REPUBLIC OF MOLDOVA

MODERNIZATION AND IMPROVEMENT OF REHABILITATION SERVICES PROJECT (P180306)

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

October 2023

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ABBREVIATIONS AND ACRONYMS

AMR	Antimicrobial Resistance
CNAM	Compania Naţională de Asigurări în Medicină / National Health Insurance Company
CNAS	Casa Naţională de Asigurări Sociale / National Social Insurance House
DLI	Disbursement Linked Indicators
EA	Environmental Agency
EU	European Union
EIA	Environmental Impact Assessment
ESCP	Environmental and Social Commitment Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
NBS	National Bureau of Statistics of the Republic of Moldova
GIIP	Good International Industry Practice
GBV	Gender Based Violence
GMI	Guaranteed Minimum Income
GoM	Government of the Republic of Moldova
GRM	Grievance Redress Mechanism
IBRD	International Bank for Reconstruction and Development
IEP	Inspection for Environmental Protection
ICP	Infection prevention and control
ICU	Intensive Care Unit
ICWMP	Infection Control and Waste Management Plan
ILO	International Labor Organization
JEE	Joint External Evaluation
LEPL	Legal Entity of Public Law

LMP	Labor Management Procedures
MRT	Magnetic Resonance Tomography
MoE	Ministry of Environment
MoH	Ministry of Health
MoD	Ministry of Defense
NARNRA	National Agency for the Regulation of Nuclear and Radiological Activities
NCD	Noncommunicable Disease
PBC	Performance-Based Conditions
PCR	Polymerase Chain Reaction
POPs	Persistent Organic Pollutants
PPE	Personal Protective Equipment
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SEP	Stakeholder Engagement Plan
SWMC	LLC Solid Waste Management Company
TSA	Targeted Social Assistance
UNECE	United Nations Economic Commission for Europe
WHO	World Health Organization

EXECUTIVE SUMMARY

This version of ESMF is updated as a result of the disclosure and consultation process held on 28 July 2023

A ESMF was prepared for the original project and disclosed in June 2023 as part of consultations. An extensive stakeholder's consultation meeting was held on 28 July 2023, with 71 participants including officials from the Ministry of Health, key national stakeholders, state agencies from health system, foreign experts and managers of republican, municipal and district level hospitals. The consultations prioritized the particularities of the new Modernization and Improvement of Rehabilitation Services (MIRS) and subjects related to existing infrastructure challenges, access to healthcare facilities and rehabilitation services, integration of human based approach at all project stages and agreed on further steps for reconstruction works within the district hospitals. The whole audience and especially hospital managers reiterated their commitment to implement the MIRS Project being aware of various needs of the population, mainly those with multiple vulnerabilities and limited access of citizens to rehabilitation services.

The overall Project Objective is to improve the quality and accessibility of rehabilitation services and strengthen primary care services for preventing and managing cardiovascular diseases.

The Project consists of the following five components:

Component 1: Integrated care at the hospital level for NCD patients (US$31.25 million).

Component 2: Integrated prevention and rehabilitation services at the primary care and population-level (US$ 12.25 million, including financing gap of up to US$ 5 million grant financing).

Subcomponent 2.1. Primary care and population-level interventions for NCD prevention and management (US$ 19 million). This subcomponent will finance prevention and disease management programs for NCDs for Moldovans and refugee populations, including: screening and treatment; training for healthcare workers to better manage chronic disease conditions and to detect the early signs of strokes and cardiac episodes; public awareness campaigns to address the major risk factors for stroke and heart attacks, including hypertension, salt consumption, physical inactivity and diet; and scale up existing telemedicine and digital health programs to improve access to counselling to address risk factors for vulnerable populations. It will also finance the development of materials, guidance and protocols to support healthcare workers in supporting NCD prevention and management for refugee populations.

Subcomponent 2.2. Preventive and supportive rehabilitation services (US$ 3.5 million). This subcomponent will finance the development of materials and training to support utilization of protocols for integration of multidisciplinary care for cardiac and stroke patients; strengthening of digital infrastructure between facilities to support the integration of rehabilitation services; discharge planning and protocols from secondary to primary care; rehabilitation support materials; and the development of home-based care models to minimize unnecessary and prolonged hospital-based treatment. Furthermore, it will support the development of policies and financing mechanisms to improve service delivery and the integration of care for rehabilitation services across and within the health and social care sectors. It will also support enhancements to primary

care facilities to improve their accessibility, including the provision of ramps, rails, and other modifications for patients with disabilities.

Component 3: Pandemic preparedness (grant financing of US$ 5.612 million processed as financing gap)
This component finances activities relating to the refurbishment of the National Agency for Public Health infrastructure and building additional storage facilities, as well as refurbishing the public health laboratory network infrastructure and endowing it with necessary equipment to ensure early warning and surveillance functions. These interventions will result in an improvement of national public health surveillance while aligning with national and international standards. The component finances equipment and infrastructure improvements in selected regional facilities, as well as technical assistance activities including training and the development of materials, protocols, and guidance documentation. This component is financed through a grant from the Pandemic Fund, a Financial Intermediary Fund, and implemented by the WB and WHO.

Component 4: Project management (US$ 2 million, including financing gap of up to US$ 0.5 million grant financing).

This component will provide support for the execution of project management, coordination, and monitoring and evaluation activities, including third party monitoring. It will finance the Project Implementation Unit (PIU), consulting services, office equipment, training, audits, filing systems, and operating costs.

Component 5: Contingent Emergency Response (US$0). The objective of this component is to improve Moldova's capacity to respond to disasters. Following an eligible crisis or emergency, the Recipient may request the WB to reallocate Project funds to support emergency response and reconstruction. This component would draw from the uncommitted grant resources under the Project from other Project components to cover emergency response. An emergency eligible for financing is an event that has caused or is likely imminently to cause a major adverse economic and/or social impact on the Recipient, associated with a disaster. The Project Operations Manual (POM) will include a specific annex for the Contingent Emergency Response Component, which lays out the provisions for activating and implementing the component.

Project location. The project is being implemented countrywide.

Potential key environmental and social risks related to the original project include:
1) Occupational health and safety related to the rehabilitation of the National Health Centers and HCUs;
2) Occupational health and safety related to collection, transportation and disposal of medical waste management;
3) Waste management;
4) Vulnerable and disadvantaged groups (low-income, disabled, elderly, isolated communities, including potentially Roma communities) encountering obstacles to access facilities and services provided by the project activities;
5) Handling of quarantining interventions (including dignified treatment of patients; attention to specific, culturally determined concerns of vulnerable groups; and prevention of sexual

exploitation and abuse and sexual harassment as well as meeting minimum accommodation and servicing requirements);

6) Social tensions that could be exacerbated by the project and community health and safety-related outcomes (especially related to spread of disease and waste management);
7) Social exclusion which is widespread in Moldova due to variance in communities' or individual's ability to pay;
8) Ensuring transparency and equity for financial support to households targeting specifically vulnerable populations.

To mitigate these risks the MoH prepared the present Environmental and Social Management Framework (ESMF), which contains provisions, procedures, tools, templates that are available in the Annex part of the ESMF. Overall, the ESMF provides guidelines for the development of appropriate prevention and mitigation measures for adverse impacts that might result from project activities. Specifically, a Screening Form for Potential Environmental and Social Issues is available in Annex 1. The ESMF also includes a template for Environmental and Social Management Plans (ESMPs), as Annex 3, and a template for Infection Control and Waste Management Plans (ICWMPs), as Annex 4. The former aims to provide an overarching action plan for the management of environmental, social, health and safety (ESHS) issues associated with the construction and operation of healthcare facilities.

Labor Management Procedures can be found in Annex 6 of the ESMF, which are aimed at summarizing mitigation measures that will be adopted by the project to address the risks related to labor management.

Institutional Arrangements: The Ministry of Health is the implementing agency for the project and ensuring compliance with provisions of the present ESMF. The Ministry of Health will request compliance of all contractors and subcontractors with provisions set in this ESMF. For Subcomponent 1.4 "Social and Financial Support to Households", Casa Nationala de Asigurari Sociale (CNAS) is responsible for managing the payment of benefits: receiving the lists of eligible beneficiaries from social assistance departments at local level, submitting payment requests to the Ministry of Finance, monitoring the cash distribution through designated commercial banks and post offices, and accepting their monthly reports on benefit execution. The project disbursements under "Social and Financial Support to Households" sub-component is linked to the Government's poverty-targeted cash benefit - Ajutor Social Program and verified achievement of Performance-Based Conditions (PBC).

The Ministry of Health as the implementing agency for the project leads the coordination and implementation of activities under the project. The Project Implementation Unit located in the premises of the MoH is responsible for the day-to-day management of project activities and supervision of implementation of ESMF provisions by relevant contractors and stakeholders. The PIU is staffed with experts who run implementation, coordination, and management, provide support for procurement, financial management, environmental and social safeguards, communication and

waste management, project assistance, and civil works engineering. The Ministry of Health strengthened the Project Implementation Unit capacity by contracting communication, environmental, waste management and social consultants.

1. INTRODUCTION

1.1 Sectoral context

The Moldovan health system is centralized, with the National Health Insurance Company (Compania Nationala de Asigurari in Medicina, CNAM) serving as the single purchaser of publicly financed health services since 2004. CNAM covers 86 percent of the population with a package of emergency, primary, and inpatient services without payment at the point of access. In 2021, primary health care (PHC) accounted for approximately 25 percent of CNAM's overall expenditure, reflecting a hospital-centric system. Strengthening PHC has been a priority since 1998 and there has been some progress in recent years. The number of publicly financed PHC providers has grown steadily from 67 in 2008 to 293 in 2021. Nevertheless, the unfinished agenda remains significant across financial protection and service delivery.

Weaknesses in service delivery for people with non-communicable diseases NCDs, particularly cardiovascular diseases, are apparent across three areas: primary care services for those at risk; post-acute services immediately following an acute event, such as a stroke or heart attack; and primary care services for post-acute follow-up and prevention of recurrent events.

NCDs are the major burden of morbidity and mortality for the population and constitute the bulk of premature mortality in Moldova. Compared to middle-income ECA countries, Moldova has one of the highest age-standardized premature mortality rates due to NCDs. NCD mortality is driven largely by cardiovascular diseases (CVDs), which caused 57 percent of all deaths and 37 percent of deaths before age 70 in 2019. Circulatory system diseases, cancers, diabetes, and respiratory diseases are also responsible for approximately four out of 10 primary disabilities.

Weaknesses in service delivery for people with NCDs, particularly CVDs, are apparent in PHC settings, and drive the demand for services in costly, tertiary settings.

Hypertension is a leading risk factor for CVDs and has been identified by the World Health Organization (WHO) as the leading risk factor affecting Moldovans' health status. In 2019, hypertension was estimated to account for nearly 37 percent of all deaths in Moldova and the Moldovan primary care system has been unable to sufficiently manage hypertension in the population.

As a result of Moldova's high NCD burden, current and future demand for rehabilitation services is substantial. The WHO has defined rehabilitation services as "a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment".

In 2022, the WHO estimated that 1,593,353 people in Moldova have at least one condition that would benefit from rehabilitation services, contributing to 194,412 years lived with disability. Lack of service provision is driven by a previous lack of prioritization in recent decades, and as a result quality of care is significantly compromised. Over the last 10 years, the demand for rehabilitation services has steadily increased, particularly for patients recovering from strokes,

traumatic brain injuries, spinal cord injuries, severe trauma, and heart and lung diseases. However, due to the lack of service provision and long waiting times, patients are often discharged immediately after being stabilized. As a result, approximately 90 percent of these patients do not return to the workforce. Based on information from the MoH, as of January 2021, 174,500 people with disabilities had been formally registered in the Republic of Moldova. Some 27,922 patients with disabilities from childhood require rehabilitation services and 6.7 percent of the population are living with disabilities. Between 2019 and 2020, there was a 7.8 percent increase in the rate of strokes, and in 2020, there were 218 stroke cases per 100,000 people.

1.2 Brief description of the Project (Modernization and Improvement of Rehabilitation Services Project)

The Project development objective is to strengthen NCD care by improving prevention and rehabilitation services for NCDs, with a focus on stroke and heart attacks, at all levels of the health system.

The Project seeks to improve the provision of rehabilitation services through four areas: (1) strengthen services for emergency care to diagnose and promptly treat patients with acute healthcare needs, such as a AMI of stroke; (2) strengthen restorative rehabilitation or service provision immediately following an acute episode; (3) strengthen primary care services to better provide integrated step-down care; and (4) strengthen primary and secondary prevention in primary care settings to manage NCDs and reduce the likelihood of initial and recurrent acute episodes.

These first two areas will be the focus of Component 1, and the third and fourth types of services will be the focus of Component 2 and can be delivered in community settings.

The Project's funding envelope has a total of US$ 65.50 million, which includes a US$ 40 million IBRD loan together with US$ 25.50 million grants from Trust Funds.

Project components.

COMPONENT 1: Integrated care at the hospital level for NCD patients (US$30 million) This component will focus on patients facing catastrophic health events, primarily strokes and heart attacks. This component will: (1) strengthen emergency response capabilities following catastrophic health events, with a focus on strokes and myocardial infarction; and (2) develop and upgrade health facilities and equipment.

COMPONENT 2: Integrated prevention and rehabilitation services at the primary care and population-level (US$ 22.5 million)

Subcomponent 2.1. Primary care and population-level interventions for NCD prevention and management (US$ 19 million) This subcomponent will finance prevention and disease management programs for NCDs for Moldovans and refugee populations, including: screening and treatment; training for healthcare workers to better manage chronic disease conditions and to detect the early signs of strokes and cardiac episodes; public awareness campaigns to address the major risk factors for stroke and heart attacks, including hypertension, salt consumption, physical inactivity and diet; and scale up existing telemedicine and digital health programs to improve access to counselling to address risk factors for vulnerable populations. It will also finance the development of materials, guidance and protocols to support healthcare workers in supporting NCD prevention and management for refugee populations.

Subcomponent 2.2. Preventive and supportive rehabilitation services (US$ 3.5 million). This subcomponent will finance the development of materials and training to support utilization of protocols for integration of multidisciplinary care for cardiac and stroke patients; strengthening of digital infrastructure between facilities to support the integration of rehabilitation services; discharge planning and protocols from secondary to primary care; rehabilitation support materials; and the development of home-based care models to minimize unnecessary and prolonged hospital-based treatment. Furthermore, it will support the development of policies and financing mechanisms to improve service delivery and the integration of care for rehabilitation services across and within the health and social care sectors. It will also support enhancements to primary care facilities to improve their accessibility, including the provision of ramps, rails, and other modifications for patients with disabilities.

COMPONENT 3: Pandemic preparedness (US$ 10 million) This component finances activities relating to the refurbishment of the National Agency for Public Health infrastructure and building additional storage facilities, as well as refurbishing the public health laboratory network infrastructure and endowing it with necessary equipment to ensure early warning and surveillance functions.

COMPONENT 4: Project management (US$ 3 million). This component will provide support for the execution of project management, coordination, and monitoring and evaluation activities, including third party monitoring. It will finance the Project Implementation Unit (PIU), consulting services, office equipment, training, audits, filing systems, and operating costs.

COMPONENT 5: Contingent Emergency Response (US$0). The objective of this component is to improve Moldova's capacity to respond to disasters. Following an eligible crisis or emergency, the Recipient may request the WB to reallocate Project funds to support emergency response and reconstruction. This component would draw from the uncommitted grant resources under the Project from other Project components to cover emergency response. An emergency eligible for financing is an event that has caused or is likely imminently to cause a major adverse economic and/or social impact on the Recipient, associated with a disaster. The Project Operations Manual (POM) will include a specific annex for the Contingent Emergency Response Component, which lays out the provisions for activating and implementing the component.

Project activities involve financing the infrastructure and equipment investments of existing medical facilities as well as more systemic inputs such as procurement of medicines, services, training, IT tools, public awareness campaigns, and home-based care practices across the country. The initial focus on the finance of equipment and infrastructure will be on three existing regional facilities, the Clinical Hospital in Chisinau, the Clinical Hospital in Balti, and the Comrat District Hospital. Other facilities to be identified during project implementation will also be existing facilities. There will be no new construction of healthcare facilities.

Rehabilitation services take place at regionally located acute stroke centers under the institute of Emergency Medicine, the Institute of Neurology and Neurosurgery, clinical hospitals, and district hospitals. Project interventions aim to improve prevention and rehabilitation services for NCDs with focus on patients immediately following an acute episode, such as a stroke or cardiac arrest by strengthening hospital-based services, providing equipment-intensive care in settings that need to be accessible for patients with limited mobility and functional ability. They also support patients at-risk of an acute episode, and services following an acute episode through lower-intensity, cost-effective primary care interventions, which can be delivered in community settings that are

amenable to outpatient, ambulatory and community provision, as the project will improve services for vulnerable segments of the population, specifically the elderly and persons with disabilities. The rehabilitation of facilities is intended to improve ability to gain physical access to facilities, easy egress in event of emergency, and ability to benefit from services. Provision of services by skilled healthcare workers who are experienced and tolerant to specific needs are key challenges for persons with disabilities.

The Project's direct beneficiaries include present and future patients from disadvantaged backgrounds who will benefit from improved health care facilities and services. The Project is expected to reach 90,000 patients and 1,700 refugees from Ukraine. Patients with disabilities are also included and will benefit from the adaptation of facilities and more inclusive infrastructure to better enable patients with rehabilitation needs and disabilities to access healthcare and receive higher quality care when in facilities. The Project will also benefit health care workers and managers of health care facilities by building their professional capacity through training and implementation of clinical protocols and guidelines. In total, the Project is expected to reach 6,000 health care workers and health care managers. The Project will also improve the capacity of the MoH to implement, monitor, and steer reforms.

1.3 Implementation Arrangements

The Project will be implemented by the MoH through a PIU, located at the MoH, which also coordinates since 2014 other three World Bank-financed projects: Program-for-Results (PforR) Health Transformation Operation (P144892), the Emergency COVID-19 Response Operation (P173776) and its Additional Financing to support COVID-19 vaccine delivery (P175816).

The PIU will be responsible for managing project implementation, including procurement of medical supplies and equipment and facility refurbishment for activities under the Project. The PIU will also prepare project progress reports (technical, financial and procurement) and an annual work plan with inputs from the MoH. All reporting and oversight relationships will be summarized in the POM. The PIU of the current Moldova Emergency COVID-19 Operation will be strengthened with additional staff to cover key functional roles. Given their previous experience, building on the foundation of the current PIU is intended to enhance the likelihood of successful Project implication. The PIU will also recruit a dedicated Project Coordinator and Procurement Specialist and extend the contracts of the existing staff, including one environmental specialist and one social specialist.

Each target HCF undertaking activities financed by the Project will assign one staff member who will be responsible for liaising with the PIU on ESMF implementation throughout the life of the Project at that specific HCF.

In accordance with the analysis of the potential impact of the Project activities on the environment and human health, the MoH/PIU will organize training workshops for the following:

- capacity building on management of risks associated with delivery of health services (i.e., OHS, patient safety, SEA/SH, etc.)
- construction contractors – about required procedures to mitigate negative environmental and social impacts during construction and dismantling works
- health institutions with role in implementing Project activities – about compliance with environmental, social and safety requirements during the construction period and in the future operation of buildings and structures in accordance with the developed ESMPs.

Representatives of the World Bank will visit the Project sites to monitor implementation of Project activities.

1.4 Purpose of Environmental and Social Management Framework

In line with the World Bank (WB) Environmental and Social Framework (ESF) (described in more detailed in the Legal Framework section of this document), the *Environmental and Social Management Framework (ESMF)* is an instrument that involves identifying the risks associated with the various **Project** (**Modernization and Improvement of Rehabilitation Services Project**) interventions and defining the mitigation and management procedures and measures that will have to be implemented during the Project's implementation.

The overall objective of the ESMF is to help Moldovan authorities identify and manage environmental and social risks associated with the implementation of the Moldova Modernization and Improvement of Rehabilitation Services Project and in developing the environmental and social management measures in accordance with the World Bank's Environmental and Social Framework (ESF).

The World Bank is providing support to Governments for preparedness planning to provide optimal medical care, maintain essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials).

Although the potential activities and investments have already been proposed for each of the Project's components, taking into consideration the large geographical scope – country wide – and the overall duration of the Project, the risks and impacts cannot be determined until the sub-project details and/or investments have been identified. In order to facilitate the adequate preparation of and management of potential environment and social risks of such sub-projects, the ESMF has been prepared to define and guide the environmental and social (E&S) assessment and/or due diligence as well as identification of environment and social mitigation measures and/or site-specific management plans for the said activities.

The above involves identifying the risks associated with the various project interventions and defining the mitigation and management procedures and measures that will have to be prepared and implemented during the project's implementation. The ESMF establishes principles, rule and procedures for assessment of E&S risks and impacts. It includes measures and plans for reduction, mitigation and/or compensation of negative risks and impacts, rules for estimating and budgeting costs of such measures, as well as information on the agency or agencies responsible for addressing project risks and impacts, including information on such institution(s)' capacity to manage E&S risks and impacts. It also includes adequate information on the area where a subproject is expected to be implemented, including any potential E&S vulnerability of such area; as well as information on the potential impacts and mitigation measures which could be implemented.

To mitigate these potentially adverse risks and impacts, the Moldavian Ministry of Health (MoH) through its Project Implementation Unit (PIU) prepared this ESMF with the aim to ensure the Project compliance with all relevant local polices and legislation, as well as with the WB environmental and social requirements in line with applicable Environment and Social Standards (ESSs) for the project. Overall, the ESMF is providing guidelines for development of adequate mitigation measures for adverse impacts that might result from the Project's activities.

The ESMF document shall be publicly consulted and is disclosed on the official websites of MoH and WB.

This document provides a detailed description of the procedures related to assessment, management and monitoring of E&S risks and impacts of the subprojects. All subprojects to be financed under the Project will be subject to an assessment of E&S risks by the MoH/PIU, following the procedures described in this Framework. Subprojects assessed as having "**high**" E&S risks will be screened out and not be eligible for Project's financing, while for "**substantial**", "**moderate**" and "**low**" risk subprojects, an environmental and social assessment will be carried out in line with the Moldavian environmental laws, with this ESMF, and with the provisions set forth under the World Bank ESS1 and ESF.

For "substantial" and "moderate" risk subprojects the assessment will include preparation of ESIA (if requested by the national legislation) or site-specific ESMPs , while for "low" risk subprojects the assessment will include preparation of site-specific ESMP Checklists.

The ESMF includes also the template of an *Infection Control and Waste Management Plan* (ICWMP) which focuses on infection control and healthcare waste management practices during the operation of healthcare facilities, other implementation tools, and the Labor Management Procedures (LMP), which refer to the requirements for ensuring health and safety for Project workers, and it is aimed at summarizing mitigation measures that will be adopted by the Project to address the risks related to labor management.

Another ESF instrument developed by MoH for the Project is the Stakeholder Engagement Plan (SEP). The SEP is a stand-alone document summarized and referenced in this ESMF.

Taking into consideration the groups of stakeholders defined by SEP, a Grievance Redress Mechanism (GRM) was developed for the Emergency COVID-19 Response Project and will be used also for this Project, as recommended by this ESMF. Types of environmental and social instruments and timing of their development and implementation are defined in the Environmental and Social Commitment Plan (ESCP) formally agreed between the Government of Republic of Moldova and the World Bank.

2. POLICY, LEGAL AND REGULATORY FRAMEWORK

2.1 Overview of National Environmental Legislation Relevant for the Project

The following environmental laws and regulations are relevant to the Modernization and Improvement of Rehabilitation Services Project:

Law #1515 on Environmental Protection[1] (1993) establishes the basic legal framework for drafting special normative acts and instructions in particular issues of environmental protection to:

- ensure the right of each person to a healthy and aesthetically pleasant environment;
- achieve the ultimate responsibility of each generation for environmental protection towards the future generations;
- obtain a wider range of use of natural resources without exceeding the allowable limits,

[1] https://www.legis.md/cautare/getResults?doc_id=112032&lang=ro

avoiding their depletion and degradation, the risk for people's health and other unwanted and unpredictable consequences;

- protect the soil and subsoil, water and air from chemical, physical and biological pollution;
- maintain the biodiversity and genetic resources, integrity of natural systems, historical and cultural national values; and
- restore ecosystems and components affected by human activity or natural disasters.

Law #86 on Environmental Impact Assessment[2] (2014) establishes the goal of preparing documentation on the Environmental Impact Assessment (EIA), its procedure, coordination and approval, and includes the List of objects and types of activities for which an EIA is compulsory prior to their design.

The EIA is carried out to determine the requisite measures to prevent adverse ecological impacts due to the implementation of certain planned objects and types of activities. The Law describes the requirements for documentation on the EIA (materials in which the direct and indirect impacts of planned objects on air, water, soil, landscape, protected areas, fauna, flora, cultural and historic monuments, socio-economic situation are establishing, describing and evaluating; comparison of alternative solutions and substantiation of the best one; suggested mitigation activities). On the basis of the developed documentation for the EIA, the client designs a Statement on the EIA in which all materials, calculations and research are presented and systematized, as well as the EIA content (title of the project; character of activity; location; substantiation for location; project duration; technical and technological characteristics of the project; suggested technical solutions; project cost; localities affected by projects; information of direct impacts on the environment (water, soil, air, etc.); land to be occupied by project; water abstraction; water use, water source; sources of raw materials, transport and other infrastructure, emissions to air, wastes and their utilization, etc.); order of elaboration and submission documentation on EIA, evaluation of EIA documentation, environmental decision on EIA documentation, etc.

Law #11 on strategic environmental assessment[3] (2017) establishes a legal framework for carrying out the strategic environmental assessment, including the procedure in a cross-border context if necessary, in order to ensure a high level of environmental protection, to prevent or reduce the negative effects of some policy and planning documents on the environment, including the health of the population.

Law #209 on waste[4] (2016) establishes the basic legal framework for waste management in the country. The Law on waste transposes the Waste Directive 2008/98/CE of the European Parliament and of the Council of 19 November 2008 repealing certain directives, but it also includes provisions of the directives on special waste flows.

This law establishes the legal basis, state policy and measures necessary for the protection of the environment and public health by preventing or reducing the adverse effects of waste generation and management and by reducing the overall effects of resource use and increasing the efficiency of their use.

[2] https://www.legis.md/cautare/getResults?doc_id=106006&lang=ro

[3] https://www.legis.md/cautare/getResults?doc_id=133818&lang=ro#

[4] https://www.legis.md/cautare/getResults?doc_id=118272&lang=ro

According to provisions of the law, the control and monitoring of the implementation of medical waste management is done by the local public health authorities. Article 55 of the law on waste describes procedures for waste management resulting from medical activity.

National Development Strategy Moldova – 2030[5] (2022)

This multi-sectoral sustainable development plan is focused on the following development priorities:

a) sustainable and inclusive economy (increased revenue from sustainable sources and mitigation of economic inequality; expanding people's access to utilities and living conditions; and improving working conditions and reducing informal employment); and

b) healthy environment (ensuring the fundamental right to a healthy environment and environmental security).

The main goal of the strategy "Moldova 2030" is a noticeable improvement in the quality of life of the population of the Republic of Moldova. Such an approach also implies poverty eradication in all relevant aspects of this phenomenon, and not just strictly in monetary terms, because it implies not only the level of income, but also equal and undeniable access to qualitative public and private goods and services. Implementation of politics directed at stimulation through incentives of productive employment will be particularly important for economic growth and income of the population. Improvement of the quality of life implies an increase of income level and improvement of the quality of environment. To this end, by 2030, the following strategic goals will be realized:

a) 50% reduction in absolute poverty and poverty in all its measurements in accordance with the national threshold and an international threshold for men, women and children of all ages with focusing on the most disadvantaged groups;

b) considering the dependence of the population on agricultural sector, as well as the wide potential of this sector, increasing agricultural productivity and small-scale incomes of agricultural producers at the expense of safe and equal access to factors of production, knowledge, financial services and markets;

c) implementation of a development-oriented policy, supporting production activities, creating decent jobs, entrepreneurship, creativity and innovation, as well encouraging the formalization and growth of micro, small and medium enterprises, including through access to financial services;

d) stimulating productivity growth by faster rates than real wage growth due to diversification, technological modernization and innovation; and

e) use of economic potential for assisting in increasing employment, especially of women, so that public assistance spending will generate jobs and meet the demand of potentially vulnerable groups.

Expanding people's access to utilities (safe water sources and sewerage) is a priority objective aimed at improvement of the quality of life of the population. Another priority objective of the Strategy is to improve water and soil quality by reducing pollution due to wastewater discharged

[5] https://www.legis.md/cautare/getResults?doc_id=134582&lang=ro

into receivers or into the environment, minimizing the discharge of chemicals and hazardous substances and reducing the share of untreated wastewater

Governmental Decision # 696 on Sanitary regulation regarding waste management from medical activity[6] (2018) regulates the manner of separate collection by type, packaging, labeling, temporary storage, transportation within the producing institutions, treatment, delivery, disposal and record of waste resulting from medical activity.

Governmental Decision #5 on Regulation regarding medical waste management (2001)[7].

Governmental Decision #637 on the control of transboundary shipments of waste and its disposal (2003)[8] establishes the mechanism for implementing the provisions of the Basel Convention, designed to ensure compliance with environmental safety requirements for the export, transit and disposal of waste.

Governmental Decision #99 for the approval of the Waste List (2018)[9]. This document is a classifier of waste, including hazardous waste.

Governmental Decision #589 for the approval of the Regulation of transportation of dangerous goods (2017)[10] establishes the framework for the application in the Republic of Moldova of the provisions of the European Agreement on the International Carriage of Dangerous Goods by Road, concluded in Geneva on 30 September 1957, to which the Republic of Moldova acceded by Parliament Decision no. 44-XIV of June 4, 1998.

Governmental Decision #501 for the approval of the Instruction on the keeping of records and the transmission of data and information on waste and its management (2018)[11] sets out how to keep records and transfer data and information on waste and its management.

Order #1346 on the approval of the checklist no.1.2 / ANSP applied within the State control over the entrepreneurial activity regarding the management of the waste resulting from the medical activity (2018)[12].

2.2. Institutional Framework for Environmental Management

The Ministry of Environment (MoE) is the central public authority responsible for the policy development in the environmental protection area of activity. The Ministry's mission is to analyze the situation and problems in its fields of activity, to develop effective public policies in the areas of environmental protection and climate change, natural resources, to monitor the quality of policies and normative acts and to propose justified interventions of the state to provide solutions. efficient in the areas of competence, ensuring the best ratio between the expected results and the expected costs.

The main functions of the Ministry are:

1) development of ex ante analyzes, policy documents, draft normative acts in the fields of

[6] https://www.legis.md/cautare/getResults?doc_id=108829&lang=ro

[7] http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=306414

[8] https://www.legis.md/cautare/getResults?doc_id=112863&lang=ro

[9] https://www.legis.md/cautare/getResults?doc_id=102107&lang=ro

[10] https://www.legis.md/cautare/getResults?doc_id=110137&lang=ro

[11] https://www.legis.md/cautare/getResults?doc_id=108614&lang=ro

[12] https://www.legis.md/cautare/getResults?doc_id=131605&lang=ro#

activities mentioned above;

2) ensuring cooperation with other relevant institutions from abroad in its fields of activities;
3) monitoring the rank of the Republic of Moldova regarding the international indicators related to its specific fields and development of proposals for their improvement;
4) monitoring the perception of citizens and economic agents regarding public policies, normative acts and state activity in the fields of activity specific to the Ministry and development of proposals for its improvement;
5) monitoring the quality of public policies and normative acts in the fields of activity specific to the Ministry, including in cooperation with the civil society and the private sector;
6) drafting the normative acts and implementing the international treaties of the Republic of Moldova in the fields of activity of the Ministry, drawing up the reports on their execution;
7) examination and approval of draft normative acts developed by other public administration authorities and submitted for examination; and
8) coordination and monitoring of the activity of the administrative authorities and of the subordinated decentralized public services and of the public institutions in which he has the quality of founder.

Environmental Agency (EA) is a public entity responsible for the implementation of the environmental protection policy in the country, in the field of:

a. prevention of environmental pollution;
b. air protection and climate change;
c. protection and regulation of the use of water resources;
d. protection and regulation of the use of the animal kingdom and the vegetable kingdom, of aquatic biological resources;
e. biodiversity conservation and management of protected areas;
f. waste management; and
g. biosecurity.

The Agency is subordinated to the Ministry of Environment. The main functions of the Agency are:

1) ensuring the implementation of public policy documents and environmental protection legislation both at national and local level;
2) providing technical support to the Ministry of Environment in development of public policy documents and normative acts in the field of environmental protection;
3) regulation and authorization of activities with an impact on the quality of the environment, issuing permitting documents to natural and legal persons that are practicing entrepreneurial activities with environmental impact (authorizations, environmental agreements, permits, certificates, notifications, opinions and coordination), provided in the Nomenclature of permissive acts, approved by Law no. 160 of July 22, 2011 on the regulation by authorization of the entrepreneurial activity;

4) monitoring the quality of environmental factors (monitoring the quality of water, air, soil, monitoring of forest and protected areas, monitoring the condition and use of water and soil resources, monitoring the plant and animal kingdom, monitoring fisheries, monitoring the state of the subsoil, air pollution monitoring, geological monitoring, environmental pollution monitoring) in order to provide individuals and legal entities with information on environmental quality, development of the system of statistical indicators in the field of environmental protection, as well as in drafting and publishing the National Environmental Report in Moldova; and
5) creation and administration of cadasters and special registers, administration of the information and data system for its fields of activity and ensuring public access to environmental information.

Inspection for the Environmental Protection (IEP) is the public authority that is responsible for the enforcement of the environmental legislation in the country. The Inspection is subordinated to the Ministry of Environment. The mission of the Inspectorate is to implement the state policy in the field of environmental protection and rational use of natural resources, to exercise state control and supervision, to prevent and counteract violations in the areas of competence, to ensure a high level of supervision and protection of the environment, public interests, ecological safety of the state and other values protected by legislation. The areas of competence of the IEP are:

a. implementation of environmental policy;
b. protection of atmospheric air;
c. protection of aquatic resources;
d. protection of flora, fauna and protected natural areas;
e. soil and subsoil protection;
f. waste and chemical management;
g. rational use of natural resources;
h. planned activities; and
i. occupational safety.

The main functions of the IEP are:

1) control of the implementation of the legislation in the field of environmental protection and rational use of natural resources at enterprises, institutions, organizations, with any type of property and legal form of organization;
2) preventing, counteracting infringements of environmental protection legislation and the rational use of natural resources;
3) coordination of activities with an impact on the environment, likely to harm and change the state of the environment or natural resources; and
4) finding and analyzing of the infringements of environmental protection legislation and the rational use of natural resources, including contraventions, imposing sanctions in accordance with the legislation, calculating and recovering damage to environmental components in accordance with the "polluter pays" principle.

The National Agency for the Regulation of Nuclear and Radiological Activities (NARNRA) is the public authority that is responsible for the development and implementation of policy in the nuclear and radiological field.

2.3. Overview of National Property, Health, Social and Labor Legislation Relevant for the Project

It is appraised under PAD that Land Acquisition, Restrictions on Land Use and Involuntary Resettlement are not currently relevant for the project. Hence, social standards and related Labor and Working Conditions, Community Health and Safety issues are relevant and an overview of national social and labour legislation relevant for the project is provided below.

The Republic of Moldova introduced substantial reforms to its health system in 2004 with the establishment of a mandatory system of health insurance, and a single pool of funds combining both payroll contributions and budget transfers. Under this system, however, around one-quarter of the population makes no insurance contribution, and hence has very limited financial risk protection when accessing health services.

The national legislation regarding training and response for public health emergencies transposes the provisions of WHO and other international bodies. The legal framework provides measures to prevent, prepare and respond to public health emergencies, risk assessment, public health emergency triggering, declaration / cancellation, special powers regarding facilities and goods, including isolation and / or quarantine measures, establishing rules on entering / leaving the area subjected to isolation or quarantine, informing the population about the public health emergency, the mechanisms for coordinating and mobilizing emergency funds.

Other relevant laws include:

Constitution of the Republic of Moldova guarantees in Article 36 the right to health protection and the minimum health insurance provided by the State free of charge.

Law on Mandatory Health Insurance of the Republic of Moldova, # 1585 (27 February 1998) provides that the individuals insured under the scheme include citizens of the Republic of Moldova, foreign citizens, and persons without citizenship living permanently on the territory of the Republic of Moldova.

Law on the size, manner and term of payment of compulsory health insurance fees # 1593–XV (26 December 2002) specifies that the compulsory health insurance is an autonomous system guaranteed by the state of financial protection of the population in the field of health care. The law provides that health insurance is based on principles of solidarity, from the insurance taxes and it is intended to cover the costs of treating conditions arising from the occurrence of insured events (illness or other sickness conditions). It also stipulates that the economically active population is obliged to contribute according to their wage levels (through a payroll tax) or to make a flat-rate contribution if self-insured.

Law on Pharmaceutical Activity #1456/1993 provides under Article 14 that pharmaceutical enterprises and institutions shall be liable in the established manner for compliance of the manufactured medicines and para-pharmaceutical products with the requirements of the analytical-normative documentation in force, approved by the Ministry of Health.

Law on State Supervision of Public Health # 10/2009 under Article 52. Prophylactic vaccination of population provides:

(1) The prophylactic vaccination of population against infectious diseases includes systematic prophylactic vaccination, vaccination according to epidemiological indications and recommended vaccination.

(2) The systematic prophylactic vaccination is guaranteed and ensured by the state at the ages and for groups of population established in the National Program for Immunization.

(3) The list of infectious diseases against which the systematic prophylactic vaccination is applied and the list of risk groups are approved by the Ministry of Health.

(4) The conditions, indications and organization of vaccinations according to the epidemiological indications are established by the Ministry of Health.

(5) The organization of recommended vaccinations is established by the Ministry of Health. **Order 358 of 12 May 2017 "On Approving the Regulation on the Performance of Pharmacovigilance Activities** established the approval of the following:

1) The Regulation on the Performance of Pharmacovigilance Activities, as per Annex 1 of the respective order;

2) Communication Sheet on Adverse Reactions and/or Lack of Effectiveness of Medicines and Other Medicinal Products as per Annex 2 of the same Order.

3) Communication Sheet on Adverse Reactions to Medicines and Other Medicinal Products "Patient Communicates" as provided by Annex no. 3 of the Order.

2. The holder of the medicine registration certificate, or his official representative, must at all times have at his disposal an appropriately qualified person responsible for pharmacovigilance activities to establish and maintain a system to ensure that all information collected on the safety of medicinal products are accessible to the Medicines and Medical Devices Agency;

3. Chiefs of health facilities, regardless of the legal form of organization and type of ownership:

1) to appoint persons responsible for pharmacovigilance in their health facilities within 1 month from the date of issue of the Order;

2) to ensure the recording and reporting of adverse reactions or the ineffectiveness of medicines and other medicinal products to the Medicines and Medical Devices Agency.

Law on Social Inclusion of Persons with Disabilities #60 (Mar 30, 2012) regulates the rights of persons with disabilities for their social inclusion, guaranteeing the possibility of their participation in all areas of life without discrimination, at a level identical to the other members of the society, having as a basis the respect of fundamental human rights and freedoms.

Law on Social Services #123 (June 18, 2010) establishes the general framework for creation and functioning of the integrated system of social services, determines the tasks and responsibilities of the central and local public administration authorities and other legal and natural persons responsible for the provision of social services and protection of rights of the beneficiaries of social services.

Law on Social Assistance # 133 (June 13, 2008) regulates the legal framework on guaranteeing equal opportunities for disadvantaged families by providing social assistance at a state-guaranteed level. The law serves as legal framework for regulating the Program for Social Support.

Administered by the Labor and Social Protection, and previously supported by the WB, the Program for Social Support is the main anti-poverty program in Moldova.

The Program for Social Support began in 2009. It was conceived as a proxy means-tested program of cash transfers to replace categorical benefits. This program was introduced to counter the fragmentation of social protection programs and the inefficiency of public financing. To qualify for the program benefits, applicants must meet three sets of criteria related to: family income being below the guaranteed minimum income (GMI); the employment status of family members[13]; and, family welfare (confirmed through the proxy means test). The amount of the benefit depends on the income gap between household monthly income and the GMI threshold, which is established annually in the budget. The means tested program is channeling significant funds to the poorest quintile. However, despite expansion of the program in 2014-2017, when its coverage increased from 4 to 7% of the total population, it reached only about 20% of the poorest, and the benefit size remains inadequate, especially for families with children.

Decision of the Government # 474 of 08-07-2020[14] amending section 19 of the Regulation on the establishment and payment of social assistance, approved by Government Decision no.1167 / 2008 provides that the amount of the minimum guaranteed monthly income calculated for each child will be increased from 50% to 75%, which is an increase of 276.75 lei / per child for the assessment and calculation of the right to social assistance and by 608.85 lei / per child to assess entitlement to aid for the cold period of the year.

Law on ensuring equal opportunities between women and men #5-XVI (Feb 09, 2006) pertains to ensuring the exercise by women and men of their equal rights in the political, economic, social, cultural, and other spheres of life, rights guaranteed by the Constitution of the Republic of Moldova, with a view to preventing and eliminating all forms of discrimination based on the criterion of sex.

Strategy for ensuring equality between women and men in the Republic of Moldova for 2017-2021 and the Action plan on its implementation (April 28, 2017) empowering women and the de facto implementation of the equality between women and men in Moldova, by achieving five general objectives on fields of reference.

Law on Access to Information #982/2000 (amended in 2003-2011-2015) regulates the interaction between the providers of information and individuals and/or legal entities during the exercise of their constitutional right to access information, the rights of applicants for obtaining the information, the obligations of information providers to ensure access to official information, methods of safeguarding the right to information.

Law on Freedom of Expression #64 (2010, amended in 2012-2013-2015) guarantees right to freedom of expression and regulates the balance between right to freedom of expression and defense of private and family life

Law on Transparency in Decision Making #239 (2008) refers to the transparency of information linked with the decision-making process and to the consultation of stakeholders when drafting decisions.

[13] All able-bodied members of a family must be either employed (self-employed), registered as unemployed, be on parental leave or look after a member of the family that requires care (e.g. with severe disability).

[14] https://www.legis.md/cautare/getResults?doc_id=122127&lang=ro

Administrative Code of the Republic of Moldova #116 (2018) establishes procedure for consideration of petitions of citizens addressed to the relevant authorities for the purpose of ensuring protection of petitioners' rights and legitimate interests.

Labor Code of the Republic of Moldova (March 28, 2003) regulates labor relations and ensures the right of every worker to fair working conditions, including the conditions which meet the requirements of occupational safety and health. Section IX of the Labor Code is dedicated to occupational safety and health.

Law regarding the promotion of employment and unemployment insurance #105 (June 14, 2018) aimed on preventing and mitigating unemployment and its social effects, reduction of unemployment risks and ensuring a high level of employment and adapting to the demands of the labor market.

Law on Occupational Health and Safety # 186-XVI (July 2008) regulates legal relations related to setting of measures to ensure the safety and health of workers at work.

Labor Inspection Law #140-XV (29 June 2001) defines the objectives and powers of the labor inspectorate, its organization, rights, obligations and responsibilities. The labor inspectorate is in particular responsible for monitoring compliance with the provisions of legislative acts relating to employment contracts, working time and rest time, labor discipline, the work of minors and women, protection labor and working conditions.

Government Decision # 629 of 08-08-2017 on approval of the **Code of ethics and deontology of the civil servant with special status within the Ministry of Internal Affairs** establishes ethical and professional values and professional conduct to be shared by these category of personnel. Art. 13 of the Code requires the civil servant to: 1) show a respectful attitude in relations with people; 2) to demonstrate skills in managing conflict situations; 3) to respect the right to privacy, to the inviolability of correspondence and domicile; 4) to respect the principle of the presumption of innocence, ensuring to each person who is the object of the investigation the full exercise of his legal rights; 5) to take into account the specific needs of special categories of the population, such as: children, women, the elderly, people with disabilities. Article 15 of the Code provides that the civil servant with special status does not apply, encourage or tolerate any form of torture, inhuman or degrading treatment. If he becomes aware, by any means, of any similar acts provided, he is obliged to denounce them to his superiors, in writing, being assured of his anonymity. The final provisions of the Code stipulate that violation of the provisions of the Code may lead to disciplinary, civil, contravention or criminal liability.

2.4.Institutional Framework for Regulating Health, Social Welfare, and Labor Safety

The Ministry of Health is the central specialized body of public administration that ensures the implementation of governmental policies in the fields of health. Ministry of Health is responsible for the organization and regulation of health services provided to individuals and the public, and for ensuring the state surveillance of population health.

The Ministry of Health is also responsible for providing the legal framework on the management and proper disposal of medical waste generated in the public and private health service sector. This is achieved through developing and approving of sanitary norms, rules, and hygienic specifications.

The Ministry of Labor and Social Protection has under its subordination a range of agencies and institutions, which are mandated with responsibilities for implementation of policies promoted by the Ministry.

The institutional framework on health and social protection includes the following non-exhaustive list of institutions:

The National Social Insurance House/Casa Naţională de Asigurări Sociale (CNAS) is a central administrative authority subordinated to the Government, with legal personality that administers and manages the public social insurance system. CNAS was established in 2001 based on the Law on the public state social insurance system no. 489-XIV of 08.07.1999. The CNAS is headed by a director general appointed by the Government of the Republic of Moldova and is supervised by a Board of Directors, composed of 12 persons: representatives of the Government, Trade Unions, Employers and the Republican Council of Veterans. CNAS - is the body of the executive power, which implements the state policy in the field of social insurance. Through the public social insurance system, the state guarantees to citizens the right to social protection for retirement, unemployment, illness, disability, etc through payment of pensions, allowances and other social insurance benefits.

The National Health Insurance Company/ Compania Naţională de Asigurări în Medicină (CNAM) is an autonomous state organization of national level, which has legal personality, founded by Government Decision of the Republic of Moldova no. 950 of September 7, 2001. The institution is responsible for financing of most health services, as well as for the quality control and implementation of provided healthcare and the implementation of the Health Insurance regulatory framework. CNAM finances access to an essential package of emergency, primary, and inpatient services without payment at the point of care. The system also provides universal access to primary health care, for both uninsured and insured patients (including mental health, cancer screening, HIV/AIDS[15], tuberculosis, etc.). Inpatient care is provided at the municipal, district (secondary care) and republican (tertiary care) levels; highly specialized tertiary services are concentrated in Chisinau.

The National Agency for Public Health is the administrative authority subordinated to the Ministry of Health, which has the role to ensure the implementation of policies in the field of national public health.

The National Extraordinary Public Health Commission is responsible for the integrated approach to public health risks / emergencies, the implementation of prevention and management measures, the mobilization of efforts in all sectors and the coordination of activities.

Agency of Medicines and Medical Devices (AMMD) is responsible for authorization of medicines and vaccine, including for surveillance of the quality of medicines and the supervision of the supply of medicines and medical products nationwide.

The National Social Assistance Agency is an administrative authority subordinated to the Ministry of Labor and Social Protection. The Agency's mission is to increase the quality of social assistance provided to the population by implementing state policies in the field of social assistance. In its activity, the Agency exercises the following basic functions: (a) elaboration of the methodological framework for the unitary implementation of the legislation in the field of

[15] HIV/AIDS: human immunodeficiency virus/acquired immunodeficiency syndrome.

social assistance; (b) management of the activity of public institutions in which the Ministry of Health exercises the status of founder; (c) facilitating the process of consolidating the professional capacities of the personnel from the social assistance system; and (d) management of the financial means for financing the programs with special purpose in the field of social assistance and the minimum social services package.

The National Council for Accreditation of Social Service Providers is an administrative authority with the Ministry of Labor and Social Protection, which has the mission to certify the capacity of social service providers, regardless of the type of property, the legal form of organization and administrative subordination and to provide qualitative social services.

The National Council for the Determination of Disability and Capacity of Work has the mission to ensure the fulfilment of the provisions of normative acts in force regarding the determination of disability and capacity of work, having as final objectives the social inclusion of people with disabilities.

Temporary Placement Centers for the elderly, children and people with disabilities (in some localities), and the **Center for Assistance and Protection of victims and potential victims of trafficking in human beings**, that represents institution of social assistance and rehabilitation/recovery from the management of the National Agency for Social Assistance.

The National Employment Agency is the administrative authority subordinated to the Ministry of Labor and Social Protection and has the role to ensure implementation of policies on employment, labor migration and unemployment. The National Employment Agency provides labor market information, employment counselling and career guidance, and administers active and passive labor market schemes, line with the principles of ILO Employment Service Convention (C88), 1948. The organizational and geographical structure ensures the availability of basic employment services, vocational training and access to statutory entitlements throughout the country. Employment services include assistance to unemployed clients (individual and group counselling; profiling and individual employment planning; vocational guidance; and referral to vocational training and public works) and services to employers (short-listing of job candidates and job mediation).

The State Labor Inspectorate is an administrative authority, which is empowered with the right to exercise state control over compliance with legislative acts and other normative acts in the field of work, safety and health at work. The labor inspectorate ensures compliance with legislation and collective agreements with respect to working conditions, wages, labor relations and child labor. Also, it is involved in the training of workers and approves the safety of work equipment and technical devices before these go into production. It also monitors compliance with labor-related legislation within the central and local public administration.

2.5.International Conventions Ratified by Republic of Moldova

Republic of Moldova has signed and ratified many global and regional environmental conventions, multi-lateral agreements, protocols, and treaties that stipulate the country's obligations to monitor, assess and report on several environmental parameters in Republic of Moldova related to water resources management, atmospheric air pollution and waste management. Some of them listed below are relevant to this Project:

Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal (Ratified on 18th of November, 2008) - an international treaty that was designed to

reduce the movements of hazardous waste between nations, and specifically to prevent transfer of hazardous waste from developed to less developed countries. The Convention is also intended to minimize the amount and toxicity of wastes generated, to ensure their environmentally sound management as closely as possible to the source of generation, and to assist less developed countries in environmentally sound management of the hazardous and other wastes they generate.

***The UNECE Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters, usually known as Aarhus Convention (Ratified on 7th of April 1999*)** helps member countries to establish rights of the public (individuals and their associations) to receive environmental information that is held by public authorities ("access to environmental information"). This can include information on the state of the environment, but also on policies or measures taken, or on the state of human health and safety where this can be affected by the state of the environment. In addition, public authorities are obliged, under the Convention, to actively disseminate environmental information in their possession. Upon ratification of the convention, the county took up an obligation to ensure citizens' access to justice in environmental matters. The obligation considers provision of a package of guarantees that allows citizens, including civil society, to ask a national court to check whether a public authority has respected the rights and fulfilled the related legal requirements.

UNECE Convention on Environmental Impact Assessment in a Transboundary Context (Espoo, 2001) sets out the obligations of the Parties with respect to the assessment of the environmental impact of specific activities in the early stages of planning. It also contains the general obligations of the Parties to notify and consult each other when considering projects that can have significant harmful effects on the environment outside the borders of one state. The Convention is a tool with great potential, facilitating the cooperation of the Parties, joint discussion of issues, establishing contacts and finding common ways to resolve the issues that have arisen.

Fundamental, Governance and Technical conventions of the International Labor Organization (ILO) covering regulations on employment policy, remuneration, holidays with pay, human resources development, minimum age, freedom of association, etc. as well as those prohibiting forced labor, child labor and discrimination. Moldova ratified 42 ILO Conventions and 1 Protocol, of which 41 are in force. These are related to labor and wage protection, maternity, combating of worst forms of child labor and others. The Republic of Moldova has ratified the Promotional Framework for Occupational Safety and Health Convention (No. 187) in 2010. Other ratified main ILO standards on OSH include the Occupational Safety and Health Convention, 1981 (No. 155) and the Safety and Health in Agriculture Convention, 2001 (no. 184).

Moldova signed on February 6, 2017 in Strasbourg the **Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).** The Parliament approved on October 14, 2021 the ratification of the Istanbul Convention. By ratifying the Convention, the Moldovan authorities duly undertake to prosecute violence against women, allocate resource to ensure the operation of crisis centers, 24/7 hotline, shelters for victims of violence, provide psychological and legal assistance, and other measures. Violence against women during COVID pandemic has been on the rise as reported by CSOs and women activists. Stress, the disruption of social and protective networks, loss of income and decreased access to services all exacerbate the risk of violence for women. Therefore, the issue is particularly relevant for the Modernization and Improvement of Rehabilitation Services Project.

2.6.World Bank Environmental and Social Standards Relevant for the Project

Activities under this Project like all other WB financed projects since 1 October 2018 will be implemented under the Environmental and Social Framework (ESF) Policy, and in accordance with its new Environmental and Social Standards (ESS).

The Framework sets out the Bank's commitment to sustainable development, through a Bank Policy and a set of 10 ESS that are designed to support Borrowers' projects, with the aim of ending extreme poverty and promoting shared prosperity.

The Bank's Framework consists of three parts as shown in the diagram below:

The Bank committed to support the Borrowers in the development and implementation of environmentally and socially sustainable Projects, as well as to increase environmental and social capacity of the Borrowers in the assessment and management of environmental and social risks and consequences of the Project.

Risk classification

The Bank classifies all projects into one of four classifications; the project's activities risk rating on environment is described in the table below:

Risk rating	Risk description
High Risk	Risks have a large geographic footprint; have strong synergistic or cumulative effects with other initiatives and involve mitigation or management measures which are complex or unproven; they are beyond the direct control of the operation. The operation is likely to have adverse environmental impacts that are long term, permanent, and/or irreversible, high in magnitude and/or in spatial extent, sensitive, diverse, and/or unprecedented.
Substantial Risk	These risks will be less diverse or complex and, while they may be more predictable, many such risks are still beyond the direct control of the operation. The operation may have potential adverse environmental impacts, but these are less severe. Such impacts could be on environmentally or socially sensitive areas, but the operation is less likely to have a large footprint and impacts will be site-specific, less divers and complex and will have less potential for strong synergistic or cumulative impacts.
Moderate Risk	These risks are well understood and expected to be limited in impact. The operation may have some adverse environmental and social impacts. Such impacts would tend to be away from environmentally or socially sensitive areas. The operation may also have some adverse effects on gender, vulnerable groups, poverty, equity.
Low Risk	Adverse risks to and impacts on human populations and/or the environment are likely to be minimal or negligible, the project footprint is small, and activities present little or no direct impacts.

In determining appropriate risk classification, the Bank takes into account relevant issues such as:

The Project's environmental and social risks were assessed as "**Moderate**" considering the related civil works for rehabilitation/installation of infrastructure/equipment and issues associated with operations of healthcare facilities, which might generate potential for exclusion in access to services for members of vulnerable groups, especially the disabled and isolated rural poor, and those without awareness or insurance. Principles of universal access will inform physical design, safety and emergency protocols, and access to health services to facilitate improvements in inclusion of patients with different needs. There is some risk that the most vulnerable patients may suffer neglect or abuse in institutionalized medical settings during the provision of healthcare services although incidents are likely to be isolated and are preventable through training, codes of conduct, labor management procedures, stakeholder engagement and grievance mechanisms.

Other areas of risk may also be relevant to the delivery of E&S mitigation measures and outcomes, depending on the specific project and the context in which it is being developed. These could include legal and institutional considerations; the nature of the mitigation and technology being proposed; governance structures and legislation; and considerations relating to stability, conflict, or security.

To this end, the World Bank has identified specific ESSs aimed at avoiding, minimizing, reducing or mitigating the adverse risks and consequences of the Project implementation. World Bank Projects must comply with the ESS.

For projects involving multiple small subprojects, that are identified, prepared, and implemented during the course of the project, the Bank will review the adequacy of national E&S requirements relevant to the subprojects, and assess the capacity of Borrower to manage the E&S risks and impacts of subprojects. When necessary, the project will include measures to strengthen the capacity of the Borrower.

The Borrower is required to carry out appropriate E&S assessment of subprojects, and prepare and implement such subprojects, as follows:

- ⇒ High risk subprojects, in accordance with ESSs and national law.
- ⇒ Substantial, moderate, and low risk subprojects, in accordance with national law and any requirement of the ESSs that the Bank deems relevant for such subprojects.

Where subprojects are likely to have minimal or no adverse environmental or social risks and impacts, such subprojects do not require further environmental and social assessment following the initial screening (**Annex 1**).

Out the ten ESSs comprising the ESF, **five** are relevant to the Moldova Modernization and Improvement of Rehabilitation Services Project.

The table below provides an overview of ESS and their applicability to this Project:

Environmental and Social Standards (ESS)		**Relevance to the Project**
ESS1	Assessment and Management of Environmental and Social Risks and Impacts	**Yes**
ESS2	Labor and Working Conditions	**Yes**

ESS3	Resource Efficiency and Pollution Prevention and Management	**Yes**
ESS4	Community Health and Safety	**Yes**
ESS5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	No[16]
ESS6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	No[17]
ESS7	Indigenous People	No
ESS8	Cultural Heritage	No
ESS9	Financial Intermediaries	No
ESS10	Stakeholder Engagement and Information Disclosure	**Yes**

Although only five ESSs are considered relevant to the Project, these standards can be reevaluated whenever new information/activities become available.

According to these standards, the Project is to be implemented, and the MoH will comply with them throughout the Project life cycle, as follows[18]:

ESS 1 - ***Assessment and Management of Environmental and Social Risks and Impacts.***

ESS 1 is applied to all projects supported by the Bank through the Investment Project Financing mechanism. The objective is to identify, evaluate and manage E&S risks and impacts associated with each stage of the Project, in order to achieve E&S outcomes consistent with Bank requirements.

Within ESS1, the Borrower is obliged to:

▪ Conduct screening and scoping of risks, followed by a site-specific E&S assessment of the proposed sub-project and prepare management plans, including stakeholder engagement for sub-projects with potential adverse risks and/or those classified as substantial,

[16] No new construction is envisaged under project activities. All rehabilitation activities will be done within existing footprints. While very unlikely, the project will include measures to address any informal encroachment or occupation prior to commencing civil works.

[17] The proposed Project activities are expected to be restricted to existing facility footprints and therefore impacts on habitats is expected to be limited to vegetation clearance and short-term disturbance to local fauna. The ESMF will have provisions that vegetation clearance should be kept to a minimum and be done during non-breeding period.

[18] The summary/requirements presented are only a summary and the full ESSs should be consulted for the complete requirements

▪ Undertake stakeholder engagement and disclose appropriate information in accordance with ESS10,

▪ Develop an Environmental and Social Commitment Plan (ESCP) and implement all measures and actions set out in the legal agreement including the ESCP,

▪ Conduct monitoring and reporting on the environmental and social performance of the project against the ESSs.

The environmental and social assessment will be proportionate to the risks and impacts of the project and will assess in an integrated way all relevant direct, indirect and cumulative E&S risks and impacts throughout project life cycle, including those specifically identified in the ESS2-10. The E&S assessment process shall apply mitigation hierarchy according to which: (a) risks and adverse impacts needs to be anticipated and to the extent possible avoided, while positive impacts and benefits for the community and physical environment need to be maximized, (b) where avoidance is not possible, minimize or reduce risks and impacts to acceptable levels; (c) residual adverse impacts and risks need to be removed or mitigated to the acceptable level; (d) where significant residual impacts remain, compensate where technically and financially feasible.

ESS 1 sets out the borrower's responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing, in order to achieve environmental and social outcomes consistent with the ESSs.

The project will have positive environmental and social impacts as it should improve and upgrade post acute facilities, equipment and services as well as provide targeted support for the more vulnerable households. However, the project could also cause environmental, health and safety risks due to the civil works and healthcare facilities operation. Other risks, associated with site specific rehabilitation of health facilities, are identified/identifiable and easily to mitigate. To manage these risks, the Ministry of Health, with support from the PIU, prepared an ESMF that includes templates for site specific Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICWMP) so that the PHCs, laboratories, and healthcare facilities supported by the Project are able to apply international best practices in NCD diagnostic and other NCD response activities.

ESS 2 – *Labor and Working Conditions*. Regulates working conditions, and the scope of its application depends on the type of employment relations between the Borrower and project workers. The term "project worker" is related to:

a) people employed or engaged directly by the Borrower (including the project proponent and the project implementing agencies) to work specifically in relation to the project (direct workers);

b) people employed or engaged through third parties to perform work related to core functions of the project, regardless of location (contracted workers); (c) people employed or engaged by the Borrower's primary suppliers (primary supply workers); and (d) people employed or engaged in providing community labor (community workers).

ESS2 objectives are:

- To promote basic principles and labor rights in the field of work,
- To promote safety and health at work and requires that all works should be carried out with observation of construction safety measures,

- To promote the fair treatment, nondiscrimination and equal opportunity of project workers,
- To protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers,
- To prevent the use of all forms of forced labor and child labor,
- To support the principles of freedom of association and collective bargaining of project workers in a manner consistent with national law,
- To provide project workers with accessible means to raise workplace concerns, and provides for a grievance redress mechanism (GRM) for employees working on a project

The project must be carried out in accordance with the requirements of ESS2, in a manner acceptable to the World Bank, including through the implementation of adequate occupational health and safety measures (including emergency preparedness and response measures), consideration of complaints for employees and application of requirements to work personnel.

ESS2 applies to project workers including full-time, part-time, temporary, seasonal and migrant workers.

The project is carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.

A Labor Management Procedure was prepared for the Project in accordance with the provisions of ESS2 and is an integral part of this ESMF. In accordance with LMP, every person involved in the Project must be formally employed or have a valid contract.

Civil works contracts will incorporate social and environmental mitigation measures based on the WBG EHS Guidelines and the ESMF; other referenced plans e.g. SEP. All civil works contracts will include industry standard Codes of Conduct that include measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA).

ESS 3 – *Resource and Efficiency, Pollution Prevention and Management*. Recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels.

ESS3 sets out the requirements to address resource efficiency and pollution prevention and management throughout the project life cycle consistent with Good International Industrial Practice (GIIP). Applicability of this EES is established during environmental and social assessment. The Borrower shall be obliged to apply technically and financially feasible measures to improve efficient consumption of energy, water and raw material, as well as other resources. Such measures shall integrate cleaner production principles into the product design and production processes to conserve raw material, energy, water and other resources.

Besides, the Borrower will avoid the release of pollutants or, when avoidance is not feasible, minimize and control the concentration and mass flow of their release using the performance levels and measures specified in national law or the World Bank Group Environmental, Health and Safety Guidelines, whichever is most stringent. This applies to the release of pollutants to air, water and

land due to routine, non-routine, and accidental circumstances, and with the potential for local, regional, and transboundary impacts.

Pollution prevention and management includes management of:

1. Air pollution
2. Hazardous and non-hazardous waste, including medical waste
3. Chemicals and hazardous materials
4. Pesticides

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the hospitals, labs and screening posts to be supported (drugs, supplies and medical equipment) can have impact on the environment and human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment. Each beneficiary medical facility/lab, following the requirements of the ESMF, WHO guidance documents, and other best international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible.

ESS 4 – *Community Health and Safety*. Recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities.

Objectives of ESS4 are the following:

- To anticipate and avoid adverse impacts on the health and safety of project-affected communities during the project life cycle from both routine and non-routine circumstances.
- To promote quality and safety, and considerations relating to climate change, in the design and construction of infrastructure, including dams.
- To avoid or minimize community exposure to project-related traffic and road safety risks, diseases and hazardous materials.
- To have in place effective measures to address emergency events.
- To ensure that the safeguarding of personnel and property is carried out in a manner that avoids or minimizes risks to the project-affected communities.

Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are is not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). Laboratories, quarantine and isolation centers, and screening posts, will thereby have to follow procedures detailed in the ESMF and ICWMP (see ESS 3 above).

The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice as outlined in WHO guidance as above under ESS 1 and ESS 2.

The SEP is aimed to ensure widespread engagement with communities in order to disseminate information related to community health and safety, particularly around social distancing, high risk demographics, self-quarantine, and mandatory quarantine.

The project will mitigate the risk of Sexual Exploitation and Abuse by applying the WHO Code of Ethics and Professional Conduct for all workers in the healthcare facilities as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light.

The project will also ensure via the above-noted provisions, including stakeholder engagement, are operated effectively throughout the country, including in remote and border areas, without aggravating potential conflicts between different groups.

ESS 10 – *Stakeholder Engagement and Information Disclosure*. ESS 10 recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

Meaningful consultation, particularly when public meetings are counter to the aims of the SEP, and disclosure of appropriate information are important for ensuring public health and safety from all perspectives – social, environmental, economic, and medical/ health.

The project's SEP serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM). To advance the implementation of the project-related grievance redress mechanism, the PIU developed regulations that detail its use at national and regional/hospital levels. There have been no project-related grievances, mainly because the procurement processes related to civil works are ongoing, and work has not yet begun.

Overall, stakeholders have been efficiently engaged in consultations on project implementation.

1) 2.7. The World Bank Group Environmental, Health and Safety Guidelines

The Environmental, Health and Safety (EHS) Guidelines[19] are technical reference documents with general and industry-specific examples of GIIP and are referred to in the ESF. The EHS Guidelines contain the performance levels and measures that are normally acceptable to the World Bank Group, and that are generally considered to be achievable in new facilities at a reasonable cost by using relevant technology. The World Bank Group requires borrowers to apply the relevant levels and/or measures of the EHS Guidelines. When host country regulations differ from the levels and measures presented in the EHS Guidelines, projects will be required to achieve whichever is more stringent. General EHS Guidelines apply to the Moldova Modernization and Improvement of Rehabilitation Services Project and most relevant of them are listed below:

EHS 1.1 – Air Emissions and Ambient Air Quality;

EHS 1.3 – Wastewater and Ambient Water Quality;

EHS 1.5 – Hazardous Materials Management;

[19] http://documents.worldbank.org/curated/en/157871484635724258/Environmental-health-and-safety-general-guidelines

EHS 1.6 – Waste Management;
EHS 2.3 – Physical Hazards;
EHS 2.4 – Chemical Hazards;
EHS 2.5 – Biological Hazards;
EHS 2.6 – Radiological Hazards;
EHS 2.7 – Personal Protective Equipment;
EHS 2.8 – Special Hazard Environments;
EHS 3.5 – Transportation of Hazardous Materials;
EHS 3.6 – Disease Prevention;
EHS 4.1 – Environment; and
EHS 4.2 – Occupational Health and Safety.

Additionally, the EHS for Health Care Facilities[20] also applies to the project. The EHS Guidelines for Health Care Facilities include information relevant to the management of EHS issues associated with health care facilities, including general hospitals and small inpatient primary care hospitals, as well as outpatient, assisted living, and hospice facilities. Ancillary facilities may include medical laboratories and research facilities, mortuary centers, blood banks and collection services.

2) 2.8. WHO Guidance

The WHO is maintaining a dedicate platform to the Noncommunicable diseases with up-to-date country specific and general technical guidance[21] and also a data portal[22].

As the situation remains fluid it is critical that those managing both the national response as well as specific health care facilities and programs keep abreast of guidance provided by the WHO and other international best practice. Current technical guidance provided by the WHO includes the following topics, which are being updated regularly:

- Management of noncommunicable diseases
- Integrated services for people living with noncommunicable diseases
- Sensory functions, disability and rehabilitation
- Surveillance, monitoring and reporting
- Engagement with the private sector

The Management of Noncommunicable Diseases unit supports Member States in the application of the WHO Implementation Road Map 2023–2030 for the Global Action Plan for the Prevention and Control of NCDs 2013–2030. This includes:

- developing the normative guidelines, WHO recommended interventions, technical packages and tools underpinned by the latest evidence and consensus with global experts,

[20] https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&CVID=jqeCW2Q&id=1323161961169

[21] https://www.who.int/teams/global-noncommunicable-diseases-platform (accessed on May 15, 2023)

[22] https://ncdportal.org/ (Accessed on May 15, 2023)

- technical support to accelerate country action,
- coordinating and collaborating with different partners and stakeholders to ensure universal access to NCD services and integration of NCD management services through primary health care approach.

The Modernization and Improvement of Rehabilitation Services Project is in line with above mentioned WHO goals and is intended to ensure access to the NCD services and their integration into the primary HCU.

3. ENVIRONMENTAL AND SOCIAL BASELINE

3) 3.1 Environmental Baseline

Physical Environment

Geographical Location. The Republic of Moldova (RM), covering an area of 33,846 square km, is in Central Europe, in the northwestern Balkans. The RM's capital city is the municipality of Chisinau (mentioned in the historical records for the first time in 1436) with a population of approximately 820.5 thousand people (NBS, 2017). The RM borders on Ukraine in the North, East and South and on Romania in the West, with the Western borderline going along the river Prut (Figure 1-1). The total length of the RM's national border is 1,389 km, including 939 km of the border with Ukraine and 450 km of the border with Romania.

The RM is situated at longitude 28˚50' east and latitude 47˚ north. The exact location of the extreme points on the RM's territory is as follows: the northernmost point is Naslavcea (latitude 48˚ 21' north and longitude 27˚ 35' east); the southernmost point is Giurgiulesti (latitude 45˚ 28' north and longitude 28˚ 12' east) which is also RM's sole location on the bank of the Danube; the westernmost point is Criva (latitude 48˚ 16' north and longitude 26˚ 30' east); the easternmost point is Palanca (latitude 46˚ 25' north and longitude 30˚ 05' east). The distance between the extreme points is about 350 km from Naslavcea to Giurgiulesti and only 120 km from the West to the East at the latitude of the municipality of Chisinau.

RM is a Black Sea region country. Its southern border extends almost as far as the Black Sea coast, and access to the Black Sea is open for RM through the Dniester estuary and the Danube.

Relief. The region between the Prut and the Dniester is a part of the Moldovan Plateau, which starts at the foothills of the Bukovina Mountain Crest and Moldova's Sub-Carpathians in the West and reaches as far as the Dniester in the East. The southwestern part of the Podol Upland extends along the left bank of the Dniester. Hills and flatland areas can be observed next to the upland relief within the framework of those major relief-forming units. The absolute altitudes are within the range of 429 m (Balanesti Hills) and 4 m above the sea level in the Dniester flood land (Palanca).

The relief has contributed to the formation and development of geographic landscapes and ecosystems - next to the other geo-ecological, biotic and socio-human factors. The current geo-ecological complex took shape at the end of the Late Pleistocene Epoch and in the first half of the Holocene (Recent) Epoch. The current biotic complex (flora, fauna, soil) and soils appeared in the second half of the Holocene epoch.

Climate. The climate of the Republic of Moldova is moderately continental, characterized by relatively mild winters with little snow, long warm summers and low humidity. The country is located in the area where the air masses coming from the Atlantic Ocean via Western Europe interact and mix with the air from the extreme continental northeastern regions and the Mediterranean air from the south-west. Two distinctive patterns can be observed regarding the territorial distribution of the climatic features in RM: (i) distinct zoning of the annual rainfall averages which show a decreasing trend from the North to the South; and (ii) the increase by approximately 100 mm of the multiannual rainfall averages in the upland regions depending on the neighboring flatland areas.

The average annual air temperatures vary between 6.3°C (1980) in the North to 12.3°C (2007) in the South. From 1990 to 2015, the absolute annual temperatures varied from a minimum of -28.0°C (January 2006) and a maximum of +39.5°C (July 2007). Warm weather lasts about 190 days.

Annual precipitations are decreasing in intensity from North- West to Southeast. In 1960-2015 time series, the average annual precipitations varied between a minimum of 382 mm (2015) and a maximum of 960 mm (2010) in the North; respectively from a minimum of 307 mm (2003) and a maximum of 813 mm (1997) in the South. The number of days with precipitations (0.1 mm and more) varied from a minimum of 111 (2014-2015) and a maximum of 174 days (1980 and 1987) in the North, respectively from a minimum of 91 (2003) and a maximum of 152 days (1991) in the South.

Climate change. Despite minimal responsible for causing climate change, Moldova is already experiencing climate change impacts with more severe droughts, heatwaves, flooding, and other adverse weather events, such as hail and severe storms.[23] Episodes of drought, including in 2020, have driven fluctuations in economic output. [24]

Mean annual temperature was 10.89°C between 1990 and 2020 and is projected to increase to 12.30°C[25] by 2040. Mean precipitation is expected to increase from 497.74 mm to 535.05 mm from the period 1990–2020 to 2040. Moldova is increasingly vulnerable to climate risks including droughts, floods, severe weather, earthquakes, and landslides. Floods are the highest occurring hazards accounting for 43.5 percent of all occurrences between 1980 to 2020. In 2010, approximately 12,000 people were affected by floods. Droughts and extreme temperature are also common, with each representing 18.75 percent of all natural hazards between 1980 and 2020. Droughts have been persistent and have increased in intensity due to increased temperature and reduced precipitation, with the southern parts particularly vulnerable.[26] Extreme temperature has increased mortality in the country. These hazards can have a severe impact on agricultural production, with average annual losses from hydrometeorological hazards comprising about three percent of gross domestic product.[27] Natural hazards can also have a severe impact on other vulnerable segments of the population, including females, children, students with disabilities and special needs, and refugees, who bear the brunt of the impacts from climate hazards. The Project will support the provision of more resilient and safe health facilities and improve their efficiency.

[23] https://climateanalytics.org/media/historical_responsibility_report_nov_2015.pdf

[24] Fay, Marianne; Block, Rachel I.; Ebinger, Jane. 2010. Adapting to Climate Change in Eastern Europe and Central Asia. World Bank. © World Bank. https://openknowledge.worldbank.org/handle/10986/2407 License: CC BY 3.0 IGO.

[25] Under emission scenario 8.5.

[26] https://www.climatechangepost.com/moldova/droughts/.

[27] https://climateknowledgeportal.worldbank.org/country/moldova/vulnerability.

It will also continue strengthening health sector resilience by building capacity of the MoH for supporting vulnerable patients in emergency situations, and these capabilities can be leveraged for climate risks.
The Project will seek to reduce climate vulnerability by contributing to climate co-benefits: (1) adaptation interventions that increase the resilience to climate change related shocks; and (2) mitigation interventions that reduce the net build-up of greenhouse gases (GHGs), particularly given that the health facilities contribute significantly to climate change, and improving their infrastructure and efficiency will help to mitigate the sector's climate impact. The Project will finance infrastructure investments that are climate-friendly, ensuring that all investments in civil works broadly support global climate initiatives and the EU Green Deal, considering Moldova's EU membership aspirations. The Project will also include measures to avoid, minimize, or mitigate risks with regards to climate change, particularly when program activities are located within areas prone to climate change and related natural hazards. Adaptation and mitigation measures to reduce emissions and move towards greener technologies will be supported through (1) the use of energy-efficient designs and climate-resilient infrastructure that incorporates appropriate materials and technologies, in the event of new construction; (2) wider use of energy-efficient information technology and health facility equipment; and (3) deployment of digital technologies in service delivery, thereby reducing the need for travel and the use of consumables in clinical settings.

Air.

The air is polluted in the Republic of Moldova by stationary and mobile sources. Currently, in the Republic of Moldova there are 5,866 air polluting enterprises, thermal power plants and small power installations with boilers. Transport is the main source of air pollution, emitting large amounts of hydrocarbons, carbon monoxide, nitrogen dioxide, sulfur dioxide, soot, benz (a) pyrene and lead into the air.

The main challenges in the field of air protection are the following:

- The Environmental Agency does not have data on recent measurements and in line with EU standards.
- There are exceedances in the Republic of Moldova of limit values set in the EU, for nitrogen dioxide, particulate matter, benzene and benz (a) pyrene.
- Limit values are not approved for PM10 and PM25 pollutants and the values set for some pollutants significantly exceed the regulations used in European countries, while for other pollutants the regulations imposed by the legislation in force are lower, respectively, the requirements of these are stricter than the European ones.
- It is noted that the stationary monitoring stations are from 1970-1978 and are obsolete both morally and physically. Currently, the Republic of Moldova is guided by the Framework Plan for Eastern European countries, according to which it is necessary to create a monitoring network, including for fine PM particles. It should be mentioned that on the territory of the country there are only three monitoring points for PM pollutants (one station in Mateuți village, one in Leova town and one in Chisinau municipality).
- For monitoring in any region / part of the country, mobile monitoring stations are used in Europe. Unfortunately, the Republic of Moldova does not have such equipment. Despite complaints from the population about air pollution, Environmental Agency, in the absence of such stations, does not have the opportunity to assess in a timely manner the level of emissions

from the existing sources and provide the population with information on the quality of the air they breathe.

As a result of environmental control actions in 2019 by State Ecological Inspectorate, it was found that 5,866 objects with environmental impact are registered in the Republic of Moldova, including 5 of grade I (one) with emissions above 7 253.03 t / year, 20 – of grade II with moderate impact and the majority - with low impact on the air quality. The industrial sector registers 27,070 sources of pollution (emission amount of 9 181.4188 t / year), followed by the transport sector, such as peco stations, passenger service stations, etc., (11 468 sources of pollution), energy sector (5,300 sources of pollution), other sectors (9,998 sources of pollution).

It is worth mentioning that the number of pollutants emitted into the air at all fixed pollution sources in the current year was estimated at 21867.92 tons per year. From small power plants with boilers, the emission amount constituted 3 795.7206 t / year, of which a good part uses biofuels (pellets, biogas) and gas. According to the reports of the State Ecological Inspectorate in 2019, serious cases of exceeding limited allowable concentrations were not detected, so no requests for cessation of activities of economic entities were received.

Water Resources

Rivers. There are 3621 rivers and water-springs in the Republic of Moldova. All of them form part of the Black Sea basin and can be categorized as follows: the Dniester Basin Rivers, the Prut Basin Rivers and the southern region rivers falling either into the Danube estuary or in the Black Sea coastal salt lakes. The majority of rivers are small. The largest rivers include the Dniester (1,352 km long, including 657 km in the RM, with the annual water debit of approximately 2.4 km^3), Raut (286 km), Cogalnic (243 km, including 125 km in the RM), Bac (155 km), Botna (152 km). The RM's drainage network densities 0.48 km per square kilometer on the average, varying between 0.84 km/ km^2 in the northern regions and 0.12 km/km^2 in the regions on the left bank of the Dniester. The main water sources feeding the rivers are snowfalls and rainfalls, whereas the groundwater plays only a minor role. The majority of precipitations occur in the form of rainfall, whereas snow accounts for as little as 10 per cent of the total precipitations. High water levels are observed in spring due to the melting snow (40-50 per cent of the annual flow). In summer the water levels in rivers - and in particular in small rivers – can rise considerably after storm rainfall, sometimes causing disastrous floods.

Lakes. There are approximately 60 natural lakes in the Republic of Moldova. Most of them are lakes located in the high-water beds of the rivers Prut (Beleu, Rotunda, Fontan) and Dniester (Old Dniester, Cuciurgan). In addition, there are above 3,500 water storage ponds created and maintained for diverse economic purposes (such as irrigation, fishing, recreation, industrial and household needs, protection from floods). Large water-storage reservoirs have been created for hydropower plants: Costesti–Stinca (735.0 mill. m^3) on the river Prut jointly with Romania; and Dubasari (277.4 mill. m^3) on the Dniester river.

Groundwater. Groundwater has a special role in the surface water balance in the RM. They participate actively in the hydrological cycle as a component of the ground water debit. The distribution of the available ground waters is not even across the country, because their major portion is concentrated in the high-water beds of the Dniester and the Prut. The water supply capacity of the ground water-bearing horizons decreases with the increasing distance to those rivers.

The country has 17 horizons and water systems of various ages and uneven distribution3. Six of these water horizons are more important: the alluvial horizon dating back to the Quaternary Epoch (22 mil m^3), the Middle Sarmatian horizon (110 mil. m3), the Early Sarmatian and the Badenian water system (770 mil. m^3), the Cretaceous (110 mil. m^3), the Late Sarmatian and the Pontian horizon (44 mil m^3). In most water horizons, circa 50 per cent presents potable properties, except for the phreatic horizon – 20-30 per cent. Groundwater reserves are around 1,100 mil m^3, while those approved for economic needs represent circa 255000 m3 per day. About 6,200 artesian wells and circa 250 thousand fountains fed from groundwater wells supply circa 40 per cent of rural population, which provides 1811 thousand m^3/day confirmed groundwater reserves. Of the total national groundwater resources, only 50 per cent can be used for drinking purposes without prior treatment.

Mineral Waters. Currently, in the RM, about 50 types of mineral waters in circa 170 mineral water springs are approved for use and certified, but about half of them (particularly, because fluoride and hydrogen sulphide content exceeds by 10 and respectively 8 times the maximum permitted), are not operating. Of these, circa 25 mineral water springs (Varnita–III, Branesti, Purcari, Edinet-II, Micauti, Cotiujeni, Orhei, Balti-III, Ialoveni, etc.), including therapeutic mineral water springs (Source no. 3 from Gura Cainarului village) are new springs, appreciated because of the last years prospections. Water mineralization levels vary between 1 and 10 g/dm^3. Mineral water springs are typical for the southern and northeastern regions of the country, containing hydrocarbonates and hydrocarbonates-sulfates prevailing the sodium and calcium cations. Their water contains hydrogen sulphide (30-80 mg/dm^3), iodine (17-26 mg/dm^3), bromine (132-139 mg/dm^3) and other chemical elements (lithium, radon, strontium, boron).

Industrial Waters. The industrial ground water available in the RM contains less-common extractable chemical elements, with the waters containing iodine, bromine, strontium, cesium, rubidium, boron and helium being the most widespread. The highest concentration of chemical elements in the water with mineralization levels of 70-100 g/dm^3 is 60 mg/dm^3 for iodine; 360 mg/dm^3 for bromine; 380 mg/dm^3 for strontium; 1.0 mg/dm^3 for cesium; 3 mg/dm^3 for rubidium; and 15.0 ml/dm^3 for helium.

Thermal Waters. Thermal water is common in the high waterbed of the Prut and in the southern regions of the RM. The water temperature is 20-80ºC, and the water debit of the wells is 10-100 m^3 per day.

Water supply

The Republic of Moldova's water resources are relatively limited compared to other countries in the region. It is the country with the largest water deficit in the region, with about 3,000 m3/capita/year of renewable water resources, of which only 400 m^3/capita/year is formed within the territory of the country. Moldovan water resources largely depend on the volumes of water in the Prut and Dniester rivers, accumulated mostly outside the country. This is of particular importance given that the main source of water supply for the population and for the needs of the economy is surface water, which accounts for 85 per cent of total water consumed. The remaining 15 per cent comes from underground water sources. In these circumstances, measures to prevent pollution, and ensure rational consumption and proper management of water resources are imperative. The relationship with neighboring countries – Ukraine and Romania, with the Republic of Moldova shares the two river basins – and how these water resources is managed across borders are also very important.

The Republic of Moldova faces many challenges in providing sustainable and quality water and sanitation services for all citizens, in particular in rural areas where the population is declining. Despite the progress made by the Republic of Moldova in recent years, it has the largest urban-rural gap and the lowest level of access to water supply and sanitation services in the Danube region.

Thus, according to official data, between 2014 and 2018, public access to water sources gradually increased by 9 percentage points, to 82.1 per cent in 2018. Although investments in water supply systems have mainly been made in rural localities, and the proportion of the rural population with access to water supply sources increased from 56.9 per cent in 2014 to 71.17 percent in 2018, this is still much less than the 97.0 per cent figure in urban areas in 2018.

On the other hand, those with access to public water supply service do not always enjoy drinking water meeting the sanitary norms, as the water supplied through the systems is often not potable. Thus, of the samples taken by the National Public Health Agency in 2017, 54 per cent failed to meet the sanitary-chemical norms. The proportion of the samples not meeting the sanitary-chemical norms reflects a direct link with the extension of water supply systems in rural areas. This is because the water supply for the population in rural localities is mainly sourced from groundwater, which is very often affected by natural or anthropogenic pollution. However, as the budgets of rural localities are quite modest, they cannot afford to invest in water treatment plants, which are expensive and would increase tariffs for water supply services; these are not always affordable for rural population whose incomes are mainly from agricultural activity and are lower than for those living in urban localities.

Wastewater

While access to water supply is generally high at national level, there are significant shortcomings in the share of population with access to public sanitation service. Thus, in 2018, only 29.3 per cent of the stable population in the Republic of Moldova was connected to a centralized sewerage system, including 64.1 per cent in urban localities and only 2.8 per cent in rural localities. There was a small increase in investments in sewerage systems until 2017, followed by a jump of 6.2 percentage points in 2018, mainly due to expansion of the sewerage system in urban localities. In rural areas, the increase was insignificant. Although during this time investments were made in sewerage systems, from both national and external sources, these proved to be ineffective because of the population's refusal to connect to the network. This reluctance is both for economic reasons and because gaps in the legislation, but also because of the low understanding in the population of the need for proper wastewater management.

The studies show that when the population connects to water supply systems, water consumption increases. In the absence of sewage and wastewater treatment solutions, these systems become major sources of water pollution, as is the case of the Republic of Moldova.

In addition to the gap between urban and rural areas, there is a significant difference in the Republic of the Republic of Moldova between the population with access to public water supply service and the population with access to the public sewerage service: this difference of 41.4 per cent in 2018 means there is a very high risk of pollution.

Wastewater is the main source of surface water pollution in the country, a fact recognized and stipulated in the National Development Strategy 'Moldova 2030', which is currently in process of being approved. The Republic of Moldova must focus all its efforts on building and rehabilitating

sewerage systems and treatment plants, most of which are dilapidated and obsolete. Statistical data show a slow increase in the volume of wastewater discharged into water basins, with a modest share of wastewater treated according to the regulations in force. Thus, in 2018, of the 677m^3 of wastewater discharged into the emissary, only 123m^3 (18.17 per cent) was sufficiently treated. The rest was partially treated wastewater, often only the mechanical stage, and untreated wastewater.

Proper operation of municipal wastewater treatment plants requires proper management of industrial wastewater, which today is rather ignored. Thus, despite a regulatory framework being in force, oversight of compliance with environmental legislation is too soft, failing to make the business sector accountable and jeopardizing the operation of wastewater treatment processes, which are the responsibility of local public authorities.

Analysis of data on the treatment or pre-treatment of industrial wastewater shows a very modest increase, recorded over recent years, in the proportion of industrial wastewater that is treated.

HCU and ICU considered in the project, are connected to municipal sewage systems, and the treatment of waste waters coming from the operation of HCU and ICU, totally depends from the operations of municipal waste water treatment facilities.

The project will not invest in wastewater management facilities for HCU and ICU which will be covered by the project. The environmental requirements for this aspect should refer to the mandatory connection of HCU and ICU to centralized municipal sewage system or connection to a wastewater treatment plant.

Waste Management

Waste management is one of the current problems facing the Republic of Moldova due to its increasing quantity and diversity, as well as its increasingly negative impact on the environment. At the same time, the urban and industrial development of the localities, as well as the general increase of the living standard of the population entails the production of more and more quantities of waste.

The general principles of waste management are concentrated in the waste management hierarchy and apply as an order of priority in waste prevention legislation and policies:

- prevention;
- preparation for reuse;
- recycling;
- other recovery operations, including energy recovery; and
- the elimination.

The application of the waste hierarchy and its observance are mandatory for all subjects involved in waste management, ensuring the prevention of waste generation and the efficient and effective management of waste, so as to reduce its negative effects on the environment.

For a good waste management, the construction areas, including storage areas used, will be kept free from accumulations of waste materials or rubbish. Also all construction waste should be recycled or re-used as far as practicable at all construction locations. All residual waste shall be

stored and handled on site in accordance with the local requirements and the World Bank Group EHS Guidelines to avoid littering and pollution to ground, coastlines or water.

All waste that is not able to be reused or recycled locally shall be contained and exported to a suitable recycling or waste disposal facility, in compliance with international regulations.

All wastewater and sewage from construction facilities shall be managed in accordance with ESMP, national and local government requirements and World Bank Group EHS Guidelines, and the Contractor shall, as necessary, obtain a permit or other appropriate documentation approving the storage, treatment and disposal methods being used.

More information can be found in the Infection Control and Waste Management Plan (ICWMP) developed at the project level.

Waste management from medical activity

The producer of medical waste ensures the monitoring of medical waste management system, which includes the implementation of its own waste management plans, the use of appropriate equipment for the treatment of medical waste, waste registration activities and reporting to competent authorities. The Infection Control and Waste Management Plan (ICWMP) developed at project level contains more explicit information on the management of medical waste and all the relevant information related to this issue.

According to the Sanitary Regulation on the management of waste resulting from medical activity, approved by Government Decision no. 696 of 11.07.2018, each of the hospitals are obliged to have a central space for temporary storage of medical waste. The packaging of waste resulting from medical activity, including hazardous waste, must be carried out in packaging made of materials that allow its disposal with minimal risks to the environment and public health. The packaging in which the collection is made and which comes in direct contact with the hazardous waste resulting from medical activity, is for single use and is disposed of together with the contents.

The central temporary storage area for medical waste shall include the following rooms / areas:

1) receipt and separate temporary storage by type, depending on the waste produced, for: a) non-hazardous waste; b) waste destined for recycling (like paper or plastic); c) cutting-stinging, infectious and anatomopathological waste; d) chemical waste, of cytotoxic / cytostatic drugs, with amalgam; 2) treatment of infectious waste (where relevant); 3) office for the operator (where relevant).

Spaces for the temporary storage of non-hazardous waste until their disposal by sanitation services include, but are not limited to the following: 1) concrete land; 2) containers with the volume that ensures the collection of the amount of waste produced between 2 successive disposals. To reduce the amount of waste, it is advisable to use press containers.

The requirements for the central space for temporary storage of hazardous waste resulting from medical activity include: 1) the floor with a surface resistant to mechanical action, waterproof, smooth and intact, easy to sanitize; 2) adequate drainage system / floor drain for the discharge into the sewerage network of wastewater resulting from sanitation. In the absence of the floor siphon, the sanitation is performed with minimal amounts of water, with disposable cleaning utensils, considered in the end infectious waste; 3) conditions that limit the access of insects, rodents, animals and birds; 4) screens for protection from the action of sunlight; 5) water supply source; 6) lighting and appropriate ventilation installations (at least passive ventilation) to ensure optimal

temperatures (prevention of decomposition of organic material, incidents and accidents caused by other hazardous waste); 7) controlled access for authorized personnel; 8) access for units / vehicles that ensure the transport / disposal of waste; 9) conditions for hand hygiene and sanitation of containers for transporting waste and surfaces; 10) technological equipment, furniture, personal protective equipment, specific equipment for leak management, 11) quantities and necessary assortment of hygienic and disinfection products; 12) autonomous fire signaling and extinguishing systems.

The room for temporary storage points for hazardous chemical waste is marked with appropriate symbols, warning of the nature of the hazard of the chemicals.

A waterproof and resistant bathtub for stored substances is provided for the temporary storage of liquid chemical hazardous waste.

If the tub provided for is missing, then the container for the separate collection of liquid chemical waste shall be placed under the containers in which the hazardous chemical waste is stored.

The room for temporary storage points for hazardous chemical waste is equipped with kits for disposing of liquid waste, personal protective equipment and first aid kits (eye wash, etc.).

At temporary storage points for hazardous chemical waste, the cupboard with shelves for storing waste is divided into several sections, where chemical waste with different characteristics is stored.

Chemical waste with similar hazard characteristics is stored together.

The area of central temporary storage areas for hazardous waste allows the storage of the volume of accumulated waste in the interval between two successive disposals.

The central temporary storage area for hazardous waste is functionally separated from the rest of the construction / subdivisions.

According to the Sanitary Regulation on the management of waste resulting from medical activity, approved by Government Decision no. 696 of 11.07.2018, to ensure safe transportation and disposal to avoid cross contamination, the heads of medical institutions which produce medical waste are expected to monitor the management and registration of medical waste.

According to the List of wastes, the structure of waste from healthcare and related research includes sharp objects, fragments and human organs, including blood vessels and preserved blood; waste, the collection and disposal of which is subject to special measures to prevent infections; chemicals consisting of or containing dangerous substances; cytotoxic or cytostatic drugs; wastes the collection and disposal of which are not subject to special measures for prevention of infections.

The treatment of infectious waste by incineration in facilities, located on the territory of medical institutions is carried out in the districts of Comrat, Telenesti, Calarasi, Ceadir-Lunga, Glodeni, Cimișlia, Drochia, Nisporeni, Ștefan Vodă.

The activity of collecting, transporting and autoclaving medical waste is organized by SRL “UISPAC” (Authorization 005 no.064 / 2015 of 27.10.2015) and SRL “Ecostat” (Authorization 005, no.071 / 2016 of 27.05.2016), the authorizations being issued by the Ministry of Environment.

The pyrolysis treatment of infectious waste is contracted with SRL "Trisumg" from Cahul by some medical institutions from Comrat, Cahul, Vulcanesti, Taraclia, Soldanesti, Ialoveni districts.

The fragments and human organs, formed in hospitals are transported to the Bekkari graves in the respective localities or are buried in cemeteries. The formed chemical waste and expired reagents are handed over for neutralization to CP "Entuziast", SRL "Eco-Emir", and the thermometers, tonometers, used luminescent lamps with mercury content are stored in the rooms of medical institutions.

The management of medical waste remains a problem as long as an efficient waste management system is not established but the management of medical waste will be performed according to the national legislation. Additional details related to medical waste management in the Republic of Moldova are provided in Annex 8.

According to the Order nr. 8 of the Ministry of Agriculture, Regional Development and Environment of the Republic of Moldova from the 29th of March 2019, in order to receive authorization for collection, transportation and elimination of medical waste it is necessary to present the following:

1) for waste collection activities:

a) the origin of the waste;

b) the type and quantity of waste collected;

c) waste collection method (separate, mixed);

d) arrangements, installations and measures for collection, including for environment protection;

e) the destination of the collected waste

2) for waste transport activities:

a) the destination of the transport (for temporary storage, storage and final processing, marketing, recovery, integration into the environment, elimination), with the exact specification of the recipient;

b) types of waste transported, physical condition, quantity;

c) installations, means, endowments, packaging, measures regarding the transport of each type of waste, including environmental protection;

d) necessary transport capacities;

e) the waste transport route;

f) organization of transportation supervision;

g) endowments and measures for intervention in case of accidents and damages in waste transport time;

3) for waste treatment activities:

a) proof that the treatment plant is in accordance with the Program on national waste management and regional waste management programs;

b) description of the location, with reference to water management, with hydrogeological and geological characteristics. This information will be ensured through specialized studies, prepared according to the legal provisions in force;

c) the approval of the state ecological expertise for the project documentation;

d) origin of waste, list, type, composition and quantity of treated waste;

e) for each type of operation - technical and any other requirements, capacity of site concerned;

f) for each type of operation - technology and installations used;

g) procedures and measures, detention facilities and / or neutralization of pollutants resulting from the treatment process, capacity, the efficiency of these installations;

h) emissions of pollutants in the environment, concentration, volume;

i) monitoring and control of operations;

j) closure and subsequent maintenance measures;

k) the proposed methods of prevention and reduction of pollution, including the recovery plan interventions;

4) for waste disposal activities:

a) the document certifying the mining perimeter, issued by the body competent in the field of geology and mineral resources - in the case of placement of waste in basements;

b) the proof issued by the competent body in the field of geology and mineral resources regarding lack of negative impact of waste on groundwater quality;

c) proof of a financial guarantee to ensure that the obligations resulting from the authorization are also fulfilled and the procedures for closing a deposit are respected.

All the waste generated by the vaccination activities of the project, will be also managed according to the existing legislation, and namely according to the Law on Waste 209/2016 and the Sanitary Regulation on the management of waste resulting from medical activity no. 696 of 11.07.2018. More information on medical waste management is included in the Annexes and ICWMP developed as a standalone document at project level.

4) 3.2 Social baseline

Demography

Volatile economic growth, adverse labor market trends and public spending stress have been the main socio-economic characteristics and challenges in Moldova during the past several years. An overview of population, economy and poverty situation is provided below, describing the main economic and social challenges, casual effects on production, employment, vulnerability of groups of population, as well as challenges of the social and healthcare protection systems.

The **population** of Moldova is 2,649,540[28] people (47.9% male and 52.1% female). Roughly, 38% of the population of Moldova live in or around a city. Moldova currently has a flat population growth rate of 0.0% and a total fertility rate of about 1.55 children born to each woman, which is below the replacement rate of 2.1. As of 2019, the population was changing at the rate of -0.28% annually[29]. Around 18.4% of the population is older than 60 years and 2.4% of the population is older than 80 years[30]. Of the top 10 causes of premature death in the Republic of Moldova are relevant co-morbidities for COVID-19 disease (including ischemic heart diseases, stroke,

[28] https://populationstat.com/moldova/

[29] https://worldpopulationreview.com/countries/moldova-population

[30] Statistical Yearbook of the Republic of Moldova, 2019

hypertensive heart diseases, lung cancer, colorectal cancer, chronic obstructive pulmonary disease[31]). A large share of the population has cancer (5-year prevalence cases are 32,200) and lung cancer is the most common form of cancer among men[32].

Economy

Russia's invasion started on 24 February 2022 in Ukraine is expected to affect Moldova through the trade and remittances channels as well as prices and financial uncertainties. According to estimates of the World Bank, even under an optimistic scenario of the resolution of the conflict in Ukraine and reestablishment of the trade routes, subsiding pandemic risks, a continuation of a broad-based government reform program, and sustained fiscal impulse, growth is expected to substantially decelerate to -0.4 percent in 2022. In an optimistic scenario of de-escalation of the situation in Ukraine, growth is expected rebound to 3.8 percent in 2023 and around 4.4 percent in 2024[33]. Moldova has received the highest per capita inflow of Ukrainian refugees (17 percent of the total population), of which about 100,000 refugees (4 percent of the total population) remain in Moldova.

Disruptions of trade with Russia, Ukraine, and Belarus (representing about 24 percent and 15 percent of total imports and exports of goods and services, respectively) and international sanctions against Russia and Belarus will pressure the current account and adversely affect net exports. With both land and sea transit links constrained, Moldova is already facing difficulties in exporting the existing stock of agricultural products such as apples and grains, for which Russia was the main importer. Trade disruptions with conflict-affected countries also risk weighing on government finances through trade-related revenues (which represent more than a third of total government revenue, while putting pressure on supply of food and other imported products and thus fueling inflation.[34]

The drought and rising fuel prices has brought agri-producers into the streets in July 2022, demanding support from the Government. The Government is looking for solutions and examining the option to set a mechanism for agricultural producers affected by the drought to benefit from the reimbursement of VAT. Also, the Government is planning a meeting with the National Bank of Moldova to discuss how bank funding modalities can be reviewed to support farmers[35].

Health

On the health-system, substantial improvements occurred after 2000 in the Moldova healthcare system, service delivery and access to healthcare facilities. However, Moldova lags behind regional countries as concerns medical staffing, equipment, etc. and for the past decade had registered serious medical brain drain of both young medical professionals and experienced doctors.

The Global Health Security Index published in 2019 highlights key constraints and challenges, deficiency related to rapid response capacity, health system capacity, and detection and reporting, placing Moldova at 78 out of 195 countries. A 2018 Joint External Evaluation (JEE) identified

[31] http://www.healthdata.org/moldova

[32] *http://www.euro.who.int/__data/assets/pdf_file/0006/312594/Tobacco-control-fact-sheet-RepofMoldova.pdf?ua=1*

[33] World Bank Report "Europe and Central Asia Economic Update, Spring 2022 : War in the Region", page 81 https://openknowledge.worldbank.org/handle/10986/37268

[34] IMF Country Report No. 22/140; May 2022

[35] https://www.madrm.gov.md/ro/content/4103

significant vulnerabilities with regards to pandemic preparedness and financing, with particular challenges in the areas of laboratory systems, surveillance and case detection, response coordination, personnel deployment and risk communication. The JEE also highlighted Moldova's critical financing gap in being able to support and field an emergency response. In addition, the recommendations of the JEE point towards the importance of establishing protocols, procedures and capabilities to rapidly expand the country's ability to treat vulnerable patients and introduce measures to stop community transmission. This includes strategies for risk communication, training medical and non-medical workers on relevant protocols, and bolstering routine medical care and emergency treatment capabilities.

In 2016, the Government of Moldova spent approximately US$83.5 per capita on health, with government health expenditure representing around 49% of total health expenditure. Total health expenditure, measured as a percentage of GDP, increased from 5.9% in 2000 to 9% in 2016. Out-of-pocket health spending contributes around 46% of total health expenditure and points to an underlying vulnerability for poorer populations. Since the poor are facing higher constraints related to prices and limited access to basic goods and food, as well as, possibility of unexpected healthcare expenses, these groups stand to be particularly at risk as COVID-19 unfolds.

The health system's resilience is limited and in need of financing in order to ensure that, in a time of crisis and a rapidly unfolding pandemic, it is better positioned to meet the needs of citizens, particularly vulnerable citizens including low-income, disabled, elderly, isolated communities, and Roma communities.

Moldova had registered high Covid infection and death rates among medical and healthcare staff, posing additional risks of the system and capacity to respond to the crisis.

Employment

On the social and labor side, the health crisis has caused a socio-economic crisis, not only due to the loss of human lives, but also due to the consequences of containment measures. The containment measures, including social distancing and stay at-home orders, have forced some businesses to stop or restrict operations. Travel and transport bans, by generating supply-chain disruptions, have limited input availability, worsening the negative supply shock. The effect on labor markets has caused a decline in households' income and consumption, hence triggering a negative demand shock in parallel.

Analysis of national statistics[36] reveals **a reduction in employment in the second quarter of 2020** compared with the same period of 2019. Specifically, the employed population was 21, 5 thousand persons, lower by 8,8% in comparison to the second quarter of 2019 (901, 1 thousand). The share of men was higher than that of women (52,2% men and 47,8% women), and the share of employed persons from the rural area was higher than that of employed persons from the urban area (56,0% in rural area and 44,0% in urban area). This may be linked with the **lockdown affecting more urban businesses compared with rural**.

According to the National Bureau of Statistics, the number of employed persons who stated that their **situation at work was affected due to COVID-19** constituted 200,6 thousand or 24,4% of

[36] National Bureau of Statistics survey "Labour Force in the Republic of Moldova: Employment and unemployment in the 2nd quarter of 2020" https://statistica.gov.md/newsview.php?l=en&idc=168&id=6749&parent=0

the total employed population (compared to 33,2 thousand or 4,1% of total employed population in the first quarter of 2020).

Poor, vulnerable and disadvantaged population

Households from all ethnic groups with children, headed by persons other than parents, families with many children, persons from households employed in agriculture, the elderly, disabled, unemployed, single mothers on maternity leave, persons without education or professional skill are groups of population most vulnerable to insecurity, violence and financial vulnerability. Data from National Bureau of Statistics reveals that Moldovan families spend most of their income for food products, non-food goods and dwelling maintenance. The majority of households cannot ensure a sufficient consumption of products and services. The lowest level of expenditures is registered among the households of self-employed in agriculture and pensioners; these households allocate most of their income for food consumption (about 47% of the total consumption expenditures)[37].

However, the impact of Covid-related restrictions might have affected many groups of population in different ways. A World Bank Report[38] determined that the understanding about vulnerability changed and "many of the new poor are likely to be found in congested urban settings, which can serve as a conduit for the spread of the pandemic. Many of the new poor are likely to be engaged in informal services, construction, and manufacturing, rather than agriculture. These are sectors in which economic activity is most affected by lockdowns and other mobility restrictions as well as continued social distancing".

Families with children tend to be poorer than other groups – the poverty rate for single parents and families with many children is much higher than the average (38.3% and 27.1% respectively compared to 18.6% on average). The Government operated modifications in August 2020[39] planning an indexation twice per year (April 1 and October 1) and a 25% increase in the amount of the GMI from 50% to 75%. This would be a monetary increase of 276.75 lei / per child as social assistance and by 608.85 lei / per child entitlement to aid for the cold period of the year.

Members of poor families with disabilities have increased poverty coefficients (+0.3 for adult with a disability, +0.5 for child with disability, +0.1 for a single adult who has a disability), but given the low GMI their income after Ajutor Social benefit may not even reach subsistence minimum (1,707.4 lei in 2019 for this category).

A rapid survey among Territorial Structures of Social Assistance (27 April - 7 May 2020) identified that families with children of alcoholic parents, families where at least one parent is known to be violent, families with incomes lower than the guaranteed minimum, families with three or more children and families in which a parent lost their job during Covid-19 state of emergency have been hit the hardest by the epidemiological situation and lockdown[40].

[37] https://statistica.gov.md/public/files/publicatii_electronice/aspecte_nivelul_trai/Aspecte_nivelul_trai_2019.pdf

[38] Poverty and Shared Prosperity 2020: Reversals of Fortune pahe 170; https://openknowledge.worldbank.org/bitstream/handle/10986/34496/9781464816024.pdf

[39] Decision of the Government # 474 of 08-07-2020 https://www.legis.md/cautare/getResults?doc_id=122127&lang=ro

[40] UNICEF Report July 2020, page 6; source

Thus, poor families with three and more children, non-insured mothers on maternal leave, families with disabled dependents, families depending of subsistence agriculture and the elderly are those in need of targeted support.

Notably, Moldova ranks 107 out of 189 countries and territories as per the Human Development Index (HDI), which measures national progress in health, education and income, losing 10.4% of human development progress due to persisting inequalities. The multidimensional poverty headcount in Moldova is 0.8 percentage points higher than income poverty[41]. This implies that individuals living above the income poverty line still suffer multiple deprivations in health, education and/or standards of living.

Gender inequality and violence against women

This is linked with stereotypes and social roles attributed to women and men. This affects the position of women in political, economic and public spheres, and increases the incidence of violence against women, including gender segregation. According to a 2019 study[42], the share of those suffering from the most common forms of gender-based violence is twice higher among women in households with persons with disabilities, Roma women, and women of pre-retirement age. In the same study, 17% of women informed they could not afford buying medicine worth 200 lei ($12) for lack of money, and 37% said they did not have enough money. 42% did not go to a doctor even if they needed to and 16% did not visit a doctor because of lack of time or money. The pandemic and related restrictions have aggravated the situation of women. Women struggle with a significantly lower purchasing power, greater pressure because of kindergarten closures and online schooling, and with limited access to services and authorities and to protective measures against COVID-19. Frustration related to health risks, economic loses, uncertainty, restrictions in movement and deprivation, increase violence against women. Due to the measures in response to pandemics, services for prevention and protection of women from violence have been less available due to changed work regimes, lack of information on new modes of access to services, restricted movement or firmer control of perpetrators over women during lockdowns. Access to sexual and reproductive health services have also been rather limited, as well as hotlines, crisis centers, shelters, legal aid, and protection services. There are no national-level estimates of the gender-disaggregated impact of the pandemic on poverty however, before the pandemic women's average monthly earnings were 87% of the average monthly earnings among men. Also, approximately 70% of applicants for the Ajutor Social benefit program were females. Female-headed households have more children (2.33) on average than male households (2.11) and are more likely to be single-parent families. As additional benefits per child are smaller than benefits for adults, households of similar sizes with more children are eligible for smaller benefits. Hence, there is both a higher vulnerability of females to contracting COVID-19 and a greater poverty risk among households led by females.

Social protection

Social protection programs cover 62% of the population (compared to 72% in Ukraine and 81% in Romania), with coverage for the bottom quintile reaching almost 80%. Pensions and other social insurance benefits constitute the highest coverage (52% of all population and 53% of the poorest quintile), although the benefits' size is relatively small. Social assistance has much lower coverage:

[41] http://hdr.undp.org/sites/default/files/hdr2019.pdf

[42] "Unequal Moldova", page 4 https://www.eef.md/media/files/files/unequal-moldova-report-english-web_1278956.pdf

they reach only 12.8% of total population and 27% of the poorest quintile. Inadequate benefit size compromises programs' effectiveness in supporting beneficiaries to rise out of poverty over the long-term. Moldova's expenditure on social assistance remains low compared to the average for the region. Expenditures on social assistance programs stand at about 1% of GDP, while the average in the region is almost double at (1.9% of GDP).

While **social protection is crucial** for many Moldovan families who live under or on the poverty line, **the current design of the Ajutor Social is not suited to provide effective support in deteriorating economic conditions**. The benefit size is not adequate: Ajutor Social payments have a relative incidence (share of the benefit in the overall income of this group) of just 8% for the poorest quintile. Moreover, the program has recently declined both in terms of coverage and nominal budget. Finally, the design of the program is not geared towards supporting vulnerable groups, such as families with more than two children and single parents – in fact, a family of two adults is currently eligible for a higher benefit than a family of an adult and a child . The employment status filter will not permit the inclusion of some of the families recently pushed into poverty, such as returned migrant workers or those informally employed in the past. In this context, changing the design of Ajutor Social to increase the adequacy of support and focusing more on the most vulnerable groups serves to strengthen its effectiveness in addressing challenges faced by vulnerable populations related to the COVID-19 outbreak.

4. Potential Environmental and Social Risks and IMPACTS

This chapter provides preliminary E&S risk assessment of activities that will be financed under the Project during the construction and operational phases: construction works/rehabilitation, equipment, infrastructure improvements, operation with an initial focus on three health facilities (the Clinical Hospital of the Ministry of Health in Chisinau, the Clinical Hospital in Balti, and the Comrat District Hospital) plus other exisitng healthcare facilities to be identified during implementation in Component 1; construction works/refurbishment of the National Agency for Public Health infrastructure and building additional storage facilities, refurbishing the public health laboratory network infrastructure, equipment, infrastructure improvements in selected regional health facilities in Components 2 and 3; and various Technical Assistance related activities in the Project which may have potential EHS risks. Environmental and social risks are determined by a combination of the design and operational characteristics, together with exogenous factors, which: (i) may adversely affect the ability of an operation to achieve and sustain its development objectives; and (ii) define the nature, scale and significance of direct and indirect environmental and social impacts.

The assessment of environmental and social risks will take into consideration: the type, location, sensitivity, and scale of the project; the nature and magnitude of the potential environmental and social risks and impacts; and the capacity and commitment of the Borrower (including any other entity responsible for the implementation of the project) to manage the environmental and social risks and impacts in a manner consistent with the ESSs.

4.1.ESSs relevant for the Project

The following table is an overview of the WB E&S standards considered applicable to the Project and includes a brief explanation of their relevance.

ESS		Relevance to the Project
ESS1	Assessment and Management of E&S Risks and Impacts	Environmental and social risks and impacts are mostly associated with project-related civil works (for construction/rehabilitation/installation of infrastructure/equipment) and those associated with health care operations. Key potential impacts include possible air/soil/water pollution, vegetation clearance, noise/dust, negative impact on ecosystems, waste management issues, traffic safety issues, potential economic displacement, community and workers' health and safety risks. Healthcare facilities operations related risks include design and functional layout for new/refurbished facilities to ensure separations, sterilization and storage procedures and practices to manage the spread of chemical, biological and medical infections. An ESMF was prepared before the start of any civil works. This will include procedures, criteria, and responsibilities for subproject screening for identifying those which might require an Environmental and Social Impact Assessment (ESIA) where applicable under the national legislation, an Environmental and Social Management Plan (ESMP) or simplified ESMP Checklists. The ESMF describes potential E&S impacts and mitigation measures for common groups of activities, including preparation of additional site-specific ES management plans (such as Traffic Management Plan, Waste Management Plan, etc.), as relevant.
ESS2	Labor and Working Conditions	The project workforce will include direct workers and contracted workers. Labor management procedures (LMP) will be included in the project ESMF and required as one of mandatory E&S instruments. The LMP will include codes of conduct to prevent and manage incidents of SEA/SH and will also include measures to ensure that participating businesses and cooperatives screen for and monitor activities to prevent occurrences of harmful child or forced labor and that grievance mechanisms are available for direct and contracted workers. Activities that involve significant labor risk will not be financed under the project. OHS risks and associated screening and mitigation measures are identified in this ESMF and will be further elaborated in respective site-specific ESMPs, as required. Each healthcare facility to be rehabilitated under the Project will be equipped with fire safety equipment and emergency response plans will be developed.
ESS3	Resource Efficiency	The project activities will involve civil works on rehabilitation of existing public healthcare facilities. Typical pollution generated from these activities

ESS		Relevance to the Project
	and Pollution Prevention and Management	include: (i) dust and other forms of air pollution from construction site, transportation and auxiliary facilities; (ii) noise and vibration; and (iii) solid waste (medical waste, domestic waste and construction waste including used oil and lubricant). These impacts are temporary, site-specific and can be managed through a set of mitigation measures to be included in the ESMF and template ESIA/ESMP/ESMP Checklists. Provisions will be made in the OM procurement to ensure adherence to the adequate industry standards. The Project-funded designs for reconstruction of existing healthcare facilities will include "greening" of hospitals by improving energy efficiency and providing access to alternative sources of energy.
ESS4	Community Health and Safety	Operational risks for healthcare facilities include exposure to infections, hazardous materials (including waste) and equipment, emergency situations (such as fires, power outages, etc.). Emergency preparedness measures in response to community health and safety risks associated with the operating context, including measures to promote community awareness, are set out in this ESMF and will be further elaborated in the site-specific ESCPs. Special attention by the project, both in terms of training and service provision, will be given to services related to gender-based violence. Information on availability of survivor-centric SEA/SH services available in country will be included in the POM.
ESS10	Stakeholder Engagement and Information Disclosure	The Project will have an overall project Stakeholder Engagement Plan (SEP) which will identify potential project-affected and other interested parties and will outline measures for engagement with these stakeholders. The SEP will specify the institutional roles and responsibilities, timeline, and budget for conducting the stakeholder engagement during implementation. The PIUs will build upon existing Grievance Redress Mechanisms (GRMs) used for other Bank financed project that will be rolled out to cover Project activities. They will maintain it throughout project implementation dedicating sufficient resources and staff time to GRM management.

Generic assessment demonstrate that environmental and social impacts will be limited, small to moderate, reversible, and easy to control and manage. The main environmental and social risks and impacts are related to the activities to be financed under components 1, 2 and 3 (the renovation/rehabilitation of hospitals and health facilities, renovation of laboratories and equipment, etc.).

The key types of risks associated with the Project are related to a) environmental aspects (small construction works such as rehabilitation, renovation, refurbishment, and retrofitting of the

existing buildings of HCUs in existing buildings that might generate local, site-specific and temporary negative impacts for such kind of activities) and b) social aspects (occupational health and safety related to the specific construction activities, to medical staff and communities in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment, difficult access to the Project's benefits for vulnerable groups, and poor population, etc.)

Project activities will be undertaken by civil servants of MoH and other state agencies, consultants hired by MoH, healthcare workers and workers contracted for the delivery of civil works. Other project workers will also be at risk of exposure. Further, construction workers may face modest occupational health and safety hazards typical for small-scale works. It is expected that predominantly local construction companies will perform rehabilitation works under the project. No large numbers of workers will be required at any individual work site. Influx of labor is also not expected.

No new construction or extension of healthcare or waste management facilities will be financed. None of the infrastructure works under the project involve acquisition of existing public or private facilities. Project activities will not involve land acquisition, physical or economic displacement, or restriction of access to private land and other property.

The project will not invest into medical waste management systems and infrastructure. However, clinics benefiting from rehabilitation works and delivery of equipment provided by the project will be assisted in improving their infection control and waste management practices as required, especially for HCF in rural areas (plastic bags to manage medical waste, containers).

4.2.Environmental risks and impacts

The potential environmental impacts of the Project are not likely be significant, long-term, or irreversible on Moldova's environment, forests, or other natural resources.

The potential environmental and social risks and impacts are associated with rehabilitation and reconstruction of existing premises of health facilities, but these are expected to be temporary and site-specific. In addition, the Project will finance purchasing of specific healthcare equipment and all associated activities (small refurbishment/repairs civil works to premises where the new equipment will be installed) although financed from local sources are considered project-related and therefore, should be carried out in compliance with this ESMF and WB ESSs.

While procurement of medical equipment for health centers/facilities does not have significant direct environmental implications, the utilization of these medical supplies and the increased operation of PHC centers may generate large volumes of nonhazardous and hazardous medical wastes. The likelihood / risk of these indirect environmental impacts to occur could be exacerbated through poorly implemented waste management procedures at participating hospitals and health facilities.

***Impact on atmospheric air*.** Internal combustion engines of trucks and other construction machinery, as well as construction processes, can have a significant impact on environmental air quality.

***Harmful emissions*.** Trucks and other construction machinery can release significant amounts of carbon dioxide into the atmosphere. This leads to global warming and climate change, which can have serious consequences for environmental and socio-economic systems.

Internal combustion engines emit various harmful substances, such as nitrogen oxides (NOx),

sulfur oxides (SOx), hydrocarbons, benzopyrene and others. These substances can have adverse effects on human health and ecosystems.

***Dust emissions*.** Construction processes such as crushing materials, mixing mixtures/concrete, grinding and others can cause dust emissions. This can lead to air pollution and a deterioration in the quality of life for people, especially those suffering from allergies and other respiratory diseases.

***Other emissions*.** Improper storage and handling of building materials can lead to emissions of harmful substances such as toxic solvents, gases, dust, smoke and others. These pollutants can have a negative impact on the health of people who directly involved and on the environment.

Soils. In construction work, there is a mechanical influence on the fertile soil (for example, laying foundations, laying or reconstructing communication networks). When organizing construction, the placement of construction materials outside of specially defined paved areas, can cause soil contamination**.**

The use of vehicles in unsatisfactory condition or for work, or accidental spills of fuel and lubricants can lead to soil contamination with oil products.

***Excessive noise during construction work*.** The performance of construction works allows the possibility of excessive noise caused by the operation of specialized machinery, equipment and tools. First, prolonged excessive noise can endanger the health of personnel at the construction site. People living or working nearby may be adversely affected by excessive noise.

Impacts on biodiversity and green spaces. Impact on natural or critical ecosystems and on the provision of ecosystem services is not expected. It will be possible to anticipate the potential impact on green spaces once the selection of healthcare facilities, the determination of specific locations of construction works and their nature have been completed. A limited cutting of trees and clearing of vegetation are potentially possible in connection with work and/or site planning.

Waste management. During construction/reconstruction, temporary generation of construction waste is possible. Excessive and/or improper storage of waste may carry a potential risk of air, soil and water pollution. In addition, excessive accumulation and/or improper storage of construction waste can pose a risk of injury to people on site.

Existing building elements (walls, foundations, ground cement slabs etc.) will be carefully demolished and the debris will be sorted and removed as directed by the ESMP (to be determined during the preparation phase of the project). All valuable materials (doors, windows, sanitary fixtures, etc) will be carefully dismantled and transported to the storage area assigned for the purpose. Where feasible, valuable materials will be recycled within the project or sold, only if their assessment/checking excludes any chemical or bacteriological contamination.

Risks related to medical waste

The healthcare system produces a huge amount of waste, including hazardous waste. Waste generated by healthcare facilities causes risks of chemical, toxic, carcinogenic, mutagenic and radiation effects on the human body, injuries and infections. Inadequate and inappropriate treatment of medical waste can have serious consequences for public health, both through direct impact and through negative effects on the environment. Thus, the rational and safe management, transportation and disposal of medical waste are important components of occupational safety, infection control and a safe environment.

Risk for environment due to improper management of medical waste

Hospital waste separation, on-site collection, removal and treatment are subject to national regulations, though their implementation faces multiple challenges. Several medical facilities do operate their own incinerators and autoclaves, but their capacity is not always sufficient. No municipal incinerators exist for treating medical waste. There are couple of private companies providing waste management services to medical facilities, but their operation standard in some cases does not meet neither the requirements of the EU directive 2000/76/EC[43] on the incineration of waste nor respective guidelines of WHO. Hazardous medical waste may not be disposed of at municipal landfills in difference from the non-hazardous medical waste. The current national waste management policy implies gradual closure of municipal landfills by 2027 and their replacement with the new regional landfills, but it is unlikely to be implemented by then. In 2019, the Government of the Republic of Moldova signed with European Investment Bank the Agreement for the implementation of sound municipal waste management in Moldova with total value of 100 mil EUR. This agreement will address the issues that are related to municipal waste and will not cover hazardous waste.

The main existing problems in the field of medical waste management in Moldova can be summarized as follows:

- inadequate level of medical waste utilization in health care facilities;
- lack or insufficient facilities for collection, internal logistics and safe temporary storage of infectious waste within HCF/centers;
- lack of refrigeration equipment for storage of certain medicines at low temperatures;
- lack of special sanitary and hygienic equipment, inventory, consumables for medical waste packaging;
- limited capacity of HCF to purchase high-quality medical waste treatment equipment.

All these represent serious risks and negative impacts to the people and environment.

There are also environmental risks associated with healthcare and hospitals facilities which occur during the **operation phase**:

Air emissions – these may include exhaust air from heating, ventilation, and air conditioning (HVAC) systems, ventilation of medical gases and fugitive emissions released from sources such as medical waste storage areas, medical technology areas, and isolation wards. Emissions may include exhaust from medical waste incineration if this hazardous waste management option is present. In addition, air emissions may result from combustion related to power generation.

Exhaust air may be potentially contaminated with biological agents, pathogens, or other toxic materials.

Waste generation – there are two types of waste generated by the healthcare facilities: one consists of general waste, similar in composition to domestic waste, generated during administrative, housekeeping, and maintenance functions; the second type consists of specific categories of hazardous healthcare waste. If these different types of waste are mixed accidentally, waste should be treated as hazardous.

[43] EU directive 2000/76/EC on the incineration of waste: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM:l28072

Wastewater discharges - contaminated wastewater may result from discharges from medical wards and operating theaters (e.g. body fluids and excreta, anatomical waste), laboratories (e.g. microbiological cultures, stocks of infectious agents), pharmaceutical and chemical stores; cleaning activities (e.g. waste storage rooms), and x-ray facilities. Wastewater may also result from treatment disposal technologies and techniques, including autoclaving, microwave irradiation, chemical disinfection, and incineration (e.g. treatment of flue gas using wet scrubbers which may contain suspended solids, mercury, other heavy metals, chlorides, and sulfates).

4.3.Social risks and impacts

Implementation of the Project will have various social implications. In general, the successful implementation of the Project will bring social benefits to the population, but there may also be some negative impacts, real or intangible.

The Social impacts from the Project include risks relating to exclusion from Project benefits, ensuring the most at need have access to the healthcare facilities and Project benefits. The Project will be implemented country-wide, including poor and undeveloped areas where the local population's access to medical services may be difficult, especially for vulnerable groups and people with limited mobility. Vulnerable and disadvantaged groups (low-income, disabled, elderly, isolated communities, including potentially Roma communities) could encountering obstacles to access facilities and services provided by the Project activities.

Empirical evidence and rapid surveys conducted by different institutions reveal that poor, vulnerable and disadvantaged groups such as families with more than two children, single-parent families, mothers on childcare leave, families with disabled dependents, the elderly, families depending on subsistence agriculture, are mostly affected by the existing circumstances.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted during project implementation through dedicated means, as appropriate. At this stage, the highest degree of vulnerability is linked with financial poverty, which is further aggravated, especially if overlapped with different diseases and health problems. People living in rural areas are less likely to consult specialists, pharmacists, and dentists than people living in urban areas.

Furthermore, people with higher incomes tend to consult specialists rather than general practitioners, while the reverse is true for those with lower incomes. Overall, vulnerable groups of people – particularly pensioners, Roma, the unemployed, and people with disabilities – are more likely to experience barriers to care due to cost, distance to facilities, poor road quality, and lack of public transportation.

Social risks are linked with construction activities and include occupational health and safety, community safety. There are potential OHS risks related to the rehabilitation of the National Health Centers and HCUs; OHS risks for medical staff, laboratory staff and communities during transportation of patients/tests/chemicals and reagents and treatment.

Improper management (collection, transport and disposal) of waste and hazardous waste generated by the HCUs, handling of quarantining interventions (including dignified treatment of patients), attention to specific, culturally determined concerns of vulnerable groups, as well as meeting minimum accommodation and servicing requirements could also generate social risks.

There are also risks relating to Gender Based Violence (GGV), Violence Against Children (VAC) and Sexual Exploitation and Abuse (SEA) as a result of labor influx and provision of health services and construction/renovation of health facility.

With the nature of the project coverage nationwide, there is also risk of lack of inclusive stakeholder engagement, specifically the engagement of vulnerable groups.

Social tensions that could be exacerbated by the project and community health and safety-related outcomes (especially related to spread of disease and waste management) are mainly related to the social exclusion which is widespread in Moldova due to variance in communities or individuals affordability to pay and the lack of sufficient transparency and equity in providing financial support to households targeting specifically vulnerable populations.

4.4 Occupational health and safety (see also Annex 5)

Occupational health and safety hazards may occur during construction, maintenance, and operation of new facilities and equipment, and must be carefully managed.

The Contractor will develop a ***Method Statement*** (a document that details exactly how to carry out work safely) before starting construction works on site, and this document will be approved by the Employer.

This is related to the Contractors obligations to prepare and implement site-specific Environmental and Social Management Plan (C-ESMP), which also includes adequate OHS protections in accordance with World Bank Group Environment, Health and Safety Guidelines (EHSG) and GIIP in relation to protection of personnel that need to be implemented during the construction period. Contractors will be required to also prepare and implement an Occupational Health & Safety Plan (OHSP) following the EHSG and local legislations to ensure the health and safety of workers during the construction.

A method statement is a document that explains the correct procedures, safety precautions and work requirements of a project. This is an essential tool for mitigating risks and protecting site visitors, construction workers and other project impacted people from harm. A comprehensive method statement will include Contractor team's equipment, like personal protective equipment, detailed steps and emergency procedures, and contact details for health and safety personnel. If the project requires workers to take additional actions, such as proper waste disposal, hazard removal or site clean-up, these details should be included as well. The method statement might also include:

- First aid and emergency protocols
- Required training and safety equipment
- Work permits
- Machine and equipment lock-off and showdown steps
- Site access points
- Instructions for proper material handling
- Scaffolding materials
- Important locations on-site like bathrooms and waste disposal

The method statement should also cover the hazards associated with by-products of tasks and activities. For example, if any waste is produced, the document needs to cover how to dispose of that waste with safe and accurate execution.

The safety method statement also needs to be reviewed and rewritten whenever tasks take place in a new location or using new equipment. If the factors affecting the health and safety of projects change, method statements need to be reviewed to make sure safety precautions are still relevant.

Many workers will be exposed to occupational health and safety hazards, primarily including, but not limited to:

- Lack of awareness on occupational health and safety requirements such as the use of personal protective equipment (PPE) and safe workplace practices;
- Electrical works;
- Exposure to chemicals (as paints, solvents, lubricants, and fuels);
- Traffic accidents;
- Excavations hazards;
- Lifting of heavy structures;
- Exposure to construction airborne agents (dust, silica and asbestos);
- Welding hazards (fumes, burns and radiation).

In particular, prevention and control measures must ensure that only trained and certified workers access the facilities or any area that could present occupational health and safety hazards, with the necessary safety devices and respect for minimum setback distances.

***Labour and working conditions*:** Any social impacts, included health and safety, must be avoided or anticipated on contractor's workers for the proper implementation of the Project according to WB's ESSs and national legislation.

The Project is assessed as Low on gender-based violence (GBV) risk and therefore, the GBV aspect in Project implementation will focus on prevention of GBV, including sexual exploitation.

Also, a Project Labour Management Procedures (LMP) has been developed, which include, inter alia, a detailed analysis on type and charachteristics of workers that will be involved in project implemenation, potential labour risks, national and ESS2 provisions on health and safety of workers.

ESS 2 - Labor and Working Conditions classifies employees into the following categories:

- employees directly involved in the project (direct workers);
- contracted employees (contracted workers);
- employees of primary suppliers (primary supply workers);
- employees engaged in public works (community workers)

It is assumed that the Project will include workers directly involved in the Project (administrative staff, PIU, consultants, health care administrative staff, drivers and members of mobile teams,) contracted workers (personnel of contractors, construction subcontractors and supervisory organizations) and primary supply workers (e.g. those directly involved in the production of different construction materials or goods).

ESS2 applies to project workers including full-time, part-time, temporary, seasonal and migrant workers.

Direct workers. In this category are included the employees engaged by the MoH to be directly involved in the Project implementation: the PIU staff and consultants working for the PIU, the final beneficiary PHC centers and hospitals administrative staff, drivers and members of mobile teams.

Contracted workers. Contracted workers would be hired by a third party (e.g. construction company, consultancy firm, etc.) to perform work or provide services under the design, supply,

installation, works, and technical supervision contracts. Each contractor might need engagement of multiple subcontractors. The subcontractors' workforce will be also considered as contracted workers. The third-party exercises control over the work, working conditions, and treatment of the project workers.

For contracted workers for civil work laborers, it is the contractor's responsibility to set up workers' Grievance Redress Mechanism (GRM) to receive and resolve issues, such as OHS.

Primary supply workers. These are the workers of primary suppliers that would be engaged by the MoH to provide directly to the Project goods or materials essential for the core functions of the Project. Primary supply workers could be e.g. workers at quarry sites that supply with different materials the Project's activities, workers that produce different construction materials (bricks, cement, pre-fab elements), etc.

The type of work to be carried out by the direct workers does not entail high vulnerability to abuse of labor rights or OHS risks. It is assessed that the key labor risks for the contracted workers would be associated with health and safety risks related to the construction activities foreseen in Components 1, 2 and 3. No other labor risks are considered to be significant. The Project is assessed as Low on GBV risk.

The Labor Code of Moldova will be applied in relation to all project workers.

Contractor's Code of Conduct:

MoH will ensure that a Contractor's Code of Conduct is included in bidding documents for any civil/renovation/construction works contractor(s) in any contracts once hired. This Code of Conduct is to be signed by the main party (head or manager) of the construction contractor (contractor).

The contractor is committed to ensuring that the project is implemented in such a way which minimizes any negative impacts on the local environment, communities, and its workers. This will be done by respecting the environmental, social, health and safety (ESHS) standards of the ESF and its associated instruments and ensuring appropriate occupational health and safety (OHS) standards are met. The contractor is also committed to creating and maintaining an environment where children under the age of 18 will not be hires, and where sexual abuse and sexual harassment have no place. Improper actions towards children, Violence Against Children (VAC), sexual exploitation and abuse (SEA), and/or acts of Gender Based Violence (GBV) will not be tolerated by any employee, sub-contractors, supplier, associate, or representative of the company.

Contractors need to support and promote the implementation of the Code of Conduct. To that end, staff must adhere to the Code of Conduct and to sign it individually. This commits them to supporting the implementation of the Contractor's Environmental and Social Management Plan, the OHS Management Plan, other plans developed by the Contractor for the respective subproject.

The Contractor shall require his employees, sub-contractors, sub-consultants, and any personnel thereof engaged in implementation of the works contract to individually sign and comply with the Code of Conduct.

A summary of potential environmental and social impacts of the Project activities is presented din the table below:

Environmental and social component	Potential risks and impacts	Magnitude of risks and impacts	Duration of risks and impacts
Construction phase			
Air	Air pollution with construction dust and exhaust gases	Moderate	Temporary, Site specific and local
Soil	Pollution with oil and mixt fertile soil with sterile soil or wastes	Moderate	Temporary, Site specific and local
Water	Water pollution with accidental spils and leaks	Moderate	Temporary, Site specific and local
Resources consumption	Resources depletion	Low	Temporary, Site specific and local
Physical environment	Noise and vibration	Moderate	Temporary, Site specific and local
Wastes	Construction wastes generation on site	Moderate	Temporary, Site specific and local
Hazardous wastes	Pollution of air, soil and water with hazardous wastes	Moderate	Temporary, Site specific and local
Site's flora	Trees, bushes cutting and grass destrution	Moderate	Temporary, Site specific and local
Emergency situation	Accidental spils and leakage	Moderate	Temporary, Site specific and local
Health and Safety	Incidents and accidents	Moderate	Temporary, Site specific and local
Equipment safety	Equipment failure, accidental pollution	Moderate	Temporary, Site specific and local
Social aspects	Workers behavior, GBV, TiP, SH, labour influx, acces restriction, disturbance	Moderate	Temporary, Site specific and local
Community health and safety	Air pollution, noise and vibration, dust,	Moderate	Temporary, Site specific and local
Operational phase			
Air	Pollutants emissions	Moderate	Regional, permanently during operation
Physical environment	Noise and vibration	Low	Local, permanently during operation
Waters	Pollutant emission	Low	Local, permanently during operation
Solid and hazardous wastes	Wastes generation; medical waste generation	Moderate	Local, permanently during operation
Equipment safety	Equipment failure	Low	Local, permanently during operation
Resources	Resources depletion	Low	Local, permanently during

Environmental and social component	Potential risks and impacts	Magnitude of risks and impacts	Duration of risks and impacts
consumption			operation
OHS and social aspects	Incidents, personnel's behavior (GBV, HIV/AIDS, HS), disturbance to staff, access restrictions	Low	Local, permanently during operation
Personnel health	Fit for duty	Low	Local, permanently during operation
Vehicles	Traffic security	Low	Local, permanently during operation
Community health and safety	Air pollution, noise and vibration	Low	Local, permanently during operation

The careful implementation of mitigation measures will allow for the reduction or avoidance of any adverse impacts. These efforts start in the pre-design phase with the screening of possible subprojects for consideration, and include efforts during the design, implementation, and operation phases.

Cumulative impacts

The proposed activities under the Project will not generate cumulative impacts. They will not interact with other construction activities within internal construction site of selected HC/hospitals facilities, with other infrastructure development projects from adjacent areas of such facilities, and no other cumulative environmental and social aspects that could have a negative impact on community and environment in the construction area are identified. The overall project interventions, as finally expected, will improve the healthcare capacity of such facilities and increase efficiency and control of natural resources use and pollutants emission.

However, considering the specificity of healthcare and hospital facilities involved in the Project, potential cumulative impacts might occur due to other operations that generate environmental and OHS impacts and risks which will likely, in many cases, be managed jointly (e.g., co-mingle wastes and wastewater, joint supply of water and energy, combined medical waste disposal, combined OHS worker risks, etc.)

5. ENVIRONMENTAL AND SOCIAL RISKS MITIGATION

The pandemic, the energy crisis, and the refugee crisis caused by the Russian invasion in Ukraine exposed the vulnerabilities of the Moldovan growth model to shocks and pose risks to stability.

The Project aims to address these risks by strengthening the health system at all levels, including PHC, which is the first point of contact for patients seeking care. The Project will support Moldova's ongoing reforms to the primary health care system, which seek to expand coverage of primary care services offered without payment at the point of care for all, including the uninsured.

The financing from this Project will also help mitigate the potential shortfall in the financing of the health sector.

The purpose of this Environmental and Social Management Framework is to assist the PIU staff and subprojects implementing beneficiaries in determining the potential environmental and social impacts of subprojects, in preparing site-specific ESIA, ESMPs or ESMP Checklists that will summarize necessary mitigation measures to minimize or prevent them, in disclosing and organizing public consultations on these ESF instruments and later in environmental monitoring and reporting. ESMPs/ESMP Checklists shall be included in tender documentation for works contracts and then implemented by contractors.

MoH is responsible for the overall implementation of the project through the established PIU. MoH will adopt a clear approach to environmental and social management procedures to allow Project development activities to follow the ESF standards including the mitigation hierarchy of avoidance, minimization, and mitigation and compensation/offset for negative impacts.

The PIU will have day-to-day responsibility for project management and support, including ensuring that project implementation is compliant with the WB ESSs, the World Bank Group's EHS Guidelines and this ESMF. The PIU will be adequately staffed to oversee the Project's interventions nationally and ensure that each subproject complies with all project procedures and receive professional implementation and management support.

The Project is rated as "**Moderate**" as per the World Bank ESS1 risk category which requires screening and preparation of E&S measures and site-specific ESMPs or ESMPs Checklists as described below in this section.

The present ESMF describes how each of the risks will be mitigated and the tools used for that purpose.

More specifically, ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10 which have been determined as relevant for the project, will be used to avoid, minimize, or mitigate environmental and social risks.

5.1. Exclusion List

The first step in addressing a subproject's environmental and social risks and impacts is to exclude any activity that is defined as ineligible for World Bank support, and this is applicable to all subprojects that include any of the following attributes:

- Cause adverse health impact including serious/potentially lethal diseases, high containment, cause aerosol transmission
- Cause long term, permanent and/or irreversible (e.g., loss of major natural habitat) adverse impacts
- Have high probability of causing serious adverse effects to human health and/or the environment
- Includes activities within a nature reserve, buffer zone or any other area designated for the protection of biodiversity
- Includes activities in flood plains or areas impacted by floods, areas prone to landslides
- Cause alterations to river courses
- Have adverse social impacts and may give rise to significant social conflict

- Affect lands or rights of indigenous people or other vulnerable minorities and would require Free Prior Informed Consent.
- Involve permanent resettlement or land acquisition, adverse impacts on cultural heritage
- Involve the financing of any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal
- Classified as environmental and social "**high**" risk

5.2. Environmental and Social Screening Process

The purpose of the screening process is to determine which activities are likely to have negative environmental and social impacts to (a) determine the level of required environmental assessment; (b) determine appropriate mitigation and monitoring measures for activities with adverse impacts; and (c) incorporate mitigation and monitoring measures into the subprojects as appropriate. The extent of environmental and social work that might be required prior to the commencement of the subprojects will depend on the outcome of the screening process described below.

All subprojects to be supported under this project will be subject to environmental and social screening, which will be conducted by the PIU using the form found in **Annex 1** in order to exclude certain risky activities, identify potential environmental and social issues, and classify the environmental and social risks. Copies of each of these screening forms will be kept at the PIU. The PIU's regular reports to the World Bank will include copies of each screening undertaken during the subject reporting period.

Criteria for classification include type, location, sensitivity, and scale of the project, as well as the nature and magnitude of its potential environmental and social impacts. Public consultations will take place during the environmental and social screening process, and the input from the public consultations will be reflected in the design of the mitigation and monitoring measures. The screening process shall be conducted according to the following steps:

Step 1: Screening including Checking Eligibility of subprojects

At this stage all subprojects will be subjected to a screening process by the PIU to check their eligibility for the project financing. If any of the proposed activities will be part of the Exclusion List the subproject will not be eligible for Project's financing.

In checking the eligibility of the sub projects, the questions in the Screening Checklist (Annex 1-Part 1) would be answered as "Yes" or "No". If the answer to any one of the questions is 'Yes', then the subproject will be rejected. If on the contrary the answer is 'No' for all the above questions, then one must proceed to the next step.

Furthermore, the PIU would assess the significance of potential impacts using environmental and social impact rating checklist stated in the form. The checklist must be filled, and number of potential impacts marked as None, Low, Moderate, Substantial, High and Unknown and will be used to determine individual and the overall impact rating of the subproject. The screening form has a guidance to determine what action would be taken before proceeding to the next level based on the results.

Rating and classification of potential impacts of Subprojects[44]

Low risk[45]	Subprojects expected to have negligible/no environmental and social and OHS impacts on both, construction and operational phases, will do **not need an environmental and social impact assessment** beyond ES screening. For subprojects with low environmental and social and OHS impact, where the project footprint is small, and activities present little or no direct impacts the mitigation measures would be prepared in the form of **site-specific ESMP Checklists.** All these types of subprojects will be approved and cleared by PIU.
Moderate risk[46]	Subprojects with impacts, including OHS, that can be identified easily and for which standard preventive and/or corrective measures can be prescribes without environmental impact assessment. Mitigation measures are standard and usually involve only good maintenance measures or good engineering practices, together with adequate health and safety measures. In this case, risk mitigation measures would be prepared in the form of **site-specific ESMP.**
Substantial risk[47]	Subprojects which may have potential and very significant or irreversible environmental and social and OHS impacts, scope of which is very difficult to determine in project identification phase. In this case, **ESIA (where applicable under the national legislation) or site-specific ESMP** would be prepared.
High risk[48]	Subprojects of high environmental and social concern, including OHS, consisting of activities that are on the Exclusion list and therefore, **will not be eligible for this Project's financing.**

Step 2: Screening including environmental and social actions/instruments

The PIU will complete the Environmental and Social Screening Form (Annex 1 - Part 2) to facilitate identification of relevant ESSs and due diligence action/instruments. After analyzing data contained in the environmental and social screening form and having identified the right environmental category and hence scope of the environmental assessment required, the PIU will make a recommendation to MoH as to whether: (a) no further ESA will be required; (b) implementation of risk management mitigation measures (site-specific ESMP Checklist) or ESIA or site-specific ESMP will be required; or (c) the sub-project will not be eligible for funding and will be rejected.

[44] This refers to both, construction and operational phases

[45] Risk is acceptable and can be managed easily by hospitals/PHC facilities

[46] Risk can be managed, but need mitigation based on ESMP checklist

[47] Risk can be managed, but need further detailed and comprehensive ESMP

[48] Risks have long term permanent and/or irreversible

Step 3: Approval of the screening reports

At this stage environmental and social screening reports will be reviewed and approved by the PIU and WB. All screening reports during the initial phase will be approved by the WB until sufficient capacity will be established at the level of PIU; further, the screening reports for "substantial" risks will continue to be approved by the WB and for "moderate" of "low" risks subprojects the WB will only check randomly these during regular missions. If the subproject has moderate to low or moderate environmental and social concerns, PIU would ensure that all the risk mitigation measures are incorporated in the ES risk management tool before approval.

5.3.Measures to avoid, mitigate and reduce environmental and social impacts

Mitigation measures described in **Annex 2** are generally recommended to be considered, but more detailed mandatory mitigation measures should be provided for each subproject in the site-specific Environmental and Social Management Plan (ESMP) table.

For each subproject an environmental and social assessment will be performed to identify the subproject specific direct, indirect and cumulative ESHS impacts and risks for both construction and operation phases and propose the necessary complete set of ESHS measures (e.g. mitigation, monitoring, contractual requirements, supervision, reporting, training, etc.). The subproject specific mitigation and monitoring measures shall be based upon the subproject specific ESHS impacts, and risks and requirements as established in applicable Moldova's regulatory requirements, Project specific WB ESHS requirements including ESSs and applicable WB EHSGs (General, and for Health Care Facilities.

5.4.Environmental and Social Risk Management Instruments

Depending on the environmental and social risk category, the site-specific risk management measures will be subject of an ESMP (a template is presented in **Annex 2**) or an ESMP Checklist (a template presented in **Annex 3**) and will identify prevention, minimization, mitigation, and compensation measures to be applied to subprojects as required. The template ESMP presented in Annex 2 serves as a reference on potential risks and impacts, mitigation measures and indicators or outcomes that can be planned and implemented throughout the project. The risks and impacts, mitigation measures and monitoring indicators will be presented according to the relevant ESSs.

The environmental risks of the project generated mainly by the construction/repair activities under Components 1, 2 and 3 are site-specific and temporary, and can be mitigated by existing management measures and modern construction techniques, resource efficiency and pollution prevention and management. Moldavian legislation also regulates requirements for environmental protection during preparation and construction/repair.

Social risks are mitigated by observing the principles of transparency and publicity of project activities. Timely and objective information to stakeholders, introduction of an effective mechanism of citizen involvement, which includes, among other things, consideration of complaints and appropriate response. Engagement with stakeholders effectively reduces the likelihood of negative reactions from citizens and helps to resolve conflict situations. The Moldavian legislation in the field of labor rights is also intended to protect people engaged in work and services on a permanent or temporary basis. In addition, the MoH has developed a Stakeholder Engagement Plan (SEP), which is published on its official website. SEP is a separate document to which this ESMF refer. Throughout the life of the Project, to ensure effective communication and involvement of stakeholders and communities, SEP remains a 'living document' that can be

modified and updated. The provisions of the grievance redress mechanism are also described in this ESMF.

More specifically, feasible and cost-effective measures that can reduce potentially significant adverse environmental impacts to acceptable levels are defined in the Environmental and Social Management Plan (ESMP). Such ESMP is prepared for each subproject of Substantial and Moderate Risk. The ESMP template is an annex to this ESMF and will be included in the bidding documents and works contracts with contractors, subcontractors, as well as in the services contracts with supervising organizations for the execution of construction works under the Project. Typical ESMP includes standard basic approaches to mitigating the impact of construction contracts with moderate, localized effects. The format is considered to comply with the World Bank requirements for environmental and social assessments. The site-specific ESMP will also include an **Infectious Control and Waste Management Plan (ICWMP)** – a generic draft is presented in **Annex 2.c**.

A project-level ICWMP is developed by the MoH to support the storage, transport, and disposal of medical waste under the Project.

The ICWMP covers environmental and social infections control measures and procedures for the safe handling, storage, and processing of infectious waste materials in order to prevent, minimize, and control environmental and social impacts during the operation of project-supported HCUs. The ICWMP sets a procedure on how to develop a site specific ICWMP for HCUs involved in the Project. A site specific ICWMP is developed by the HCU representative delegated by the HCU to oversee the management of infectious medical waste, basing on the template for the development of ICWMP and under the guidance of the Environmental specialist of the project, who advise the representative of the HCU on the accuracy of the presented information. The last draft of the ICWMP is reviewed by the Environmental Specialist and is approved by the Director of the HCU.

Each beneficiary medical facility/lab will follow the requirements of this ESMF prepared for the Project, WHO guidance documents, and other best international practices, will prepare and follow an ICWMP to prevent or minimize such adverse impacts. The ICWMP will mandate that any waste associated with medical testing or treatment will be incinerated on site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on site destruction is not possible.

In addition, all bidding documents and works contracts under the Project should contain commitments by contractors, subcontractors and supervisory organizations to adopt and enforce a **Code of Conduct**, which should be made available and signed by all employees, detailing measures to eliminate environmental, social, health and safety risks, as well as risks of sexual exploitation and abuse, sexual harassment and child abuse, all applicable to such construction work that is commissioned or performed under these contracts. Such Code of Conduct is prepared and provided by contractors, subcontractors and supervisory organizations.

Labor Management Procedure (LMP) prepared by MoH covers the requirements for ensuring the health and safety of employees involved in the Project and aims to summarize mitigation measures for possible risks and consequences related to labor management. LMP is provided in **Annex 4** to this ESMF.

MoH will ensure compliance with the provisions of this ESMF. PIU will be responsible for monitoring project activities and overseeing the implementation of ESMF provisions by the

involved PHC facilities. The project will be implemented nationwide. In the initial phase, until sufficient expertise will be established at the level of PIU, all site-specific E&S risk management instruments will be approved by the WB; further, the site-specific ESMPs for "substantial" risks will continue to be approved by the WB and for "moderate" of "low" risks subprojects the WB will consider an ex-post review and check randomly the respective ESMPs/ESMP Checklists during regular missions.

The site-specific ESMPs/ESMP Checklists shall be proportionate and relevant to the hazards and risks associated with the particular activity and will be implemented by the health facility and contractors.

The PIU will provide reports of their review and supervision to the Bank as part of regular Project Progress Reports.

6. MONITORING, SUPERVISION AND REPORTING

6.1. Monitoring

Beneficiary healthcare facilities and construction contractors will ensure development of environmental and social management instruments such as ESMPs, ICWMPs, Occupational Health and safety procedures, Code of Conduct, GRM in compliance with WB ESF and ESMF of the Project.

PIU will provide guidance and support in elaboration of mentioned instruments. The relevant provisions and requirements will be included in contracts with vendors such as construction companies involved in the small scale rehabilitation works in HCUs.

Monitoring ensures that mitigation measures are implemented as per the Project schedule/workplan and ESMPs/ESMP Checklists, but also reveals eventual bottlenecks that might affect the implementation of Project activities. Monitoring the implementation of environmental and social mitigation measures is important to ensure compliance with the applicable ESS and to prevent the adverse impacts of construction activities on natural and social environment.

Subproject monitoring measures shall be determined as part of each subproject E&S assessment based upon the subproject specific ESHS impacts, and risks and requirements as established in applicable Moldavian regulatory requirements, Project specific WB ESHS requirements including ESSs and applicable WB EHSGs (General, and for Health Care Facilities). These shall be included in subproject ESMPs and further in C-ESMPs, while for the operation phase these will be considered in the PHC facilities EHS plans.

Environmental and social monitoring system starts from the preparation phase of the subproject through the operation phase in order to prevent negative impacts of the project and observe the effectiveness of mitigation measures. This system helps the WB and the Client/MoH to evaluate the success of mitigation as part of project supervision and allows taking an action when needed. The monitoring system provides technical assistance and supervision when needed, early detection of conditions related to mitigation measures, follows up on mitigation results, and provides information of the project progress. MoH, through PIU will be responsible for implementation of this Framework both at overall Program level and individual subproject level. The PIU shall ensure that the requirements of the site-specific ESMPs and environmental permit are included in employer's requirements by:

- Monitoring of the required mitigation measures of the site-specific ESMPs/ESMP Checklists and other applicable ESF instruments to be implemented by civil works contractors and/or other responsible agencies.
- Reporting on the GRM, as per the SEP, LMP andC-ESMP
- Reporting any accident and incidents, including those reported to the Bank as part of the incident reporting process
- Review monthly monitoring reports provided by contractors and/or supervising consultants.
- Regularly reporting to the Project Director and WB as specified in the ESCP and Project Operation Manual (POM).

For monitoring purposes, it is important to have environmental and social capacity available within PIU, preferably at the project implementation level. Monitoring work may also be contracted out to specialists.

The health facility's technical department or designated technical specialists will also permanently support the subproject implementation and ensure healthcare waste management. They will coordinate with PIU in subproject monitoring on health facility, and civil works contractors.

Monitoring of environmental and social impacts should focus on ensuring that all environmental and social mitigation measures are implemented in full accordance with the site-specific ESMP/ESMP Checklist.

To ensure the mitigation measures are efficiently implemented, the site-specific ESMP/ESMP Checklist contains a special Environmental & Social Monitoring Plan (E&SMP), which provides: (a) details, of monitoring measures, including the parameters to be measured, methods to be used, frequency of measurements; and, (b) monitoring and reporting procedures to (i) ensure early detection of conditions that need particular mitigation measures, and, (ii) furnish information on the progress and results of mitigation. A template of such E&SMP is presented in **Annex 2a**.

Final payments to the contractors should be contingent on the final inspection, with attention to the requirement to restore the site to its original condition upon completion of rehabilitation activities.

The PIU's environmental and social specialists will visit to project sites as and when necessary. Based on performance of different subprojects, they will advise on the subsequent disbursements that should be done for the contractors awarded a contract to implement subprojects under the Project. If it is found that there is an ESMP noncompliance, further disbursements will be stopped until compliance is ensured. In addition, in the project areas the PIU will be responsible for the environmental and social monitoring activities identified above as part of the preventive actions and mitigation measures proposed to address potential adverse impacts. This monitoring will be incorporated into the overall project monitoring plan required by the WB as part of project performance. PIU is also responsible for processing, addressing, and monitoring complaints and other feedback, including that on environmental and social issues.

6.2.Supervision

The PIU staff will supervise the Project supported activities on a routine basis. The Project will also engage *Construction Supervision Engineer/Consultant*, which will have important role in site-specific ESMPs/ESMP Checklists implementation, as following:

- Supervising and monitoring of all works contract provisions that must be ensured and respected;
- Providing oral or written instructions to the Contractor;
- Controlling and checking of compliance with the instructions given on any matter related to the contract;
- Issuing to the Contractor (at any time) instructions and additional or modified drawings which may be necessary for the execution of the works and the remedying of any defects, all in accordance with the contract;
- Performing regularly site visits on construction sites and prepare conformity reports, etc.
- Reporting monthly (or whenever necessary) on the Project implementation, including E&S and OHS aspects.

The supervision process will be complemented by WB supervision of the Project. The process will include the participation of Bank environmental and social staff in implementation review missions, as appropriate, to review progress in the implementation of the ESMPs.

6.3.Reporting

Documenting outcomes of the environmental and social supervision of subprojects is mandatory. Monthly monitoring reports will be generated by the contractors and/or supervising consultants for reflecting quality and extent of the application of each environmental and social mitigation measure prescribed by the site-specific ESMPs/ESMP Checklist. Information provided in the progress reports should be supported with photo material taken on-site and dated.

There will be two types of reports: monthly reports from the beneficiary healthcare facilities to the PIU and quarterly reports from the PIU to the World Bank.

- ***Monthly Reports*** - individual HCFs will prepare monthly reports to the PIU on each activity being undertaken. These reports will include progress on any on-going small works, statistics related to the implementation of the ICWMP, statistics related to local hotlines, any grievances received via the GRM and information on their resolution, and any other relevant information.
- ***Quarterly Reports*** – the PIU will submit an overall report of project implementation to the WB every quarter 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 beneficiary healthcare facility and copies of screenings and site-specific instruments prepared during the subject quarter. Quarterly reports will be integrated into MoH's general project progress reporting to the WB.

6.4.Environment & Social Incident Reporting to the World Bank (see Annex 11)

Prompt notification of the WB on any accidents, emergencies, and unforeseen issues which may occur in the course of works and directly or indirectly affect environment, physical cultural resources, personnel of works providers, and or communities residing in the vicinity of a project site is mandatory regardless timelines of reporting. Unexpected negative social impacts identified during Project implementation will also be reported.

The legal or financing agreement provides standard language for the reporting of incidents to the Bank. For projects applying the ESF, the ESCP may also include a requirement for borrowers to report to the Bank and provide details of the causes and corrective action. EHSGs provide guidance on how Borrowers are to report and investigate occupational injuries.

MoH should use the WB standard procedure ESIRT (Environmental and Social Incident Response Toolkit) for reporting incidents that occur on projects whether they are in preparation or in implementation – more details about incident management and reporting process are presented in **Annex 11**.

The construction supervising consultant company and its staff will be responsible for monitoring for such negative impacts during their supervision visits.

7. IMPLEMENTATION ARRANGEMENTS AND RESPONSIBILITIES

The MoH is the implementing agency of the project and will be in charge of day-to-day Project's operations through its PIU, which will ensure monitoring and reporting on the implementation of ESMF/ESMP and all related matters such as reporting incidents and complaints. PIU functions are described in more detail below.

The PIU is adequately staffed with one environmental specialist, one social specialist and one waste specialist, and will be supported throughout the Project period by the local selected HCFs' representatives assigned with E&S responsibilities and could also benefit from the support of E&S consultants.

The PIU will also monitor the implementation of the Project's Labor Management Procedures (LMP) and the Project's GRM.

The PIU is responsible for managing project implementation, including leading the procurement of medical equipment, supplies and contracting the civil works for facility refurbishment, construction, and rehabilitation NAPH, investments in hardware and software, and implementation of the national communications strategy activities.

The MoH has prepared the Stakeholder Engagement Plan (SEP) applicable to all activities funded by the Project. This document aims to reach out to the Project stakeholders, communicate with them, inform the public about the Project. The document contains reference to GRM and information channels. PIU and beneficiary health care facilities will identify and consult with key stakeholders directly or through virtual platforms and e-mail, as required. All public consultation tools will be made available on the websites of MoH and the beneficiary healthcare facilities, if such websites exist, while printed versions of these documents will be available and provided on request. The documents will also be published on the WB website.

The communication specialist, social specialist and the environmental specialist with support from the MoH, Public Relations Department will be responsible for activities undertaken within the framework of the SEP.

State Treasury under the Ministry of Finance: the financial reporting system of the State Treasury and National Social Insurance House will regularly monitor and report on budget estimates and actual expenditures. This monitoring will give the Project the opportunity to rely on the national fiduciary system for Project's financial management and disbursement. Disbursement-

based reports will describe the initial balances, the amounts calculated and transferred, the amounts reimbursed back, the closing balances by districts.

7.1.Review and approval

Environmental and social management tools are prepared by the beneficiary healthcare facilities with the support of the PIU, and then reviewed by the PIU and approved by the WB. In the initial phase, until sufficient expertise will be established at the level of PIU, all site-specific E&S tools will be approved by the WB; further, the site-specific ESMPs for "substantial" risks will continue to be approved by the WB and for "moderate" of "low" risks subprojects the WB will consider an ex-post review and check randomly the ESMPs/ESMP Checklists during regular missions.

The PIU will provide reports of their review and supervision to the Bank as part of regular Project Progress Reports.

The MoH through PIU will ensure that project activities are being assessed from an E&S point of view and that the site-specific ESMPs/ESMP Checklists are adequately implemented.

Specifically:

- coordination of environmental and social assessment related issues;
- evaluation of the subproject's eligibility from the E&S point of view and subprojects environmental and social screening;
- provision of necessary information on the E&S issues to subproject applicants (especially inform them about the environmental and social criteria to be used, explain all obligations regarding the E&S assessment procedure etc.);
- monitoring environmental impacts within the overall monitoring of the subproject's implementation; and
- communicating with environmental and social protection competent authorities

7.2.Implementation

The PIU will disseminate this ESMF to all contractors when they are appointed, as well as to the site supervisors. The PIU will ensure that all contracts with builders, designers, and others involved in implementation of the renovation/rehabilitation aspects of the Project will include requirements to respect this ESMF and the legal provision concerning the environment and social protection.

Beneficiary healthcare facilities are responsible for the implementation of environmental and social management tools in close contact and with the support of the PIU. In construction activities, responsible supervising engineers will perform social and environmental monitoring of works contracts implementation in accordance with the site-specific ESMPs/ESMP Checklists. Annexes to this ESMF contain templates for environmental and social monitoring plans. PIU will support and monitor the full implementation of the Project.

During the implementation of the Project, the PIU Environmental and Social specialists / consultants will submit quarterly reports to the WB on monitoring the environmental, social, health and safety indicators of the Project, in particular, outreach activities and keeping a register of complaints.

Also, the PIU Environmental and Social specialists/consultants will report to the WB any incident or accident related to the Project that has or may have a significant negative impact on the environment, relevant communities, public or employees (including any outbreak among project employees); will provide sufficient detail of the incident or accident, indicating immediate measures taken or planned to be taken to address it, as well as any information provided by any contractor and supervisory organization, if necessary.

7.3.Roles and responsibility of Contractors

Contractors will need to follow the LMP, which has been prepared by the MoH PIU as a stand-alone document, to cover all requirements of ESS2. The LMP includes the assessment of risks and impacts and required mitigation measure to ensure health and safety of the contractor's workers that may be exposed to health risks. The LMP directs contractors need to localize the economic benefits with minimal opportunities for outside labor to service work that require specialized/skilled labor that is not present in project localities. Beside this the Contractor will be required to write, adopt and implement a written Labor Influx Management Plan as part of the bidding documents and works contract before employing any labor in the work.

Contractors need to address issues such as child labor, forced labor, gender and GBV issues, occupational health and safety specified in the bidding and contract documents as well as ensuring required training and awareness program. Adequate OHS protections in accordance with World Bank Group Environment, Health and Safety Guidelines (EHSG) and GIIP in relation to protection of personnel will also be required to be implemented by contractors. To ensure the health and safety of workers during the construction contractors will be required to prepare and implement Occupational Health & Safety Plan (OHSP) following the EHSG and local legislations.

Contractors will also need to prepare and implement site-specific Environmental and Social Management Plans (C-ESMPs).

A specific Grievance Redress Mechanism (GRM) for the workers need to be implemented by contractors.

7.4.Roles and Responsibilities in ESHS management instruments and implementation process

Responsible Party	Responsibilities
PIU – Environmental and Social Specialists	a) Conduct the screening process for all subprojects, prepare with the support of beneficiary HC/hospitals facilities and implement the site specific ESMPs/ESMPs Checklists and submit for Bank review and approval; b) Submit site-specific ESMPs to the WB for prior review; c) Perform the quality control and review of ESMPs; d) Disclose ESMPs on MoH website and incorporate ESMPs into bidding documents; e) Prepare Labor Management procedures; f) Assign field specialists for the environmental and social monitoring; g) Perform regular checking of the ESMP implementation by the construction contractor, make recommendations and decide whether additional measures are needed;

Responsible Party	Responsibilities
	h) In case of non-compliances, ensure that the Contractor take all necessary measures and closes/eliminates the non-compliances and inform the WB about such events i) Prepare, update and implement the Stakeholder Engagement Plan (SEP) that considers vulnerable groups in addition to paying attention to the gender aspect of the Project; j) Hold consultation meetings, and prepare and distribute leaflets or other informative documents to inform communities, on project, and its impacts and construction schedule; k) Set up a two-level GRM, monitor and address grievances related to the project under specified timelines; l) Manage the grievance redress mechanism for public, communities and workers m) Provide guidance to the construction Contractor and Engineering Supervision firms n) Summarize and include in the regular Project Progress Reports to the WB the E&S and OHS aspects related to project implementation o) Keep open contact and address the comments from affected groups and local environmental authorities regarding environmental aspects of project implementation. Meet with these groups during site visits, as necessary. p) Coordinate and liaise with WB supervision missions regarding environmental and social aspects of project implementation.
Beneficiary – HC/hospitals facilities, in charge of all environmental issues; Safety and Occupational Hazards division; and Technical Supervision division	a) Disclose the site-specific ESMPs/ESMP Checklists and SEP documents on their own websites; b) Provide Technical data to PIU for preparing site-specific ESMPs/ESMP Checklists and bidding documents; c) Provide all necessary technical data to prepare Detailed Design for rehabilitation works; d) Conduct with Contractor and State Authorities (environment, sanitary and firefighting representatives) inspection on construction locations; e) Attend the local public consultation and provide information to all interested parties; Manage the GRM at subproject level f) Keep open contact and support the PIU in addressing the comments/complains from affected groups and local environmental authorities regarding environmental aspects of project implementation g) Report subproject performances to all interested parties; h) Conduct randomly monitoring activities for the implementation of site specific ESMPs; i) Conduct audit as per subproject requirements.
Contractor Specialist assigned with Environmental,	a) Develop operational C-ESMP and own Labor Management Plan, OHS plan, etc. b) Implement C-ESMPs on site c) Implement labor management procedures and GRM for workers;

Responsible Party	Responsibilities
Social and OHS issues	d) Manage the grievance mechanism first level and/or direct the grievances to the Engineer and PIU, communicate grievances to PIU regularly through ESMP monitoring reports; e) Monitor site activities on a regular basis (daily, weekly monthly etc.); f) Prepare the ESMP progress reports for the review of PIU; g) Compensate or fix all damages occurred during construction (i.e. damages to green spaces or to environment, infrastructure) as set out by the ESMP.
Local authorities, including Environmental, Sanitary, other	h) Elaborate and issue Urbanism Certificate/Construction Permit for the respective subproject i) Decide if necessary Environmental, Sanitary, other specific permits are needed for Design Stage j) Control regularly/randomly if ESMP's requirements are implemented correctly.
Construction Supervision Engineer/Consultant	a) Supervising and monitoring of all contract provisions that must be ensured and respected; b) Providing an oral or written instructions to the Contractor; c) Controlling and checking of compliance with the instructions given on any matter related to the Contract; d) Issuing to the Contractor (at any time) instructions and additional or modified Drawings which may be necessary for the execution of the Works and the remedying of any defects, all in accordance with the Contract; e) Performing regularly site visits on construction sites and prepare conformity reports, etc.
World Bank	a) Review, approve and disclose the Project's ESMF, SEP, ESCP on WB's official website; b) Review and approve the site-specific ESMPs/ESMP Checklists for all subprojects in the initial phase; then, review and approve site-specific ESMPs only for "substantial " risk subprojects and carry out ex-post review and random checking for all other site-specific ESMPs/ESMP Checklists (subprojects category "moderate" or "low") c) Review and approve the Project's Labor Management Procedures; d) Conduct implementation support and supervision missions in order to ensure that the Project/subprojects comply with the WB ESF/ESSs requirements

7.5.Capacity Building

Environmental and social training will help ensure that the requirements of the ESS and subsequent E&S requirements are clearly understood and followed by all Project personnel throughout the Project period. The PIU will ensure, in collaboration with the beneficiary healthcare facilities that specific training modules are provided to all Project personnel.

The training will be provided to the PIU's specialists, to beneficiary healthcare facilities representatives, contractors, and other staff engaged in the Project. Training will cover all staff levels, ranging from the management and supervisory to the skilled and unskilled categories. The

scope of the training will cover general environmental and social awareness and the requirements of the ESS5 and other ESSs, with special emphasis on sensitizing the project staff to the social and genders aspects of the area. Different training programs will be initiated and further realigned based on the needs.

All contractor personnel and medical staff should undergo training on the emergency procedures to follow in the event of an emergency situations and the procedures/protocol to follow.

Under the previous project, capacity building and training were foreseen and conducted for health professionals and other personnel involved in project implementation. All staff, including the PIU coordinator, participated in the ESF practice training organized by the Bank in January 2022.

The key recommended training modules for medical and non-medical professionals are related to:

- Training medical and non-medical workers on relevant protocols, and bolstering routine medical care and emergency treatment capabilities;
- Training topics as per the WHO Guidelines on Safe Management of Wastes from Health-Care Activities
- Capacity building for relevant staff in local public administrations: training on how to facilitate community-level outreach to vulnerable groups.
- Capacity building for designated staff in the MoH: training on how to assist the grievance applicant at all stages of his grievance and ensure that his/her grievance is properly handled, as well as training on outreach, non-discriminatory services delivery, etc.
- Capacity building of all relevant staff, including staff of HC facilities involved in GRM management: training and provision of relevant information and expertise to provide phone consultations and receive feedback
- Capacity building of medical waste collection and disposal workers: training on OHS measures, training on health and safety and practical aspects of health care waste management including waste prevention, separate collection, handling and disposal, PPE, waste management plans, safe waste transfer vehicles for rural health facilities;

8. PUBLIC CONSULTATION AND STAKEHOLDER ENGAGEMENT

According to the WB ESF, the borrower through the Project implementing entities, should ensure the open dialogues, public consultations, timely and full access to information related to the Project activities.

Consultation on the final draft ESMF and related instruments will be conducted by the MoH/PIU with relevant stakeholders prior the final approval of this document. Accordingly, this draft ESMF will be disclosed at least 15 calendar days on MoH website both in Romanian and English to receive feedback from any interested parties/individuals, civil society organizations, labor organizations and environmental professionals through different network channels and e-mail.

The consultation process for ESMF will be concluded with a public consultation meeting organized virtual or in person (depending on the existing conditions) and will cover the following main topics:

- Nature and scale of the Project and its components.
- The duration of proposed Project activities.
- Potential risks and impacts of the Project on local communities.
- Proposals to mitigate risks and impacts, highlighting those that might disproportionately affect vulnerable and disadvantaged groups and describing the differentiated mitigation measures taken to avoid and minimize these risks and impacts.
- The proposed stakeholder engagement process highlighting the ways in which stakeholders can participate.
- The process and means by which grievances can be raised and addressed.

The timing and venue of such public consultation meeting, and the topics of discussion will be notified in due time by the MoH/PIU to all potential participants.

The results of the public consultation process on the Project's ESMF will be then summarized and included as **Annex 8** in the final ESMF document.

Stakeholder engagement with project affected parties and other interested stakeholders will continue throughout Project implementation. The following information will be shared as part of that process, and additional information is provided in the SEP prepared for the Project:

- Updates on Project progress for community and stakeholders.
- GRM for construction – and response on the relevant feedback.
- Project schedule, progress, and key results.
- ESMF, site-specific ESMPs/ESMP Checklists, and SEP.
- Contractor code of conduct.
- Renovation and construction activities timeline and associated job opportunities for local communities.
- Training on gender, labor rights and health, safety measure requirements as appropriate.
- Monitoring and supervision reports.

The PIU will take all necessary measures to consider the safety of stakeholders if such consultations are to be held face-to-face, especially for situations of pandemic events – e.g. request for minimizing the participants group, introducing the possibility for having hybrid approach in presence/virtual etc.

8.1.Stakeholder engagement plan

A Stakeholder Engagement Plan (SEP) was prepared for the Project in accordance with ESS 10 of WB ESF. SEP seeks to ensure that communities and other stakeholders are informed and involved at all stages of Project implementation. The Project recognizes the importance of ensuring affected people are informed of or involved in mitigation measures and made aware of the continued monitoring of Project activities.

The objectives of the SEP are to:

- Establish a systematic approach to stakeholder engagement that will help MoH identify stakeholders and build and maintain a constructive relationship with them over the project life cycle, in particular project-affected parties.
- Assess the level of stakeholder interest and support for the project and enable stakeholders' views to be taken into account in project design and environmental and social performance.
- Promote and provide means for effective and inclusive engagement with Project-affected parties throughout the project life cycle.
- Ensure that appropriate Project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible, and culturally appropriate manner and format.
- Provide Project-affected parties with accessible and inclusive means to raise issues and grievances and to allow MoH to respond to and manage such grievances.

SEP includes Stakeholder Engagement Program to provide stakeholders with timely, relevant, understandable, and accessible information and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The SEP is applicable to the entire Project and will be updated in the course of project implementation to reflect changes and new circumstances.

The SEP defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make grievances about project and any activities related to the project. The involvement of the local population is essential to the success of the project to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities.

The SEP implementation will be the responsibility of the MoH. The MoH through PIU will monitor the SEP implementation in accordance with the requirements of the WB ESF and will ensure the collection of information for regular project reporting. This will include the component output measures on ESF risks and GRM reports. The SEP is to be implemented in conjunction with the project's Environmental and Social Commitment Plan (ESCP) and Project Operations Manual (POM).

8.2.Disclosure of Information

Disclosure refers to making information accessible to all project stakeholders, in a manner that is appropriate and understandable to interested and affected parties. Disclosure of information is an ongoing process for the Project with two stages: (1) before WB project appraisal[49], and (2) during

[49] Appraisal already completed

project implementation. During both stages, project information was/will be disclosed in a way that is appropriate to the range of stakeholders, in both English and Romanian languages if required. All ESF instruments will be disclosed on MoH official websites that are widely accessible and well-known by public. The intended target audiences listed in SEP are engaged during the social assessment, environmental audits and involved during the ESMF consultation.

The guiding principles of disclosure will be to:

- Be transparent.
- Present information in a straightforward manner.
- Disclose documents as early as feasible.
- Use disclosure to support consultation activities.
- Provide meaningful and useful information.
- Ensure information is accessible.

ESMF was disclosed for the public on the website designed for public consultations according to the Law no. 239-XVI as of November 13, 2008 regarding transparency in the decision-making process and Government Decisions No. 967 as of 09/08/2016 regarding the consultation mechanism public with civil society in the process https://particip.gov.md/ro/document/stages/planul-de-angajament-de-mediu-si-social-pams-al-proiectul-modernizarea-si-imbunatatirea-serviciilor-de-reabilitare-p180306/10638. According to the results, 289 people have seen the document, none comments and suggestions came out.

Additionally, ESMF was disclosed on the website of Ministry of Health https://ms.gov.md/informatie-de-interes-public/proiecte/proiectul-bancii-mondiale-modernizarea-si-imbunatatirea-serviciilor-de-reabilitare/documente-preliminare/.

This ESMF is updated as a result of the disclosure and consultation process held on 28 July 2023.

A ESMF was prepared for the original project and disclosed in June 2023 as part of consultations. An extensive stakeholder's consultation meeting was held on 28 July 2023, with 71 participants including officials from the Ministry of Health, key national stakeholders, state agencies from health system, foreign experts and managers of republican, municipal and district level hospitals. Taking into consideration the Government's priority to modernize the health infrastructure, focusing mainly on the emergency care units, rehabilitation and outpatient departments of the healthcare facilities at the national level, the consultation was organized on the Platform of the Workshop with the theme: "Modernization of hospital infrastructure - standards for improvement of the quality of healthcare services".

The consultations prioritized the particularities of the new Modernization and Improvement of Rehabilitation Services (MIRS) and subjects related to existing infrastructure challenges, access to healthcare facilities and rehabilitation services, integration of human based approach at all project stages and agreed on further steps for reconstruction works within the district hospitals.

It served as a platform to exchange knowledge and best practices on developing the most demanded healthcare services, including rehabilitation services, with the aim of increasing the country's population and access to qualitative healthcare services. At the same time, engineers, experts in civil works and beyond shared their knowledge on international reconstruction standards

of healthcare facilities. The focus was on providing standardized design solutions for renovation, to be applied in all the hospitals.

The whole audience and especially hospital managers reiterated their commitment to implement the MIRS Project being aware of various needs of the population, mainly those with multiple vulnerabilities and limited access of citizens to rehabilitation services. *Agenda and list of participants enclosed.*

9. GRIEVANCE REDRESS MECHANISM (GRM)

9.1. OBJECTIVE OF THE GRIEVANCE REDRESS MECHANISM

The objective of the GRM is to serve as an effective tool for early identification, assessment and resolution of grievances, serving as a project risk management mechanism and strengthening accountability to beneficiaries. The GRM serves as feedback mechanism that can improve project impact and mitigate the undesirable ones. The GRM will be available to project stakeholders and other affected parties to submit questions, comments, suggestions and/or complaints and provide any form of feedback on all project-funded activities.

Any stakeholder including project affected persons, project staff, authorities, contractors' personnel, consultants, and other involved parties may file a grievance to the Project if they consider that their right to information is interfered with. Examples include where inappropriate intervention by an outside party is found; where the rights and entitlements granted in this ESMF or in the site-specific ESMPs are violated; where damages have resulted from implementation of the project, or where any of the project's principles and procedures have been violated. Stakeholders may also submit comments and suggestions. The GRM is described in full in the SEP.

Three types of grievance are envisaged in the Project:

- Those directly related to program implementation (including relating to environmental and social impacts, health, safety, etc.), described in this ESMF, site-specific ESMPs and the SEP.
- Worker-related disputes (detailed in the LMP in **Annex 4**).
- Other Project's activities related grievances

The Project will have two separate grievance mechanisms that will be functional during the whole duration of implementation. In addition to the grievance mechanism for the project affected parties/people as per ESS10 requirements there will be a workers' grievance mechanism.

GRM management for the Project is carried out by MoH PIU under the direct supervision of PIU Head.

The appointed persons on both GRMs may have overlapping functions. Reporting Channels for the GRMs may also be same.

9.2. Complaint procedures and channels

Complaints can be submitted at any time during the implementation period of the Project. The GRM shall be available (in Romanian language) at the start of the Project, and phone/office contacts will be made available/visible on all project work sites.

The receipt and processing of complaints, in accordance with the legislation of Moldova, and within the scope of the project, the work with complaints is also regulated by the requirements of the WB ESS10: Stakeholder Engagement and Information Disclosure.

GRM for the Project will operate in all beneficiary health care facilities where the Project activities are implemented and are accessible to the local population and the staff of the beneficiary health care facilities. A GRM responsible person will be designated from the existing staff of each beneficiary health care facility and will coordinate all related activities with the responsible GRM/complains coordinator at the PIU level.

GRM establish mechanisms and procedures for:

- Channel(s) of to make complaints;
- Registration of complaints and keeping a logbook;
- Investigation of the event(s) and its/their consequences;
- Response to the complainant;
- The complainant's right to appeal

The Project will ensure the flexibility of accessible complaint channels as well as access to contact information for complainants. The Grievance Redress Mechanism (GRM), AEFI will be reported[5051] in accordance with instructions specified in "Order No. 1019 dated 05 November 2020 Regarding the functioning of the system for causality evaluation and classification of adverse events following immunization (AEFI)".

At present, the institutional arrangements[52] allow to receive grievances online, via email, telephone and fax, written complaints sent by land mail, in personal delivery to the physical address of the Ministry of Health. Within the COVID-19 Response Project the existing setup was strengthened and include complaint boxes for anonymous grievances, which were placed in healthcare institutions and other places. The Project will establish information boards at centers as well as online to explain what the Project is about.

The Project will continue using a stand-alone grievance redress mechanism and associated communications materials for installation at participating health centers. The mechanism is accessible in-person at health centers, by provision of letters, or by online messaging. Each participating center was equipped with a large mailbox with QR code (70 boxes in all).

To advance the implementation of the project-related grievance redress mechanism, the PIU developed regulations that detail its use at national and regional/hospital levels.

[50] https://vaccinare.gov.md/questions

[51] https://msmps.gov.md/wp-content/uploads/2021/02/Ordin-nr.-93-din-05.02.2021-Cu-privire-la-implementarea-Planului-national-de-imunizare-anti-Covid-19-1.pdf

[52] https://msmps.gov.md/contacte/petitii-online/

The main principles of GRM consider that:

- All complainants will be treated with courtesy, equally and fairly and no discrimination will be allowed;
- All complaints will be treated seriously, regardless of the channel of transmission and form of communication and be registered in a designated logbook, documented and responded in writing;
- The timeframes indicated will be observed and the complainant will be notified if more time is required to address the grievance;
- All complainants, if needed, will receive guidance in making and filing their complaint; and
- All complaints will be dealt with confidentiality.

The project established a GRM and a regulation was developed by the PIU and approved by the MoH. In addition training was conducted for healthcare institutions supported by the Project. This regulation is available in the **annex …** to this ESMF.

The regulation is in line with provisions of the legislation of the Republic of Moldova on petitioning, transparency, information and freedom of expression. The regulation aims to ensure a functional and efficient system for filing and resolving feedback, suggestions and complaints, as well as to establish an internal control mechanism on how to receive, examine, record, and respond to feedback, suggestions, and grievances related to the project. The regulations defines ***"****Feedback"* as any request, complaint, proposal, notification from any citizen or group of citizens, which refers to the activity of the World Bank Project "Emergency Response at Covid-19 in the Republic of Moldova".

Project related feedback is considered the one to the activity of the project and can be delimited as follows:

1) Feedback related to the rehabilitation (reconstruction) works in the HCFs and the impact produced on the patients, the employees from the medical institutions, as well as on the workers of the construction companies involved in these works;

2) Feedback related to labor management and occupational safety. Examples of this category could include suggestions, requests, complaints about working conditions, non-compliance with labor law regarding employee / worker rights, workplace harassment, including sexual harassment, and so on.

3) Feedback related to the social and environmental impact resulting from the project activity. Examples of this category could include the impact on the environment resulting from incorrect management of construction waste generated during the rehabilitation works of theHCFs, or incorrect disposal of medical waste, etc. Examples of feedback related to social issues could include suggestions, requests, and complaints from patients or employees of medical institutions regarding noise or other inconveniences caused by construction works, non-coordination by construction companies of actions with the management of medical institutions, feedback, suggestions, and complaints related to inappropriate behavior displayed by construction workers, etc.

The complainant can submit a grievance related to the Project's activities and interventions at:

1) mun. Chisinau, str. Vasile Alecsandri, 2 office 128; MD-2009, for the attention of Mrs. Natalia Belicov, project coordinator.
2) Direct telephone number: 022268848
3) Online form: Feedback related to the WB project "Emergency Response to COVID-19 in the Republic of Moldova"
4) In boxes installed at medical institutions. These boxes can be identified by the following design and logo:
5) Addressing feedback by handing it over / directly to the project representative during field visits (project coordinator, civil works engineer, environmental and social specialists).

Feedback can also be lodged using the existing channels of the Ministry of Health:

1) By email: secretariat@ms.gov.md ;
2) Online on the link https://msmps.gov.md/contacte/petitii-online/;
3) In writing to the address: str. Vasile Alecsandri, 2; MD-2009, Chisinau municipality;
4) At the telephone number: +373 22 268 824;
5) Green Line 022 721 010/0 80071010;
6) Fax: 022 268-816;
7) In the boxes available inside the Ministry of Health at the address indicated in point 3.

People affected by the Project can also file a complaint anonymously. Anonymous complaints can be filed without personal data. Anonymous complaints would be dealt with, but the complainant would have to contact the MoH himself/herself to receive a response to the complaint.

Confidentiality will be ensured in all cases, in particular when a person discloses his or her personal data when filing a complaint.

If the complainants expect to receive feedback on their applications, they shall indicate the surname, first name, patronymic, place of residence, subject matter, comment, inquiry, claim, application, statement, request or requirement.

The written application must be signed and dated by the applicant(s). An application sent by e-mail to the Ministry of Health must contain an e-mail address or a postal address or any other means of communication for responding to the application. The use of an electronic signature is not required for e-mail applications.

In order to start the complaint examination process, the data on the complaint are entered in the Register of Complaints.

According to the laws in Moldova, appeals are considered and resolved within no more than 30 days from the date of their receipt. If it is not possible to resolve the issues raised in the appeal

within one month, the head of the relevant body, enterprise, institution, organization or his/her deputy shall establish the necessary deadline for its consideration, which shall be communicated to the applicant. However, the total time limit for resolving the issues raised in the appeal may not exceed 45 days.

To deal with the complaint, the person responsible for investigating the complaint collects facts to form a clear understanding of the circumstances surrounding the complaint. The investigations/follow-up may include site visits, document review and meetings with those who can resolve the problem.

The period for the consideration of a complaint may be extended by 30 working days by the Project Coordinator, and the complainant shall be informed that:

a) Further consultations are required to respond to the complaint;

b) The complaint relates to a large amount of information and additional material should be examined for a response.

Appeal Mechanism: If the complaint is still not resolved to the satisfaction of the complainant, then s/he can submit his/her complaint to the appropriate court of law.

9.3.Tasks and responsibilities of PIU employees regarding GRM

The Project Coordinator will share responsibilities among PIU employees:

- General management of the GRM system
- Development and implementation of awareness raising activities
- Receiving complaints
- Registration of complaints
- Communication to the complainant on receipt of the complaint and the time frame for its consideration
- Sorting/categorizing complaints
- Thorough examination of issues, including the causal link between the Project activities and the reported harm/damages/sensitive fact
- Decision-making based on such verification
- Processing of complaints or regular communication with complainants to resolve issues in an friendly way
- Organization and implementation of information materials and information campaigns
- Reporting and receiving comments and observations on the results of GRM operation.

If there are any grievances related to management of social or environmental issues, related to OHS issues related to the workers (direct or contracted) the Environmental and Social Specialists, as well as the Health & Safety Specialist, appointed as GRM focal points will be responsible for recording these grievances and passing them to who will be monitoring the complaints and take them forward for corresponding action and follow-up. The complaints and responses including the implementation of any corrective action plan and the outcome will be recorded in the GRM logbook. Upon implementation of the corrective action plan, if the complainant is not satisfied, they still have the right to reactivate and continue the complaint to the next step or appeal to the courts as a last resort.

9.4.Register of complaints

The Complaints Coordinator maintains a local register of complaints to ensure that each complaint has a unique reference number and is properly tracked, and the actions recorder are followed up.

When receiving comments and observations, including complaints, the following shall be determined:

- Type of appeal;
- Category of appeal;
- Persons responsible for examining and resolving the complaint;
- The deadline for resolving the complaint; and agreed action plan

Any serious complaint will be advised to the World Bank within 24 hours of receiving the complaint.

The log should contain the following information:

- Name of the affected person, his/her location and details of his/her complaint;
- Date of filing the complaint;
- Details of proposed corrective actions, name of the authority responsible for approval;
- The date on which the proposed corrective action was sent to the complainant (if necessary);
- Details of the Grievance Committee meeting (if necessary);
- Closing date of the complaint and
- Date of the reply sent to the complainant.

A summary list of complaints received, and their disposition, along with key statistics on the number of complaints and duration taken to close out, will be reported yearly. Complaint records (letter, email, record of conversation) should be stored together, electronically or in hard copy under the responsibility of the Complaints Coordinator.

9.5.SEA/SH GRM

Sexual exploitation and abuse / sexual harassment (SEA/SH) grievance redress mechanism is a grievance mechanism that allows for safe and ethical handling of SEA/SH allegations. This is project level grievance mechanism adapted for SEA/SH cases.

The Project level GRM will be designed to also address SEA/SH cases in ethical and confidential manner in line with a survivor-centered approach to ensure protection and best interest of the survivors. The complainant will be able to submit the grievance with the help of project level GRM, also possibility of anonymous grievance submission will be ensured by MoH. The envelopes with MoH office post address and post stamps will be placed in medical facilities informational boards, contractor`s office for ensuring that employees have a possibility to submit the complaint anonymously. A referral mechanism in case of reporting and/or receiving allegations will be also developed at PIU level. The special designated GBV focal point in MoH will undergo sensitization on SEA/SH handling issue process and be responsible for investigation of the SEA/SH cases and communicate with Project staff with GM responsibilities to investigate and address the grievance. The confidentiality of complainant`s personal data will have a high priority.

The special SEA/SH grievances handling and investigation trainings based on World Bank guidelines and requirements will be organized by MoH GBV focal point for PIU staff with GRM responsibilities.

9.6.GRM for workers

The Project will establish a GRM for all direct and contracted workers involved in the Project's activities implementation, proportionate to the related potential risks and impacts, consistent with ESS2 and building upon existing labor practices and HR procedures. The GRM will be designed at an early stage and will be formally established by project effectiveness and before any disbursements and start of the civil works. PIU will be the main body for receiving, recording, and tracking resolution of grievances.

Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards and other means, as needed. Also, the GRM will be described at the time of recruitment, in workers' induction trainings, which will be provided to all project workers and the measures put in place to protect them against reprisal for its use.

For contracted workers, in particular, for civil work laborers, the Contractors will be required to comply with the GRM provisions and to inform their workers, and sub-contractor(s), and display publicly on worksite the information about this GRM.

The GRM for the workers will include:

- A channel to receive grievances such as comment/complaint form, email, a telephone hotline that might also be anonymous;
- Stipulated timeframes to respond to grievances;
- A register to record and track the timely resolution of grievances;
- A responsible person/committee to receive, record and track resolution of grievances.

The mechanism will be based on the following principles:

- The process will be transparent and allow the workers to express their concerns and file grievances.
- There will be no discrimination against those who express grievances and all the grievances will be treated confidentially.

PIU will be the main body for receiving, recording and tracking resolution of grievances. The PIU Social and Environmental, Health and Safety responsible specialists will manage this GRM.

PIU will keep clear and strict record of resolutions and reflect in quarterly reports to the World Bank.

Measures will be put in place to make the grievance mechanism easily accessible to all such project workers. The GRM for workers will be designed to address concerns promptly, using an understandable and transparent process that provides timely feedback to those concerned in a language they understand, without any retribution, and will operate in an independent and objective manner. Such grievance mechanism should inform workers of the steps being taken to address their concerns, and allows for feedback about the response, within the time frames specified in the grievance mechanism procedure, and appeals process to which unsatisfied grievances may be referred. The grievance mechanism will be accessible to all direct and contracted workers, taking into account their different characteristics, for example, female workers, migrant workers, or workers with disabilities.

This GRM will not prevent workers to use conciliation procedure provided in the Ukrainian Labor Legislation.

In addition to the workers' grievance mechanism, there will be a separate mechanism for the project affected parties/people as per ESS10 requirements. Therefore, two separate grievance mechanisms will be setup and functional during the Project implementation.

The appointed persons on both GRMs may have overlapping functions. Reporting Channels for the GRMs may also be same.

9.7.World Bank Grievance Redress Services

Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS).

The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of World Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

For information on how to submit complaints to the World Bank's corporate Grievance Redress Service, please visit http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service . For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

ANNEXES

ANNEX 1. ENVIRONMENTAL AND SOCIAL SCREENING FORM

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

Introduction

An overview of the project and the proponent including information such as: i) project name and general description; ii) background; iii) objectives of the screening process.

Project description and Justification

Brief description of the development proposal including project location and footprint (including maps), summary of key design features, resource requirements and source, predicted type and quantify of waste outputs, work force size and accommodation, assessment of existing ESH system and eventual non-compliances and liabilities, and implementation schedule. Brief justification including benefits accruing to the local area, and project relevance in light of local or national needs.

Description of the project site/area

A brief description of the environmental and social characteristics relevant to the project and its area of influence.

Consultation and Information Dissemination

A summary of consultation and information dissemination activities during the screening process and including general issues raised, and responses to those issues.

Screening form

This form is to be used by the PIU to screen potential environmental and social risk levels of a proposed subproject, determine the relevance of Bank environmental and social standards (ESS), propose its E&S risk levels, and the instrument to be prepared for the subproject.

Subproject Name	
Subproject Location	
Subproject Proponent (HCFs/hospital)	
Estimated Investment	
Start/Completion Date	

Part 1: Subproject Eligibility Screening Checklist

No	Will the sub-project:	Yes	No
1	Has subproject activities that may require cause adverse health impact including serious/potentially lethal diseases, high containment, etc.		
2	Has subproject activities that may cause long term, permanent and/or irreversible (e.g., loss of major natural habitat) adverse impacts		
3	Have high probability of causing serious adverse effects to human health and/or the environment		
4	Have adverse social impacts and may give rise to significant social conflict		
5	Activities that may affect lands or rights of people or other vulnerable minorities.		
6	Activities that may involve resettlement impacts or land acquisition, adverse impacts on cultural heritage.		
7	Involve any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal		

Recommendations:

- If one of answer is Yes, the Sub-project is not eligible and rejected: _____
- If All the answers are No, Sub-project is eligible identify potential environmental and social risks and the relevant ES instruments: _____

Part 2: Identification of Relevant ESSs and Due Diligence Action/Instruments

Questions	Answer			ESS relevance	Due diligence / Actions
	Yes	No	N/A		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?				ESS1	ESIA/ESMP, SEP
Does the subproject involve civil works including upgrading or rehabilitation of the PHC facility and/or associated waste management facilities?				ESS1	Risk management measures/ ESMP
Does the subproject involve construction of new laboratory facilities/boilers				ESMP	
Does the subproject involve installation of solar panels for water heating/photovoltaic panels for energy production?				ESMP	

Questions	Answer			ESS relevance	Due diligence / Actions
	Yes	No	N/A		
Is there procedures to adequately handle infection control and healthcare waste management?				ESS1	WMP
Does the subproject involve recruitment of workforce including direct, contracted, primary supply, and/or community workers?				ESS2	LMP, SEP
Is there any child or forced labor anticipated in the labor force				ESS2	LMP
Does the sub-project involve generation of e-waste?				ESS3	e-waste management plan
Does the sub-project involve generation of hazardous/radioactive waste?				ESS3	ESMP, WMP
Does the sub-project involve generation of non-hazardous waste?				ESS3	ESMP, WMP
Are there any collection system for the hazardous and non-hazardous wastes in place				ESS3	WMP
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?				ESS2, ESS4	LMP, SEP
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?				ESS2, ESS10	LMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?				ESS6	ESMP, SEP
Is the subproject located within or in the vicinity of any known cultural heritage sites?				ESS8	ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?				ESS1	ESMP, SEP
Does the subproject carry the risk that disadvantaged and vulnerable groups may have unequitable access to project benefits?				ESS1	ESIA/ESMP, SEP
Will the site/subproject include/involve/take place near any of the following: ▪ *Open water sources (e.g. rivers, lakes)* ▪ *Drainage system* ▪ *Cutting of trees/forest/vegetation*				ESS1	ESMP

Questions	Answer			ESS relevance	Due diligence / Actions
	Yes	No	N/A		
▪ *Earth works (excavation, removal of topsoil, etc.)* ▪ *Vicinity of any historical buildings or areas* ▪ *Usage of hazardous materials* *Site in a populated area*					

Conclusions:

1. Proposed Environmental and Social Risk Ratings (Substantial, Moderate or Low). Provide Justifications. Any subproject that will be rated "High" should be excluded.
2. Proposed E&S Action/Instruments (E&S Checklist, ESMP, WMP, etc.).

Name of person who completed this form **Date….**

Name of person who approved this form **Date…**

ANNEX 1 A. GUIDANCE FOR E&S SCREENING AND RISK RATING

The project may include the following activities:

- construction of and/or operational support to medical laboratories, quarantine and isolation centers at multiple locations and in different forms, and infection treatment centers in existing healthcare facilities;
- procurement and delivery of medical supplies, equipment, and materials, such as reagents, chemicals, and Personal Protective Equipment (PPEs);
- transportation of potentially infected specimens from healthcare facilities to testing laboratories;
- construction, expansion or enhancing healthcare waste and wastewater facilities;
- training of medical workers and volunteers; and
- community engagement and communication.

1. Screening E&S Risks of Medical laboratories

The process for assessing the biosafety level of a medical laboratory (including management of the laboratory operations and the transportation of specimens) should consider both biosafety and general safety risks. OHS of workers in the laboratory and potential community exposure to the virus should be considered.

The following documents provide further guidance on screening of the E&S risks associated with a medical laboratory. They also provide information for assessing and managing the risks.

- WHO; Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios
- WHO Laboratory Biosafety Manual, 3rd edition
- USCDC, EPA, DOT, *et al*; Managing Solid Waste Contaminated with a Category A Infectious Substance (August 2019).

2. Screening E&S Risks Relating to Labor and Working Conditions

The project may include different types of workers. In addition to regular medical workers and laboratory workers who would normally be classified as direct workers, the project may include contracted workers to carry out construction and community workers or community volunteers) to provide clinical support, contact tracing, and data collection, and other support or work that they wish to volunteer. The size of the workforce engaged could be considerable. Risks for such a workforce will range from occupational health and safety to types of contracts and terms and conditions of employment. Further details relevant to labor and working conditions are discussed in the LMP template.

ANNEX 2. ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP) TEMPLATE[53]

_____

_____

(subproject, location, description)

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
Pre-construction phase					
HCF design – general. HCF design - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (the elderly, those with preexisting conditions, or the very young) and those with disabilities	Adverse environmental and social health & safety impacts due to noncompliance	All needed permits, opinions and decisions have been obtained before the works commence. Public is informed of works - consultation has been completed with nearby community in regard to construction works and duration (working hours) or provide public information and site access. Environmental, nature protection and other relevant and competent authorities have been notified of works before they start. Works and the working site will be conducted in safe and discipline manner The works activities will be conducted in line with the national safety regulations and international best practices and safety standards. Contractor ESMP and all related action plans approved before any commencing any construction works activity.			
Clearing of vegetation and trees; Construction	Site clearing	All vegetation must be stripped from the area of construction during non-nesting period. The			

[53] The list of mitigations measures presented in Chapter 5.3 can be used for reference

[54] Activities requiring financial expenses are to be included in BoQ.

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
activities near ecologically sensitive areas/spots		valuable or reusable materials from the demolished construction should be kept as property of the health facility (PHC center or referral hospital) and shall be stored in the storage area provided. The Contractor shall dispose of all construction materials/rubbish from the demolition/construction away from the facility area.			
General construction activities	Possible adverse health & safety impacts to the workers, facility users and community	OHS and community safety Plan have been prepared and will be implemented accordingly Adequate fencing, warning tapes and information signs around the construction site need to be provided and maintained during the works execution; For the workers - the legally prescribed health and safety measures will be applied, like: a) use of proper protective clothing and equipment by employees, especially masks against dust and small wooden parts and fibers, and safety harnesses for work at heights; b) maintain a good level of personal hygiene; c) health protection – first aid kits and medical service on sites will be provided during the works; Workers have signed the worker code of conduct. Workers fully understand all prohibitions (e.g. illegal dumping of demolition material, use of alcohol by workers, etc.). All emergency procedures are developed, and workers are well informed.			
Identify onsite and offsite waste management facilities, and waste	Inadequate facilities and	● Estimate potential waste streams including sharps			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
transportation routes and service providers	processes for treatment of waste	● Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through construction, 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 deposited. Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance. Design training for staff in the segregation of wastes at the time of use.			
Construction phase					
Air emissions	Construction activities will initiate the generation of gases and dust from suspended particles: NOx, SO2, smoke and dust emissions related to construction activities;	All mitigation measures should consider besides the workers and other Contractor's personnel also the need for special air and noise risk management measures during construction due to the presence of sensitive receptors at PHC and hospital facilities. Use work practices and materials that result in little or no generation of airborne contaminants during construction or renovation activities, such as wet methods to suppress dust generation as well as paint and carpeting with low volatile organic compound emissions. For indoor dust control, the Contractor will use air filters, purifiers, or vacuums.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
	Emissions of exhaust gases from mobile sources of pollution due to use of construction machinery.	Burning or incineration of construction waste materials inside or outside of the building is strictly prohibited. Keep outdoor stockpile of aggregate/sand materials covered to avoid suspension or dispersal of fine soil particles during windy days or disturbance from stray animals. Reduce the operation hours of generators /machines /equipment /vehicles as much as possible. Undertake regular maintenance of generators, machinery and equipment and vehicles. Control vehicle speed when driving through community areas so that dust dispersion from vehicle transport is minimized. Use sprays that do not contain chemicals and are based on water - to reduce dust. Stop working or reduce the volume of construction work if intense dust emission is registered in order to determine the cause of the emission and take measures to eliminate it. Vehicles carrying gravel, sand, earth and other construction materials should be covered or closed. Construction materials should be stored in suitable places, covered, so to minimize dust. The use of protective masks for workers is mandatory if dust occurs.			
Water and groundwater, soil	Water, ground water and soil pollution	Activities should not affect the availability of water for drinking and hygienic purposes. In case of basic hand-washing facilities, restrooms or other basic health and hygiene conditions, these			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		will be improved by taking into consideration safe wastewater management (mini septic tanks, etc.). Resources (water, air, etc.) used in health care and quarantine facilities and labs will follow standards and measures in line with State Sanitary Hygienic Service of Ministry of Health and WHO environmental infection control guidelines for medical facilities. No soiled materials, solid wastes, toxic or hazardous materials should be poured or thrown into water bodies for dilution or disposal. Provide toilets with a temporary septic tank at the construction site. The flow of natural waters should not be obstructed or diverted to another direction, which may lead to drying up of riverbeds or flooding of settlements. Keep concrete mixing separate from any drainages leading to waterways. Repair and maintenance of vehicles and mechanization will be performed only in mechanical services. Vehicles and machinery will be parked on non-permeable surfaces with drainage and treatment system (at least oil separator). If there is a need to supply on-site fuel, it should be done without the possibility of leakage of the derivatives. If hazardous spillage occurs of petroleum products, curb and remove it, clean the site and follow procedures and measures for hazardous waste management.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		Construction waste and filling of surface watercourses with building materials including stones, concrete waste, wood, plastic packaging that can be scattered is not allowed. Water used for construction works and for other purposes (sanitation) should be from existing water supply sources. Other additional water sources will not be used. Wastewater or other water from the construction site will not be released to the nature without a prior treatment.			
Waste management	Pollution generation and OHS risks	For projects with "substantial" or "moderate" E&S risks, a **Waste Management Plan**, including all types of potential generated waste at the construction site, should be prepared and implemented by the Contractor to: ● ensure the collection and disposal of waste by an authorized waste manager and a fenced and protected waste storage site. Final collection and disposal will be conducted by a licensed company and to the licensed landfill; ● identify the different waste types that could be generated at the construction site and its classification according the national legislation; ● ensure the waste types will be separately collected; ● ensure containers for each identified waste category are provided in sufficient quantities and positioned conveniently;			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		• ensure that records of waste disposal will be regularly updated and kept as proof for proper management, as designed; The approval should be done within 15 days of starting the activities on sites. The Plan must be reviewed and approved by the Project Engineer.			
Construction waste management	Pollution and health & safety risks	Segregate construction waste as recyclable, hazardous and non-hazardous waste. Collect, store and transport construction waste to appropriately designated/ controlled dump sites. Enforce daily site clean-up and housekeeping procedures, including maintenance of adequate disposal facilities for construction debris. Debris generated due to the dismantling of the existing structures shall be suitably reused, to the extent feasible, in the proposed construction. On-site storage of wastes prior to final disposal should be at least 50 meters from rivers, streams, lakes and wetlands. After each construction site is decommissioned, all debris and waste shall be cleared and recycled or disposed of in an approved location. Burning of demolition waste is prohibited.			
Hazardous waste management	Pollution and infection risk to contracted workers, healthcare workers and the general public	It is recommended that the project follows the Infection Control and Waste Management Plan (ICWMP), and the Environmental, Health and Safety (EHS) Guidelines and other required Health Care Waste (HCW) management requirements. Prior to initiation of renovation/rehabilitation/construction activities, a hazardous building assessment should be			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		conducted to assess the presence of asbestos, mold, PCB, lead, mercury, and other potential contaminants that will need to be removed or isolated. Collect and properly dispose of small amount of maintenance materials such as oily rags, oil filters, used oil, etc. Never dispose spent oils on the ground and in water courses as it can contaminate soil and groundwater (including drinking water aquifer).			
Asbestos/Asbestos Containing Materials (ACM) see also **Annex 6**	Pollution and health & safety risks	If the construction site is expected to have or suspected of having hazardous materials (asbestos / ACM) in debris from demolished buildings the Contractor will be required to prepare a Hazardous Waste Management Plan for ACM to be approved by the Project Engineer. The plan should also be made available to all persons involved in operations and transport activities. The plan should describe the work in detail including but not limited to the following: ● Containment of interior areas where removal will occur in a negative pressure enclosure. ● Protection of walls, floors, and other surfaces with plastic sheeting. ● Construction of decontamination facilities for workers and equipment. ● Removing the ACM using wet methods, and promptly placing the material in impermeable containers.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		● Final clean-up with special vacuums and dismantling of the enclosure and decontamination facilities. ● Disposal of the removed ACM and contaminated materials in an approved landfill. ● Inspection and air monitoring as the work progresses, as well as final air sampling for clearance, should be conducted by an entity independent of the contractor removing the ACM. ● Removal and disposal of existing hazardous wastes in project sites should only be performed by specially trained personnel following national, or internationally recognized procedures. ● If asbestos is expected, do not initiate renovation, or disturb any walls or ceilings. ● A qualified person must be hired to identify any asbestos that may be handled, disturbed, or removed. ● Removal, encapsulation or enclosure of any asbestos should be done by trained and qualified personnel using proper protective equipment and ventilation. ● All removed asbestos should be placed into double bags at least 6 mm thick, or in a sealable container labelled as containing asbestos waste. This includes used protective equipment that will not be laundered.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		● All bags must be clearly labelled to indicate that the contents are asbestos, that they are carcinogenic, and that they must not be inhaled. Where materials are packaged in a bin, the labelling can be placed on the outside of the bin (in addition to any applicable labelling required for transportation). ● Asbestos waste must be securely packed for transport and disposal at an approved waste disposal site, so it does not pose a hazard to transport workers, landfill workers or the public. ● Upon completion of the work, the work area must be visually inspected to ensure that all visible asbestos containing debris has been properly cleaned up. Keeping records of inspections is recommended. ● The contract with the specialized landfill should be signed for final disposal of asbestos containing roof sheets; On the landfill the asbestos containing waste should be disposed on the special area for disposal of that type of waste.			
e-Waste generated by replacement of old/malfunctioning medical equipment	Pollution with heavy metals (cadmium, lead, copper, chromium) and health & safety risks	HCFs and Contractors must take minimum measures for proper management of this type of waste: 1. Waste minimization and prevention 2. Selection of technologies and equipment based on international standards to			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		maximize their lifetime and minimize associated risks at their end-of-life stage 3. Identification, labelling, and segregation of e-waste at source 4. e-waste quantification, and qualitative record keeping 5. Temporary storage on site 6. Collection and transport			
Noise from construction activities and use of heavy construction machinery. Vibration from demolition, crushing concrete, work on construction machinery.	Noise and vibration emissions over the limits and various impacts	Plan activities in consultation with people living in the immediate vicinity so that noisiest activities are undertaken during periods that will result in least disturbance. Use noise-control methods such as fences, barriers, etc. Maintain a buffer zone (such as open spaces, row of trees or vegetated areas) between the project site and residential areas to lessen the impact of noise to the living quarters. Avoid doing construction works at night-time - site activities should be limited from 7 am to 7 pm. Use of appropriate and technically correct equipment and machinery (using vibrio roller with low noise machinery). It is necessary to turn off motors of the vehicles and construction mechanization at times when there is no need for their operation. During the activities, the engine, generators, air compressors and other electrical equipment should be closed and located as far as possible from the resident area.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		Pumps and other mechanical equipment should be effectively maintained.			
Nature protection	Loss of vegetation and trees	Prior to start construction, all vegetation should be removed from the proposed construction sites with the consultation of the local relevant authorities. The vegetation to be cleared only within the projected boundaries of the project area, Removal of individual trees will be carried out only with the written permission of the competent authorities; Only native species will be used in greening. Moving only along existing and established access roads. The killing and / or illegal hunting of animals is strictly prohibited. It is forbidden to harvest medicinal and / or protected plants, or other plants of commercial importance. To mitigate the ecological impact, a tree plantation plan can be considered in the design, and accordingly tree plantation will be done in an appropriate location to be determined by the project after consultation with the concerned authority.			
Demolition and renovation	Pollution and health & safety risks	Prepare a management plan as how to avoid or minimize environmental and social impact during construction and renovation activities. Notify the adjacent community before starting the demolishing work. When possible, schedule renovation activities during times of low building occupancy and also adjacent to the work site.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		Maintain an adequate unoccupied buffer zone around the work areas to allow for construction or renovation traffic. This could require temporarily relocating building occupants away from the immediate vicinity of the work areas. Ensure proper signage is in place alerting employees and the public to any construction related risk. Post warning signs on barricades, construction zones, and other areas limiting access to authorized personnel only. Implement adequate measures during demolition of existing infrastructure to protect workers and public from falling debris and flying objects. Isolate work areas from occupied areas using physical barriers, negative pressurization of the construction or renovation area relative to occupied areas, and use HEPA or other filtration, where possible, to remove particulates. Bag all construction and renovation debris and set aside a designated and restricted waste drop or discharge zones, and/or a chute for safe movement of wastes from upper to lower levels. Conduct sawing, cutting, grinding, sanding, chipping or chiseling with proper guards and anchoring as applicable. Use of temporary fall protection measures in scaffolds and on edges of elevated work surfaces, such as handrails and toe boards to prevent materials from being dislodged. Provide all workers with safety glasses with side shields, face shields, hard hats, and safety shoes.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		Hearing protection shall be provided where excessive noise levels are present.			
Removal of utilities	Pollution and health & safety risks	Prior to start construction, the utility services (electrical cables, telephone line, water supply pipeline, gas supply pipeline and internet line) should be shifted with the consultation of the relevant organizations. Inform the local community before starting removal or demolishing work. Carefully remove the utilities that are connected to any structures. Proper Health and safety measures for the workers should be taken during shifting of these lines to avoid any incidents.			
Cultural heritage Chance finds see also **Annex 7**	Loss of cultural heritage	If any archaeological site, historical site, remains, or objects are found during excavation or construction, chance find procedures shall proceed immediately as follows: ● Stop the construction activities in the area of the chance find. ● Delineate the discovered site or area. ● Secure the site to prevent any damage or loss of removable objects. In cases of removable antiquities or sensitive remains, a night guard shall be arranged until the responsible local authorities or the National Culture Administration take over. ● Notify the Project Engineer who in turn will notify the responsible local authorities and the National Culture Administration immediately (within 24 hours or less);			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		Responsible local authorities and the National Culture Administration will be in charge of protecting and preserving the site before deciding on subsequent appropriate procedures. This would require a preliminary evaluation of the findings to be performed by the archaeologists of National Culture Administration. Decisions on how to handle the finding shall be taken by the responsible authorities and National Culture Administration. Construction work could resume only after permission is given from the responsible local authorities or National Culture Administration concerning safeguard of the heritage.			
Construction activities and use of construction machinery	Social impacts	Before the beginning of any construction works, the General Contractor will develop his own Labor Management Plan and Environmental and Social Mitigation Plan (C-ESMP), specifying all the protection measures of his own and contracted personnel; this will be approved by the Project Engineer prior any construction activity begins. The PIU will be in touch with the community adjacent to the construction area and will inform about the terms of implementation and the community protection measures (SEP implementation); will inform about the compliance with environmental protection and safety measures, solving complaints/grievances, customer satisfaction, etc.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
Construction activities and use of construction machinery	Occupational Health & Safety	The Contractor will mitigate the OHS risks by providing training to all workers on basic ESHS risks associated with the proposed construction works and the workers' responsibility. The training program shall be repeated on a monthly basis. Contractor's site engineers will arrange weekly talks sessions to the construction workers on ESHS risks associated with the construction activities that will be carried on that particular week. Contractor engaged OHS representative will be responsible to ensure the mitigation measures. Set up the construction site with sufficient supplies of clean drinking water, power, and sanitation facilities. Mandate the use of personal protective equipment for workers as necessary (gloves, dust masks, hard hats, boots, goggles, eye, and hearing protection). Follow the below measures for construction involving work at height (e.g., 2 meters above ground). Only allow people with sufficient skills, knowledge, and experience to perform the construction/renovation activity. Ensure that proper training and equipment for working at heights is provided. Check that the place (e.g., a roof) where work at height is to be undertaken is safe. Where possible provide fall-protection measures e.g., safety harness, simple scaffolding/guard rail for works over 4 meters from ground.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		Take precautions when working on or near fragile surfaces. Clean up oil, grease, paint, and dirt immediately to prevent slipping and possible injury. Keep worksite clean and free of debris on daily basis. Provide an on-site first aid kit with bandages, alcohol or non-alcohol antiseptic wipes, dressings, etc. at the construction site. Keep corrosive fluids and other toxic materials in properly sealed containers for collection and disposal in properly secured areas. Ensure structural openings are covered/protected adequately. Secure loose or light material that is stored on roofs or open floors. During heavy rains or emergencies of any kind, suspend all work. Apply electricity good practices such as use of safe extension cords, voltage regulators and circuit breakers, labels on electrical wiring for safety measures, awareness on identifying burning smell from wires, etc. at construction sites and provision of voltage detectors, multi-meters and receptacle testers as per necessary. Ensure adequate toilet facilities for workers, at least one toilet compartment for every 25 workers, with separate facilities for males and females. Make sure workers are aware of GRM and can access it.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		As needed, ensure necessary PPE equipment to prevent contagious diseases (e'g, COVID) transmission by providing hand sanitizers, physical distancing, etc. All workers will be provided with personal protection equipment. Individual protection equipment has to conform to requirements of the international standards (construction helmets, as required respirators and goggles, safety mechanisms and special footwear are always used). The corresponding information boards on a construction site will inform workers on key rules and requirements which need to be observed. Implementation of rules and security guidelines and Labor Management Procedures (LMP), including use of individual protection equipment, will be encouraged and controlled on a regular basis. Protection of pedestrians, general population, patients, students, pupils - fence the area and prevent access of non-authorized personnel to reconstruction sites. Organize 24-hour guard watch of the sites. The surrounding area (facility yard) should be kept clean, without waste disposed there. The waste needs to be collected and immediately removed from the yard as it could be a cause of injury. The construction site area should be lighted during the night time. Regular maintenance of vehicles to minimize potentially serious accidents caused by equipment malfunction or premature failure.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
Construction activities and use of construction machinery	Emergency situations and Accidents	All works will be performed according to requirements of labor safety measures. Develop an emergency procedure in order to keep under control potential risks. The personnel will be trained in actions in case of emergency situations. Emergency equipment will be present on site and ready to be used. First aid equipment will be present on site and workers will know how to rend first aid. Moving equipment with restricted rear visibility shall be outfitted with audible back-up alarms. Flagman will be provided to each moving equipment operator to guide the movement of equipment. Contractor shall mark all energized electrical devices and lines with warning signs. Contractor shall mark the fire escape routes and train the workers on emergency evacuation from the terminal in case of fire. Emergency drills shall be conducted on a regular basis. Contractor's engaged OHS representative will be responsible to ensure the mitigation measures. Notification and incident investigation and nonconformity treatment.			
Construction activities	Child labor	The risk of child labor will be mitigated through Certification of laborer's age – which is minimum 18 years for this type of works activities. This will be done by using the legally recognized documents such as the National Identification Card, and Birth			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		Certificate., with a strict assurance of confidentiality for such personal documents. Further, sessions on raising awareness will be conducted on a regular basis to the communities to sensitize on prohibition and negative impacts of child and forced Labor. Nonetheless, the contractor will be required in the contract to commit against the use of child/ forced labor. Contractor is under an obligation to engage a Labor Expert to ensure the mitigation measures.			
Construction activities	Sexual harassment	The risk of GBV will be mitigated by implementing a Code of Conduct, by contracting and employing any labor for the works activities and ensuring necessary training. The Contractor's monthly training program will also cover topics related to Code of Conduct and sexual harassment, particularly towards women and children, violence, including sexual and/or gender-based violence and respectful attitude while interacting with the local community. Contractor engaged Labor Expert will be responsible to ensure the mitigation measures.			
Construction activities and use of construction machinery	Traffic risks and impacts	Signposting, warning signs, barriers and traffic diversions: site will be clearly visible and the public warned of all potential hazards. Traffic management system and staff training, especially for site access and near-site heavy traffic. Provision of safe passages and crossings for pedestrians where construction traffic interferes. Adjustment of working hours to local traffic patterns, e.g. avoiding major transport activities during rush hours or times of livestock movement.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		Active traffic management by trained and visible staff at the site, if required for safe and convenient passage for the public. Ensuring safe and continuous access to office facilities, shops and residences during construction activities, if the buildings stay open for the public			
Construction activities	Workforce and Camps	Whenever possible recruit the majority of the workforce locally and provide appropriate training in safe work practices, as necessary. Provide adequate lavatory facilities for men and women at the worksite (toilets and washing areas) for the expected number of workers. Toilet facilities should also be provided with adequate supplies of hot and cold running water, soap, and hand drying devices. Where needed, install, and maintain a temporary septic tank system for collection of sanitary waste without causing pollution of nearby watercourses. Establish a method and system for storing and disposing of all solid wastes generated at the work site. Do not allow the use of fuel wood for cooking or heating in any cooking or kitchen facilities and provide alternate fuels. Ensure that site offices, depots, plants and workshops are located in appropriate areas as approved by the Project Engineer and not within 500 meters of existing residential settlements. Require lubricants to be recycled and a ditch to be constructed around the refueling area with an approved settling pond/oil trap at the outlet.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		As needed, ensure necessary PPE equipment to prevent contagious diseases (e'g, COVID) transmission by providing hand sanitizers, physical distancing, etc.			
Operation phase					
HCFs regular operation	Health risks and safety hazards	Health risk for and safety hazards could occur in case of exposure to biological hazards, to hazardous construction materials – first permanent measure is to provide protective equipment to all personnel, visitors and other temporary persons. During the operation, proper maintenance of sanitation system, cleaning services, internal communications and fire safety systems must be ensured. Health impacts, injuries and infrastructure/equipment damage due to lack of safety rules and instructions on laboratory equipment and chemical materials in use. Implementation of safety instructions and measures for visitors, especially for children safety, such as warning signs, etc. The existing PHC facilities' Environmental, Health and Safety Management Plans to be revised and updated accordingly based on the site-specific ESMPs prepared for respective subprojects. These should also include a Waste Management Plan containing an Infectious Control and Waste Management Plan (ICWMP). **A draft generic ICWMP is presented in Annex 2.C.**			
HCFs regular operation	Waste generation	Waste management procedures will be aligned with WHO guidance on Safe Management of Wastes			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		from Healthcare Activities, and will consider the following measures: - Waste 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 autoclave. Onsite treatment facilities may include small-scale incinerator and wastewater treatment works. Their adequacy and compliance should be assessed, and for a proper, efficient functioning should be considered; - Suitability and capacity of off-site disposal facilities, where healthcare wastes will be transported and disposed 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.			
HCFs regular operation	Waste segregation	All medical facilities shall sort and segregate healthcare waste at their source of generation into medical and general wastes. General wastes that are inadvertently mixed with medical wastes shall be considered as medical wastes and shall be handled and treated accordingly. General waste may be discarded into a municipal landfill; however, segregation of this waste stream is encouraged to be in line with the 3R Strategy. Segregation involves separating the recyclable waste materials (plastics, paper, glass, and e-wastes)			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		from the non-recyclable waste materials and organic waste. Organic waste will be sent for composting or sent to the municipal landfill.			
HCFs regular operation	Electronic waste (e-waste)	Where possible MoH should adopt buy-back options for electronic equipment with suppliers as part of producer responsibility and green procurement policies. MoH should assign a property management officer to take an inventory of all electronic equipment purchases and develop an e-waste disposal procedure once the equipment is no longer serviceable. Disposal bins for collection of e-waste should be placed in all PHC centers and hospitals. For expendable materials, consumables and other supplies (ink cartridges, parts, light fixtures, batteries, used parts from repair or damage etc.), these should be collected for disposal separate from other trash. Any e-waste material that is recyclable shall be separated for pickup and reuse by recyclers. Any equipment or parts that cannot be separated shall be placed apart from regular solid waste in a separate e-waste bin and stored in a secure e-waste storage area. Arrangements for pick-up and final disposal of e-waste shall be made with established hazardous waste or recycling companies. MoH will develop a procedure for the safe disposal of e-waste together with the Ministry of Environment.			

Environmental and Social Activities	Potential E&S Risks and Impacts	Proposed mitigation measures[54]	Responsibility for mitigation	Timeline	Cost of mitigation activities (source)
		A standard E-waste Management Plan (E-WMP) will be developed and implemented for those HC and hospital facilities with Project related data/computer equipment and activities (based in part on measures mentioned in this Table).			

ANNEX 2A. ENVIRONMENTAL & SOCIAL MONITORING PLAN (TEMPLATE)

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(subproject, location, description)

Subproject implementation stage	What parameter is subject to monitoring?	Where will monitoring of parameter be carried out?	How will Monitoring of parameter be carried out/type of monitoring equipment	When will monitoring of parameter be carried out-frequency	Monitoring cost[55] What cost of equipment or expenses of contractor required to conduct monitoring?	Institutional responsibility for monitoring	Date of commencement	Date of completion

55

Construction	hazardous waste inventory (asbestos) construction material quality control (eg. paints / solvents)	on site Contractor's store / building yard	visual / analytical if in doubt visual / research in toxic materials databases	before start of rehabilitation works before approval to use materials	marginal, within budget; (prepare special account for analyses at PIU?)	Contractor, Engineer	Oct. 1, 2023	Dec. 31, 2024
Operation	dust generation noise emissions waste water volumes & quality waste types and volumes	on site and in immediate neighborhood, close to potential impacted residents	visual consultation of locals visual, analytical if suspicious count of waste transports off site	daily daily daily / continuous every batch	marginal, within budget	PHC facility's responsible person	Permanent	Permanent

ANNEX 2B. INFECTION CONTROL AND WASTE MANAGEMENT PLAN (ICWMP) TEMPALTE (INTEGRAL PART OF ESMP)

Introduction

1.1 Describe the project context and components;
1.2 Describe the targeted healthcare facility (HCF):
1.3 Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory, quarantine or isolation centers;
1.4 Special type of HCF for NDC: E.g. existing assets may be acquired to hold yet-to-confirm cases for medical observation;
1.5 Functions and requirement for the level infection control, e.g. biosafety levels;
1.6 Location and associated facilities, including access, water supply, power supply;
1.7 Capacity: beds;
1.1 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.

1. 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 WBG EHS Guidelines for Healthcare Facilities and pertaining GIIP;
- 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; and
- Describe institutional arrangement, roles and responsibilities in the HCF for infection control and waste management.

2.2 Management Measures

- Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations.
- 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 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 labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Waste storage: an 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.
- Onsite waste treatment and disposal (e.g. an incinerator): Many HCFs have 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 operator's capacity. In case any gaps are discovered, corrective measures should be recommended. For new HCF financed by the project, waste disposal facilities should be integrated into the overall design and ESIA developed. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerators 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 the 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.
- Wastewater treatment: HCF wastewater is related to 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 properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases where 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.

More information on health care waste management in the Republic of Moldova is available in Annex 8.

2. Emergency Preparedness and Response

Emergency incidents occurring in a 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, communities, the 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).

3. 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 are in place, including those in charge of infection control and biosafety and waste management facility operation;
- Stress the chief of a HCF takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a HCF, and build an intra-departmental team to manage, coordinate and regularly review 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.

4. 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. The 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 systems should be in place.

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

5. Institutional Arrangements and Capacity Building Requirements

This section should provide the hierarchy of the HCF relevant to the management of medical waste, from cleaning staff, healthcare workers, maintenance, and the HCF management. It should highlight the duties of staff in relation to medical waste management and the required capacity building needed to ensure better procedures for management and disposal.

6. Recommendations and Corrective Action Plan

This part should include the summary of the reviewed procedures at the HCF compared to the requirements of the MoH, the World Bank EHS Guidelines for Healthcare Facilities and the suggested template of the ICWMP. The corrective action plan should include tangible actions (labelling of waste, quantification, training of healthcare workers by a set date, etc.) which will be reviewed and monitored during the periodic reports.

7. ICWMP Table (indicative)

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget (source)
General HCF operation – Environment	General wastes, wastewater and air emissions				
General HCF operation – OHS issues	- 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					

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget (source)
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infectious materials					
Emergency events	- Spillage; - Occupational exposure to infectious; - Exposure to radiation; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities; - Fire; - Other emergent events.	Emergency response plan			
Operation of acquired assets for holding potential NDC patients					
To be expanded					

ANNEX 3. ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP) CHECKLIST FOR SMALL WORKS FOR BUILDING/REPAIR/REHABILITATION ACTIVITIES (TEMPLATE)

General Guidelines for use of ESMP Checklist:

For low-risk topologies, such as schools, hospitals rehabilitation activities, the ECA safeguards team developed an alternative to the current ESMP format to provide an opportunity for a more streamlined approach to preparing ESMPs for minor rehabilitation or small-scale works in building construction, in the health, education and public services sectors. The checklist-type format has been developed to provide "example good practices" and designed to be user friendly and compatible with safeguard requirements

The ESMP checklist-type format attempts to cover typical core mitigation approaches to civil works contracts with low, localized impacts. It is accepted that this format provides the key elements of an Environmental and Social Management Plan (ESMP) to meet World Bank Environmental and Social Standards requirements under the new Environmental and Social Framework. The intention of this checklist is that it would be applicable as guidelines for the small works contractors and constitute an integral part of bidding documents for contractors carrying out small civil works under Bank-financed projects.

The checklist has three sections:

Part 1 includes a descriptive part that characterizes the project and specifies in terms the institutional and legislative aspects, the technical project content, the potential need for capacity building program and description of the public consultation process. This section could be up to two pages long. Attachments for additional information can be supplemented when needed.

Part 2 includes an environmental and social screening checklist, where activities and potential environmental issues can be checked in a simple Yes/No format. If any given activity/issue is triggered by checking "yes", a reference is made to the appropriate section in the following table, which contains clearly formulated management and mitigation measures.

Part 3 represents the monitoring plan for activities during project construction and implementation. It retains the same format required for ESMPs proposed under normal Bank requirements for projects with Moderate to Substantial E&S risks. It is the intent of this checklist that Part 2 and Part 3 be included into the bidding documents for contractors, priced during the bidding process and diligent implementation supervised during works execution.

CONTENTS

PART A: GENERAL PROJECT AND SITE INFORMATION

INSTITUTIONAL & ADMINISTRATIVE				
Country	**COUNTRY**			
Project title				
Scope of project and activity	Small construction works for buildings rehabilitation within *** project			
Institutional arrangements (Name and contacts)	WB (Project Team Leader)	Project Management	Local Counterpart and/or Recipient	
Implementation arrangements (Name and contacts)	Safeguards/ESS Supervision	Local Counterpart Supervision	Local Inspectorate Supervision	Contactor
SITE DESCRIPTION				
Name of site				
Describe site location			Attachment 1: Site Map [ ]Y [ ] N	
Who owns the land?				
Description of geographic, physical, biological, geological, hydrographic and socio-economic context				
Locations and distance for material sourcing, especially aggregates, water, stones?				
LEGISLATION				

Identify national & local legislation & permits that apply to project activity	
PUBLIC CONSULTATION	
Identify when / where the public consultation process took place	
INSTITUTIONAL CAPACITY BUILDING	
Will there be any capacity building?	[ ] N or [ ]Y if Yes, Attachment 2 includes the capacity building program

PART B: SAFEGUARDS INFORMATION

ENVIRONMENTAL /SOCIAL SCREENING			
Will the site activity include/involve any of the following??	**Activity/Issue**	**Status**	**Triggered Actions**
	A. Building rehabilitation	[ ] Yes [ ] No	See Section **A** below
	B. New construction	[ ] Yes [ ] No	See Section **A** below
	C. Individual wastewater treatment system	[ ] Yes [ ] No	See Section **B** below
	D. Historic building(s) and districts	[ ] Yes [ ] No	See Section **C** below
	E. Acquisition of land[56]	[ ] Yes [ ] No	See Section **D** below
	F. Hazardous or toxic materials[57]	[ ] Yes [ ] No	See Section **E** below
	G. Impacts on forests and/or protected areas	[ ] Yes [ ] No	See Section **F** below
	H. Handling / management of medical waste	[ ] Yes [ ] No	See Section **G** below
	I. Traffic and Pedestrian Safety	[ ] Yes [ ] No	See Section **H** below

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

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

PART C: MITIGATION MEASURES

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
0. General Conditions	Notification and Worker Safety	(a) The local construction and environment inspectorates and communities have been notified of upcoming activities (b) The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works) (c) All legally required permits have been acquired for construction and/or rehabilitation (d) The Contractor formally agrees that all work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment. (e) Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots) (f) Appropriate signposting of the sites will inform workers of key rules and regulations to follow.
A. General Rehabilitation and /or Construction Activities	Air Quality	(a) During interior demolition debris-chutes shall be used above the first floor (b) Demolition debris shall be kept in controlled area and sprayed with water mist to reduce debris dust (c) During pneumatic drilling/wall destruction dust shall be suppressed by ongoing water spraying and/or installing dust screen enclosures at site (d) The surrounding environment (side walks, roads) shall be kept free of debris to minimize dust (e) There will be no open burning of construction / waste material at the site (f) There will be no excessive idling of construction vehicles at sites
	Noise	(a) Construction noise will be limited to restricted times agreed to in the permit (b) During operations the engine covers of generators, air compressors and other powered mechanical equipment shall be closed, and equipment placed as far away from residential areas as possible

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
	Water Quality	(a) The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers.
	Waste management	(a) Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities. (b) Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers. (c) Construction waste will be collected and disposed properly by licensed collectors (d) The records of waste disposal will be maintained as proof for proper management as designed. (e) Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos)
B. Individual wastewater treatment system	Water Quality	(a) The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities (b) Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment (c) Monitoring of new wastewater systems (before/after) will be carried out (d) Construction vehicles and machinery will be washed only in designated areas where runoff will not pollute natural surface water bodies.
C. Historic building(s)	Cultural Heritage	(a) If the building is a designated historic structure, very close to such a structure, or located in a designated historic district, notification shall be made and approvals/permits be obtained from local authorities and all construction activities planned and carried out in line with local and national legislation. (b) It shall be ensured that provisions are put in place so that artifacts or other possible "chance finds" encountered in excavation or construction are noted and registered, responsible officials contacted, and works activities delayed or modified to account for such finds.
D. Acquisition of land	Land Acquisition Plan/Framework	(a) If expropriation of land was not expected but is required, or if loss of access to income of legal or illegal users of land was not expected but may occur, that the Bank's Task Team Leader shall be immediately consulted. (b) The approved Land Acquisition Plan/Framework (if required by the project) will be implemented

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
E. Toxic Materials	Asbestos management	(a) If asbestos is located on the project site, it shall be marked clearly as hazardous material (b) When possible, the asbestos will be appropriately contained and sealed to minimize exposure (c) The asbestos prior to removal (if removal is necessary) will be treated with a wetting agent to minimize asbestos dust (d) Asbestos will be handled and disposed by skilled & experienced professionals (e) If asbestos material is be stored temporarily, the wastes should be securely enclosed inside closed containments and marked appropriately. Security measures will be taken against unauthorized removal from the site. (f) The removed asbestos will not be reused
	Toxic / hazardous waste management	(a) Temporarily storage on site of all hazardous or toxic substances will be in safe containers labeled with details of composition, properties and handling information (b) The containers of hazardous substances shall be placed in an leak-proof container to prevent spillage and leaching (c) The wastes shall be transported by specially licensed carriers and disposed in a licensed facility. (d) Paints with toxic ingredients or solvents or lead-based paints will not be used
F. Affected forests, wetlands and/or protected areas	Protection	(a) All recognized natural habitats, wetlands and protected areas in the immediate vicinity of the activity will not be damaged or exploited, all staff will be strictly prohibited from hunting, foraging, logging or other damaging activities. (b) A survey and an inventory shall be made of large trees in the vicinity of the construction activity, large trees shall be marked and cordoned off with fencing, their root system protected, and any damage to the trees avoided (c) Adjacent wetlands and streams shall be protected from construction site run-off with appropriate erosion and sediment control feature to include by not limited to hay bales and silt fences (d) There will be no unlicensed borrow pits, quarries or waste dumps in adjacent areas, especially not in protected areas.
G. Disposal of medical waste	Infrastructure for medical waste management	(a) In compliance with national regulations the contractor will insure that newly constructed and/or rehabilitated health care facilities include sufficient infrastructure for medical waste handling and disposal; this includes and not limited to: ▪ Special facilities for segregated healthcare waste (including soiled instruments “sharps”, and human tissue or fluids) from other waste disposal; and ▪ Appropriate storage facilities for medical waste are in place; and

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
		▪ If the activity includes facility-based treatment, appropriate disposal options are in place and operational
H Traffic and Pedestrian Safety	Direct or indirect hazards to public traffic and pedestrians by construction activities	(b) In compliance with national regulations the contractor will ensure that the construction site is properly secured and construction related traffic regulated. This includes but is not limited to ▪ Signposting, warning signs, barriers and traffic diversions: site will be clearly visible and the public warned of all potential hazards ▪ Traffic management system and staff training, especially for site access and near-site heavy traffic. Provision of safe passages and crossings for pedestrians where construction traffic interferes. ▪ Adjustment of working hours to local traffic patterns, e.g. avoiding major transport activities during rush hours or times of livestock movement ▪ Active traffic management by trained and visible staff at the site, if required for safe and convenient passage for the public. ▪ Ensuring safe and continuous access to office facilities, shops and residences during renovation activities, if the buildings stay open for the public.
I. Risks associated with war	Primarily missile strikes include possible contamination of the site with hazardous compounds (including, inter alia, hazardous medical waste) and explosive remnants of war. Unexploded ammunition (UA)	Prior to initiation of construction, UA risks will be assessed for all sites with the assistance of specialized authorities and appropriate risk mitigation measures adopted. Avoid the risk – not starting an activity, or avoiding an area associated with the risk. Do not touch anything that appears strange or out of place lying on the ground or hanging from a tree. Do not approach military installations or equipment. Construct protective works around an UA site and wear appropriate PPE Ensure measures to mitigate the risks to civilians until clearance is completed and deliver assistance to eventual victims. Chemically neutralize a chemical agent.

PART D: MONITORING PLAN

Phase	What (Is the parameter to be monitored?)	Where (Is the parameter to be monitored?)	How (Is the parameter to be monitored?)	When (Define the frequency / or continuous?)	Why (Is the parameter being monitored?)	Cost (if not included in project budget)	Who (Is responsible for monitoring?)
During activity **preparation**	site access traffic management availability of waste disposal facilities	at the site at the site in site vicinity	check if design and project planning foresee diligent procedures	before launch of construction	safety of general public, timely detection of waste disposal bottlenecks	marginal, within budget	Contractor, Engineer
During activity **implementation**	hazardous waste inventory (asbestos) construction material quality control (eg. paints / solvents)	on site Contractor's store / building yard	visual / analytical if in doubt visual / research in toxic materials databases	before start of rehabilitation works before approval to use materials	public and workplace health and safety	marginal, within budget; (prepare special account for analyses at PMU?)	Contractor, Engineer
During activity **supervision**	dust generation noise emissions wastewater volumes & quality waste types and volumes	on site and in immediate neighborhood, close to potential impacted residents	visual consultation of locals visual, analytical if suspicious count of waste transports off site	daily daily daily / continuous every batch	avoidance of public nuisance avoidance of negative impacts on ground/ surface waters ensuring proper waste	marginal, within budget	Contractor, Engineer

					management and disposal		

Note: Blue Text is exemplary from another project

ANNEX 4. LABOR MANAGEMENT PROCEDURES

Labor Management Procedure (LMP) for

Modernization and Improvement of Rehabilitation Services Project Chisinau

May 2023

OVERVIEW OF LABOR USE ON THE PROJECT

Introduction

The Labor Management Procedures is aimed at summarizing mitigation measures that will be adopted by the project to address the risks related to labor management.

The project will be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Bank. This will include, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents and contracts with contractors and supervising firms.

The project is expected to encompass the following categories of workers: direct workers and contracted workers.

Direct workers could be either government civil servants or those deployed as 'technical consultants' by the project. The former will include health care providers and workers in health care facilities. The civil servants will be governed by a set of civil services codes and the 'technical consultants' by mutually agreed contracts.

Health care facility workers are people serving in healthcare settings, both medical and non-medical staff, who have the potential for direct or indirect exposure to patients or their infectious secretions and materials. Health care workers carry out a range of activities, for example: assessing, triaging, and treating patients; establishing public health reporting procedures of suspected and confirmed cases; and providing or reinforcing accurate infection prevention and control. The non-medical staff in HCF are involved in activities such as food supply, medical and non-medical waste treatment, equipment and facility maintenance. While HCF workers employed in hospitals and laboratories do not strictly fall under the ESS2 definition of project workers, due to occupational health and safety risks to which they can be exposed during the COVID-19 pandemic, they have been included in this LMP to ensure that they are provided with adequate health and safety measures in the workplace.

Contracted workers include chiefly construction workers involved in the minor civil works. The project proposes some small-scale civil works, and the expectation is that the majority of labor will be locally hired and hence no large-scale labor influx is envisaged.

Civil works contracts will incorporate social and environmental mitigation measures based on the WBG EHS Guidelines and the ESMF and other referenced plans such as SEP. All civil works contracts will include industry standard Codes of Conduct that include measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA). In line with ESS 2 and Moldovan law, the use of forced labor, child, or conscripted labor is prohibited in the project, including for construction and operation of health care facilities.

A locally based GRMs specifically for direct and contracted workers will be provided.

Number of Project Workers: It is estimated that a total of **(to be specified when available)** construction workers may be employed for the performance of the small-scale civil works in the interior minor refurbishment to remodel HCUs and increase the availability of isolation rooms.

The necessary protocols for treating patients and handling medical waste, 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 (ICWMP) to be adopted by and then implemented by ECs and laboratories participating in the project.

Among procedures and measures to prevent and mitigate the risks of healthcare contracted the contagion include the following:

- Health facilities should establish and apply transmission-based precautions (contact, droplet, and airborne precautions) as well as specific procedures for managing patients in isolation room/unit;
- Establishment of Standard precautions and Transmission based precautions should be in line with National guidelines for IPC in healthcare facilities and consider guidance from WHO and/or CDC on infections control;
- Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPEs, etc.;
- Ensure protocols for regular disinfection of public rooms, wards, ICUs, equipment, tools, ambulances, and waste are in place and followed;
- Ensure hand washing and other sanitary stations are always supplied with clean water, soap, and disinfectant;
- Ensure equipment such as autoclaves are in working order; and
- Ensure that labor conditions for health care workers are in line with LMP
- Ensure that health care workers can access the grievance mechanism for complaint. Healthcare staff should have information about grievance boxes located in premises of the HCF, grievance boxes in places where healthcare workers are accommodated and encouraged to lodge grievances.

ASSESSMENT OF KEY POTENTIAL LABOR RISKS

Project activities

The project will support minor rehabilitation works (repairs) of HCUs in selected hospitals. The ESMF provides ESMP Checklist templates for rehabilitation/repairs of facilities for HCUs.

The physical works envisaged will be interior, of a small scale and implemented within the existing footprint of the target facilities and the associated environmental impacts are expected to be temporary, predictable, and easily to mitigate with risks including disposal of construction waste, dust, noise, and worker health and safety.

The envisaged minor works could also include improvement of basic hand-washing facilities, restrooms or other basic health and hygiene conditions at the Points of Entry (PoE), wastewater management (mini septic tanks, etc). The ESMF will also include exclusion criteria under this project for establishing HCUs in facilities containing asbestos insulation or pipe lagging, etc.

Key Labor Risks

The key labor risks related to occupational and health safety relate to the above-mentioned minor civil works. It is estimated that the risks would include, but not be limited to the following:

- Disposal of construction waste;
- Dust;
- Noise;
- Working at height;
- Moving objects;
- Slips, trips, and falls;
- Material and manual handling;
- Asbestos insulation or pipe lagging;
- Electricity;
- Airborne fibers and materials.

Key labor risks for Health care facility workers (medical staff) include:

- exposure to the diseases caused by different infections with potential for grave outcomes including severe illness and death,
- physical and mental exhaustion,
- long shifts with little or no break and deprivation of sleep,
- occupational burnout,
- passing on infection to families and local communities and stigma, and
- exposure to and transportation of infectious medical waste.

Facilities with asbestos insulation, pipe lagging, etc. will be excluded from financing under the project.

The Moldovan labor management and OHS legislation is extensive, although its actual implementation and enforcement have proven to be lacking, particularly in terms of enforcement of safety and OHS regulations. Below is the overview of the key aspects of national Labor Code with regards to terms and conditions of work (ESS2, para 11).

BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

- ***Wages and deductions***

  The amount and form of remuneration in Moldova is determined by the individual labor contract. The wage is paid at least monthly. The Government of Moldova sets the guaranteed minimum wage as of May 2023 of 23,67 lei per hour, or 4000 lei per month, calculated for a working schedule of 169 hours per month. According to the National Bureau of Statistics, the average nominal gross salary in quarter 4 of 2022, was 10529,1 lei, and registered a 15,5% increase compared with 2021[58].

  The employers usually deduct the income tax and health and social insurance contributions automatically from the wages and transfer them to the appropriate fiscal, medical and social authorities. The total amount of deductions cannot exceed 50 percent from the wage to be paid to the employee.

- ***Working Hours***

  The Moldovan Labor Code envisages a regular 40-hour work week. The work week is set at 24 hours for individuals aged 15-16 and 35 hours for those aged 16-18 as well as for individual working in

[58] https://statistica.gov.md/en/average-monthly-earnings-and-the-average-number-of-employees-in-the-fourth-quart-9436_60326.html

hazardous sectors of the economy. Finally, disabled individual of category I and II are entitled to a 30-hour working week without the reduction in remuneration or other employment rights (Articles 95 and 96 of the Moldovan Labor Code).

- ***Rest Breaks***

  Employees are entitled to a lunch break of at least half an hour each workday. The exact duration of the lunch break rest is stipulated in the collective labor agreement or the internal regulations of the entity. Meal breaks, with the exceptions specified in the collective labor agreements or entity internal regulations, shall not be included in the working time. The duration of the daily break, that is the time between the end of the working program and the start of the work program the following workday cannot be less than the double duration of the daily working time (Article 107). Weekly rest is granted for two consecutive days, usually Saturday and Sunday.

- ***Leaves***

  The right to annual leave is guaranteed to all employees. Any employee who works based on an individual labor contract shall benefit from the right for annual rest leave, which can be used after the first six months of employment. All the employees are entitled to paid annual rest leave, with a duration of minimum 28 calendar days. Leave does not include a period of temporary disability, and maternity leave. In addition, employees may request up to 60 calendar days of unpaid leave with a justification and agreement from the employer. Short-term and seasonal contracts are not clearly covered in the Moldovan Labor Code and practically, those employees do not benefit from annual leaves.

- ***Overtime Work***

  An employer can order overtime work in case that is related to national defense or emergencies. Normally, at employer's request, employees can perform overtime work up to 120 hours during the calendar year. In exceptional cases, this limit can be extended to 240 hours with the agreement of both parties (Article 104). Employers must keep a record of worked performed outside normal working hours. The overtime work is paid at 1.5 the amount of the regular hourly rate for the first two hours of overtime work and at 2 times the regular rate for the subsequent hours.

- ***Labor Disputes***

  The Labor Code of Moldova includes provisions that allow workers to resolve individual and collective disputes between the employer and the employee(s) over the terms and conditions of a labor agreement or other aspects of work, including occupational and health safety (Articles 357-361). The disagreements and disputes may be solved through conciliation. A conciliation commission should be set not later than three days from the registration of the labor dispute and conflict. The commission should notify the parties in writing within five days from reaching an agreement on how to settle the dispute. If the parties do not agree with the recommendations of this commission, the conflict shall be settled in court.

BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

The Moldovan Labor Code as well as the Law on Occupational Health and Safety (OHS) (2008) set the framework for occupational health and safety in Moldova. Several Government orders and decisions detail how these are to be implemented and outline the list of hazardous industries and occupations in the country. Overall, the Moldovan OHS legislation is extensive and generally in line with the provisions set out in ESS2, paragraphs 24 to 30, the main challenge being the implementation and enforcement of these provisions.

- ***Employers' Obligations***

  Article 198 of the Labor Code envisages that each business entity or organization should have internal regulations that outline, among other things, the occupational health and safety provisions of the organization. Articles 9 and 10 of the Law on OHS makes the employers responsible for ensuring the health and safety of the employees, for identifying and preventing work-related risks, for informing and training staff on the risks and organizational OHS provisions. The employer must provide the necessary means and equipment and adapt the working environment to prevent and minimize occupational risks. Article 11 mandates the employer to assign at least one trained individual within the organization responsible for ensuring the OHS provisions. The employer may set a collective OHS committee made up of both employee and employer's representatives to supervise the OHS arrangements in the workplace. In case of emergencies, the employer must take immediate action to provide emergency response and evacuation of workers from the premises/site (Article 12 of the OHS law).

- ***Employers' Rights and Obligations***

  Employees have the right and obligation to inform the employer of any emerging hazard or malfunctioning equipment as well as make suggestions on how to improve the OHS rules at the workplace. Employees have the right to refuse to work if the working place does not meet the OHS requirements. They are entitled to be informed and trained about the occupational risks and be provided the required protective equipment by the employer at the employer's expense.

SPECIFIC REQUIREMENTS TO CONTRACTORS CONDUCTING SMALL-SCALE REFURBISHMENT WORKS

Workers should be encouraged to self-monitor their health and take their own temperature regularly at home. Workplaces should adopt "stay at home if unwell" and flexible sick leave policies to discourage workers with symptoms from coming to the workplaces.

The policy on wearing a mask is relevant for workers both for the prevention of the contagion and for protection from very fine aerosols or respirable dusts, which may be released by grinding, drilling, milling, as well as painting and cleaning processes required for the refurbishment of the HCUs.

The Contractor(s) are obliged to ensure the following:

5) Provision of medical insurance, sick pay for workers who either contract any virus or are required to self-isolate/quarantine due to close contact with infected workers;
6) Set specific procedures relating to the workplace and the conduct of the work;
7) Set specific procedures and measures dealing with specific risks, such as infection prevention and control strategies, health workers' exposure risk assessment and management, developing an emergency response plan as per WHO Guidelines;
8) Including contractual provisions and procedures for managing and monitoring the performance of contractors; and
9) Monitor, supervise, and report on health and safety issues.

Other occupational health and safety measures include:

- Maintaining records of recruitment and employment process of contracted workers;
- Communicating clearly job description and employment conditions to contracted workers;
- Having a system for regular review and reporting of labor, and occupational safety and health performance on site;

- Delivering regular orientation and OHS training to employees;
- Provide workers with relevant PPE equipment due to WHO recommendations and WB EHS Guidelines for Healthcare Facilities;
- Establish and implement a procedure for documenting specific incidents such as project-related occupational injuries, illnesses, and lost time accidents. Maintain such records;
- In instances of medium, severe, fatal accidents, inform the law enforcement bodies and Labor Inspectorate; and
- Developing and implementing a grievance registration mechanism that would record and address the grievances raised by the workers.

RESPONSIBLE STAFF

The overall responsibility for the implementation of all aspects of the project and assuring compliance with the Labor requirements of all work employed under the project lies with the MoH as implementing agency for the project.

A Project Implementation Unit has been set under the projects consisting of Project Manager, Procurement Specialist, Financial Management Specialist, Environmental Specialist, and Social Development Specialist. Given that all the PIU staff are on a part-time arrangement, it was agreed with the MoH that should the need arise, the existing capacities will be enhanced by employing additional technical and fiduciary expertise.

PIU environmental and social specialists will be responsible for monitoring the implementation of the labor management procedures concerning the direct workers and Contractor compliance with the donor policies and procedures, Moldovan legislation, labor requirements, as well as the present Labor Management Procedure.

The monitoring of implementation of labor management procedures include the following:

- Ensure that contractor(s) responsible for the civil works under the project prepare the OHS plan to meet the requirements of national occupational health and safety regulations before the start of the works;
- Monitor regularly that the Contractor(s) are meeting contractual obligations towards contracted and sub-contracted workers as included in the General Conditions of Contract the World Bank Standard Bidding Documents, and in line with ESS2 and the national Labor Code;
- Monitor that OHS standards are met at workplaces in line with national occupational health and safety legislation and Occupational Health and Safety Plan;
- Ensure that the workers for all contractors and subcontractors are aware about the grievance redress mechanism; and
- Ensure that grievances are registered and addressed properly by the appropriate party.

The civil works Supervision Engineer(s) hired by the small-scale civil works Contractors will oversee labor and safety performance on a regular basis (daily). PIU environmental and social staff will monitor and inspect the worksites on an ad-hoc basis, at least every two weeks.

POLICIES AND PROCEDURES

This section sets out information on OHS, reporting and monitoring and other general project policies related to the management of project-related labor.

Under this Project, the ESHS specifications of the procurement documents and all contracts with contractors and supervising firms should include labor requirements in accordance with the national legislation and World Bank ESSF2.

All civil works contracts should include industry standard Codes of Conduct that contain measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA).

In line with ESS 2 and Moldova law, the use of forced labor, child, or conscripted labor is prohibited in the Project, including for construction and operation of health care facilities.

All the contractors under the project will have to comply with the Moldovan OHS legislation and the Labor Code as well as the provisions set under the World Bank's ESSF2. The contractor(s) will have to prepare or adjust their internal regulations, in case they do not comply with the current legislation.

They will also make them known and available to their staff and workers and will cover the following aspects:

- ***Non-discriminatory Nature of Employment***

  All the workers hired under the project, whether direct, contracted or sub-contracted, will be employed based on the principles of non-discrimination. As per Article 8 of the Moldovan Labor Code, any discrimination based on gender, age, race, ethnicity, political option, social origin, residence, handicap, status or trade union activity, as well as other criteria not related to his/her professional qualities, shall be prohibited.

- ***Terms of Employment***

  All workers will have **written contracts** describing terms and conditions of work. Workers will sign the employment contract in two copies. Terms and conditions of employment will be available at work sites. Each staff or worker will receive a brief orientation covering the contents of the contract; the internal regulations of the institution; the work safety and OHS arrangements in the workplace.

  Failure to pay individuals who do not have signed contracts is one of the main risks of abuse in the Moldovan construction industry. The PMT will have to ensure that all part-time and seasonal construction workers (if any) have written contracts, which will include provision regulating overtime work in accordance with the Moldovan laws.

- ***Employee Rights and Obligations***

- Employment contracts should specify the employee rights in line with the Moldovan legislation which include, among others, the right to a safe working environment; lunch breaks and rest days; timely payment of wages and salaries; the right to appeal to employers, trade unions and authorities in case of labor disputes; the right to associate freely. ***Occupational Safety and Health***

  Employment contracts under this project should cover the obligations of the employer to provide a healthy work environment; the obligation to assign an individual who will be responsible for the OHS arrangements at work and on site; describe and explain the main risks of the work involved to the employee; train employees and workers on the OHS arrangements at the enterprise; provide appropriate protective equipment, clothing and gear to mitigate the existing risks; record and report the work incidents on site; ensure that first-aid help is available on site and have emergency and evacuation protocols prepared and explained to staff and workers in case of emergencies

PIU will inform the Bank within 48 hours about any incident or accident related to the project which has, or is likely to have a significant adverse effect on the environment, the affected communities, the public or workers (labor, health and safety), but no later than three calendar days after the occurrence of the event. Such events can include strikes or other labor protests, serious worker injuries or fatalities, project-caused injuries to community members or property damage. PIU will prepare a report on the event and the corrective action and submit to the Bank within 30 calendar days of the event.

The contractors (including HCFs) will be required to provide the periodic information on the performance in terms of labor, occupational health and safety issues.

The contractors (including HCFs) shall report to PIU about any inspection carried out by the labor inspection and the findings will be presented to the PIU.

- ***Useful References***

  A complete labor guide for employers and contractors is available at the website of Moldovan Labor Inspectorate at: https://ism.gov.md/ro/content/ghid-pentru-angajatori. Article 199 of the Labor Code provides the minimum structure of the internal regulations of an enterprise.

  A sample of internal regulations for contractors can be found here: http://editurastatistica.md/sites/default/files/2019/Regulament%20intern%20I.S.%20Editura%20de%20Imprimate%20STATISTICA.pdf

AGE OF EMPLOYMENT

Moldovan labor legislation prohibits anyone under 18 from performing hazardous work, and construction is considered hazardous (Government Decision #264 as of 06.10.93 on the list of hazardous occupations). Therefore, the **Contractors will not hire individuals under 18 years for construction work**. They will be required to verify the age of all workers. If a child under the minimum age is discovered working on the project, the relevant supervisor will take the required actions to terminate responsibly the employment of the child, considering the best interest of the child.

TERMS AND CONDITIONS

- The terms and conditions of employment applying to all types of project workers shall be governed by the internal regulations of contractors and suppliers in line with the Moldovan Labor Code and other labor-related legislation. These terms and conditions will be clearly mentioned in the written contracts for all type of workers, whether full-time or part-time, and be made known to project workers prior to commencement of work;
- The work hours are 40 per week for all workers. The number of weekly overtime hours and the payment of overtime shall be governed by the provisions of the Moldovan Labor Code which is in line with the ESS2; and
- There is no project-wide collective labor agreement.

GRIEVANCE MECHANISM

The Moldova Modernization and Improvement of Rehabilitation Services Project will set a GRM in place available for project stakeholders, all types of project workers and other interested parties to submit questions, comments, suggestions and/or complaints and provide any form of feedback on all project-funded

activities. The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns.

The Contractor(s) will have to inform their workers, and sub-contractor(s), and display publicly on worksite the information about the existing project GRM, which will include:

- a brief description of the GRM mechanism and what it is used for;
- the process to send grievances such as comments/complaints forms via suggestion boxes, email, a telephone hotline with an indication of the email, telephone number, fax; mailing address;
- The Environmental Consultant and Social D for reviewing the submitted grievances; and
- stipulated timeframes to respond to grievances.

Workers, sub-contractors, project stakeholders and project affected communities and individuals may submit their complaint to the Bank's independent Inspection Panel, which determines whether harm occurred, or could occur, as a result of Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's corporate Grievance Redress Service (GRS), please visit: *http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service*. For information on how to submit complaints to the World Bank Inspection Panel, please visit *www.inspectionpanel.org*.

CONTRACTOR MANAGEMENT

All procurement and other types of contracts will include language referring to labor and occupational, health and safety requirements that must comply with the Moldovan national legislation and ESS2.

The PIU generally, and a specific assigned person within the PIU, will monitor the performance of Contractor(s) in relation to contracted workers. This may include periodic audits, inspections, and/or spot checks of project locations or work sites and/or of labor management records and reports compiled by contractors. Contractors' labor management records and reports may include: (a) a representative sample of employment contracts or arrangements between third parties and contracted workers; (b) records relating to grievances received and their resolution; (c) reports relating to safety inspections, including fatalities and incidents and implementation of corrective actions; (d) records relating to incidents of non-compliance with national law; and (e) records of training provided for contracted workers to explain labor and working conditions and OHS for the project.

COMMUNITY WORKERS

No community contribution is expected under the project and no community workers will be involved in the project's minor works.

PRIMARY SUPPLY WORKERS

The project will finance minor rehabilitation works and the primary suppliers will be suppliers of construction materials, tools and equipment. There are little or no risk of child or forced labor or serious safety issues in relation to primary suppliers under the Project, since the envisaged works will support interior minor refurbishment to remodel HCUs and increase the availability of isolation rooms.

ANNEX 5. OCUPATIONAL HEALTH AND SAFETY GUIDELINES

***Note**: this Annex presents only a preliminary version, and at initial stage of Project implementation a complete standard set of OHS measures for both construction and operation phases will be developed (as part of site-specific ESMPs) for use as a base and for which each applicable HCF will update and implement to reflect their specific facility.*

It is important that labor should identify and adhere to the safety norms and guidelines to decrease the risk of any accidents. Reduction of number and grade of accidents at workplace would reduce the problems and cost with saving of time for during work hours (amount of time of that a helper or nurse use for an injured person).

Safety and its impacts:

Accidents and happenings are divided in two types:

1. Accidents which is impossible to prevent from its occurrence,

2. Foreseen accidents which needs to use cost for prevention of occurrences or risk reduction,

"Construction Site" means a place where construction work is undertaken and also any area in the immediate vicinity of any such place which is used for the storage of materials or plant used or intended to be used for the purpose of the construction work. Construction work can be particularly hazardous. Personal protective equipment, fire safety, electrical safety, and other precautions are essential for safe construction work.

a. The construction, erection, installation, reconstruction, repair, maintenance (including redecoration and external cleaning), renewal, removal, alteration, improvement, dismantling, or demolition of any structure or works specified in the Works Schedule;

b. Any wok involved in preparing for any operation referred to in paragraph (a), including the laying of foundations and the excavation of earth and rock prior to the laying of foundations;

c. The use of machinery, plant, tools, gear, and materials in connection with any operation referred to in paragraph (a) or (b).

Barriers and Guards

Barriers, guards, and warning signs are required to ensure safety against existing hazards.

Standard types of barriers and guards include the following:

- Guardrails and handholds
- Saw horses
- Tape
- Cones
- Other physical barriers and solid separators (dust barriers, hazard barriers, temporary walkways, etc.)

NOTE: Signs that state DANGER, WARNING, or CAUTION are also important when barriers or guards are necessary. Remember to make signs legible, visible, and brief.

Areas that Need Barriers or Guards

Any area that poses a physical threat to workers and/or pedestrians requires barriers or guards.

Areas that typically require permanent or temporary protection include the following:

- Stairways
- Hatches
- Chutes
- Open Manholes
- Elevated platforms
- Areas with moving machinery
- Excavation sites
- Construction sites
- Temporary wall or floor openings
- Doors opening into construction sites
-
- Land and stone sliding from vaccinate places or mountain,

Using Barriers and Guards

The following list provides guidelines for using barriers and guards:

- It should be avoiding with hanging cloths (scarf, and etc…) during the work,
- In case of need safeguards belt is necessary,
- When necessary, reroute pedestrian and vehicular traffic to completely avoid a construction site.
- Guard any permanent ground opening into which a person could fall with a guardrail, loadbearing cover, or other physical barrier.
- Ensure that temporary floor openings, such as pits and open manholes, are guarded by secure, removable guardrails. If guardrails are not available, have someone guard the opening.
- Ensure that all stairways, ladder ways, hatchways, or chute floor openings have handrails or hinged covers.
- Ensure that enclosed stairways with four or more steps have at least one railing, and that open stairways with four or more steps have two railings.
- Ensure that all platforms and walkways that are elevated or located next to moving machinery are equipped with handrails, guardrails, or toe boards.
- Barricade any wall openings through which a person or tools could fall. Use gates, doors, guardrails, or other physical barriers to block the opening.
- Mark and /or guard any excavation that is deeper than 30cm, potholes and sidewalk damage.

Hoists and lifts

Only authorized employees may use hoists to move heavy objects and equipment. When using hoists remember the safety points:

- ✓ Never walk, stand, or work beneath a hoist.
- ✓ Isolate hoisting area with barriers, guards, and signs, as appropriate.
- ✓ Never exceed the capacity limits of your hoist.
- ✓ Wear gloves and other personal protective equipment, as appropriate, when working with hoists and cables.
- ✓ Always hold tension on the cable when reeling it in or out.
- ✓ When the work is complete, always rig the hoist down and secure it.
- ✓ Be prepared to stop operations immediately if signaled by the safety watch or another person.

Scaffolds

When employees must conduct construction work above the ground and away from solid platforms, scaffolds may be appropriate. The following list provides guidelines for using small scaffolds. Larger scaffolds must be designed and erected in accordance with applicable standards.

- Ensure that scaffold anchors are sound, rigid, and capable of supporting the maximum intended load without shifting. Scaffolds and their components should be capable of supporting at least four times their maximum load.
- For freestanding, mobile scaffolds, the height should not exceed four times the minimum base dimension. If workers are riding the scaffolding, however, the base dimension should be at least one half the heights.
- Do not use unstable objects such as barrels, boxes, bricks, or blocks to support scaffolds or planks.
- Keep floors free of debris where mobile scaffolds are used.
- Lock scaffolds with wheels into position.
- Either overlap multiple planking and platforms by 30cm or secure them to ensure stability. Thickness of the board should not be less than 5cm.
- Secure scaffolds to permanent structures with anchor bolts or other means.
- Repair damaged scaffolds immediately.
- Do not work on scaffolds in high winds or during storms.
- Remove ice or snow from scaffolds and apply sand to the wood before conducting work in winter weather.
- Do not allow tools, equipment, or other debris to accumulate on scaffolds.
- Dismantle and remove scaffolds when they are no longer needed. Do not use temporary scaffolding as a permanent installation.

Safety during Concrete Casting:

Concrete casting is often done by a group of people. Different places, needs its own safety conditions which include Personnel Protection Tools, skills in work and its equipment, good coordination and cooperation amongst the task team and their Job description based on their physical manner.

During Concrete casting followings points should be taken into consideration:

- During concrete cast the labours should be clothed with plastic boots and gloves,
- Appropriate working tool should be selected; in case of not using it should be kept away in a specific area,
- Damaged tools should be kept in a specific area for repairing,
- Throwing of tools should be avoided,
- During concrete casting it should be alert that the labour feet not clumped in bars,
- Using of plunks as a pathway will be most useful,
- Use appropriately of the work tools and tack care of them,
- Wash hands before food and take bath after daily work to take away the cement dust,
- Good condition work and good ventilation should be prepared,
- A good supervisor should led the team and their learning's,
- The wire for fasten the bars should be cut in small pieces and kept near the work area,
- Avoid of throwing wires everywhere,
- The mash should be fasten properly,
- Using of mashes in the slopes,

The following tools are must in sub-projects and should be hints in CCAP Operation Manual for budget allocation and ownership at the end of the project:

- First Aid kit to workers,
- Safety signs
- Personal Protective Equipment (PPE) for labor,
- Labor camp

ANNEX 6. SPECIAL REQUIREMENTS FOR ASBESTOS CONTAINING MATERIALS (ACMS) HANDLING

A roof covered with asbestos cement tiles

DO NOT USE ANY MATERIALS THAT CONTAIN ASBESTOS

WHY?

- Asbestos is a health hazard to people that slowly reduces long capacity and can cause cancer.
- Even materials that contain asbestos, such as asbestos cement roof tiles or asbestos cement panels, are a health hazard.
- The health hazard comes from handling and breathing dust from asbestos containing materials, such as cutting or sawing them.
- Hazards are especially dangerous and unsuspected when asbestos materials are removed many years later.

The use of ACM as a new material in construction or renovation activities will be not supported under the project. Existing facilities where the ACM will be replaced/removed should apply a series of mitigation measures and monitoring activities which would ensure a proper handling of these materials avoiding any potential impacts on the workers' health. At the initial stage of project implementation the contractor should identify the locations where the ACM is present, its condition (e.g., whether it is in friable form or has the potential to release fibers), define the procedures for supervision and monitoring as well as, develop procedures on avoiding ACM destruction , and conduct training of its staff in handling the ACM.

For any facility with a potential for ACM, the Contractor will be required to prepare a subproject specific ACM Plan based upon the minimum requirements in this Annex. Any ACM work should be performed by properly trained (and authorized if required by local regulations) related to ACM work.

(iii) prior to any removal and disposal of ACMs that the method and location of ACM disposal shall be approved by the PIU and any applicable regulatory agency, (iv) some form of Identification of ACMs should be conducted by a qualified asbestos inspector to identify any ACMs present in the buildings. The survey will include visual inspections.

These measures and activities are briefly specified also in the site-specific ESMP/ESMP Checklist and would include the following steps and requirements:

a. Determine if the project could include the replacement, maintenance or demolition of: (a) Roofing, siding, ducts or wallboard; (b) Thermal insulation on pipes, boilers, and ducts; and (c) Other potentially asbestos-containing materials.

b. Once the presence of ACM in the existing infrastructure has been presumed or confirmed and their disturbance is shown to be unavoidable, incorporate the following requirements in the civil works to be performed:

i prior to any removal and disposal of ACMs the method and location of ACM disposal shall be approved by the PIU and the applicable regulatory agency

ii identification of ACMs should be conducted by a qualified asbestos inspector to identify any ACMs present in the buildings; the survey will include visual inspections

iii containment of interior areas where removal will occur;

iv protection of walls, floors and other surfaces with plastic sheeting;

v providing decontamination facilities (showers) for workers and equipment;

vi removal of the ACM using wet methods and promptly placing the material in impermeable containers;

vii final clean-up with special vacuums and dismantling of the enclosure and decontamination facilities in a careful manner;

viii disposal of the removed ACM and contaminated materials in an approved landfill, burying it;

ix inspection and air monitoring during the civil works by an entity independent of the contractor removing the ACM (might be done by environmental and/or sanitary inspectors);

The MoH should require the contractor will provide training of workers and supervisors, adequate equipment and supplies for the scope of works, including adequate closing, gloves and respirators.

These issues and requirements should be reflected in the contract clauses. These clauses should also specify the selected contractor notifies the relevant authorities (environment and/or sanitary inspections) of the removal and disposal and cooperates fully with representatives of the relevant agencies during all inspections and inquiries.

The removal and disposal of ACM as well as all other EMP measures have to be included in both the technical specifications and bill of quantities (BoQs).

ANNEX 7. CHANCE FIND PROCEDURES

Subproject activities could impact sites of social, sacred, religious, or heritage value. “Chance find” procedures would apply when those sites are identified during the design phase or during the actual construction/research period and the related activity will not be eligible for financing under the project.

(1) Cultural property includes monuments, structures, works of art, or sites of significant points of view, and are defined as sites and structures having archaeological, historical, architectural, or religious significance, and natural sites with cultural values. This includes cemeteries, graveyards and graves.

(2) The list of negative attributes which would make a subproject ineligible for support includes any activity that would adversely impact cultural property.

(3) In the event of finding of properties of cultural value during construction/research, the following procedures for identification, protection from theft, and treatment of discovered artifacts should be followed and included in standard bidding document.

(a) Stop the construction/research activities in the area of the chance find;

(b) Delineate the discovered site or area;

(c) Secure the site to prevent any damage or loss of removable objects.

(d) Notify the supervisory Engineer who in turn will notify the responsible local authorities;

(e) Responsible local authorities and the relevant Ministry would be in charge of protecting and preserving the site before deciding on subsequent appropriate procedures.

(f) Decisions on how to handle the finding shall be taken by the responsible authorities and the relevant Ministry. This could include changes in the layout (such as when finding an irremovable remain of cultural or archeological importance), conservation, restoration and salvage.

(g) Implementation of the authority decision concerning the management of the finding shall be communicated in writing by the relevant Ministry.

(h) Construction/research work could resume only after permission is given from the responsible local authorities and the relevant Ministry concerning safeguard of the heritage.

(4) These procedures must be referred to as standard provisions in construction/research contracts. During project supervision, the Environmental/Social Consultant shall monitor the above regulations relating to the treatment of any chance find encountered.

(5) Relevant findings will be recorded in World Bank Supervision Reports and Implementation Completion Reports will assess the overall effectiveness of the project’s cultural property mitigation, management, and activities, as appropriate.

ANNEX 8. MEETING MINUTES FOR PUBLIC CONSULTATIONS

This annex shall be filled in after completion of consultations.

ANNEX 9. GRIEVANCE REDRESS MECHANISM TEMPLATE

Grievance Redress Mechanism Template

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

ANNEX 10. MEDICAL WASTE MANAGEMENT IN THE REPUBLIC OF MOLDOVA

1. Collection of dangerous medical waste

Medical waste and household waste, generated by medical institutions in the process of diagnosis and treatment of patients, should be collected according to the classification of medical waste. In the Republic of Moldova, the classification of medical waste can be found in the annex to the Sanitary Regulation on the management of the resulting waste from medical activity. The collection of medical waste by categories minimizes the risk of infection and guarantees the safety of human health.

2. Packaging of dangerous medical waste

2.1 Specifics of packaging for dangerous medical waste

It is recommended that infectious medical waste be packaged in strict accordance with legal standards and provisions, using packaging bags, containers and warning symbols specific to medical waste and then placed in special packaging boxes or containers of single use. Hazardous waste resulting from medical activity is packaged and labeled in compliance with the conditions of the above mentioned Sanitary Regulation and in accordance with national legislation on classification, labeling and packaging of substances and mixtures and in accordance with international treaties to which the Republic of Moldova is a party. It should contain the following:

- degree of toxicity;
- full name of the waste;
- their state of aggregation;
- color, smell, flammable and explosive properties;
- type of packaging;
- the name of the technological process from which they resulted;
- special behavioral requirements in normal conditions and in exceptional situations;
- the address of the enterprise or organization where they were produced.

According to the Sanitary Regulation on the management of medical waste, the packaging in which the separate collection is made and which comes in direct contact with the hazardous waste resulting from the medical activity is for single use and is disposed of with the contents. Cutting-edge, anatomopathological and infectious waste, identified by codes 18 01 01, 18 01 02 and 18 01 03 * in the List of wastes and the Annex to this Sanitary Regulation shall be packed in yellow bags. For separate collection of non-sharp infectious waste, cardboard boxes provided with yellow polyethylene bags or yellow-marked polyethylene bags shall be used. Bags for the storage of hazardous / infectious medical waste must meet the following conditions:

a. be made of high density plastic with high mechanical strength;
b. close easily and securely;
c. the thickness of plastic from which the bag is made should be between 50-70μm,
d. the heat seals should be continuous, resistant and not allow liquid to leak.

When choosing the size of the bag, the amount of waste produced is taken into account in the interval between two successive waste disposals. The height of the bag for the storage of hazardous / infectious waste identified by code 18 01 03 * in the List of wastes and the Annex to the sanitary regulations in question must exceed the height of the bin, so that the part of the bag passing over its upper edge can allow the bag to be closed and transported safely. The degree of filling of the bag for the storage of hazardous / infectious waste must not exceed three quarters of its volume. For the packaging of waste resulting from medical activity is

prohibited the use of other categories of packaging that do not present documents confirming the suitability of the product for use (certificates, reports), including the chemical composition of the material from which the packaging is made in accordance with Law no. 209 of July 29, 2016 and the Sanitary Regulations. Therefore, it is allowed only the use of packaging that meets the requirements of art. 55 para. (3) of Law no.09 of July 29, 2016 on waste and the sanitary regulation.

2.2 Labelling of packaging for dangerous medical waste

Both the boxes provided inside with polyethylene bags and the bags in question are to be marked and labeled in Romanian with the following information:

- the category of waste collected;
- the “Biological hazard” icon;
- capacity of the container (l or kg);
- how to use it;
- the marking line of the maximum filling level;
- the date of starting the use of the container in the section / subdivision;
- the name of the institution and the section / subdivision that used the container;
- the person responsible for their management / use;
- date of final filling.

When the bag is not placed in a cardboard box to ensure mechanical strength, for the storage of hazardous / infectious waste identified by code 18 01 03 * in the List of wastes and the annex to the Sanitary Regulation, the bag must be placed in the bin with lid and pedal or in bag holder, equipped with lid. The bins, also fitted with a pedal and lid, must be marked with the "Biological hazard" icon.

2.3 Temporary storage of dangerous medical waste

In each medical institution is organized a central space for temporary storage of waste resulting from medical activity. Hazardous waste produced in the subdivisions of medical institutions, prior to transportation to the central temporary storage space, may be placed in a space intended for storing cleaning equipment / dirty linen.

2.3.1 Properties of containers for storage of dangerous medical waste

Temporary storage of infectious, stinging and pathological waste identified by code 18 01 01, 18 01 02, 10 01 03 * in the list of wastes and in the Annex to the Sanitary Regulation takes place in mobile containers with rigid walls. According to the law of the Republic of Moldova, mobile containers intended for the temporary storage of hazardous medical waste must be:

a) marked with yellow, on which the icon "Biological hazard" is fixed and inscribed with the specification "Pathological waste" (where relevant);
b) made of materials resistant to mechanical actions, easily washable and resistant to the action of disinfectant solutions;
c) secured, with the possibility of being sealed, provided with a fastening system adapted to the automatic collection system by the transport vehicle or adapted to the emptying system in the waste treatment installation;
d) the size of the containers ensures the taking over of the entire quantity of waste produced in the interval between two successive disposals. These containers do not contain unpackaged hazardous waste (bulk) or waste assimilated to municipal waste.

2.3.2 Timeline of temporary storage of dangerous medical waste

The duration of temporary storage of hazardous waste resulting from medical activity must be as short as possible, and during the temporary storage the hygiene rules in force must be observed. For sharp, anatomopathological and infectious waste identified by codes 18 01 01, 18 01 02 and 18 01 03 * in the list of wastes and in the Annex to the Sanitary Regulation, the duration of temporary storage in the medical institution shall not exceed 48 hours, except the situation in which the waste is stored in a location provided with a cooling system that constantly ensures a temperature of + 4ºC - + 8ºC, in which case the storage duration is a maximum of 7 days.

2.3.3 Characteristics of storage placement for dangerous medical waste

The temporary storage site must have an automatic temperature monitoring and recording system, which is checked periodically. Cardboard boxes intended for the collection of hazardous medical waste are to be stored temporarily on dry surfaces, protected from rainwater and must be transported without leakage. Requirements for the central storage space for temporary storage of medical waste include:

1. the floor with a surface resistant to mechanical action, waterproof, smooth and intact, easy to sanitize;
2. adequate drainage system / floor drain for the discharge into the sewerage network of wastewater resulting from sanitation. In the absence of the floor siphon, the sanitation is performed with minimal amounts of water, with disposable cleaning utilities, considered, in the end, infectious waste;
3. conditions restricting the access of insects, rodents, animals and birds;
4. screens for protection from the action of the sun's rays;
5. water supply source;
6. appropriate lighting systems and ventilation installations (at least passive ventilation) to ensure optimum temperatures (prevention of decomposition of organic matter, accidents caused by other hazardous waste);
7. controlled access for authorized personnel;
8. access for units / vehicles that ensure the transport / disposal of waste;
9. conditions for hand hygiene and sanitation of containers for transporting waste and surfaces;
10. technological equipment, furniture, personal protective equipment, specific equipment for leak management,
11. quantities and assortment of sanitary and disinfection products required;
12. autonomous signaling and fire-fighting systems.

It is forbidden to operate the central storage facilities for temporary storage of waste resulting from medical activity on sites located outside medical institutions, or which do not belong to economic operators who carry out operations of treatment or disposal of waste resulting from medical activity.

2.4 Transportation of dangerous medical waste

The transportation of waste resulting from medical activity, including hazardous waste, to the place of treatment or disposal is carried out in compliance with the provisions on environmental protection and public health stipulated in Article 4 of Law no. 209 of July 29, 2016 on waste.

2.4.1 Transportation of dangerous medical waste inside the sanitary-medical institutions

The transport of hazardous waste inside medical institutions is carried out on a separate circuit from that of patients and visitors. Hazardous and non-hazardous waste is transported separately. The waste resulting from the medical activity is transported inside the medical-sanitary institution with the help of special carts and mobile containers. Mobile trolleys and containers used in medical institutions are cleaned and disinfected

after each use, in the place where they are unloaded, using biocidal products registered in the Republic of Moldova.

2.4.2 Transportation of dangerous medical waste outside the sanitary-medical institutions

Hazardous and non-hazardous waste from medical activity is handed over by the producing institution to the authorized economic operators, in accordance with art. 25 of Law no. 209 of July 29, 2016 on waste by the authorities empowered by art. 24 of the mentioned law on the basis of a contract. In the situation where a medical institution is located in several buildings situated in different places, the transportation of waste resulting from medical activity is done through economic operators providing services, contracted by the medical institution. The transport of hazardous waste, resulting from medical activity, on public roads to the place of treatment or disposal and their transfer for final disposal abroad, is carried out in accordance with the requirements established in art. 44 and 64 of Law no. 209 of July 29, 2016 on Waste, the European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR), to which the Republic of Moldova acceded by Parliament Decision no. 44-XIV of 4 June 1998, and the Regulation on Road Transport of Dangerous Goods, approved by Government Decision no. 589 of July 24, 2017.

From the above, we can emphasize that the rules for the transport of hazardous / infectious waste are of a general nature. However, given that the situation created by the spread of coronavirus is a specific one, these rules need to be adapted to the new conditions in order to increase their efficiency. In the process of medical waste transfer, the electronic transfer form can be used depending on the real local situation. Prior to the transfer, the route and requirements for the transfer are established. Transport routes should avoid densely populated areas as much as possible, and rush hours should be avoided for transport. Medical waste must be transferred to disposal facilities within 48 hours. Transport vehicles shall be disinfected in accordance with the method and frequency indicated by the competent health service after each unloading.

2.5 Elimination of dangerous medical waste

The processes and methods used for the treatment and disposal of waste resulting from medical activity must not endanger public health and the environment and must comply with the following requirements:

a. They must not present a danger to water, air, soil, fauna or vegetation;

b. does not have a negative impact on the health of the population in the neighboring residential areas;

c. does not produce noise pollution and unpleasant odor; d. does not affect landscapes or protected areas.

When choosing the treatment method, the type of waste, environmental and safety factors, technological capabilities and the provisions of Law no. 209 of July 29, 2016 on waste and of the present Sanitary Regulation on waste management resulting from medical activity are taken into account.

2.5.1 Treatment of infectious / dangerous medical waste depending on technological capacities of medical institution

The treatment of hazardous waste depending on the technological capacities of medical institutions can be:

a) outsourced treatment - by handing over, based on the service contract, to authorized economic operators, in accordance with art. 25 of Law no. 209 of July 29, 2016 on waste, by the authorities empowered by art. 24 of the mentioned law for the treatment of waste resulting from medical activity by types of waste. Exceptions are waste, the collection and disposal of which are subject to special measures for the prevention of infections identified by code 18 01 03 * in the Annex to the Sanitary Regulation, produced in microbiological laboratories and / or from patients with highly contagious communicable diseases, which require treatment at the source of generation.

b) Internal treatment - medical institutions equipped with waste shredding equipment and their own thermal decontamination installations, can treat the cutting-stinging and infectious waste identified with codes 18 01 01 and 18 01 03 * in the List of wastes and in the annexes of the Sanitary Regulations.

2.5.2 Specifics and methods of elimination of dangerous medical waste

For the treatment of cutting, stinging and infectious waste identified with codes 18 01 01 and 18 01 03 * in the List of wastes and in the annex to the Sanitary Regulation, autoclaves with the following activity principles are used: • Gravitational; • pre-vacuum or autoclave; • other advanced technologies. The validation of the autoclaving process of cutting-stinging and infectious waste is performed each time by applying chemical and periodic indicators (weekly or every 40 hours of use) biologically, but not limited to those listed. At the same time, the treatment of sharp-stinging and infectious waste ensures the reduction of the level of microbial inactivation. Chemical disinfection of infectious waste is allowed only for liquid waste (blood, urine, faeces and vomit, etc.).

2.6 Disposal of dangerous medical waste

The disposal of hazardous waste resulting from medical activity is carried out in accordance with the regulations specific to each category of waste, in accordance with the disposal operations stipulated in Annex no. 1 to Law no. 209 of July 29, 2016 on waste. The disposal methods used must ensure the rapid and complete destruction of factors potentially harmful to the environment and the health of the population.

2.6.1 Methods of disposal of dangerous medical waste

The legislation of the Republic of Moldova provides several ways of final disposal of hazardous / infectious waste, resulting from medical activity, depending on the category of waste:

a. Incineration - anatomopathological waste (fragments and human organs, including blood vessels and preserved blood); chemical wastes consisting of or containing dangerous substances; cytotoxic and cytostatic drugs.

Emissions to air and water from waste incineration plants resulting from medical activity shall not exceed the emission limit values established by environmental legislation and international treaties to which the Republic of Moldova is a party. Sedimentary residues from the cleaning of boilers, filters, ducts and chimneys of incineration plants, being very dangerous, need to be disposed of in special places intended for the burial of hazardous waste.

b. Storage - waste whose collection and disposal are subject to special measures to prevent infections; cutting waste. They are stored in the authorized hazardous waste landfill after mandatory treatment.

ANNEX 11. ESIRT REPORTING REQUIREMENTS

1. Incident Management and Reporting Process

Borrowers need to report to the World Bank any incident or accident related to or having an impact on the Bank-financed project, together with the actions they are to taking to address it. To establish the relationship of an incident with the project, and to identify the actions required to prevent recurrence, **an investigation** of the incident is needed. The level of the investigation and the techniques for any required analysis should take into consideration the type of the incident and be adequate to understand the causes of the incident. OHS incidents, for example, require an investigator competent in safety (to comply with ESHGs), whereas SEA/SH incidents require misconduct investigations that accord with the SEA/SH GPN requirements.

The Borrower will take immediate measures to address the incident or accident and to prevent any recurrence, in accordance with national law and the ESSs.

Once the Bank has become aware of an incident, the TTL will request the Borrower to provide details about the incident using an incident form[59] which will ensure that pertinent information is provided. The Borrower will be requested to return the incident form to the TTL, promptly (and ideally within 24 hours but no more than 48 hours). Once the incident is classified according to its type, the Bank task team will then work with the Borrower to ensure that an appropriate investigation is undertaken.

A. Initial Communication

An initial communication may take the form of an email, letter, social media, telephone call, conversation, or direct observation.

In case of the accident, the Contractors will inform the PIU and/or the Bank Team; inform appropriate authorities in compliance with local regulations; secure the safety of workers, public, and provide immediate care.

As soon as any member of the Contractor's or PIU team member becomes aware of an alleged or actual incident, the team member will notify the PIU and/or the Bank Team. This initial communication will be sent regardless of the severity of the incident. The most crucial element of this communication is speed. When an incident is reported, the following questions are a guide to the type of information to be gathered quickly:

- What was the incident? What happened? To what or to whom?
- Where and when did the incident occur?
- What is the information source? How did you find out about the incident?
- Are the basic facts of the incident clear and uncontested, or are there conflicting versions?
- What were the conditions or circumstances under which the incident occurred?
- Is the incident still ongoing or is it contained?
- Is loss of life or severe harm involved?
- How serious was the incident? How is it being addressed? How is the MoH responding?
- What, if any, additional follow up action is required, and what are the associated timelines?
- Are any Bank staff involved in the incident?

[59] There are three alternative incident forms, two of which has been designed to ensure confidentiality requirements of the victim or survivor is protected. The form used for SEA/SH, and the form for violence or discrimination relating to SOGI protect confidentiality by guiding the maximum information to record.

The requirement to report will be defined in the Project's ESCP. As required by the contracts, the Contractor will report incidents to the PIU – the MoH will ensure that reporting obligations on compliance with ESHS requirements are incorporated into works and other relevant contracts. MoH will monitor the reports for incidents.

B. Classification (done by the Bank Team)

Based on information received, the Bank Team will classify the incident based on several factors, including the nature and scope of the incident, as well as the urgency in which a response may be required.

C. Preliminary Borrower Notification

The Borrower should be requested to complete **Part B** of the incident form and return the form to the Bank's project team/TTL, within 24 hours.

Part B: To be completed by Borrower within 24 hours

B1: Incident Details			
Date of Incident: 7 April 2023	**Time:** 03:30	**Date Reported to PIU:**	**Date Reported to WB:** 18 April 2023
Reported to PIU by:	**Reported to WB by**: Mornealo Iulian, Deputy Director State Road Administration	**Notification Type**: Email	
Full Name of Main Contractor: Ant Construction Mining Industry Co. SRL		**Full Name of Subcontractor**:	

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

[1]See Annex 1 for definitions

B3: Description/Narrative of Incident
I. A Dacia branded vehicle had a road accident at section 2.2 km 28+100 and 28+240 RHS on Corridor 10.1. According to the information we received, the driver died and one passenger was seriously injured. No damage was detected on the guardrails after the accident. Investigations on the accident by the traffic police continue. No Contractor's workers were present on site at that time or involved in accident in any ways.

II.	Conditions included rainy weather, a small curve, and probably high speed. Signs were in place and the road was in good condition with a roadside barrier in place. No works were being undertaken in the area of the incident.
III.	The PIU is awaiting a police report to clarify basic facts of the incident clear and confirm that they are uncontested.
IV.	This was a single incident and has been contained
V.	Upon discovery of the accident the police, fire and ambulance were immediately contact via the national emergency number

B4: Actions taken to contain the incident			
Short Description of Action	**Responsible Party**	**Expected Date**	**Status**
Communication with Beneficiaries, Project Manager and other interested parties by e-mail messages and phone conversations	PIU/Contractor		Ongoing
Road OHS, safety tool box training provided	PIU/Contractor		ongoing
The Contractor has informed workers that an immediate note to the competent bodies will be addressed in case if a future accident/ incident occurs during the working period. Contractor will report immediately to emergency and Project Manager and Employer.	Contractor		ongoing
For incidents involving a contractor: Have the works been suspended (for example, under GCC8.9 of Works Contract)? Yes ☐; **No ☒X;** Trading name of Contractor (if different from B1): Please attach a copy of the instruction suspending the works.			

B5: What support has been provided to affected people
Upon discovery of the accident the contractor contacted police, fire and ambulance immediately via the national emergency number. The PIU is awaiting a police report to ascertain further details of the accident.

D. Incident Investigation

The Bank will advise the Borrower on the appropriateness of an investigation, such that the investigation can establish the causes of the incident and propose corrective actions that will prevent recurrence.

The Borrower should start and complete the investigation as quickly as possible, to ensure a proper recounting of events and so that lessons can be learned expediently. The investigation may be undertaken by a suitably qualified member of the contractor or the supervision team, and/or by an independent

investigator (e.g., an international or national consultant versed in the subject matter) which has been specifically commissioned by the Borrower. The Bank may support the Borrower by identifying suitable experts or by sharing a model Terms of Reference.

The country regulatory framework may require a regulatory authority (e.g., the police, OSHA, EPA) to be informed of an incident and to conduct a separate investigation to determine if a violation of law or regulations has occurred.

The reporting to regulatory authority and any consequent investigation that may be required under national laws or regulations is a separate and distinct process that the Borrower may have to undertake, for all incident types.

The findings of the Borrower's investigation should be summarized in **Part C** of the incident form, along with a list of the corrective actions to be adopted.

The updated incident form (together with the Borrower's investigation report where relevant) shall be requested by the Bank, ideally within 10 days following receipt of the Preliminary Borrower Notification. It is recognized, however, that particularly complex cases, including cases involving SEA/SH or discrimination associated with SOGI, may take longer to investigate, as they may be dependent upon employer investigation procedures or specialist investigation.

Part C: To be completed by Borrower (following investigation)

C1: Investigation Findings
Please replace text in italics with findings, noting for example: *I. where and when the incident took place,* *II. who was involved, and how many people/households were affected,* *III. what happened and what conditions and actions influenced the incident,* *IV. what were the expected working procedures and were they followed,* *V. did the organization or arrangement of the work influence the incident,* *VI. were there adequate training/competent persons for the job, and was necessary and suitable equipment available,* *VII. what were the underlying causes; where there any absent risk control measures or any system failures,*

C2: Corrective Actions from the investigation to be implemented (To be fully described in Corrective Action Plan)

Action	Responsible Party	Expected Date

Part C cont.: To be completed by Borrower (following investigation)

C3a: Fatality/Lost time Injury information

Immediate cause of fatality/injury for worker or member of the public (please check all that apply) [2]**:**

1. Caught in or between objects ☐ 2. Struck by falling objects ☐ 3. Stepping on, striking against, or struck by objects ☐ 4. Drowning ☐ 5. Chemical, biochemical, material exposure ☐ 6. Falls, trips, slips ☐ 7. Fire & explosion ☐ 8. Electrocution ☐ 9. Homicide ☐ 10. Medical Issue ☐ 11. Suicide ☐ 12. Others ☐

Vehicle Traffic: **13. Project Vehicle Work Travel ☐ 14. Non-project Vehicle Work Travel ☐ 15. Project Vehicle Commuting ☐ 16. Non-project Vehicle Commuting ☐ 17.Vehicle Traffic Accident (Members of Public Only) ☐**

Name	Age/DOB	Date of Death/Injury	Gender	Nationality	Cause of Fatality/Injury	Worker (Employer)/Public

[2]See Annex 2 for definitions

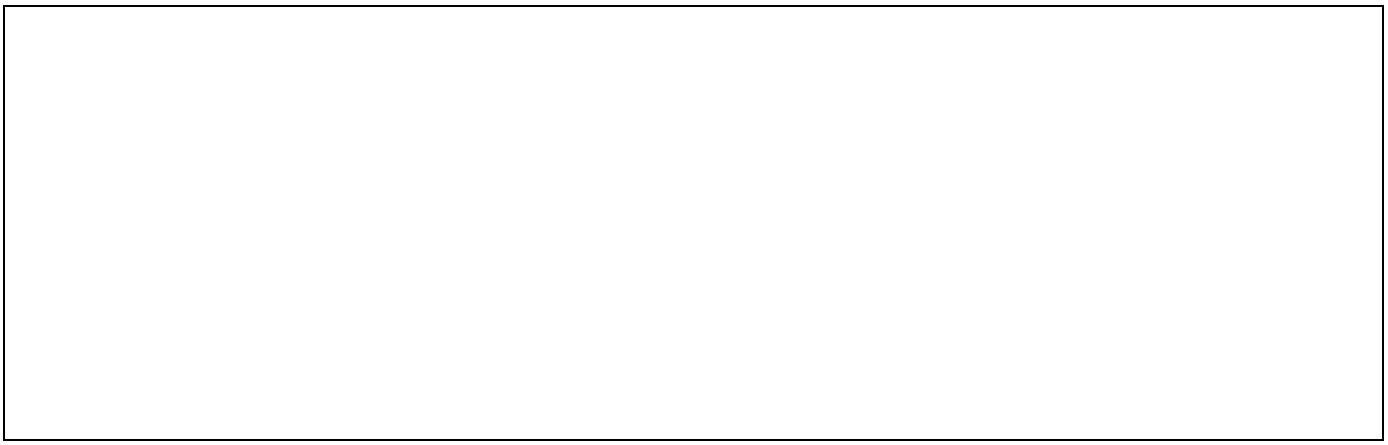
C3b: Financial Support/Compensation Types (To be fully described in Corrective Action Plan template)

1. Contractor Direct ☐ 2. Contractor Insurance ☐ 3. Workman's Compensation/National Insurance ☐

4. Court Determined Judicial Process ☐ 5. Other ☐ 6. No Compensation Required ☐

Name	Compensation Type	Amount (US$)	Responsible Party

C4: Supplementary Narrative



Annex 2: Definition of fatality/injury immediate causes

1. **Caught in or between objects:** caught in an object; caught between a stationary object and moving object; caught between moving objects (except flying or falling objects).
2. **Struck by falling objects:** slides and cave-ins (earth, rocks, stones, snow, etc.); collapse (buildings, walls, scaffolds, ladders, etc.); struck by falling objects during handling; struck by falling objects.
3. **Stepping on, striking against, or struck by objects:** stepping on objects; striking against stationary objects (except impacts due to a previous fall); Striking against moving objects; Struck by moving objects (including flying fragments and particles) excluding falling objects.
4. **Drowning:** respiratory impartment from submersion/emersion in liquid.
5. **Chemical, biochemical, material exposure:** exposure to or contact with harmful substances or radiations.
6. **Falls, trips, slips:** falls of persons from heights (e.g., trees, buildings, scaffolds, ladders, etc.) and into depths (e.g., wells, ditches, excavations, holes, etc.) or falls of persons on the same level.
7. **Fire & explosion:** exposure to or contact with fires or explosions.
8. **Electrocution:** exposure to or contact with electric current.
9. **Homicide:** a killing of one human being by another.
10. **Medical Issue:** a bodily disorder or chronic disease.
11. **Suicide:** the act or an instance of taking, or attempting to take, one's own life voluntarily and intentionally.
12. **Others:** any other cause that resulted in a fatality or injury to workers or members of the public.

Vehicle Traffic

13. **Project Vehicle Work Travel:** traffic accidents in which project workers, using project vehicles, are involved during working hours and which occur in the course of paid work.
14. **Non-project Vehicle Work Travel:** traffic accidents in which project workers, using non-project vehicles, are involved during working hours and which occur in the course of paid work.
15. **Project Vehicle Commuting:** traffic accidents in which project workers, using project vehicles, are involved while travelling to (i) the worker's principal or secondary residence; (ii) the place where the worker usually takes his or her meals; or (iii) the place where he or she usually receives his or her remuneration.
16. **Non-project Vehicle Commuting:** traffic accidents in which project workers, using non-project vehicles, are involved while travelling to (i) the worker's principal or secondary residence; (ii) the place where the worker usually takes his or her meals; or (iii) the place where he or she usually receives his or her remuneration.
17. **Vehicle Traffic Accident (Members of Public Only):** traffic accidents in which non-project workers/members of the public are involved in an accident while travelling for any purpose.

ANNEX 3B: SEA/SH INCIDENT INVESTIGATION

Although the Bank does not participate in any investigation into an incident of SEA/SH, some awareness of the roles and responsibilities may be useful to teams. This annex provides a brief explanation of the process. Further details may be found on SEA/SH COP webpage under focus area SEA/SH35.

The GM has a main role in overseeing the response to SEA/SH incidents. As described in *Grievance Mechanisms for Sexual Exploitation and Abuse & Sexual Harassment in World Bank-financed Projects*, April 2020, they are required to:

(i) confidentially record minimum information regarding the incident, and timely refer the survivor to holistic care

(ii) determine the scope of an appropriate investigation taking into account:

a. if the incident is linked to the project

b. if the complainant provided informed consent to initiate an administrative proceeding into misconduct

c. if sufficient systems and procedures are in place to safeguard survivor and/or complainant's rights (i.e., whether the employer has sufficient procedures and expertise to ensure that the misconduct investigation process is survivor-centric)

d. the need to communicate mandatory reporting requirements to survivor before the filing of a formal grievance

The GM may determine that an appropriate investigation will include:

(i) the subject of complaint's employer to undertake a misconduct investigation

(ii) the subject of the complaint's employer to investigate the application of its SEA/SH processes and procedures

(iii) a third party or SEA/SH trained/qualified GM to investigate project SEA/SH processes and procedures to assess for example:

a. gaps in procedural manuals or implementation of procedures that contributed to either the possibility to exploit or the exploitation itself

b. whether and how to change/modify some program practices in delivery, monitoring, etc. to mitigate against future instances of sexual exploitation and abuse

c. areas for additional training

d. whether arrangements are in place for the provision of short and/or medium-term support for survivors, in line with the SEA/SH GPN and the project SEA/SH response protocols, and taking into account project timelines and obligations at closure

e. how to prevent similar instances from happening in the future (taking into consideration survivors' and complainants' views)

The GM will monitor the process to ensure that it performed safely and ethically, in accordance with the project accountability and response framework and GM procedures. The GM will collate the outcomes of the investigation, and corrective actions to be taken. For incidents of SEA/SH, the reports of investigations on the misconduct carried out by or on behalf of the employer are generally confidential. However, the employer will report to the project GM the outcomes of the investigation and action taken. Investigations into SEA/SH misconduct may conclude that

allegations were substantiated, unsubstantiated or inconclusive38. The results of the investigation, as recorded by the GM, together with the corrective actions that have been identified should be obtained from the GM by the Bank for reporting purposes.

When there is insufficient evidence or corroboration to determine if the allegation was true or not.

Who does what, in an SEA/SH incident response

GM operator: receive and document SEA/SH complaints. Offers empathetic and non-judgmental listening. Offers referral. Refers the complaints for management.

GM Committee: reviews the SEA/SH complaints, assesses potential linkage to the project, transfer to the employer for administrative action, monitor employer's response, finalize assessment of linkage to the project, documents and closes case.

Employer: according to its accountability mechanism, codes of conduct and relevant legislation, including labor laws, carries out the misconduct investigation, mobilizes expertise to ensure that the investigation is survivor-centricity and integrity of investigation, report outcomes of investigation and actions taken to GM.

Borrower: oversees GM functioning in agreement with operating procedures, monitors that survivors are referred to care in a timely manner, addresses gaps and challenges, reports to the Bank within 24 hours and provides update throughout the implementation of corrective plan.

WBG Task Team: monitors incident response in accordance with project procedures until case closure, provide advice to the client, monitors that survivors are referred to care in a timely manner (where survivors are known, and this again is via checking with the GM and not reaching out directly to survivors), reports and escalates to management.

E. Prepare Corrective Action Plan

The Bank will work with the Borrower to develop a Corrective Action Plan (CAP) which describes the measures necessary to deliver the corrective actions listed in the incident form.

The CAP template will be used to monitor progress. The responsible party for each measure should be specified together with the expected completion date, to enable the Bank and Borrower to undertake efficient and effective monitoring and reporting of the status of each action. An example of a CAP is provided below.

The Borrower/MoH is responsible for the implementation of the Corrective Action Plan.

Corrective Action Plan Template

As a general guide, the Corrective Action Plan should be based around the summary table, with additional supporting text and information to adequately describe the measures and how they will achieve the corrective actions to address the immediate, underlying, and root causes identified in the investigation report.

As incident information could be considered prejudicial, may concern medical conditions/personal health issues, or may result in retaliation (including information regarding SEA/SH and any incidents of discrimination related to SOGI), the incident information gathered should be treated in confidence and care should be taken to maintain confidentiality when preparing the Corrective Action Plan.

Corrective Action Plan Summary Table Template (*with example text in italics*)

Action (From	Measures to be Taken	Responsible Party	Completion Date	Status Update

Incident Form)				
Speed control of construction vehicles	*Install traffic signs in accordance with standard (e.g. Guide to Traffic Signing 2021)* *Install speed governors and GPS tracking in construction vehicles* *Provide training to drivers on the dangers of speeding* *Monitor individual driver performance on a weekly basis* *Review weekly driver reports for signs of speeding* *Update Traffic Management Plan for approval of Supervising Engineer*	*Contractor* *Contractor* *Supervising Engineer* *Contractor* *Supervising Engineer* *Contractor*	*May 5, 2023* *May 5, 2023* *April 20, 2023* *May 30, 2023* *May 30, 2023* *June 3, 2020*	*On-track* *Delayed* *Completed* *Ongoing* *On-track* *On-track*
Establish UXO Chance Find Procedure	*Chance find procedure to include:* *Risk factors such as the geophysical characteristics of excavation areas and depth of excavation, the civil war history,* *Detailed written information and maps to be obtained from Borrower/implementer(s) about past surveys and clearance operations before construction can begin,* *Situations where mechanical excavation should be chosen over manual excavation,* *How to safely conduct manual excavation where mechanical excavation is not possible (with input from the Borrower/implementer(s) and/or other demining experts),* *Develop an adequate training program for workers.*	*Chance find procedure to be prepared by Contractor and reviewed by Supervising Engineer*	*January 23, 2020*	*On-track: first draft in review*
Establish Permit to Dig Procedure	*Permit to dig procedure should be developed prior to resuming excavation works* *Permit to dig procedure to be approved* *Train Foreman and construction managers on permit to dig process and requirements* *Include all permits to dig in next two monthly reports*	*Contractor* *Supervising Engineer* *Contractor* *Contractor*	April 10, 2023 *April 17, 2023* *April 24, 2023* *July 31, 2023*	Completed *Delayed* *Delayed* *On track*
Payment of Compensation	a) Name			*a. [Status]*

	i. Compensation Type *ii. Amount* b) *Name* *iii. Compensation Type* *iv. Amount*	*a) Responsible Party* *b) Responsible Party*	*a. [date paid]* *b. [date paid]*	*b. [Status]*