed except when used for preventive and defensive purposes in proportion to the nature and extent of the threat.</p>	MOH - PCU	
HCF design general	<ul style="list-style-type: none"> • Structural safety risk; • Functional layout and engineering control for nosocomial infection • adverse effects of works on indoor air quality • disturb of asbestous materials, leading to health risks. 	<ul style="list-style-type: none"> • Ensuring compliance with relevant regulations, standards, and guidelines related to HCF design. • Collaborating with architects and designers to create a detailed architectural plan that incorporates the renovation requirements and accommodates the integration of digital infrastructure seamlessly. • Design to propose dust control measures (e.g., wetting surfaces, using barriers), proper ventilation, and minimizing the use of VOC-containing materials. <p>Surveys and inspections before refurbishment to identify and safely remove or manage any asbestos or hazardous materials present.</p>	MOH – PCU HCF	
HCF-renovation-architectural design	Physical accessibility components not considered by renovation architectural design.	<ul style="list-style-type: none"> • Designing a health facility with a focus on accessibility to ensure that all individuals the elderly, those with preexisting conditions, children, including those with disabilities or limited mobility, can easily access and utilize the services. • Considering adapting entrances and exits, parking facilities, hallways and 	MOH – PCU HCF	

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST	RESPONSIBILITY	BUDGET
	Risk of exclusion as some groups may have difficulty accessing health facilities.	<p>pathways, waiting rooms, examination rooms and treatment areas, restrooms.</p> <ul style="list-style-type: none"> • Use clear and visible signage throughout the facility, including Braille and large-font options. • Implement color-coding or numbering systems to aid navigation. Provide accessible maps or directories near entrances to help visitors find their way. • Develop an emergency evacuation plan that accounts for individuals with disabilities. Install emergency alarms and visual notification systems for individuals with hearing impairments. Ensure emergency exits are accessible and clearly marked 		
Developing detailed functional specifications for the digital systems and technologies to be implemented and identifying the necessary hardware and software components required for health digitalization,	Non considering all factors such as compatibility, scalability, usability, and compliance with industry standards and regulations leading to increased risk of digital exclusion and data security and data privacy	<ul style="list-style-type: none"> • Involving adequate expertise for equipment and software selection and ensuring compliance with relevant regulations, standards, and guidelines related to, patient privacy and data security, interoperability, and other legal requirements. • Health technologies and platforms will be developed with a focus on user experience, making them intuitive, accessible, and inclusive for individuals with varying levels of digital literacy. • Include in the project design alternatives to prevent potential digital exclusion .This include setting up mechanisms to ensure all patients have access to health services regardless of their technological access and literacy levels. • In the planning stage focus on improving digital infrastructure, ensuring reliable and affordable internet access, particularly in underserved areas. • Plan digital literacy programs: Initiatives that promote digital literacy can empower individuals to navigate digital health platforms, understand health information, and actively participate in their own care. 	MoH and PCU	

PART D: MONITORING PLAN

Activity	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?)	Who (Is responsible for monitoring?)
CONSTRUCTION PHASE						
Provision of construction materials	Purchase of construction materials from the licensed provider.	In the provider's office or warehouse	Verification of documents	During conclusion of supply contracts	Provide technical order of facility and its safety for human health	PCU, Authorized civil works technical supervision company
Transportation of construction materials and waste Movement of construction machinery	<ul style="list-style-type: none"> - Technical condition of vehicles and machinery; - Confinement and protection of truck loads with lining; - Respect of the established hours and routes of transportation. 	<ul style="list-style-type: none"> - Construction site; - Routs of transportation of construction materials and wastes 	Inspection of roads adjacent to the construction object in the direction of the movement rout	Undeclared inspections during work hours and beyond	<ul style="list-style-type: none"> - Limit pollution of soil and air from emissions; - Limit nuisance to local communities from noise and vibration; - Minimize traffic disruption. 	PCU, Traffic Police, Authorized civil works technical supervision company
Maintenance of construction equipment	<ul style="list-style-type: none"> - Washing of cars and construction equipment outside the construction site or on maximum distance from natural streams; - Refueling or lubrication of construction equipment and outside the construction site or at the 	Construction site and construction base adjacent to it (if any)	Inspection of activities	During operation of equipment	<ul style="list-style-type: none"> - Avoid pollution of water and soil with oil products due to operation of equipment; - Timely localize and decrease expected damage in case of fire 	PCU, Authorized civil works technical supervision company
	<ul style="list-style-type: none"> predetermined arranged point; - Technical order of the 					

Activity	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?)	Who (Is responsible for monitoring?)
	construction equipment maintenance point: solid impenetrable floor or adsorbent (sand fine gravel, membrane) cover; enough area and impenetrable barriers around fuel containers; basic fire extinguishing means.					
Generation of construction waste	<ul style="list-style-type: none"> - Temporary storage of construction waste in especially allocated areas; - Timely disposal of wastes to the formally designated locations. 	Construction site; Waste disposal site	Inspection of activities	Periodically during construction and upon its completion	<ul style="list-style-type: none"> - Prevent pollution of soil, surface water and ground water, - Avoid accidents at the construction site due to scattered fragments of construction materials and debris, - Retain esthetic appearance of the construction site and its surroundings 	PCU Authorized civil works technical supervision company Municipality
Production of domestic wastes	- Placement of waste collection containers at the construction site and construction base (if any). Agreement with the relevant Municipality	Construction site and construction base (if any)	Visual observation	Total period of construction	Prevent pollution of soil and water with domestic waste	PCU Authorized civil works technical supervision company Municipality

Activity	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?)	Who (Is responsible for monitoring?)
	on regular disposal of domestic wastes.					
Construction site re-cultivation and landscaping	Final cleaning of the construction site.	Construction site	Inspection of activities	Final period of construction	Reduce loss of aesthetical value of the landscape due to construction activities	PCU, Authorized civil works technical supervision company Municipality
Workers' health and safety, labor issues	<ul style="list-style-type: none"> - Provision of constructors with working clothes and PPE; - Strict compliance with the rules of construction equipment operation and usage of PPE; - Strict compliance with the national regulations for civil works; - Presence of basic fire extinguishing means; - Availability of labor safety training and instruction records. - Compliance with labor laws and requirements as per ESS2. 	Construction site	Inspection of activities	Total period of works	Reduce probability of traumas and accidents to constructors	PCU, Authorized civil works technical supervision company
OPERATION PHASE						
Medical waste management	<ul style="list-style-type: none"> - Separation of medical waste from other types of waste generated at HCF; - Arrangements in place 	Premises of HCF	<ul style="list-style-type: none"> - Inspection of HCF premises; - Checking presence and validity of waste 	Total period of operation of the facility	<ul style="list-style-type: none"> - Maintenance of good sanitary conditions at HCF; - Avoid spread of 	Administration of the HCF

Activity	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?)	Who (Is responsible for monitoring?)
	with especially licensed entity for regular out-transporting and disposal of medical waste in compliance with the national legislation and the best national practice.		removal and disposal agreement with a licensed entity		infection from HCF area; - Limitation of soil, surface and ground water pollution	
Household waste management	- Presence of adequate type and number of household waste bins; - Timely removal of household waste from the HCF territory on the basis of out-transporting and disposal arrangements.	Premises of HCF	- Inspection of HCF premises; - Checking presence and validity of waste removal and disposal agreement with a licensed entity	Total period of operation of the facility	- Maintenance of good sanitary conditions at HCF; - Limitation of soil, surface and ground water pollution	Administration of the HCF Municipality
Operation and maintenance of the healthcare waste incinerator	Regular servicing of the waste incinerator being undertaken/	Premises of HCF	Site inspection	Total period of operation of boiler house	Maintenance of the healthcare waste incinerator in safe and operable condition	Administration of the HCF
Emergency preparedness	Presence of fire alarm and fire localization system, and emergency back-up systems for power and water supply.	Premises of HCF	Periodic check-ups	Total period of operation of the facility	- Reduce risks for the staff and patients of HCF; - Avoid disruption in the provision of utility services to the HCF	Administration of the HCF

ANNEX 05: INFECTION CONTROL AND MEDICAL WASTE MANAGEMENT PLAN (ICMWMP) TEMPLATE

1. Introduction

1.1 Describe the project context and components;

1.2 Describe the targeted healthcare facility (HCF):

- Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory;
- Functions and requirement for the level infection control, e.g. biosafety levels;
- Location and associated facilities, including access, water supply, power supply;
- Capacity: beds

1.3 Describe the design requirements of the HCF, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave, and waste management facilities.

2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HCF

- Type, source and volume of healthcare waste (HCW) generated in the HCF, including solid, liquid and air emissions (if significant);
- Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid and non-hazardous) following National Guideline on Infection Control And Medical Waste Management of the Department of Medical Services, MOH.
 - Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. Special attention should be given to the identification, classification and quantification of the healthcare wastes.
 - Describe the healthcare waste management system in the HCF, including material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment works;
 - Provide a flow chart of waste streams in the HCF if available;
 - Describe applicable performance levels and/or standards;
 - Describe institutional arrangement, roles and responsibilities in the HCF for infection control and waste management.

2.2 Management Measures

- Applicable Guidelines: Medical waste management should follow National Guideline on Infection Control and Medical Waste Management of the Department of Medical Services, MOH and applicable WHO guidelines⁷.
- Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety consideration.
- Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: HCF should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of the hazardous medical goods.
- Waste segregation, packaging, color coding and labeling: HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.
- Onsite collection and transport: HCF should adopt practices and procedures to timely remove properly packaged and labeled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out. During the infection, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
- Onsite waste treatment and disposal (e.g. an incinerator): Many HCFs have autoclave and their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine its technical adequacy, process capacity, performance record, and

⁷ http://www.euro.who.int/data/assets/pdf_file/0012/268779/Safe-management-of-wastes-from-health-care-activities-Eng.pdf

operator's capacity. In case any gaps are discovered, corrective measures should be recommended. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerator can be found in pertaining EHS Guidelines and GIIP.

- Transportation and disposal at offsite waste management facilities: Not all HCF has adequate or well-performed incinerator onsite. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or private sector are probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.
- Disposal of Personal Protective Equipment (PPE): If PPE is exposed to infectious materials during use (e.g., body fluids from an infected person) the PPE is considered contaminated and the wearer should remove it promptly, using proper removal procedures. It is essential that used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely, marked (with date) and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal.
- Wastewater treatment: HCF wastewater is related to the hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and proper operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.
- Sanitation and Hygiene facilities and practices at existing healthcare facilities are important because coronavirus can find alternate pathways of infection (e.g. faeces and clothing of patients, PPE).

3. Emergency Preparedness and Response

Emergency incidents occurred in an HCF may include spillage, occupational exposure to infectious materials or radiation, accidental releases of infectious or hazardous substances to the environment, medical equipment failure, failure of solid waste and wastewater treatment facilities, and fire. These emergency events are likely to seriously affect medical workers, community, HCF's operation and the environment.

Thus, an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended to be developed. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).

4. Institutional Arrangement and Capacity Building

A clearly defined institutional arrangement, roles and responsibilities should be included. A training plan with recurring training programs should be developed. The following aspects are recommended:

- Define roles and responsibilities along each link of the chain along the cradle-to-crave infection control and waste management process;
- Ensure adequate and qualified staff is in place, including those in charge of infection control and biosafety and waste management facility operation.
- Stress the chief of an HCF takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a healthcare facility, and build an intra-departmental team to manage, coordinate and regularly review the issues and performance;
- Establish an information management system to track and record the waste streams in HCF; and

- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

5. Monitoring and Reporting

Many HCFs in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. HCF should establish an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. HCF is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the HCF chief takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the HCF. Internal reporting and filing system should be in place.

Externally, reporting should be conducted per government and World Bank requirements.

Infection Control and Medical Waste Management Plan (ICMWMP) Template

Activities	Potential ES Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater, and air emissions				
General HCF operation – OHS issues	<ul style="list-style-type: none"> • Physical hazards; • Electrical and explosive hazards; • Fire; • Chemical use; • Ergonomic hazard; • Radioactive hazard. 				
HCF operation - Infection control and waste management plan					
Waste minimization, reuse and recycling					
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies					
Storage and handling of specimen, samples, reagents, and infectious materials					
Waste segregation, packaging, color coding and labeling					
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
HCF operation –					

Activities	Potential ES Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
transboundary movement of a specimen, samples, reagents, medical equipment, and infectious materials					
Emergency events	<ul style="list-style-type: none"> • Spillage; • Occupational exposure to infectious; • Exposure to radiation; • Accidental releases of infectious or hazardous substances to the environment; • Medical equipment failure; • Failure of solid waste and wastewater treatment facilities; • Fire; • Other emergent events 	Emergency response plan			
Operation of acquired assets for holding potential infected patients					
To be expanded....					

ANNEX 06: ENVIRONMENTALLY SUSTAINABLE PROCUREMENT GUIDELINES

There are a lot of elements for making an environmentally sustainable purchasing decision. The principles listed below provide a range of potential considerations – many may not apply to specific purchases, and some may not be achievable. It is designed to guide what to look for when assessing goods or services.

Conserve Resources

- Evaluate and reduce the need to purchase goods, materials, and services;
- Evaluate the appropriate scale and utilization of a good, material or service;
- Purchase goods, materials, and services that use recycled products;
- Purchase goods and materials that require less material to manufacture;
- Purchase goods and materials that require less packaging; and
- Reuse, recycle and recover goods and materials.

Conserve Energy

- Purchase goods, materials, and services where the consumption of energy (electricity and fossil fuels) during production, transportation, usage, and delivery is minimized; and
- Purchase goods, materials, and services that facilitate energy efficiency and resource conservation.

Waste Reduction and Pollution Prevention

- Purchase goods and materials that are easy to recycle;
- Purchase goods and materials with structures that facilitate disassembly for processing, recycling, and waste management;
- Purchase goods and materials which are packed with recycled products or materials that are recyclable;
- Purchase goods and materials with a manufacturing process that avoids the creation of waste and pollutants at source;
- Purchase goods and materials that are used or remanufactured;
- Purchase services that minimize adverse environmental impacts; and
- Purchase goods and materials that have greater durability and longer lifespan.

Evaluate Value and Performance

- Purchase goods, materials and services that perform adequately and are available at a reasonable price with careful consideration of life-cycle costing; and
- Purchase goods, materials, and services that comply with recognized environmental standards.

Example Clauses in Tenders and Contracts

Examples of standard environmental clauses for tenders and other documents that have been developed (to be modified to suit each situation):

- The MOH is committed to purchasing sustainable products, works, and services wherever possible. The organization will give appropriate weightage to sustainable products, works, and services in the purchasing process;
- The Supplier will perform the services in a manner that gives appropriate regard to the protection of the natural environment. The Supplier will comply with all environmentally related legislation and codes of practices relating to the products and services being offered;
- The Supplier will ensure any opportunities for improvement in the organization's environmental performance, identified by the Supplier's employees or sub-contractors are reported;
- Tenders are to provide details of any eco-label license or similar initiatives;
- Tenders will include details of energy ratings for appliances;
- The Supplier shall provide the minimum appropriate level of packaging for the supplied items, consistent with ensuring an adequate level of protection during the storage and delivery phases of those items.
- The Supplier shall provide products and services with appropriate considerations to reduced levels of toxicity, end of life disposal, shipping efficiencies, and reducing environmental impact during its operation.

ANNEX 07: REPORTING TEMPLATE – TRACKING ENVIRONMENTAL AND SOCIAL PERFORMANCE

Serbia Noncommunicable Diseases Prevention and Control Project - Reporting template

1. Waste Generation and Management Practices being adopted in hospitals

- a. Enumerate/describe the type of waste generated (e.g. 100 syringes used at XX facility)
- b. Is there a protocol developed for safe and proper decommissioning, dismantling, and disposal of old LINACs and MRIs, including potentially present radioactive material (parts).
- c. Describe waste management activities: collection, segregation, transport and disposal waste management of PPEs.
- d. Waste management issues discussed with local communities

2. Risk Communication and Community Engagement (Engagements, communication materials, campaigns)

- a. Describe Information, Communication and Education (IEC) materials developed and distributed
- b. Print and press sessions held during the month (e.g. XX radio discussions held on XX radio stations in Serbia)
- c. Training modules developed and rolled out
- d. Any differential communication strategies to reach vulnerable communities? For example, people with disabilities, people with low literacy rates, people in remote areas, etc.

3. Occupational Health and Safety

- a. OHS plan developed
- b. Health issues – site amenities – Drinking water, hand washing facilities, toilets, etc.---
- c. Health Worker exposure to general hazards
- d. Any injuries registered?

4. Management Plans and Instruments Developed

- a. ESMF developed and disclosed?
- b. ESMF, SEP translated in Serbia and disclosed?
- c. SEP updated and disclosed?
- d. Code of Conduct for Health Professionals developed and/or revised to include issues about SEA/SH

5. Grievance Redress Management and SEA

- a. Number and type of complaints received
- b. Summary of complaints type (e.g. community health, local employment, community resistance over the location of COVID facilities, etc.)
- c. No. of complaints resolved
- d. No. of complaints outstanding
- e. No. of SEA-related complaints received, escalated, investigated, and addressed?

6. Access and Inclusion for vulnerable communities

- a. Health education targeting remote and vulnerable groups/communities and

7. Construction and civil works (both minor and new construction)

- a. Work procedure to address key issues of health and safety prepared and applied?
- b. Supply of PPEs, hand wash facilities?
- c. Worker characteristics: locals/ migrant workers.
- d. Construction and demolition waste properly handled?
- e. Any environmental incident/accident registered?

8. Annex and References

- a. photos
- b. documents

ANNEX 08: LABOR AND WORKING CONDITIONS COMPLIANCE REPORT (to be used by third parties engaging contracted workers)

Assignment name:
Contract ref. No:
Contract period: Start date (M/D/Y) End date (M/D/Y)
Contractor/Service Supplier:
Reported period:
Date of report:
Signature of authorized person:

LABOR AND WORKING CONDITIONS COMPLIANCE REPORT**I/ COMPANY EMPLOYEES* STATISTICS:**

1. Total number of employee's gender disaggregated: M _____ F _____
2. Number of employees with an employment contract
3. Number of persons engaged without established employment relationship
4. Number of employees with access to social security, pension and health insurance
5. Number of employees/engaged persons who receives wages/salaries regularly at least once a month
6. Number of employees who left the company in the reported period
7. Number of employees hired in the reported period
8. Number of hours worked per employee (monthly average)
9. Total overtime (monthly average per employee)
10. Number of injuries at work (in reporting period and cumulative since contract start)
11. Number of fatalities at work (in reporting period and cumulative)
12. Number of reported violence
13. Number of reported harassment/ abuses
14. Availability of an accessible and functioning employee grievance mechanism (Y/N)
15. Number of grievances raised with the GM (in reporting period and cumulative since contract start)
16. Number of grievances resolved by GM (in reporting period and cumulative since contract start)
17. Number of suits filed with regard to labor, employment and OHS issues
18. Number of disputes brought to peaceful settlement/ voluntary arbitration procedure
19. Number of visits by labor/ OHS inspection

*The employee is any natural person employed or engaged to work or perform service for the employer
 1 The number of employees refers to the actual number/headcount on the date of the report.

II/ PROJECT WORKERS STATISTICS:

1. Total number of project workers:
2. Number of project workers with an employment contract:
3. Number of project workers with other types of contract:
4. Number of project workers with access to social security, pension and health insurance verified by confirmation from the registry:

Working and Labor Conditions Screening Check List

	Terms and conditions	Yes / No	Notes
1	All project workers have an employment contract or engagement agreement in writing.	Yes .. No ..	If “No” please specify and explain
2	All project workers are paid at least once a month	Yes .. No ..	If “No” please specify and explain
3	All project workers worked 8 hours a day, 40 hours a week, or less	Yes .. No ..	If “No” please explain and specify the hours worked
4	All project workers had a regular daily and weekly rest	Yes .. No ..	If “No” please specify and explain
5	Project workers were terminated from employment	Yes .. No ..	If “Yes” please specify number and explain conditions of termination
6	Project workers attended OHS related training program	Yes .. No ..	If “Yes” please specify number and explain
7	Project workers were granted leaves they are entitled to	Yes .. No ..	If “Yes” Please specify the type and number of leaves
8	Project workers were involved in accidents at work resulting in injuries or fatalities	Yes .. No ..	If “Yes” please specify and explain
9	Project workers reported on cases of discrimination, harassment, sexual harassment or non-compliance with law	Yes .. No ..	If “Yes” please specify and explain
10	Project workers raised grievances or started voluntary arbitration / legal proceedings to settle a dispute	Yes .. No ..	If “Yes” please specify and explain
11	In the reported period there were some incidents on noncompliance with the LMP	Yes .. No ..	If “Yes” please specify and explain
12	In the reported period there were job displacement of health workers as a consequence of digitalization service	Yes .. No ..	If “Yes” please specify and explain
13	Are the health workers trained / upskilled to provide digitalization service	Yes .. No ..	If “Yes” please specify and explain

ANNEX 09: 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

ANNEX 10: ENVIRONMENTAL AND SOCIAL COMPLIANCE MONITORING CHECKLIST FOR SUBPROJECTS IN IMPLEMENTATION

Title of project	
Project Proponent	
Contractor's Name	
Monitoring Date	
Monitor's Name	
Designation	

Issue	Proposed mitigation measures (from the ESMP/ICHWMP)	Implementing Responsibility	Compliance Yes/No	Reason for non- compliance	Follow up Action

Photo-documentation of Issue Identified Above

Issue # (from description above)	Date of photograph	Photograph depicting issue

ANNEX 11: REPORT ON PUBLIC CONSULTATIONS



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

**SERBIA NONCOMMUNICABLE DISEASES
PREVENTION AND CONTROL PROJECT
REPORT ON PUBLIC CONSULTATIONS**
held for:

**Environmental and Social Management Framework (ESMF)
Stakeholder Engagement Plan (SEP)
Labor Management Procedures (LMP),
Environmental and Social Commitment Plan (ESCP)**



FINAL DOCUMENT
B E L G R A D E, September 2023

1. REPORT ON PUBLIC DISCLOSURE AND PUBLIC CONSULTATION

As required by WB Environmental and Social Standard 10 (ESS10) – Stakeholder Engagement and Information disclosure, during preparation of Draft ES instruments (ESMF, ESCP, SEP and LMP) for the Serbia Noncommunicable Diseases Prevention and Control Project (NCD) the Borrower carried out public consultations with relevant stakeholders.

Starting from 02 August 2023, Ministry of Health of the Republic of Serbia (MOH) disclosed the Draft ESMF, ESCP, SEP and LMP on its web site and announced invitation for Public Consultations for the public, bodies and organizations interested in subject instruments prepared for Serbia Noncommunicable Diseases Prevention and Control Project. Public and other interested parties and organizations were invited to participate in process of public consultation on draft ESMF, ESCP, SEP and LMP instruments.

Draft instruments and invitation to the Public Consultations were also available on the web site of the MOH: <https://www.zdravlje.gov.rs/tekst/352907/projekat-u-pripremi-prevencija-i-kontrola-nezaraznih-bolesti-u-srbiji.php> .

On 08 September 2023, at 2:PM (local time), public consultations and presentation of the Draft ESMF, ESCP, SEP and LMP were organized at the big conference hall reserved by the Project Coordination Unit, Pasterova 1, Belgrade. The meeting was attended by a diverse group of 26 stakeholders⁸, namely:

- 12 representatives of MOH, members of Project Coordination Unit (PCU),
- 2 representatives of Institute of Public Health of Serbia “Dr Milan Jovanovic Batut”
- representative of Medicines and Medical Devices Agency of Serbia - ALIMS
- representative of Serbian Academy of Sciences and Arts - SANU
- representative of Primary health center Dr.Hadzi Janos Backa Topola
- representative of Belgrade City Public Health Institute - GZJZB
- representative of Primary health center Novi Beograd
- representative of Primary health center Arandjelovac
- representative of Primary health center Zajecar
- representative of Primary health center Zemun
- representative of Primary health center “Savski venac” Belgrade
- representative of Primary health center Pancevo
- representative of Primary health center Veliko Gradiste
- representative of Primary health center Surdulica
- Moderator / Translator

The consultation consisted of two parts. In the first, introductory part, Ms. Biljana Kozlovic, PCU Coordinator, explained to the participants the goal and components of the NCD Project and introduced the team members who will manage this project. Also, participants were informed in general of the ESF and the purpose of ESMF, ESCP, SEP and LMP during implementation. In addition, it was emphasized that all activities supported under the Project shall be environmentally and socially sound, sustainable, and consistent with WB ESS and Serbian national legislation.

In the second part, a presentation of subject ES instruments was held. Igor Radovic, NCD Environmental Specialist presented ESMF and ESCP and explained to the participants expected environmental impacts of the project, the envisaged mitigation measures and appropriate monitoring activities. Also, project screening procedure and risk classification are explained, as well as legal and administrative framework for Project.

Ms. Ksenija Petovar, Social Specialist presented the SEP and LMP and explained to the participants the expected social impacts of the project, as well as ways to manage the social risks of the project. The WB Standards that will be applied to the project have been clarified, and special emphasis has been placed on labor management procedures and labor relations during project

⁸ Names, phones and E-mail addresses are known to the PCU and archived properly

implementation. The importance of identifying vulnerable groups and establishing a Project grievance mechanism were emphasized too.



Figure 1: Public consultation in Belgrade, 08 September 2023



Figure 2: Public consultation in Belgrade, 08 September 2023



Figure 3: Public consultation in Belgrade, 08 September 2023



Figure 4: Public consultation in Belgrade, 08 September 2023

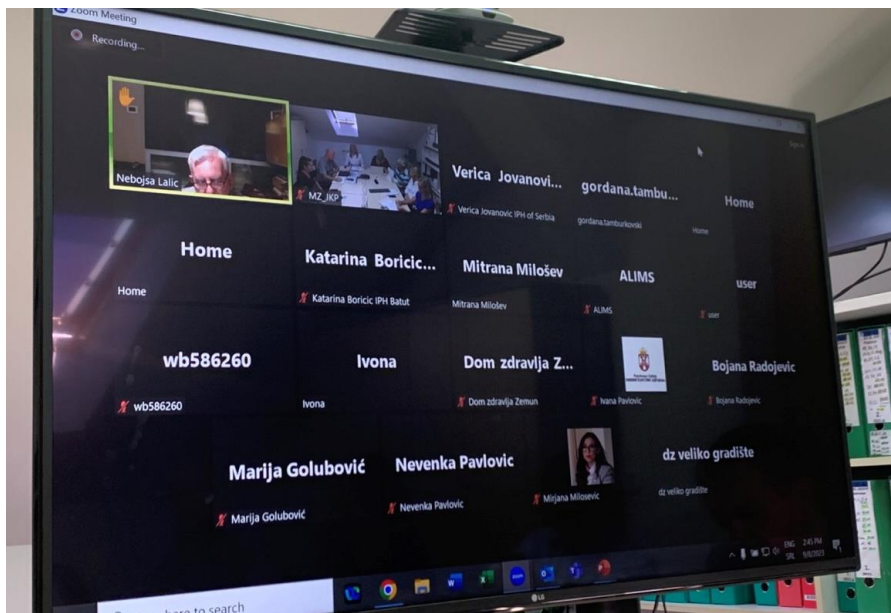


Figure 5: Public consultation in Belgrade, On-line participants, 08 September 2023

Special focus was given to project description, implementation arrangements, potential environmental and social impacts, grievance redress procedures, labor management, screening forms and development of environmental and social management plans during Project implementation.

The importance of Labor management and most important provisions of WB Environmental and Social Standard ESS2 (Labor and Working Conditions) are also explained to the public during presentation of ESMF, ESCP, SEP and LMP.

Before starting with questions of participants, institutional responsibilities and monitoring and reporting procedure on Project were presented and explained. However, the whole consultation have taken a participatory form and turned into a very interactive discussion with participation of all present Stakeholders very early before the moderator handed over the floor to the participants. This

Consultation started according to schedule at 2:00 PM and ended at 3:00 PM local time.

Comments, Questions and Answers during public presentation and consultations:

Q1: the representative of the Serbian Academy of Sciences and Arts - SANU gave a suggestion to the PCU to avoid focusing only on type 2 diabetes as a characteristic non-communicable disease but that it is more correct to use the general formulation - diabetes, which includes a wider a set of related diseases.

A1: PCU representatives have accepted the suggestion and the final ES instruments will be corrected in accordance with the subject suggestion. In addition, PCU representatives informed all

participants that the consultation process remains ongoing during the whole project cycle, and all participants were given the opportunity to submit their questions, remarks and suggestions at any moment during the NCD project.

Opinions and remarks provided in written form:

Written opinions and remarks related to ESMF, ESCP, SEP and LMP instruments were not received during the 21 days intended for consultations with interested citizens and organizations.

2. LIST OF PARTICIPANTS - PRELIMINARY CONSULTATIONS WITH KEY STAKEHOLDERS, 08 SEP 2023

The attendance sheet has been archived by the PCU and will not be used in this report for privacy reasons.

3. DOCUMENTATION


The screenshot shows a web browser window displaying the website of the Ministry of Health of the Republic of Serbia. The page title is "Projekat u pripremi: Prevencija i kontrola nezaraznih bolesti u Srbiji". A navigation bar at the top includes links for "MINISTARSTVO", "AKTUELNO", "DOKUMENTI", "BUDŽETSKI FOND", "ZDRAVSTVENI TURIZAM", "DPRZS", "EU PODRŠKA", and "KONTAKT". A search bar is visible on the right. Below the navigation bar, there is a red banner with the text "PROJEKAT: „HITAN ODGOVOR REPUBLIKE SRBIJE NA COVID-19“". The main content area features a list of documents, each with a red PDF icon and a right-pointing arrow. The documents are listed in both Serbian and English. At the bottom right of the list, there are two blue upward-pointing arrows.

Document Title (Serbian)	Document Title (English)
Serbia Noncommunicable Diseases Prevention and Control Project – under preparation: Stakeholder Engagement Plan (SEP)	Serbia Noncommunicable Diseases Prevention and Control Project – under preparation: Stakeholder Engagement Plan (SEP)
Projekat u pripremi: Prevencija i kontrola nezaraznih bolesti u Srbiji – Plan angažovanja zainteresovanih strana (SEP)	Projekat u pripremi: Prevencija i kontrola nezaraznih bolesti u Srbiji – Plan angažovanja zainteresovanih strana (SEP)
Serbia Noncommunicable Diseases Prevention and Control Project – under preparation: Labor Management Procedures (LMP)	Serbia Noncommunicable Diseases Prevention and Control Project – under preparation: Labor Management Procedures (LMP)
Projekat u pripremi: Prevencija i kontrola nezaraznih bolesti u Srbiji – Procedure upravljanja radnom snagom (LMP)	Projekat u pripremi: Prevencija i kontrola nezaraznih bolesti u Srbiji – Procedure upravljanja radnom snagom (LMP)
Serbia Noncommunicable Diseases Prevention and Control Project – under preparation: Environmental and Social Commitment Plan (ESCP)	Serbia Noncommunicable Diseases Prevention and Control Project – under preparation: Environmental and Social Commitment Plan (ESCP)
Projekat u pripremi: Prevencija i kontrola nezaraznih bolesti u Srbiji – Plan obaveza na polju životne sredine i socijalnih pitanja (ESCP)	Projekat u pripremi: Prevencija i kontrola nezaraznih bolesti u Srbiji – Plan obaveza na polju životne sredine i socijalnih pitanja (ESCP)
Serbia Noncommunicable Diseases Prevention and Control Project – under preparation: Environmental and Social Management Framework (ESMF)	Serbia Noncommunicable Diseases Prevention and Control Project – under preparation: Environmental and Social Management Framework (ESMF)
Projekat u pripremi: Prevencija i kontrola nezaraznih bolesti u Srbiji – Okvir upravljanja životnom sredinom i socijalnim pitanjima (ESMF)	Projekat u pripremi: Prevencija i kontrola nezaraznih bolesti u Srbiji – Okvir upravljanja životnom sredinom i socijalnim pitanjima (ESMF)
Poziv na javne konsultacije o dokumentima koja se odnose na zaštitu životne sredine i socijalna pitanja	Poziv na javne konsultacije o dokumentima koja se odnose na zaštitu životne sredine i socijalna pitanja
Invitation to public consultations about E&S documents: SEP, LMP, ESCP and ESMF	Invitation to public consultations about E&S documents: SEP, LMP, ESCP and ESMF

Figure 6: ES instruments on Serbian / English and Call for public consultation on MOH web site

chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.zdravlje.gov.rs/view_file.php?

IP  SNDPCP  Projects  NCD Page  EBRD Projects finder  EBRD PSDs  Gmail

 zdravlje.gov.rs / Oglas_Public...documents_SRP

Сагласно еколошком и друштвеном оквиру Светске банке (ESF) и Еколошком и друштвеном стандарду 10 (ESS10)

Република Србија
Министарство здравља

позива на

ЈАВНЕ КОНСУЛТАЦИЈЕ

јавност, органе и организације заинтересоване за

План ангажовања заинтересованих страна (SEP),
Процедуре управљања радном снагом (LMP),
План обавеза на пољу животне средине и социјалних питања (ESCP) и
Оквир управљања животном средином и социјалним питањима (ESMF)

припремљене за

ПРОЈЕКАТ „ПРЕВЕНЦИЈА И КОНТРОЛА НЕЗАРАЗНИХ
БОЛЕСТИ У СРБИЈИ“

Увид у предметну документацију може се извршити на следећи начин:

- Штампани примерци доступни су у просторијама Јединице за координацију пројекта, Пастерова 1, Београд, сваког радног дана од 11 до 13 часова, од тренутка објављивања овог обавештења до дана јавних консултација
- Електронске верзије докумената објављене су на интернет страници Министарства здравља: <https://www.zdravlje.gov.rs/tekst/352907/projekat-u-pripremi-prevencija-i-kontrola-nezaraznih-bolesti-u-srbiji.php>

Примедбе и мишљења на предметне документе достављају се у писаној форми поштом на адресу Министарства здравља – Јединице за координацију пројекта, Пастерова 1, Београд или електронском поштом на адресу NCD_project@zdravlje.gov.rs или непосредно током јавних консултација.

Јавне консултације и презентација предметних докумената одржаће се **8. септембра 2023.** у 14:00 часова, **путем интернета**, на широко доступној интернет платформи. Позивају се сви заинтересовани органи, организације и појединци да потврде своје учешће и да, уколико се одреде за онлајн присуство, доставе своје и-мејл адресе на: NCD_project@zdravlje.gov.rs најкасније до 7. септембра 2023. до 13 часова.

За додатне информације обратити се на следећу адресу:

Министарство здравља
Јединица за координацију пројекта
Пастерова 1, III спрат
11000 Београд, Република Србија,

Figure 7: Call for public consultation on MOH web site

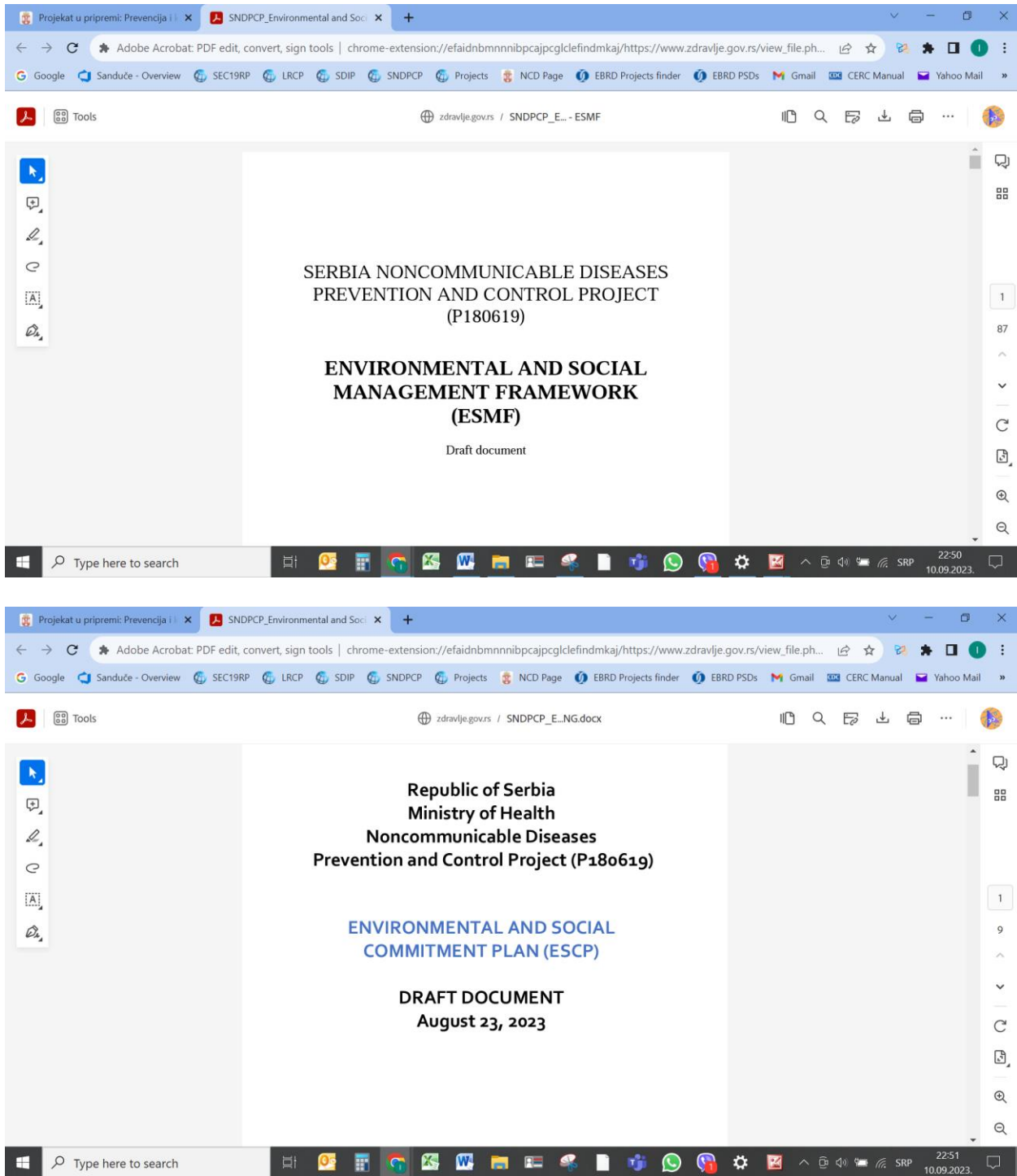


Figure 8: Publicly published DRAFT ESMF and ESCP on the MOH website

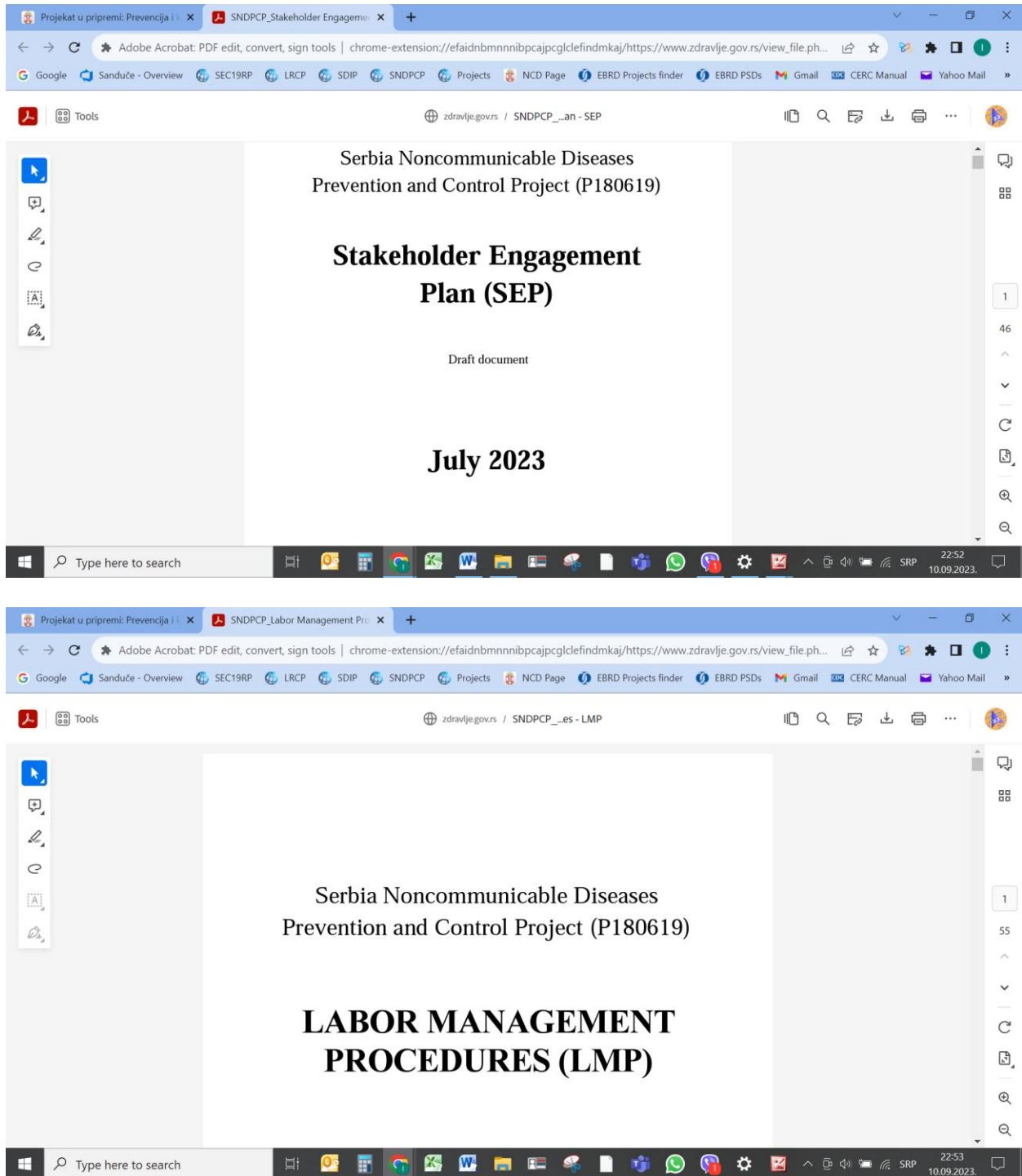


Figure 9: Publicly published DRAFT SEP and LMP instruments on the MOH website