

THE KYRGYZ REPUBLIC

EMERGENCY COVID-19 PROJECT

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

March 15, 2021

Abbreviations and Acronyms

AFB	Acid-Fast Bacilli
AMR	Antimicrobial Resistance
BMW	Bio Medical Waste Management
BSC	Biological Safety Cabinets
BSL	Biosafety Level
CDC	Centre for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
EIA	Environment Impact Assessment
EOC	Emergency Operating Centre
E&S	Environmental and Social
ESF	Environmental and Social Framework
ESHS	Environmental, Social, Health and Safety
EHS	Environmental, Health and Safety
ERP	Emergency Response Plan
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standards
FGP	Family Group Practice
FAP	Feldsher Ambulatory Point
FMC	Family Medicine Center
GBV	Gender Based Violence
HCW	Health-Care Waste
HCWM	Health Care Waste Management
HDI	Human Development Index
HEPA	High Efficiency Particulate Air filter
HIV	Human Immunodeficiency Virus
HO	Healthcare Organizations
HWMS	Healthcare Waste Management System
HVAC	Heating, Ventilation and Air Conditioning
ICMWMP	Infection Control and Medical Waste Management Plan
ICU	Intensive Care Unit
IPC	Infection and Prevention Control
MOH	Ministry of Health
MHIF	Medical Health Insurance Fund
OHS	Occupational Health and Safety
PIU	Project Implementation Unit under the Ministry of Emergency Situations
POE	Points of Entry
POP	Persistent Organic Pollutants
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
RRT	Rapid Response Team
RAP	Resettlement Action Plan
RPF	Resettlement Policy Framework
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
TA	Technical Assistance

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TB	Tuberculosis
WB	World Bank
WHO	World Health Organization
WWTP	Wastewater Treatment Plant

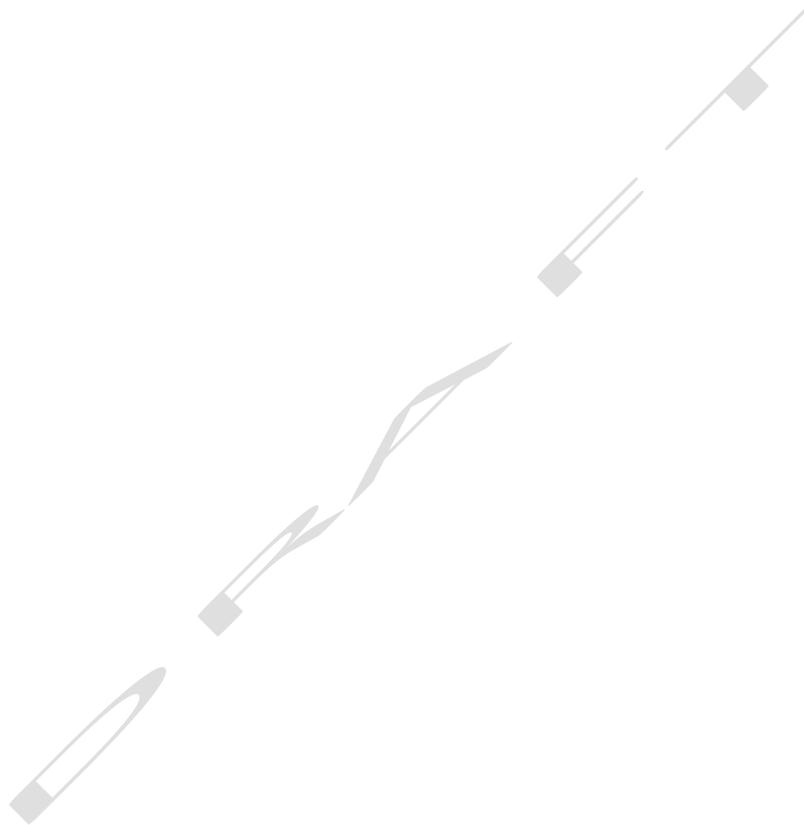


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I. Background

1. **The Kyrgyz Republic is particularly vulnerable to the COVID-19 pandemic having one of the lowest operational readiness for preventing, detecting, and responding to a public health emergency in the region (2 out of 5 as assessed by the WHO).** As of April 1, 2020, there were 111 registered cases of COVID-19 affecting almost all regions in the country, particularly the poorer southern region with high population density in Ferghana Valley. The Kyrgyz Republic is at high risk since it borders China, which has a high incidence of COVID-19 cases, and other Central Asia countries with a growing number of registered cases. There is also a large share of the population temporarily working abroad as labor migrants, increasing the likelihood of cross-border transmission when people return home.

2. This Project, a new investment lending, is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF) and through an advance of the Kyrgyz Republic's Performance-based Allocation in IDA 19. The scope and the components of this Project are fully aligned with the FTCF. The proposed response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA -eligible countries in addressing the health sector and broader development impacts of COVID-19. Project and component design also follow considered good practice from other COVID-19 projects.

3. Jointly with the WHO and other development partners, the Ministry of Health (MoH) has developed a National Contingency Plan (NCP) for COVID-19, approved on March 18, 2020. The Plan is designed to ensure an effective, timely, and coordinated response that will mitigate the impact of COVID-19 outbreak in the Kyrgyz Republic. NCP is broadly divided into five focus areas: coordination, surveillance, risk communication and community engagement, infection prevention, and control, and case management. The plan has an estimated cost of US\$15.67 million for the first 12 months. The largest part of this Plan is to be covered by the Project in the amount of US\$12.15 million.

4. The Project will be well complemented by the activation of the Contingency Emergency Response Component of the World Bank's Enhancing Resilience in Kyrgyz Republic (ERIK) Project in the amount of US\$9 million, as well as by the Sustainable Rural Water Supply and Sanitation Project in the amount of US\$200,000 to finance COVID-19 and Water, Sanitation and Hygiene (WASH) risk communication activities.

5. The Project activities respond to the immediate needs created by the COVID-19 pandemic while complementing the longer-term development work in the health sector and the focus of the Country Partnership Framework (CPF), including the Primary Health Care Quality Improvement Program for Results, which seeks to improve the financing, organization, and quality of the health system, with a focus on primary care provision. The role of primary care in the COVID-19 response is limited as patients without severe symptoms are advised to stay at home and/or quarantine – however, primary care units will be provided with protective equipment and clinical guidelines. In the medium term, the proposed Project is expected to have the added benefit of strengthened service delivery capacity at the hospital level through the renewal of equipment in ICU.

6. The Project aims to contribute to the strengthening of health system preparedness, quality of medical care provided to COVID-19 patients, and minimizing the risks for health personnel, patients, and the wider community. In particular, the World Bank support will focus on strengthening activities in (a) surveillance; (b) infection prevention and control; and (c) case management through procurement of essential goods (e.g., medical equipment, Personal Protective Equipment (PPE), essential medications) and services. The project scope is nation-wide.

7. The World Bank Environmental and Social Framework sets out the World Bank's commitment to sustainable development, through a Bank Policy and a set of Environmental and Social Standards that are

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designed to support Borrowers' projects, with the aim of ending extreme poverty and promoting shared prosperity.

8. The Environmental and Social Standards¹ set out the requirements for Borrowers relating to the identification and assessment of environmental and social risks and impacts associated with projects supported by the Bank through Investment Project Financing. The Bank believes that the application of these standards and the focus on the identification and management of environmental and social risks will support Borrowers in their goal to reduce poverty and increase prosperity in a sustainable manner for the benefit of the environment and their citizens.

The standards aim to:

- a. support Borrowers/Clients in achieving good international practice relating to environmental and social sustainability;
- b. assist Borrowers/Clients in fulfilling their national and international environmental and social obligations;
- c. enhance nondiscrimination, transparency, participation, accountability, and governance;
- d. enhance the sustainable development outcomes of projects through ongoing stakeholder engagement.

9. **This Environmental and Social Management Framework (ESMF)** is prepared to assist the Government of the Kyrgyz Republic in developing environmental and social instruments that are in line with national regulations and the ESF. It is an instrument that examines the issues and impacts associated when a project consists of a program or series of sub-projects, and the impacts cannot be determined until the program or sub-project details have been identified. The ESMF sets out the principles, rules, guidelines, and procedures to assess the environmental and social impacts. It contains measures and plans to reduce, mitigate and/or offset adverse impacts and enhance positive impacts, provisions for estimating and budgeting the costs of such measures, and information on the agency or agencies responsible for addressing project impacts.

10. The ESMF provides guidelines for the E&S screening and subsequent subproject assessment during implementation, including subproject-specific plans in accordance with the ESF. The ESMF provides guidance on the development of appropriate prevention and mitigation measures for adverse impacts that might result **from project activities**. The ESMF also includes templates for *Environmental and Social Management Plans* (ESMPs) checklist and *Infection Control and Medical Waste Management Plans* (ICMWMPs). The former aims to provide an overarching action plan for the management of environmental, social, health, and safety (ESHS) issues associated with the repair and operation of healthcare facilities in response to COVID-19. The latter focuses on proper infection control and healthcare waste management practices during the operation of healthcare facilities.

11. The ESMF covers all applicable provisions of the relevant ESSs. Additionally, other environment and social instruments as required by the ESF, such as the Stakeholder Engagement Plan (SEP) dated March 26, 2020, are appropriately summarized or referenced in the ESMF and ESMP checklist template. The type of environment and social instruments and their timings of development and implementation are defined in the project Environmental and Social Commitment Plan (ESCP) dated March 26, 2020.

12. The ESMF covers the following: (i) environmental and social baseline conditions relevant to the project; (ii) potential environmental and social risks and mitigation measures for different proposed

¹ www.worldbank.org/en/projects-operations/environmental-and-social-framework/brief/environmental-and-social-standards and <http://projects-beta.vsemirnyjbank.org/ru/projects-operations/environmental-and-social-framework/brief/environmental-and-socialstandards>

activities and subprojects throughout the project cycle; (iii) steps, actions and responsibilities for the project activities; (iv) requirements for monitoring and supervision of implementation of ESMPs, implementation arrangements; (v) overview of the capacity of the project implementing agency for E&S risk management and capacity building activities that would include other parties on mitigating potential environmental and social risks. The ESMF also specifies that the proposed institutional strengthening and capacity building activities should include special training on WHO protocols for infection prevention and control, management of ill travelers at Points of Entry, medical waste management, etc.

II. Project Description

13. **Project Development Objective (PDO) Statement:** the objective of the project is to prepare and respond to the COVID-19 pandemic in the Government of the Kyrgyz Republic. The Project consists of the following two components:

14. **Component 1: Emergency COVID-19 Response (US\$ 11.98 million)**

This Component will provide immediate support to detect and prevent additional arrivals of COVID-19 cases and to limit local transmission through containment strategies. It supports the enhancement of disease detection capacities through the provision of technical expertise, laboratory equipment, and systems to ensure prompt case finding and contact tracing. It will enable the Kyrgyz Republic to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities include:

Case Detection, Case Confirmation, Contact Tracing, Case Recording, Case Reporting.

15. The Project will help to (a) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (b) combine detection of new cases with active contact tracing; (c) support epidemiological investigation; (d) strengthen risk assessment; and (e) provide on-time data and information for guiding decision-making and response and mitigation activities.

16. Point of Entry (PoE) are possible entry points for the disease into the Kyrgyz Republic. All 22 PoEs have either permanent or temporary medical points, staffed with public health medical staff. Such POEs are located at airports and border crossing points within the premises of Border Service facilities. In most cases, such medical points are located in one or two rooms in the building of the Border Service. These medical points will be upgraded, and staff will be provided with the necessary training and PPE. PoEs that lack adequate handwashing facilities, restrooms or other essential health and hygiene conditions will be upgraded to a basic level. The Project will also supply PPE to PoE staff as well as vehicles for the transfer of suspected cases. Training will be designed and mostly financed by other development partners (including WHO), but some will be financed by the Project as needed.

17. Fully operational rapid response teams (RRT) and adequate laboratory testing capacities are key to early response and control of infection. The Project will support RRTs in Bishkek and 7 regions by procuring vehicles, equipment and supplies. The Project will also strengthen testing capacities in designated laboratories through centralized procurement of equipment and supplies.

Health System Strengthening.

18. The Project aims to contribute to the strengthening of health system preparedness, quality of medical care provided to COVID-19 patients and minimizing the risks for health personnel and patients. These objectives will be achieved through procurement of essential medical goods, rapid conditioning of designated health facilities, and financing of surge staffing needs.

19. **The Project will finance essential medical goods such as medicines, medical supplies, and**

equipment through centralized procurement. Clinical care capacity will be strengthened through the financing of equipment and supplies for Intensive Care Units (ICU) in selected hospitals and the provision of PPE and infection control materials in hospitals and primary care facilities. ICU equipment and supplies will be procured to establish or renew ICUs inside existing, designated hospitals and include mechanical ventilators, cardiac defibrillators, mobile x-rays, oxygen concentrators, and other equipment essential to the provision of critical care to patients with severe acute respiratory infection. The Project will finance the procurement of some medicines for case management of COVID-19 patients; however, it is envisaged that a large share of the medicines and PPE procured would be financed from the CERC of the ERIK project. Support will also be provided to strengthen medical waste management and disposal systems. While microwave and press-destructors will be procured using financing from the CERC of the ERIK project, the Project support can come in the form of minor works, repairs, and training.

20. **The Project will support rapid conditioning and surge capacity in designated hospitals through funds transfers.** Given the deficient conditions in many hospitals, they will require additional investment to maintain basic infection and control measures and accommodate the use of essential medical equipment. ICUs and up to 80 isolation rooms in 8 designated hospitals will undergo conditioning including the provision and/or repair of handwashing and hygiene facilities, upgrading electrical work to safely operate medical equipment, maintenance, and cleaning of COVID wards, carrying out other emergency repairs to ensure patient and staff safety and infection prevention and control. The funds may support the temporary expansion of physical hospital space to existing buildings or temporary structures such as hospital tents or containers, excluding construction of buildings. The funds will also support temporary housing needs (such as rental of hostels or existing buildings and excluding construction of buildings) and associated communal expenses for health care workers involved in the care for COVID-19 patients, where justified by preparedness needs and/or increased patient loads. Finally, the funds will finance surge staffing (salaries for additional staff or top-up salaries for existing staff) to respond to need of COVID-19 patients. These funds will be advanced to hospitals through the Mandatory Health Insurance Fund (MHIF).

21. **The funds earmarked for hospitals will be disbursed by the Bank after the adoption by the MoH of the instructions specifying the spending regulations and norms for the advanced funds, which should be acceptable to the Bank.** The choice of designated hospitals and observation facilities to be included in this Component will be informed by the recently completed Hospital Master Plan commissioned by the GoK.

Component 2: Implementation Management and Monitoring and Evaluation (US\$ 0.17 million)

22. **Project Management.** This Component will support the capacity of the Project Implementation Unit (PIU), located at the Ministry of Emergency Situations (MoES) to coordinate activities with MoH, RHPC, Mandatory Health Insurance Fund (MHIF) and other entities, and manage the financial management and procurement functions of the Project. The PIU is strengthened by the recruitment of additional staff/consultants responsible for the overall administration, procurement, medical waste management/environmental and social specialists, and financial management.

23. **M&E.** This Component will support the M&E of Project implementation. To this end, the following would be supported: (a) Training in participatory M&E at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models; (b) Monitoring of project implementation, which would be a function of the PIU, which will be responsible for collecting relevant data from line ministries and other implementation agencies and then compiling them into progress reports focusing on the status of physical implementation by Component, use of project funds and monitoring indicators, as well as compliance with the environmental and social standards. Facility audits will be conducted to verify indicators. Annual expenditure reviews will be conducted to assess Government commitment to strengthening the public health functions as measured by budgetary allocations and their distribution by activity. Compliance with environmental and social

standards will be regularly monitored and reported in the Project Progress Reports, including maintenance of the Grievance Redress Mechanism.

24. **Environmental and Social Risk.** Under the World Bank's Environment and Social Framework (ESF), the Bank classifies all projects into one of four classifications: High Risk, Substantial Risk, Moderate Risk or Low Risk. In determining the appropriate risk classification, the Bank takes into account relevant issues, such as 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 Client to manage the environmental and social risks and impacts in a manner consistent with the Environmental and Social Standards that are relevant to the project activities. The project's Environmental Risk Rating was assessed as "Substantial" and a Social Risk Rating of "Moderate," resulting in an overall ESF Risk Rating of Substantial.

25. **The Environmental Risk is rated Substantial.** Major environmental risks associated with the Project are related to risks of contamination from patients, handling tests, managing medical waste. The four major areas of risks for the Project - - are: (i) risks related to rehabilitation of existing healthcare facilities; (ii); risks related to medical waste management and disposal; (iii) risks related to spread of the virus among health care workers; and (iv) risks related to the spread of COVID-19 among the population at large from health workers carrying the virus; (v) risks of air, soil and water contamination due to inadequate management and handling of medical waste.

26. The small-scale works related to rehabilitating ICUs within existing hospitals and installation of 80 isolation rooms (through cash transfer to hospitals), as well as minor construction/repair works, including water supply and sanitation improvement to provide for medical screening at Points of Entry (at border posts) are expected to take place on the property of existing facilities and will not require additional land. Therefore, environmental issues (and impacts thereof) around construction works are expected to be temporary, predictable, and easily mitigable. All targeted hospitals, quarantine facilities, labs are located in built-up areas. There will be no construction of new facilities and no land acquisition.

27. Improper handling of health care waste can cause serious health problems for workers, the community, and the environment. Medical waste has a high potential of carrying micro-organisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed. Waste that may be generated from labs, ICUs, hospitals, quarantine facilities, and Points of Entry to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g., blood, other body fluids, and contaminated fluid) and infected materials (used water; lab solutions and reagents, syringes, bed-sheets, most waste from labs and quarantine and isolation centers, Personal Protective Equipment (PPE), etc.) which requires special handling and awareness, as it may pose an infectious risk to healthcare workers in contact with or handling the waste. It is also important to ensure the proper disposal of sharp objects like syringes. Transboundary transportation of test samples abroad is not foreseen.

The Social Risk Rating is Moderate. The major areas of social risks are (i) occupational health and safety risks for health workers in targeted healthcare organizations and POEs due to limited human resources and poor management practices; (ii) risks related to limited access to hand hygiene, PPEs and equipment, as the demand may exceed the supply; (iii) risks of laborers health and safety involved in the rehabilitation of existing healthcare facilities

28. Major social challenges include: (i) ensuring a soothing environment so as to avoid panic/conflicts resulting from false rumors and social unrest, (ii) assuring proper and quick access to appropriate and timely medical services, education regarding hand hygiene and PPE, without regard to the ability to pay or other socioeconomic or demographic factors; and (iii) anticipating and addressing issues resulting from people being kept in quarantine. Most of these impacts and the risks thereof can be contained by an

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effective and inclusive outreach program encompassing stakeholder engagement implemented by the Covid-19 National Headquarters.

29. Project activities are not expected to involve land acquisition, physical or economic displacement, or restriction of access to natural resources. Works/infrastructure activities will be limited to small rehabilitation works at the HOs and improvement of handwashing facilities, restrooms or other essential health and hygiene conditions at the POEs. These activities will be required to be conducted within existing boundaries of the health facilities/ POEs grounds.

30. Any provision of temporary housing for medical staff will need to take into consideration the need for access to adequate water supply, sanitation, heating, electricity, dining facilities, and sleeping quarters.

31. **Establishment of the E&S risk classification for each subproject.** The PIU will screen each subproject using the Screening Form in Annex I, with the lead to be taken by the Environmental and Social Specialists of the project. Subprojects are defined by types of support provided by the project, such as repair works, and supply of equipment and medicine and PPEs. Screening should be carried out for all components of the Project, including repair works to be executed through cash transfer to hospitals and repair of PoEs.

32. **Exclusions due to significant environmental and social risks.** For repair works, the facilities with asbestos insulation, asbestos pipe lagging, requiring new construction or replacement, land acquisition and involuntary resettlement will be excluded from financing under the project. The World Bank financing cannot be used for production or trade in any product or activity deemed illegal under host country laws or regulations or international conventions and agreements, or subject to international bans, such as pharmaceuticals, pesticides/herbicides, ozone-depleting substances, polychlorinated biphenyls (PCB's), wildlife or products regulated under CITES². **Activities that may cause permanent and/or irreversible adverse impacts on the environment, or may give rise to significant social conflict, or involve permanent resettlement or adverse impact on cultural heritage will not be financed.**

III. Policy, Legal, and Regulatory Framework

33. **3.1.1 Relevant National Laws and Regulations and International Treaties.** An overview of laws and regulations of the Kyrgyz Republic that have relevance for environmental and social issues for the Kyrgyz Republic Emergency COVID-19 Project is as follows (see Table 1).

Table 1- List of National Laws and Regulations

Legislation	Year Passed (Amended)	Responsible Agency
Law on Environmental Protection	1999 (2002, 2003, 2004, 2005, 2009, 2013, 2014, 2015, 2016)	State Inspectorate for Environmental and Technical Safety under the Government of the Kyrgyz Republic (SIETS)

² Based on IFC Exclusion list. See; https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/company-resources/ifcexclusionlist#2007

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Legislation	Year Passed (Amended)	Responsible Agency
The Environmental Safety Concept of KR	2009 (2012)	State Agency on Environmental Protection and Forestry (SAEPF)
Law on Environmental Expertise	1999 (2003, 2007, 2015)	SAEPF
Law on Drinking Water	1999 (2000, 2003, 2009, 2011, 2012, 2014)	Department of State Sanitary-Epidemiological Surveillance under the Ministry of Health of the Kyrgyz Republic (DSSES)
Law on the Protection of Ambient Air	1999 (2003, 2005)	SIETS
Law on Occupational Safety	2003	SIETS
Labor Code of the Kyrgyz Republic	2004 (2019)	SIETS
Law "On Public Healthcare"	July 24, 2009	MoH KR
Procedures on production and consumption waste in the Kyrgyz Republic No. 559	August 5, 2015	SIETS
Law on the Protection of Ambient Air	1999 (2003, 2005)	SIETS
Law "Technical Regulation "On Drinking Water Safety"		DSSES
Law and general technical regulation on ensuring environmental safety in the Kyrgyz Republic		SIETS
Law "On protection of the health of citizens in the Kyrgyz Republic"	2005	MoH KR
Law "On health care organizations in the Kyrgyz Republic"		MoH KR
Law "Immunoprophylaxis of infectious diseases"		MoH KR
Law "On Guarantees and Free Access to Information"	1997 (2006)	State authorities and self-governing bodies
Law on Sanitary, Epidemiological Well Being of the Population No. 60	July 26, 2001	MoH KR
Government Decree No.215 "Regulations on the Compulsory Health Insurance Fund under the Ministry of Healthcare"	2003	MoH KR
Order of the Ministry of Health No. 59 "On the improvement of the safe medical waste management system in health care organizations of the Kyrgyz Republic"	February 2, 2013	MoH KR
Guidelines for monitoring and evaluating infection control in health care organizations (inpatient and outpatient).	2016	MoH KR
Procedures on hazardous waste management on the territory of the Kyrgyz Republic (approved by the Government's resolution No.885)	December 28, 2015	SIETS
Government's Resolution No.719 "On issue related to medical waste management and mercury containing materials in the medical organizations of the Kyrgyz Republic"	December 30, 2019	MoH KR
Law on Grievances	2007 (2016)	All state authorities and self-governing bodies
Law on Safeguarding and Protection Against Domestic Violence	2017	Ministry of Internal Affairs, Ministry of Social Protection and Labor

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Legislation	Year Passed (Amended)	Responsible Agency
Law on Local Self-Governments	2011 (2019)	Local self-governing bodies
Law on Guarantees and Free Access to Information		All state institutions
Law on the Single Payer System in Health Care Financing	2003 (2014)	Mandatory Health Insurance Fund

34. There are a series of related national sub-laws, regulations, and guidelines, as listed below:

Table 1 a - List of National Sub-Laws and Regulations

<p><u>Waste management:</u></p> <ul style="list-style-type: none"> • Regulations on the procedure for the destruction (processing) of products (goods) that are considered unfit for sale, • Classification of hazardous waste, • The procedure for handling hazardous wastes in the territory of the Kyrgyz Republic, • Recommendations for the management of municipal waste, <p><u>General issues of environmental protection:</u></p> <ul style="list-style-type: none"> • Regulations on the procedure for conducting state ecological expertise, • Sanitary-epidemiological rules and standards "Sanitary protection zones and sanitary classification of enterprises, structures, and other objects," • Sanitary rules and regulations "Noise at workplaces, in residential, public buildings and residential buildings," • Regulations on the procedure for conducting an environmental impact assessment, • Procedure for the compilation of an environmental passport for economic and other activities, • Regulation on state control over environmental protection, rational use of natural resources and environmental security, • Rules of veterinary zoning of the territory of the Kyrgyz Republic for infectious animal diseases, • Hygienic standards "Approximate Safe Levels of Effect of Pollutants in the Atmosphere of Populated Localities", • Hygienic standards "Maximum Permissible Concentration of Pollutants in the Atmosphere of Populated Localities", • Hygienic standards "Approximate Permissible Concentration of Chemical Substances in the Water of Waterbodies that are used for Drinking, Household, and Cultural Purposes", • Hygienic standards "Maximum Permissible Concentration of Chemical Substances in Soils." <p><u>Use of Chemicals:</u></p> <ul style="list-style-type: none"> • Regulations on the system of classification of hazards of chemicals/mixtures and requirements for elements of hazard communication: labeling and Safety Data Sheet, • Instruction on the procedure for the acquisition, sale, storage, recording, and transportation of potent poisonous substances, • Approval of the Program of the Government of the Kyrgyz Republic for the Implementation of the International System for the Classification of Hazard and Labeling of Chemicals in the Kyrgyz Republic and the Action Plan for its Implementation for 2015-2017, • List of chemicals and pesticides, the use of which is prohibited or severely restricted. <p><u>Infection Control</u></p> <ul style="list-style-type: none"> • Resolution of the KG Government dated January 12, 2012 No. 32 approved the Guidelines on infection control in the healthcare organizations of the Kyrgyz Republic. • On January 14, 2010, the MOH issued Order #10 "On Approval of Provisions on Infection Control and Prevention of hospital-acquired infections in Healthcare Facilities in the Kyrgyz Republic," thereby introducing a new position of Infection Control Specialist in all health facilities of the

second and third levels.

35. In addition to national legislation and regulations on environmental and social issues³, the Kyrgyz Republic is also party to several international treaties focused on environmental and social issues (see Table 2).

Table 2. List of Relevant International Treaties and Convention on Environment ratified by the Kyrgyz Republic

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| <p>Aarhus Convention (2001) on Access to Information, Public Participation in Decision-Making and</p> <ul style="list-style-type: none">• Access to Justice in Environmental Matters;• Rotterdam Convention on Prior Informed Consent (PIC) procedure (2000);• Signatory of the Stockholm Convention on Persistent Organic Pollutants (2006);• Convention on Biological Diversity (1996) and to its Cartagena Protocol on Biosafety (2005);• Convention for the Protection of the World Cultural and Natural Heritage (1992);• The United Nations Convention to Combat Desertification (1997);• The United Nations Framework Convention on Climate Change (2000);• The Ramsar Convention on Wetlands (2002);• The Convention on the Conservation of Migratory Species of Wild Animals (2013);• Convention on International Trade in Endangered Species of Wild Fauna and Flora (2006);• Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal (1996) |
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³ ILO Information System on International Labor Standards, checked on 06.11.2019

36. **Overview of Key National Environmental Legal Provisions:** The Constitution establishes the basic principles of natural resource and environmental management, including the right of KR citizens to access the primary sources of life while the main resources (land, water, and subsoil) are the common property of the people and belong to the state. Based on these principles, a legal framework has been developed to regulate relations between natural resource users and the state (UNDP 2007a).
37. The Law on Environmental Protection (1999) provides state policy and the general legal framework for natural resource utilization and environmental protection, including environmental impact assessment, setting environmental standards, and the legal regime for protected areas.
38. The Environmental Safety Concept of the Kyrgyz Republic (2009) establishes the basic principles of environmental policy and determines global, national, and local environmental issues, priorities in the field of environmental protection at the national level as well as tools to ensure environmental safety.
39. The Constitution offers protections for workers, stipulating that they are entitled to labor conditions in which basic requirements for safety and hygiene in the workplace are met. The Ministry of Labor and Social Development has primary responsibility for overseeing occupational health and safety. Key relevant legislation includes the Law of the Kyrgyz Republic on Occupational Safety, 2003, the Labor Code of the Kyrgyz Republic, 2004, and individual regulatory norms. The KR joined the International Labor Organization on March 31, 1992. A review by that organization in 2008 concluded that the Law of the Kyrgyz Republic on Occupational Safety met international norms and standards, though it also identified a lack of trained state inspectors to ensure enforcement (ILO 2008).
40. Rules on Protection of Surface Waters of the Kyrgyz Republic (2016) provides the legislative framework for defining, specifying standards for the quality of water bodies used for fisheries and irrigation and enforcing regulations regarding discharges to water bodies, among other things.
41. The Law on the Protection of Ambient Air (1999) regulates ambient air quality and air quality management.
42. The KR Law on Sanitary, Epidemiological Well Being of the Population No. 60, July 26, 2001, which aims to ensure sanitary-epidemiological wellbeing of the people of the Kyrgyz Republic and is used to enforce guarantees given by the state to the people to exercise their right to their health protection and to the healthy environment.
43. The Law of the Kyrgyz Republic on Occupational Safety (2003) provides the basis for regulation of working conditions, including workplace safety features, workplace safety procedures, and workplace hygiene.
44. The Technical Regulation for Potable Water Safety (2011) establishes microbiological, parasitological, and chemical maximum allowable concentrations (MACs) for potable water from centralized urban water supply systems and non-centralized sources (e.g., community wells).
45. The Rules for Protection of Surface Waters (2016, No. 128) establish ambient standards for surface water used for potable water, recreation, fisheries, and irrigation. The rules regulate the discharge into water bodies of all wastewaters, including domestic, industrial, rainfall and snow-melt waters, road washings, runoff from built-up areas, discharge waters of ameliorative systems, drain waters, and mine waters. The rules also regulate economic activities, such as water engineering, that may cause adverse impacts on surface waters. The rules apply to all water bodies, including rivers, streams, lakes, and reservoirs.
46. Hygiene Standard 2.1.5.1315-03 (2004) establishes standards for the quality of water bodies used for domestic and potable water supply and recreational purposes. Adapted from Russian Federation standards, this standard is typically used only when a particular parameter of interest is not covered by the Rules for Protection of Surface Waters (2016).
47. Hygiene Standard 2.1.6.1338-03 (June 10, 2004 No. 64-04) sets MACs for pollutants in outdoor

air in urban and rural settlement areas. The MACs are designed to prevent human health impacts from air pollutants and are used when establishing allowable emission levels from industries.

48. SNIP (Sanitary norms and rules) 2.04.03-85-Sewerage (External Networks and Facilities) establishes criteria for hydraulic capacity calculations for sewerage networks and wastewater system design and specifies standards for components of wastewater management systems, including sewerage and treatment plants.

49. SNIP 3.05.04-85 (External networks, water supply, and sewerage facilities) identifies specifications for pipes, water supply and wastewater plants, tanks, pressure mains, and gravitational pipelines.

Overview of Key National Legal Provisions on Social Safeguards and Citizen Engagement:

50. The **Law on Grievances** (2007, amended in 2016) requires that the grievances from the Kyrgyz Republic citizens should be registered, given due consideration, and addressed in an equitable, timely, and accountable manner (article 2 and 4). Every citizen has the right to apply personally or through his representative to state authorities, local authorities and their officials, who are obliged to provide a reasoned response within the time established by law (article 4). The grievance registered with the state agency or the local government should be processed within 14 working days, although the time can be prolonged exceptionally for no longer than 30 days (article 8).

51. **Labor Code** (2004, amended in 2018) is the fundamental legislative act aimed to regulate all labor matters arising in the Kyrgyz Republic. This Code governs employment relationships and other relations, directly related to, and is directed to protect, the rights and freedoms of the parties of employment relationships, establishes the minimum guarantees of the rights and freedoms in the sphere of work. Article 9 of the Code prohibits discrimination and guarantees that all citizens have equal rights to work; discrimination in labor relations is prohibited. **No one may be limited in labor rights and freedoms or receive any advantages in exercising thereof, irrespective of gender, race, nationality, language, origin, property and official position, age, place of residence, religion, political opinion, affiliation or non-affiliation with public associations, as well as other circumstances not related to the business qualities of the employee and the results of his/her labor.**

52. Any differences, exceptions or preferences, denial of employment, regardless of nationality, race, gender, language, religion, political opinion, social status, education, property, leading to a violation of equal opportunities in the world of work, are prohibited. Article 10 of the Code prohibits forced and child labor. The department of labor protection and labor relations of the State Inspectorate for Environmental and Technical Safety under the Government of the Kyrgyz Republic supervises and monitors compliance with the labor legislation, and registers complaints related to labor activities.

53. **Law on Local Self-Government** (2011, amended in 2019) establishes the principles of local self-government organization at the level of the administrative-territorial units, defines the role of local self-government in the exercise of public authority, establishes the organizational and legal foundations of their activities, establishes the competence and principles of relations between local authorities and public authorities, state guarantees of local law communities on self-government. Local governments operate in close cooperation with state authorities to create conditions for the implementation of the constitutional rights of citizens of the Kyrgyz Republic to participate in resolving issues of state and local importance.

54. In 2017 Kyrgyz Republic adopted the **Law on Safeguarding and Protection Against Domestic Violence**, the output of three years of joint advocacy efforts taken by women's CSOs of the country. The law improves protection measures for survivors and addresses implementation gaps in the previous

domestic violence legislation.⁴

55. **Access to Information.** According to the Law “On Guarantees and Free Access to Information” (2006, amended in 2017), each state agency is obliged to provide relevant information (including information on health reforms and standards) to citizens and NGOs within a period of two weeks.

56. **Health and Patient Rights.** The Constitution of the Kyrgyz Republic stipulates that all citizens have a right to an environment favorable for humans’ life and health, and compensation for damage caused to health or property by nature management activities. It also provides a legal framework that supports gender equality and promotes women’s empowerment stating that: “All persons in the Kyrgyz Republic shall be equal before the law and the court” and that “No one may be subjected to any discrimination, [and the] rights and freedoms of persons shall not be abridged on account of origin, gender, race, nationality, language, creed, political and religious convictions, or on any other account of personal or public nature” (Article 15[3]). Finally, the Constitution ensures the right to social protection for everybody. Specifically, Article 47 states everyone has the right to health protection; and that the State creates conditions for medical services and health care and takes measures for the development of the national, municipal, and private health care sectors; and free medical services. The health system is currently based on three main laws: the 2005 Health Protection Law, the Law “On Health Care Organizations in the Kyrgyz Republic” (adopted 13 August 2004), and the Law “On the Single-Payer System in Health Care Financing” (adopted 30 July 2003).⁵

57. Patient rights are regulated by Chapter 9 of **Health Protection Law** (2005), which entitles patients to:

- receive medical care of high quality by public and private health care providers;
- have a choice of a physician at both outpatient and inpatient health facilities;
- receive medical, pharmaceutical, orthopedic and other health services within the package of services defined by the government;
- receive respectful and humane treatment by health workers;
- receive health services (including examination, prevention, treatment, and rehabilitation) in facilities that meet sanitary and hygienic standards;
- participate in scientific and medical experiments only with written consent;
- receive assistance from lawyers or other legislative representatives to protect their rights;
- be attended by religious leaders while in hospital and be granted conditions for religious ceremonies, including, where possible, provision of separate premises; and
- refuse the participation of medical students during diagnostics and treatments.

58. The **Law on Health Protection of the Citizens of the Kyrgyz Republic** (1992, amended 2005) acknowledged that health services in the country should be provided by both the private and the public sectors. It recognized that the State cannot provide all types of health services to the population but guaranteed the provision of accessible and free-of-charge health services at a level to be specified in other pieces of legislation. The 2005 revision of the Health Protection Law recognized that social fairness, equity, and accessibility to health services are the main principles of the state policy in the health sector.

59. Based on the **Law on the Single-Payer System in Health Care Financing**, the Mandatory Health Insurance Fund (MHIF) serves as the single payer in the health sector, with responsibility for pooling health funds and purchasing health services under the State-Guaranteed Benefit Package (SGBP). This benefit package entitles all patients to free primary health care services, regardless of their insurance

⁴ https://www.women2030.org/wp-content/uploads/2018/11/GA_Alga-draft-final-12-nov-2.pdf

⁵ [Kyrgyzstan Health System Review, 2011](#)

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status and enrolment with primary care providers. Certain laboratory and diagnostic tests require patient co-payments, as do outpatient specialist and hospital care, with the exception of certain categories of patients. The patient's co-payment is a flat fee payable on admission. It varies with insurance status, exemption category, intervention type (such as delivery, surgery, or medicine), and whether the patient has a written referral from a primary care physician.

60. The Government has announced an emergency situation nation-wide in March 2020 and a curfew in the most affected areas from 21:00 till 6:00 daily. Many local governments, even those not under affected by the official curfew, introduced restrictions on the movement of people and transport vehicles. After the restrictions were lifted in late June, severe wave of COVID-19 contamination hit the country in June-July 2020. As the government expects another severe infection spread wave in October – November, such restrictions as in spring 2020 may impact the transportation of goods and workers, but since the project is of the highest urgency and priority, special permits will be obtained to the stakeholder with the support from the Ministry of Health. It is, however, recommended that the contracted workers follow the local regulations and restrictions to avoid violations.

61. **Environmental Assessment Administrative/Institutional Framework:** The legal framework for environmental and social assessment in the country comprise several laws and regulation. The Law *on Environmental Expertise*⁶ ensures compliance of economic and other activities with environmental requirements. This Law is applied to projects that may have an environmental impact, including feasibility studies as well as projects for construction, reconstruction, development, re-equipment, other projects that may have an environmental impact, regardless of their estimated cost and title or ownership type.

62. The law obliges the project initiator to submit necessary documentation related to the project and its environmental impact to the State Environmental Expertise. The Expert Commission of the State Agency on Environment Protection and Forestry is responsible for the review of the submitted documentation. A positive decision of the State Environmental Expertise is required to trigger financing or implementation of the project. A negative opinion will ban the implementation of the project.

63. One of the main opportunities for citizen's participation and their associations in decision making on environmental protection and rational nature management is public environmental expertise. Two types of environmental reviews are implemented in the Kyrgyz Republic: *State Environmental Expertise and Public Environmental Expertise*.

64. The Law *on General Technical Regulations on Ensuring Ecological Safety in the Kyrgyz Republic*⁷ sets general requirements on ensuring ecological safety during the design and operation of economic and other activities involving production, storage, transportation, and utilization of products. Based on the Law, the risk categories for each subproject will be determined to fix arrangements for the Environmental Impact Assessment (EIA).

65. The environmental impact assessment is carried out according to the following regulations:

- a. Regulations on the procedure for environmental impact assessment in the Kyrgyz Republic (13 February 2015, #60);
- b. Regulations on the procedure of the state ecological examination in the Kyrgyz Republic (7 May 2014, #248);
- c. Law "On Ecological Expertise" No.54 dated 1999, (with amendments as of 04 May 2015),
- d. Law "On Environmental Protection" No.53 dated 1999, and
- e. Law "General technical regulation on environmental safety."No.151 dated 2009.

⁶ Dated June 16, 1999 # 54 (with amendments and additions dated June 11, 2003 # 102; February 26, 2007 # 21)

⁷ Dated May 8, 2009 # 151 (with amendments and additions dated March 6, 2012 # 19)

66. Environmental assessment in the Kyrgyz Republic is founded on two subsystems: (i) OVOS (the acronym in Russian for “Assessment of Environmental Impacts”), and (ii) Ecological Expertise (State Environmental Review, SER). Based on a “list,” a project screening is done to determine whether a project is subject to environmental assessment or not. The Emergency COVID-19 project does not fall under this list and will not require an environmental assessment. For cases where this is required, an OVOS is conducted by an OVOS consultant hired by a Project Proponent. The environmental assessment produces the EIA documents, which will be subjected to further reviews.

67. The resulting EIA/IEE is then presented for public consultations, after which revisions are done according to the public’s feedback. Subsequently, the OVOS report, Statement of Environmental Consequences and other supporting documentation are submitted for the State Environmental Review (SER). Following this, the project will be approved, rejected, or sent for reexamination.

68. Completion of the SER depends on the project but cannot be more than 3 months after submission by the Initiator of the project with all EIA/IEE documents to SEE Public Environmental Review (PER) is organized and conducted by the initiation of the local people, local administrations, and Civil societies registered in the Kyrgyz Republic. The outputs of public environmental review is directed to the agency, which is implementing the state environmental expertise..

69. Public Consultation should be held for the IEE during Feasibility Stage. The outputs of the public consultation will be incorporated in the Public Environmental Review (PER), which can be done in both stages of the OVOS or also initiated in parallel to the SER. The SER duration depends on the complexity of the project but should not exceed 3 months after submission of all the OVOS documents for the SER by the Project Proponent.

70. ***Institutions involved in Environmental Assessment:***

- *The State Agency for Environmental Protection and Forestry (SAEPF)* is the key institution responsible for the establishment and implementation of environmental policy in the Kyrgyz Republic. The Department of the State Ecological Expertise and Environmental Management under the SAEPF is responsible for reviewing environmental assessment documents. The State Ecological Expertise procedure is mandatory for any plans or projects with anticipated adverse impacts on the environment and if the activity is listed in Annex 1 to the Law on General Technical Regulations on Ensuring Ecological Safety in the Kyrgyz Republic. According to the law, no project shall be considered fully operational without a positive opinion of the State Ecological Expertise.
- *The State Inspectorate for Technical and Environmental Safety (SITES)* is the exercise of state supervision and control over ensuring compliance with safety standards for life and health of people, flora and fauna, the environment, and prevention of negative consequences.
- *Ministry of Health (Department of Sanitary and Epidemiological Surveillance)* develops and approves sanitary regulations, rules, and hygienic standards, carries out state sanitary supervision over their observance as well as methodological supervision of the work of sanitary and epidemiological services, regardless of their departmental subordination.

71. ***Medical waste management, or healthcare waste management (HCWM):*** The Order of the MoH dated February 18, 2013 No. 59 "On the improvement of the safe management system of Healthcare Waste (HCW) in health organizations" and the Order No.214, issued on March 26, 2018 "On Approval of the Standard Operating Procedures (SOP) for Healthcare Waste Management (HCWM) in Healthcare Organizations (HO), and of the Manual on Monitoring and Evaluation of the HCWM System in HO in the Kyrgyz Republic" approved the following procedures:

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- Standard operating procedures for the work with HCW in the clinical departments of health organizations;
- Standard operating procedures for the transportation of HCW outside the HO;
- Standard operating procedures for autoclaving HCW;
- Standard operating procedures for emergency situations when handling HCW;
- Standard operating procedures for handling syringes at syringe exchange points;
- Manuals on Monitoring and Evaluation of the HCWM System in HO;
- Program for the introduction of the system of HCWM in HO in Bishkek and Osh.

72. Resolution of the Government of the KR dated December 30, 2019 "**On issues related to the management of HCW and work with mercury-containing products in healthcare organizations of the Kyrgyz Republic**" approved: "Guidelines on the Management of HCW" and "Guidelines for Work with Mercury-Containing Products." This decree for the first time determined the concept of HCW for its use in the legal field of the KR, and also defined the requirements for the separation, collection, packaging, labeling, recording, storage, transportation, disinfection and/ or neutralization, the burial of all types of HCW generated in health organizations, with the exception of radioactive waste. The most important aspect of this document is the obligation of its implementation by all health organizations, regardless of the form of ownership. In compliance with Stockholm Convention for Persistent Organic Pollutants, and Basel Convention for hazardous wastes and disposal, this Resolution puts a ban on using the technology of burning with 1 or 2 chambers due to its negative impact on the environment and human health.

Social and Citizen Engagement Administrative/Institutional Framework

73. Public health services in the Kyrgyz Republic are provided by the State Sanitary-Epidemiological Surveillance (SSES) centers, the health promotion services, the Republican Centre for Quarantine and Dangerous Infections, Prophylactic Medicine Center, and the Republican Acquired Immunodeficiency Syndrome (AIDS) Association.

74. The core responsibilities of the *SSES centers* are to control infectious disease through surveillance, analysis, treatment, and prevention, as well as to carry out sanitary inspection and control. Disease surveillance is carried out for 38 infectious and two parasitic diseases and aims to provide a response at local levels to outbreaks in consultation with local administrations. Sanitary inspection and control is carried out for food and water safety, occupational health and safety, school health and radiation, and for the licensing of commercial facilities and products. These functions are performed through the network of SSES organizations, supported by microbiology laboratories (equipped to different standards) that are used jointly for purposes of disease control and sanitary inspection and control. In order to use laboratory equipment more effectively, the SSES laboratories at the rayon level are being merged with HIV/AIDS laboratories.

75. The *Republican Centre for Quarantine and Especially Dangerous Infections* provides guidance on particularly dangerous infections, develops policy documents, *trains the specialists of laboratory services* to conduct surveys of natural foci of plague and arbovirus infections, and coordinates sanitary protection measures.

76. The *Republican Health Promotion Centre (RHPC)* is responsible for health promotion aimed at enabling people to take responsibility for their own health. The Centre is a subdivision of the Ministry of Health and reports directly to the deputy minister, the chief state sanitary doctor. Its field activities are carried out through a health promotion center in Osh city and a health promotion center in Bishkek. At oblast, rayon, and city level, Family Medicine Centers (FMC) have health promotion rooms, with the aim of facilitating the integration of health promotion into primary health care. PHPC *provides a full range of*

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health education and communication activities, based on participatory appraisal techniques, interpersonal communication, and monitoring and evaluation of behavior changes. The center is well placed to achieve the integration of health promotion and disease prevention and control.

77. *Primary care facilities* represented by Family Group Practices (FGPs) or Feldsher Ambulatory Points (FAPs) are *the first point of contact* and act as gatekeepers to more specialized services.

78. In order to receive planned inpatient care, patients need a referral from FGPs, narrow specialists in FMCs, intradepartmental health services, or medical commissions under military agencies.

79. The government of the Kyrgyz Republic has created systems for social protection, which are being modified to meet the current needs of its citizens. The social protection system consists of social insurance such as pension as well as health insurance, social benefits for vulnerable groups, employer liability, and social services. Social assistance programs target old age benefits (65+ for men, 60+ for women), disability benefit, survivor benefit for children, mothers – heroines (mothers 55 and older with more than seven children), and low-income families with children. The government also provides a Monthly Benefit for Poor Families with children (MBPF) which explicitly targets poor rural households, at the exclusion of urban poor families.

80. The *Mandatory Health Insurance Fund* (MHIF) serves as the “single payer” in the health sector, with responsibility for pooling health funds and purchasing health services under SGBP. Using a program budgeting approach, the MHIF administers two of the five Ministry of Health programs: the SGBP and the Additional Drug Package. The MHIF bears the primary responsibility for protecting patient rights to health care. It has a central unit as well as regional (oblast) units whose main function is to work directly with patients for the protection of their rights.

81. The State Guaranteed Benefit Package (SGBP) provides free primary and emergency care services to the entire population. To receive primary care, patients must enroll with an FGP and seek care in their place of enrollment. However, they are allowed to change FGP freely, and, unlike under the Soviet system, the FGP need not be where the permanent residence permit is registered. If patients need more specialized care, they are referred to specialists in FMCs, which are outpatient diagnostic departments within hospitals. Consultations, simple laboratory tests, and diagnostic interventions are provided free of charge. When additional tests and interventions become necessary, patients have to make co-payments, based on a price list developed by the Ministry of Health and agreed with the State Agency for Antimonopoly Policy and Development of Competition.

82. Inpatient and specialized outpatient care are provided with appropriate referrals, but with copayments. The levels of co-payments, as well as the patient categories exempted from co-payments or entitled to reduced rates, are defined in the SGBP. However, some patients access inpatient care directly without a referral, in which case they have to cover the total costs of their treatment. Patients needing emergency health care can call an ambulance or go directly to a hospital. Ambulances and hospitals provide emergency care free of charge. According to the Law “On Guarantees and Free Access to Information,” each state agency is obliged to provide relevant information to citizens and NGOs within a period of two weeks. This right is now widely used by NGOs and they regularly submit inquiries to the Ministry of Health, the MHIF, the Department of State Sanitary-Epidemiological Surveillance, and the Department of Drug Provision and Medical Equipment.

83. **The World Bank Group Environmental Health and Safety (EHS) Guidelines.** The EHS Guidelines are technical reference documents with general and industry-specific examples of Good International Industry Practice (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 reasonable costs by existing technology. The World Bank Group requires borrowers to apply the relevant levels or measures of the EHS Guidelines. When host country regulations differ from the levels and measures presented in the EHS Guidelines,

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projects will be required to achieve whichever is more stringent.

84. In the case of the Kyrgyz Republic Emergency COVID-19 Project, the General EHS Guidelines and the EHS Guidelines on Health Care Facilities⁸ apply. The implementing agency will pay particular attention to the following General EHS Guidelines⁹:

- a. EHS 1.5 – Hazardous Materials Management;
- b. EHS 2.5 – Biological Hazards;
- c. EHS 2.7 – Personal Protective Equipment (PPE);
- d. EHS 2.8 – Special Hazard Environments;
- e. EHS 3.5 – Transportation of Hazardous Materials; and
- f. EHA 3.6 – Disease Prevention.

85. EHS checklist, code of conducts and safety trainings will need to be prepared by the contractor prior to commencement of works. The World Bank has issued the Interim Guidance on COVID-19 Considerations of Civil Works, which shall be included in the Environmental and Social Management Plans (ESMPs).

86. **World Bank Environment and Social Standards (ESS).** The World Bank ESF sets out the World Bank’s commitment to sustainable development, through a Bank Policy and a set of Environmental and Social Standards (ESS) that are designed to support Borrowers’ projects, with the aim of ending extreme poverty and promoting shared prosperity.

87. Of the ten ESSs¹⁰, five are relevant to the Kyrgyz Republic Emergency COVID-19 Project. They establish the standards that the Implementing Agency and the Project will meet through the project life cycle, as follows:

88. **ESS 1 - Assessment and Management of Environmental and Social Risks and Impacts.** ESS1 sets out the Client’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 COVID-19 surveillance, monitoring, and containment as well as provide cash transfers to hospitals that can be used to improve hospital working conditions and provide medical staff salary top-ups and temporary housing needs. However, the project could also cause significant environmental, health, and safety risks due to the dangerous nature of the pathogen and the potential toxicity of reagents and other materials to be used in the project-supported ICUs, hospitals, laboratories, and quarantine facilities. Other risks associated with site-specific rehabilitation of ICUs and Points of Entry are identified/identifiable and easily mitigable. To manage these risks, the Ministry of Health prepared one major instrument:

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

⁹ **EHS in Russian:** https://www.ifc.org/wps/wcm/connect/be37221a-fc47-4379-b539-eca3fe72c3e6/General%2BEHS%2B-%2BRussian%2B-%2BFinal_.pdf?MOD=AJPERES&CVID=jqeI79F&ContentCache=NONE&CACHE=NONE

¹⁰ The ten World Bank ESSes are: **ESS 1 - Assessment and Management of Environmental and Social Risks and Impacts; ESS 2 – Labor and Working Conditions;** ESS 3 – Resource and Efficiency, Pollution Prevention and Management; **ESS 4 – Community Health and Safety;** ESS 5 – Land Acquisition, Restrictions on Land Use, and Involuntary Resettlement; ESS 6 – Biodiversity Conservation and Sustainable Management of Living Natural Resources; ESS 7 - Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities; ESS 8 – Cultural Heritage; ESS 9 – Financial Intermediaries; and ESS 10 – Stakeholder Engagement and Information Disclosure. See <https://www.worldbank.org/en/projects-operations/environmental-and-social-framework>

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1. This Environmental and Social Management Framework (ESMF), which includes templates for site-specific Environmental and Social Management Plans (ESMP) and Infection Control and Medical Waste Management Plan (ICMWMP) so that the ICUs, hospitals, laboratories, quarantine facilities and the Points of Entry to be supported by the Project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. The ESMF includes an exclusion list for COVID-19 ICU and lab activities that may not be undertaken at the labs unless the appropriate capacity and infrastructure is in place.

89. **ESS 2 – Labor and Working Conditions.** ESS2 recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth. Borrowers can promote sound worker-management relationships and enhance the development benefits of a project by treating workers in the project fairly and providing safe and healthy working conditions. ESS2 applies to project workers, including full-time, part-time, temporary, seasonal, and migrant workers.

The project shall be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the World 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.

In line with ESS 2 and the relevant national legislation, the use of forced labor or conscripted labor is prohibited in the project, including for repair and operation of health care facilities. Labour Management Procedures (LMP) has been developed as part the Project Operational Manual (POM).

This ESMF includes an ESMP checklist for the works that contains a section on worker health and safety requirements. The workers will not work in contaminated areas and will be safeguarded with appropriate protective measures that will be detailed in the site-specific ESMP to be prepared. The ESMP will also include information on how workplace grievances can be registered should they arise.

90. **ESS 3 – Resource and Efficiency, Pollution Prevention, and Management.** ESS3 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. Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, ICUs, quarantine facilities, and screening posts to be supported (drugs, supplies, and medical equipment) can have a significant impact on the environment and human health. Waste generated by medical facilities, labs and quarantine and isolation centers could include liquid contaminated waste, chemicals, hazardous materials (including sharps), and other contaminated waste such as used PPE. Each beneficiary medical facility/lab, following the requirements of the ESMF prepared for the Project, in accordance with WHO COVID-19 guidance documents, and other best international practices, will prepare with support from PIU and follow an ICWMP to prevent or minimize such adverse impacts. The ICWMP will mandate that any waste associated with COVID-19 testing or treatment be disinfected and destroyed on site whenever possible. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste destruction facility or dumpsite if on-site destruction is not possible.

91. **ESS 4 – Community Health and Safety.** ESS4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. Medical wastes and general waste from the labs, health centers, and quarantine 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. The operation of engaged health care facilities 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 for COVID-19 response as above under ESS 1 and ESS 2.

92. **ESS 10 – Stakeholder Engagement and Information Disclosure.** ESS 10 recognizes the importance of open and transparent engagement between the Recipient 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. Project preparation has included detailed mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Risk-hot spots on the international borders as well as in-country have been delineated. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. A SEP has been prepared by the client and disclosed publicly (<http://med.kg/ru/dokumenty/obshchestvennoe-obsuzhdenie-npa/681-kyrgyzskaya-respublika-ekstrennyj-proekt-po-covid-19-p173766.html>). The SEP will be updated during implementation. The client will also develop and put in place a GRM to enable stakeholders to air their concerns, comments, and suggestions, if any.

93. **World Health Organization (WHO) Guidance.** The WHO is maintaining a website specific to the COVID-19 pandemic¹¹ with up-to-date country and technical guidance. The project relevant technical guidance include: (a) Point of Entry and mass gatherings; (b) Early investigation protocols; (c) Case management; (d) National laboratories; (e) Surveillance, rapid response teams, and case investigation; (f) Infection prevention and control; (g) Risk communicating and community engagement; (h) Critical preparedness, readiness and response actions for COVID-19; (i) Health workers; (k) Maintaining essential health services and systems. In addition, more specific technical guidance of WHO is available on: (i) laboratory biosafety, (ii) infection prevention and control, (iii) rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, (iv) water, sanitation, hygiene and waste management, (v) quarantine of individuals, (vi) rational use of PPE, (vii) oxygen sources and distribution for COVID-19 treatment centers. A list of additional guidance is attached in Annex VII. 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 practices.

IV. Environmental and Social Baselines

ENVIRONMENTAL CHARACTERISTICS

94. **Physical Environment.** The Kyrgyz Republic is a landlocked country in the mountainous part of Central Asia (*Figure 1*). The area of the country is 199.9 thousand km². The Kyrgyz Republic is a landlocked country with mountainous terrain. It is bordered by Kazakhstan to the north, Uzbekistan to the west and southwest, Tajikistan to the southwest and China to the east. Its capital and largest city is Bishkek. The project activities will be implemented nation-wide.

¹¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>



Figure 1. Map of the Kyrgyz Republic

95. **Air and Climate.** The country's climate is influenced chiefly by the mountains, the Kyrgyz Republic's position near the middle of the Eurasian landmass, and the absence of large enough water bodies to influence weather patterns. Those factors create a distinctly continental climate that has significant local variations such as fluctuations in the air temperature, precipitation, hours of sunshine, solar radiance, and cloudiness. By climatic conditions, the Kyrgyz Republic is divided into several climatic belts (Figure 2). Frosty weather persists until the end of February and intrusions of cyclones from the south-west during the cold period of the year bring humid, tropical air from the Mediterranean and the Arabian seas, with heavy precipitation in Fergana Valley and on the slopes around it. Air quality in most of Project regions is of good quality due to a lack of industrial pollutants and a relatively low level of vehicular use, except for Bishkek and Osh, with the former one hitting the number 1 rank on poorest air quality in the world in November 2019.

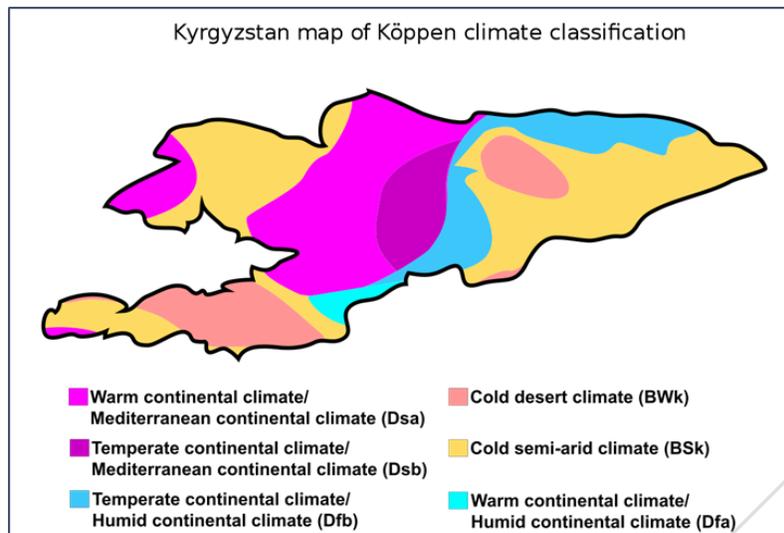


Figure 2. Climate classification of the Kyrgyz Republic

96. Although the mountains tend to collect clouds and block sunlight (reducing some narrow valleys at certain times of year to no more than three or four hours of sunlight per day), the country is generally sunny, receiving as much as 2,900 hours of sunlight per year in some areas. The same conditions also affect temperatures, which can vary significantly from place to place. In January, the warmest average temperature (-4°C or 25°F) is measured around the southern city of Osh, and around Issyk-Kul. The latter, which has a volume of 1,738 cubic kilometers (417 cubic miles), does not freeze in winter. Indeed, its name means "hot lake" in Kyrgyz. The coldest temperatures are in mountain valleys. There, readings can fall to -30°C (-22°F) or lower; the record is -53.6°C (-64.5°F). The average temperature for July similarly varies from 27°C (80.6°F) in the Fergana Valley, where the record high is 44°C (111°F), to a low of -10°C (14°F) on the highest mountain peaks. Precipitation varies from 2,000 millimeters (78.7 in) per year in the mountains above the Fergana Valley to less than 100 millimeters (3.9 in) per year on the west bank of Issyk-Kul.

97. **Water Resources.** The Kyrgyz Republic is the only country in Central Asia with water resources that are fully formed in its own territory; this constitutes its hydrological features and advantages. The Kyrgyz Republic has significant resources of ground and surface water, which are located in rivers, glaciers, and eternal snow masses. There are more than 3,500 rivers and streams in the country, which belong to the main basins of the rivers Syr Darya, Amu Darya, Chui, Talas, Ili, Tarim, and Lake Issyk-Kul. The waters of these rivers flow across the territory of the Kyrgyz Republic and then on to other central Asian countries. There are 1,923 lakes in the country. Water stock in the lakes is estimated at 1,745 cubic km. or about 71% of total national water reserve. The largest lakes- Issyk-Kul, Son-Kul, Chatyr Kul, and Sary- Chelek are located in closed basins. All remaining lakes are in the Syr-Darya river basin. The largest endorheic (without outflow) mountain lake is Issyk-Kul, with a volume of 1,738 cubic km. and a surface area of 6,236 sq. km., it is a potent factor in the climate throughout the basin of the lake.

98. **Water Supply and Sanitation.** Around 40% of villages in the country do not have access to safe water. Less than 25% of the rural population¹² have adequate sanitary facilities, while only 3% are connected to centralized sewerage systems. Most of the 30 targeted hospitals spread around the country

¹² Sixty six percent of the total population reside in rural areas.

have access to safe water. However, sanitation facilities in rural healthcare organizations are often either in poor condition or an outdoor pit latrine. Very few rural healthcare organizations are connected to centralized sewerage systems. Points of Entry, especially in remote rural areas do not have access to safe drinking water, and sanitation facilities are usually outdoor pit latrine. The sanitation facilities in both HO and PoE need to be improved and supplied with water to ensure proper hand hygiene. Waste water treatment, where possible, should include septic or connection to centralized sewerage.

99. **Solid Waste Management.** The volume of solid waste produced nationally is increasing year by year. In Bishkek, currently about 1000 tons of solid waste are collected and disposed at a dumpsite daily. About 40-50% of solid waste comes from Bishkek, and about 26% nation-wide. As estimated by the EBRD Solid Waste Project in 2012, about 100 mln tons of waste from consumption and manufacturing nation-wide. Disposal methods for solid waste are problematic. In larger towns, dump sites were built in 1970s with designed capacity for 15-20 years. Currently, dumpsites are the main sources of secondary pollution of air, soil, groundwater, drinking water sources. As of 2018, there were an estimated 406 dumpsites nationally, 75% of which were unauthorized. The existing solid waste management system is ineffective. Most functioning landfills and dumpsites are not compliant with environmental and sanitary safety, exceed the designed capacity by several orders of magnitude, or are located in violation of environmental and sanitary requirements. Waste segregation and processing are not in place.

100. **Healthcare System.** The Kyrgyz Republic has adopted successive reforms to transform its health system. This included the establishment of a single purchaser, the MHIF, which pools funds at the national level to purchase a standardized package of services. The country was among the first former Soviet Union countries to shift from input- to output-based budgeting (i.e., capitation for primary health care and case-based payments for secondary care services). A reform of the service delivery model to promote family medicine practices and rationalize excess hospital capacity improved the efficiency of the system.

101. Despite early successes, the reform agenda remains largely unfinished and universal entitlement to the state-guaranteed benefits package does not translate into effective universal access to quality service that contributes to improving population health outcomes. Although the Government of the Kyrgyz Republic (GoKR) has prioritized health in the Government budget, Government spending on health amounts to only US\$33 per capita. Out-of-pocket payments remain high, representing 56% of current health spending. Gaps in health worker training, coupled with poor infrastructure and lack of quality improvement systems, have resulted in poor quality care.

102. There are three levels of the health care system in the Kyrgyz Republic: primary, secondary, and tertiary levels, which are integrated through the different types of health institutions.

103. In total there are about 2000 primary health care organizations in Kyrgyz Republic. As of 01.01.2018¹³ there were: 64 Family Medicine Centers (FMC), 28 Health Care Centers (HCC), 582 Groups of Family Doctors (GFD), 17 independent GFD (IGFD), 128 regional departments and 2 city-based stations of Emergency, and 1048 village-based first-aid stations (feldsher-midwife points, FAP). FAPs provide health care for 26% of the national population living in rural areas. Statistics of visits to FAPs show about 4,700,000 visits per year with a total rural population of about 3,600,000. In general, the number of visits to primary care physicians in the country is about 20 mln visits per year with the total population of KR of just over 6 mln.

104. In addition, there are subordinate healthcare organizations, which provide various types of medical services in the Ministry of Internal Affairs, the State Service for Execution and Punishment, the Ministry of Social Development, the Ministry of Education and Science, the Ministry of Defense, the State Committee for National Security, and approximately 100 of such organizations.

¹³ National Statistics Agency, 2018

105. PHC services are also provided in about 2,500 schools, lyceums, boarding homes, sanatoria and health resorts, and specialized secondary and higher educational institutions.

106. *Secondary care* is provided at specialized outpatient facilities and general hospitals and differs in rural and urban areas. FMCs and some departments of general hospitals provide specialized outpatient care. General inpatient care is provided by several different providers, including territorial (city and *rayon*) hospitals, affiliates of territorial hospitals, children's hospitals, maternity houses, and *oblast* merged hospitals.

There are 141 ambulance stations and 187 hospitals with 26634 hospital beds. The total number of doctors is 14147, and nurses are estimated at 35561 in the country.¹⁴

107. *Tertiary care* is provided by republican health facilities at the national level (national hospitals, centers, and scientific research institutes) and by specialized dispensaries and hospitals at the regional level. These facilities are narrowly specialized and cover, inter alia, cardiology, tuberculosis, traumatology and orthopedics, oncology and radiology, obstetrics and pediatrics, rehabilitation, treatment of infectious diseases and treatment of mental illnesses. All tertiary care facilities provide specialized outpatient and general and specialized hospital care. Republican health facilities usually have the best facilities and experts in the health sector, and they often act as teaching and research hospitals. Almost all republican facilities are situated in Bishkek. They are intended to provide tertiary care to the whole population regardless of where patients live in the country, but in practice majority of patients are from Chui *oblast* and Bishkek, while most of the services provided constitute secondary rather than tertiary care.

108. The private health sector is represented by both legal entities and individuals. Private medical practitioners and non-governmental medical organizations provide medical services in 37 types of medical specialties, including dental, massage and manual therapy, gynecological, therapeutic, dermatovenereological, acupuncture, etc. Private health care organizations are not under the jurisdiction of the MoH, and this leads to confusion and difficulties in the overall control of their activities; the regulations for this need the special order adopted by the Government. Although there are no official statistics, private PHC clinics are almost non-existent in the rural areas of the Kyrgyz Republic.

109. **Medical Waste Management.** The country has a well-defined institutional hierarchy to support the healthcare system, including healthcare waste management. The Public Health Service is headed by the Chief State Sanitary Doctor - the Deputy Minister of Health. A Department of State Sanitary and Epidemiological surveillance has offices at regional, city, and district levels. The sanitary-epidemiological councils are established in all districts for coordination and resolve issues of development, management, and improvement of the sanitary-epidemiological service, acting in accordance with the regulation approved by the Chief State Sanitary doctor.

110. There is significant progress achieved by the government in recent years in multilateral epidemiological, environmental, and infection control systems. The legal and regulatory framework was improved through the revision of the National Health Care Waste Management (HCWM) strategy, the development of a national strategy for anatomical waste, and the development of standards and regulatory documents.

111. The new HCWM system being introduced has all the major components of a good system: waste minimization (including reusable containers, recycling, and composting), segregation, use of leak-proof and puncture-proof containers, labeling and signage, safe collection and transport, sterilization using autoclaves, use of personal protection equipment, emergency kits for accidental exposure to infectious waste, proper storage of waste, safe management of sharps and anatomical wastes, clear hospital policies,

¹⁴ National Statistics Agency, 2018

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written HCWM guidelines, a committee and advocates to promote HCWM, regular training, documentation, record-keeping, monitoring and continuous improvement, and the allocation of human and financial resources. The gravity-displacement autoclaves were fitted with filters to remove pathogens from the air exhaust. Operating parameters for the autoclaves were determined by thermal and biological tests. The disinfection of infected HCW through non-burning technologies and the recycling of plastic waste reduces the formation of persistent organic pollutants (POPs) within unintentional burning in landfills. The Health Program for Results (PforR) (declared effective in June 2020) will also provide support to the institutionalization of this HCWM system at primary health care organizations (PHC).

112. According to the information by the UNDP-GEF project (Protect Human Health and the Environment from Unintentional Releases of POPs and Mercury from the Unsound Disposal of Healthcare Waste in the Kyrgyz Republic), due to the high concentration of health care institutions, 60% of all HCW was generated in Bishkek. Healthcare in Bishkek only produces about 357,600 syringes and 61,900 infusers per month, which results in 24 tons of plastic waste. The total share of medical waste exported to solid domestic waste dumps is estimated at about 2-3%.

113. The classifications of healthcare waste and its management in the Kyrgyz Republic is aligned with WHO requirements and the approaches of the Eurasian Economic Community. They include the following *categories of HCW*:

- Waste of medical and veterinary services and research organizations,
- Waste from patient care,
- Infected waste,
- Uninfected wastes containing chemicals,
- Uninfected wastes containing medicines,
- Anatomic waste of human origin,
- Laboratory waste,
- Defective and overdue chemicals,
- Medications,
- Used bacterial cultures,
- Amalgam residues from dental care,
- Old mercury-containing thermometers,
- Other old and broken equipment,
- Anatomic waste of animals, corpses of experimental animals,
- Manure and litter from the cultivation of experimental animals,
- Other waste groups not specified.

114. HCW in the Kyrgyz Republic is defined into *five hazard classes*:

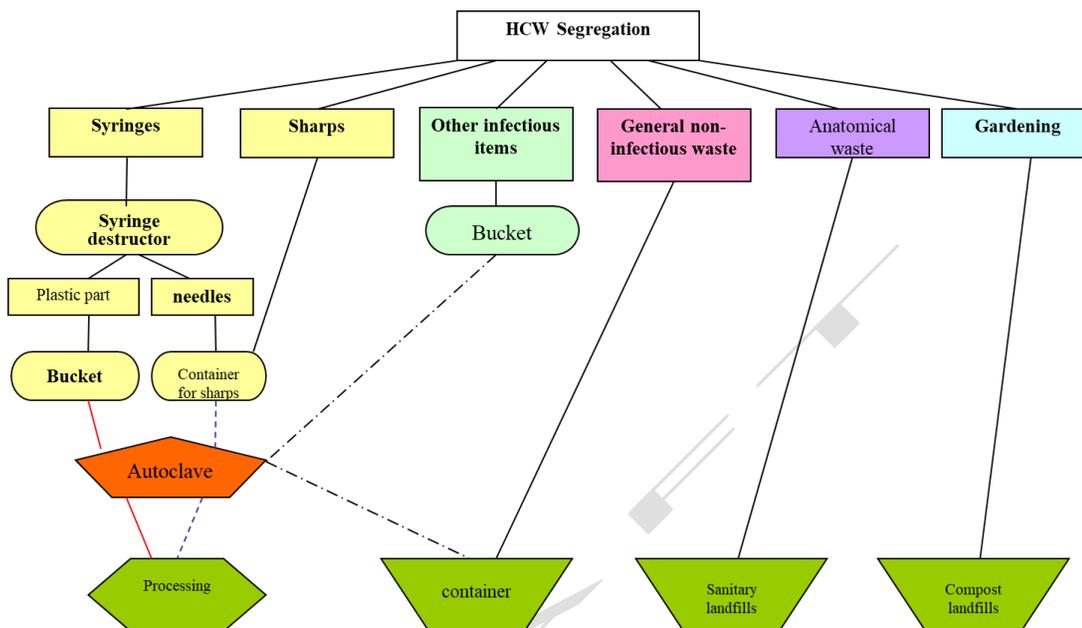
- class A (A) - epidemiologically safe HCW, approximate by composition to solid household waste;
- class B (Б) - epidemiologically hazardous HCW;
- class C (В) - extremely epidemiologically hazardous HCW;
- class D (Г) - toxicologically dangerous HCW of I-IV hazard classes;
- class E (Д) - radioactive HCW.

115. At the present time, it is the common practice in HOs to separate the collected healthcare waste from common non-hazardous waste. Infected waste, in turn, is divided into the following streams: anatomical, acute-piercing, plastic (plastic part of the syringe), sharps, and other potentially contaminated waste (tampons, bandages, etc.). Anatomical waste is collected separately, disinfected chemically, and disposed of in special areas, in Beckari pits, or in cemeteries.

116. Sharp, plastic (plastic part of the syringe), and other potentially contaminated wastes (tampons, bandages, etc.) are disinfected by autoclaving. The autoclaved plastic and metal wastes are then recycled

by private companies. The remaining sterilized waste is discharged into a common stream of non-hazardous waste. This practice is in accordance with the requirements of the Stockholm and Basel Conventions, ratified by the country.

Figure 3. HCWM in Healthcare Institutions



Due Diligence of healthcare waste management

117. As noted above, the Emergency COVID-19 Project was complemented by the activation of the Contingency Emergency Response Component (CERC) that has been activated under the on-going ERIK project for a total amount of US\$9m. (ERIK ESMF: <http://ru.mes.kg/2020/04/29/proekt/>) The activated ERIK CERC includes US\$ mln to on-site healthcare waste management equipment, including 95 microwave treatment systems¹⁵, 95 press destructors, and supplies such as containers and bags for waste. The ERIK CERC will also finance the procurement of other items related to the COVID-19 response, such as PPE, laboratory reagents, medicines, medical equipment, and ambulance vehicles for Rapid Response Teams, as well as for transporting patients from PoE to hospitals or observation facilities.

118. According to the current regulations, HCW is stored in the following locations:

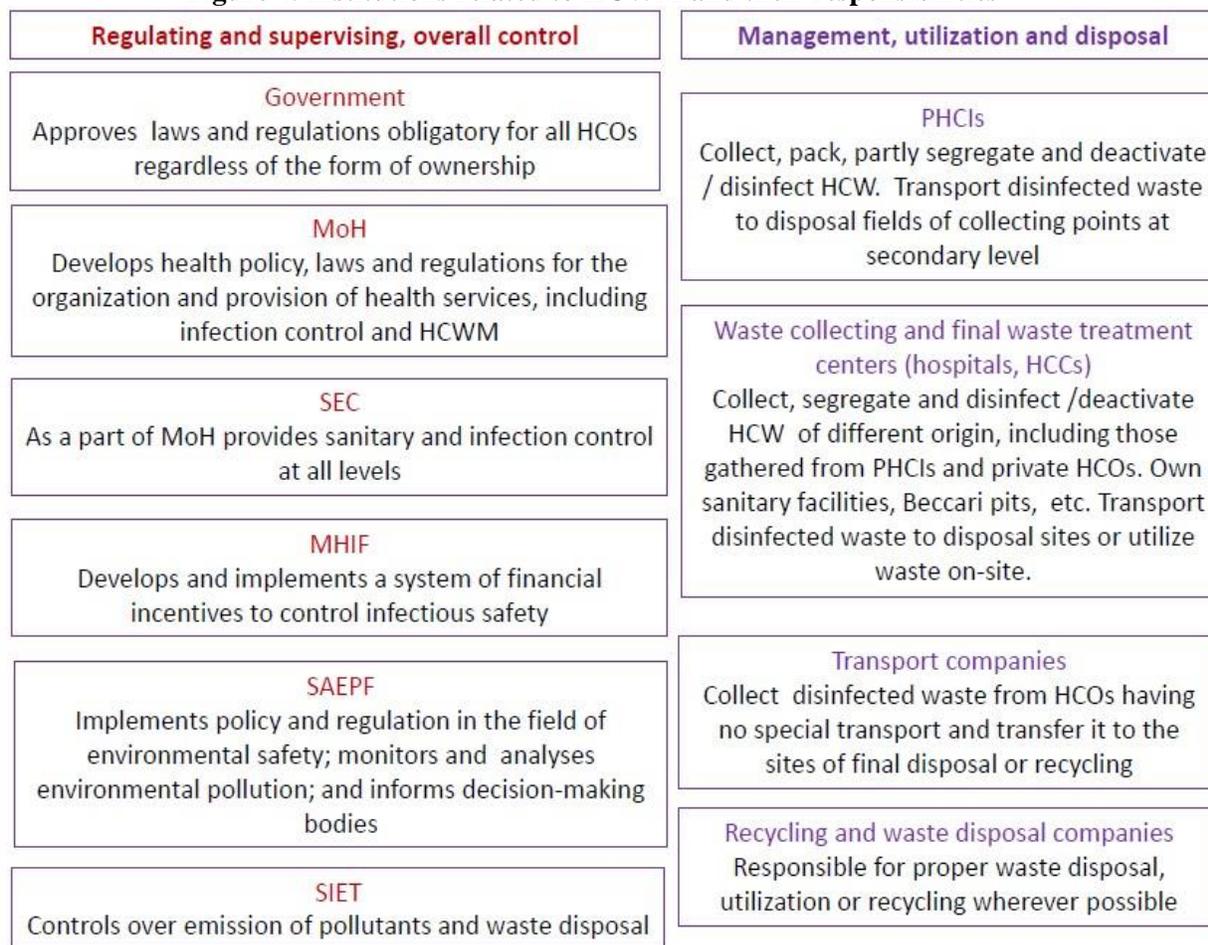
- A site for the temporary storage of medical waste within the limits of the health organization; Usually medical waste should be stored temporarily not more than 24 hours after disinfection. Potentially infected waste is stored plastic bags in bucket until it is disinfected in autoclave.
- Sites for final storage and burial of hazardous HCW, which are specially equipped facilities intended for stationary placement, storage and disposal of waste, dumps, and polygons for solid waste.

¹⁵ On-site microwave treatment system, similar to an autoclave, also uses heat to decontaminate medical waste. These systems work best for waste that is not 100% dry or solid, as the moisture allows the heat to penetrate deeper, and the steam sterilizes. Therefore, before microwaving, most types of medical waste need to be shredded and mixed with water to achieve the desired effect. The bonus is that shredding reduces the volume of the waste, so it can later be land-filled.

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119. Out of a total of 500 healthcare institutions (HCI), 120 hospitals have autoclave systems (including 22 hospitals in Bishkek). However, no press destructors or shredders are available in the country. Plastic parts of syringes are collected by private plastic processing plants. HCW at primary healthcare facilities is collected, segregated, deactivated/disinfected, and then transported to the disposal field or collecting points at the secondary hospital level. PHCI use plastic bags and containers to transport medical waste to secondary institutions. Hospitals collect, segregate, and disinfect/deactivate HCW of different origins, including HCW gathered from PHCI and private healthcare organizations. Hospitals either have their own sanitary fields, Beccari pits, etc., or transport disinfected waste to disposal sites or pyrolysis plants. Sanitary fields represent fenced area, size about 5mx5m within territory of hospitals for temporary storage medical waste. Beccari pits are for anatomical waste, which are also located on the territory of hospitals, built with support from the Swiss Cooperation. Beccary pit represent concrete lined pit with metal doors with lock. There is one privately owned pyrolysis plant operating near Bishkek with a capacity of 10 tons/day; it has 5 vehicles for collecting autoclaved waste from the hospitals. There is an additional pyrolysis plant in the southern region between Osh and Jalal-Abad cities; this plant is privately owned and not functioning. As mentioned above, there are no incinerators in the country, and their use is banned. Both Bishkek and Osh pyrolysis plants have all necessary licenses and permits, however Osh plant is not operational. Bishkek plant currently collects medical waste from state hospitals in Bishkek, however its capacity sufficient to cover also private hospitals in Bishkek and hospitals in northern region of the country. Bishkek pyrolysis plant process medical waste, plastic, rubber and other types of solid waste, thus being an environmentally sound alternative to dumpsites that are more harmful to environment. There are total 406 dumpsites in the country, 299 of which are illegal. HO use either legal dumpsites, though capacity is limited, after disinfecting medical waste or transport the waste to pyrolysis plant.

Figure 4. Institutions related to HCWM and their responsibilities



120. **Testing for COVID-19.** COVID-19 testing is carried out by express tests and PCR tests, as well IgA and IgM. At the beginning of the COVID-19 outbreak, the country faced a serious lack of tests and had to freeze the samples until the tests and reagents arrived. Until mid-April 2020, only governmental laboratories were eligible to conduct COVID-19 testing due to high risks associated with testing. Priority was given to a) people arriving from abroad; b) people have been in contact with COVID-19 infected persons. Currently, several private local laboratories are eligible to tests citizens at an approximate cost of KGS2,000 per test. Pensioners and persons with disabilities can take the test free of charge. All testing is done in the country, and no samples are shipped abroad.

SOCIO-ECONOMIC CHARACTERISTICS

Demographics

121. The official estimates set the population at 6.45 million¹⁶ in 2020, compared to 6.02 million in 2016 and 4.851 million in 1999. Life expectancy in 2018 for men was 67.4 years, for women 75.6 years. The fertility rate was 3.2 children in 2012, and the mortality rate in 2012 was 6.5/1000 inhabitants. In

¹⁶ <https://www.gov.kg/ru/post/s/chislennost-naseleniya-kyrgyzstana-na-1-yanvarya-2020-goda-uvlichilas-na-21-i-sostavila-6-mln-4565-tys-chelovek>

2012 the population growth rate was 2.0 percent per annum, with the highest rate in Bishkek (2.3%) and the lowest in the Issyk-Kul Oblast (1.2%). One third of the population (34%) resides in urban areas and two thirds (66%) in rural areas. The average population density for the country is 31 persons/km².¹⁷

122. Emigration and immigration have had a significant impact on KR demographics. The peak emigration period was in the 1990s, when large groups of Russians, Ukrainians, Belarusians, Germans, Jews, and other ethnic groups left the KR following the collapse of the Soviet Union. The late 1990s to early 2000s saw an emigration of workers, and even in the 2008 to 2012 period, the KR experienced a the emigration rate of 165,000 persons per annum.¹⁸ The labor migration rate was 735,000 people, including 640,000 of them registered in the Russian Federation in 2019.¹⁹

123. *Ethnic minorities.* The National Statistical Committee of the KR publishes statistics on 23 ethnic groups, including Kyrgyz. Those 23 groups made up 99.3% of the total population of the Kyrgyz Republic at the beginning of 2018. The number of ethnic Kyrgyz is 4,587,430 people (73.3%). The other 22 ethnic groups together make up 26% of the Kyrgyz population. The largest number are Uzbeks - 14.7%, Russians - 5.6%, Dungans - 1.1% and Uighurs - 1%²⁰. Naryn region, with 99% Kyrgyz people, is the most mono-ethnic of the seven regions. It is a mountainous region with a harsh climate. In Batken region, there are the territories predominantly occupied by Uzbeks (14.7%) and Tajiks (0.9%). There are local settlements of Uzbeks in Osh and Djalal-Abad regions (28.9% and 25.4%, respectively). Issyk-Kul and Chuy regions are ethnically rich, and apart from Russians (0,7%) there are also Dungans (6,5%), Kazakhs (1.4%) and Meskhetian Turks (1.3%) there. There is a large diaspora of Russian and other Slavic ethnic groups in Bishkek.

Employment

124. Working-age individuals in the Kyrgyz Republic confront three major employment-related risks: unemployment, informality, and emigration. For female workers, withdrawal from the labor market represents a fourth risk: less than 50% of the female population over age 15 was economically active in 2015. The unemployment rate has averaged around 8.5% over the past decade, while 20% of employed workers are working fewer hours than they would like, 26% earn low pay, and over 40% are working excessive hours. Informality is rising fast, accounting for 71.8% of total employment in 2014, up from 60.2% in 2002.²¹ The rate is higher among men than among women and informal employment higher in rural areas than in urban areas. Agriculture accounted for 45.3% of informal employment in 2015, followed by trade (18.7%), construction (12.7%), transport (6.9%), manufacturing (5.9%), and hotels and restaurants (3.7%).²² Social insurance contributions are an important driver of informality. Some 26.8% of individual entrepreneurs and 28.6% of firms chose informality to avoid providing social guarantees to workers, while 73.2% of entrepreneurs and 55.6% of legal entities cited the complexity of recruitment and dismissal procedures.²³ Informal laborers face a number of problems associated with a lack of written labor contracts, low wages, no social protection benefits, and retirement payments, no or poor occupational health and safety conditions.

125. Child labor is widespread in the country, although numbers have decreased in recent years. The majority of children in employment also attend school. Labor participation rises with age: 32.6% of

¹⁷ National Statistics Committee, 2016

¹⁸ National Statistics Committee, 2013

¹⁹ As of early 2019, <https://www.akchabar.kg/ru/news/kolichestvo-trudovyh-migrantov-iz-kyrgyzstana-prevyshaet-735-tysyachelovek/>

²⁰ Demographic Yearbook of Kyrgyz Republic: 2013-2017. B: NatStatCom KR, 2017. p. 101.

²¹ https://www.oecd.org/countries/kyrgyzstan/Social_Protection_System_Review_Kyrgyzstan.pdf

²² National Statistics Committee, 2015

²³ Informal Employment in Kyrgyzstan, National Institute for Strategic Studies of the Kyrgyz Republic, Bishkek, 2014

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children aged 5-11 are in some form of employment compared with 62.3% of those aged 15-17. The overwhelming majority (95%) were employed in agriculture and produce for home consumption. By 2014/15, the number of employed children had fallen to 414,246, or 39.0% of the total population aged 5-17.²⁴

126. Between 15% and 20% of the population is estimated to be working abroad (almost all in Russia), where wages are considerably higher than in the Kyrgyz Republic. Younger workers from the south of the country are the most likely to emigrate. Migration has major benefits to the economy: remittances equated to 34.5% of gross domestic product (GDP) in 2016, one of the highest levels in the world. The unemployment rate would probably be higher (or wages much lower) were it not for high levels of emigration. However, migrants (and the families they support) are highly vulnerable, and emigration is associated with various social problems within the Kyrgyz Republic, such as high unemployment rates, low wages, low participation of women in the labor market, low economic development and lack of economic opportunities for youth.

Economy

127. *Economic Growth & Setting.* The economy of the Kyrgyz Republic is highly dependent on services (56%), industry (29%), and agriculture (15%) with a GNI per capita of US\$1,100 in 2016²⁵. One third or 30.4 percent of GDP comes from the remittances of almost 1 million people working abroad, mostly in Russia and Kazakhstan. Goods and services export growth in U.S. dollar terms averaged 12 percent over 2000-16, albeit with a significant decline (to 4.1 percent) over 2008-16. This growth in export was triggered by the rise in gold prices as well as services exports, the share of which in total exports rose from 11 percent in 2000 to 34 percent by 2016, largely driven by construction, tourism, and information and communication technology (ICT). This led to a decrease in the value of otherwise exported goods, leaving services and construction as the main contributors of overall growth.

128. Agriculture is by far the most important livelihood activity in the KR, contributing to one-third of GDP and employing two-thirds of the population. Industrial processing, the second most productive sector, also highly depends on the agricultural sector for the provision of raw goods.²⁶ Significant subjects of agriculture, forestry, and fishing. January 1, 2018, over 429 thousand actives registered in the republic economic entities operating in the field of agriculture, forestry, and fishing. 75.4 percent of the total number of such entities, came from peasant (farmer) enterprises, and 24.6 percent from individual entrepreneurs engaged in agricultural production. A significant number of such business entities accounted for Osh Oblast Jalal-Abad, and Chui Oblast.

Human Development and Gender

129. The Kyrgyz Republic's Human Development Index (HDI) value for 2017 was 0.672— which put the country in the medium human development category—positioning it at 122 out of 189 countries and territories. Between 1990 and 2017, the country's HDI value increased from 0.618 to 0.672, an increase of 8.8 percent. Between 1990 and 2017, life expectancy at birth increased by 4.8 years, mean years of schooling increased by 2.3 years, and expected years of schooling increased by 1.4 years. Kyrgyz Republic's GNI per capita decreased by about 4.8 percent between 1990 and 2017.²⁷

²⁴ ILO, 2016

²⁵ World Bank Country Profile, 2018.

²⁶ GFDRR 2014

²⁷ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/KGZ.pdf

130. Women are less likely to be employed and, when employed, they earn, on average, 30 percent less than men. Key sectors women employed are agriculture, communications, processing industry, trade, social services, hotel, and catering. The level of economic activity of women in 2017 amounted to 45.9% of the total number of women. In men, this indicator was 75%. The lowest economic activity of women is observed in Osh and Naryn Oblast at 31.1% and 33.1%, respectively.²⁸ The gap in wage levels between men and women has also widened between 2013 and 2017, indicating a severe lack of appropriate economic opportunities that could potentially lead to serious social as well as economic issues. Actions are thus needed to enhance women's participation in civic, political, and economic activity. Priorities include reversing the still elevated maternal mortality rate, closing the gap between male and female labor force participation, and reducing the disparity in wages.

Gender-based violence (GBV)

131. The number of recorded crimes committed against women in 2017 was 7,995²⁹. Approximately 95 percent of victims of violent crimes in the Kyrgyz Republic are women. Domestic violence is widespread, affecting nearly one third of women and girls aged 15 to 49. Seven percent of women have suffered from violence during pregnancy, and three percent of women aged 30 years and above have experienced sexual violence.³⁰

132. In 2017, the Kyrgyz Republic adopted a new law "On Safeguarding and Protection Against Domestic Violence," the output of three years of joint advocacy efforts taken by women's CSOs in the country. The law improves protection measures for survivors and addresses implementation gaps in the previous domestic violence legislation.³¹ The accompanying Law on Amending Certain Legislative Acts of the Kyrgyz Republic on the Prevention and Protection of Domestic Violence changes elements of the Administrative Code and other relevant laws. An important feature is that any victim of domestic violence, regardless of whether criminal proceedings are opened or not, can avail of the provisions. These include key rights, such as access to safe shelter, and medical and mental health services.³²

133. According to the 2019 Human Rights Watch (HRW) Report, violence against women, including bride-kidnapping, and impunity for torture persisted. As authorities have stepped up counter-extremism measures, criminalizing possession of extremist materials, the overbroad definition of extremism and breaches of due-process have led to human rights violations.

Vulnerable or Disadvantaged Subgroups among Project Beneficiaries

134. The national poverty rate remains high. It soared post-independence, declined rapidly in the early 2000s, stabilized at around 30% between 2008 and 2015, and then dipped to 25.4% in 2016. A large proportion of the population remains vulnerable: in 2015, 35% of the population had income between the national poverty line and 1.5 times of that level. Broader measures of deprivation have shown signs of improvement after the provision of essential services deteriorated dramatically following the country's independence. Financial constraints limit the quality of services, especially in rural areas. Income inequality rose sharply in the years following independence but has since fallen. The aggregate shift in the income distribution masks important dynamics among groups at different income levels. Upward and

²⁸ Women and men of the Kyrgyz Republic: 2013-2017. National Statistical Committee of the Kyrgyz Republic. Bishkek: 2018. P44. <http://www.stat.kg/media/publicationarchive/20232a59-bc04-4b2f-b8da-5220d4afbecc.pdf>

²⁹ Ibid. p128.

³⁰ https://eeas.europa.eu/sites/eeas/files/kyrgyzstan_final_report_09.01.2018_approved_workshop_final.pdf

³¹ https://www.women2030.org/wp-content/uploads/2018/11/GA_Alga-draft-final-12-nov-2.pdf

³² https://eeas.europa.eu/sites/eeas/files/kyrgyzstan_final_report_09.01.2018_approved_workshop_final.pdf

downward income mobility has intensified in recent years, and there was greater downward mobility than upward mobility between 2010 and 2015, suggesting that social protection is not able to maintain individuals' incomes in times of difficulty. Moreover, an analysis indicates that only a small proportion of poor individuals receive social assistance, although many poor households contain one or more pensioners benefiting from the contributory system.

135. ***Elderly and Disabled People.*** There are 651,000 retired people in the Kyrgyz Republic.³³ Pension coverage among the elderly was nearly universal in 2015, and 45.2% of the population lived in pension beneficiary households. In that year, pensions covered approximately 647,000 individuals through the contributory components, up from 536,000 in 2005, versus 2,000 who received the Monthly Social Benefits. The increase in beneficiaries reflects demographic trends: coverage as a share of the population remained stable at around 10.5% between 2005 and 2015 (NSC, 2015).

136. In 2011, the ratio of old-age pensioners to the population over age 65 exceeded 100% due to a combination of 91% coverage of the population over age 65 and significant early retirement (World Bank, 2014). Over 17% of old-age pension recipients in 2013 had taken early retirement, reflecting special dispensations for groups such as mothers with five and more children and individuals living in high-altitude areas, who can retire five and 10-13 years before the statutory retirement age, respectively.

137. According to the 2015 Kyrgyz Integrated Household Survey, 0.9% of the total population lives with any type of disability. Poverty is more prevalent among households that include people with disabilities, which reflects partly the additional associated cost and partly low levels of labor-force participation among people with disabilities. The disability rate among young people has risen rapidly in recent years, which could reflect either a deterioration of health outcomes among children or better reporting. The latter might have been driven by recent increases in the value of social assistance benefits for children with disabilities.

138. In September 2019, the prime minister of the Kyrgyz Republic signed a decree initiating ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which the Kyrgyz Republic signed in 2011.³⁴

139. ***Low income households and those living below the poverty line.*** The value of the general poverty line in 2018 was 32,679 soms per year per capita (2,723 soms per month or US\$39), the extreme - 17,471 soms (1,456 soms per month or US\$21)³⁵. In 2018, 1 million 429 thousand people lived below the poverty line, of which 68.0% were residents of villages. More than 35 thousand people lived below the extreme poverty line, of which 84.6% were residents of rural settlements. Most of the poor are in Osh (35.5%), Batken (33.8%), Jalal-Abad (32.3%), and Naryn (30.6%) regions (Table 3). The three south regions deeply depend on finances from labor migration. In common income of Batken region it is 31,5%, Osh region- 22,2%, Djalal-Abad- 18,1%

Table 3: Rate of poverty and extreme poverty by region, 2018, % of the population

Territory	Poverty rate	Poverty rate when excluding income from remittances	Extreme poverty rate
Kyrgyz Republic	22,4	32,2	0,6
Batken	33,8	54,6	0,9

³³ www.akchabar.kg/news as of 23.10.2019

³⁴ <https://www.hrw.org/world-report/2019/country-chapters/kyrgyzstan>

³⁵ Poverty level of Kyrgyz Republic population in 2018. NatStatCom, June 2019. Online.

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Djalal-Abad	32,2	44,9	1,0
Issyk-Kul	21,5	24,4	0,9
Naryn	30,6	30,6	2,2
Osh	14,8	36,1	0,0
Talas	22,1	24,0	0,0
Chuy	15,6	19,5	0,3
Bishkek city	15,4	15,6	0,3
Osh city	35,5	42,1	0,6

140. The percentage of people living in poverty is very sensitive to the location of the poverty line. With the poverty line increasing by 5 percent, or 136 soms per month, the share of the poor increases by 3.6 percentage points, and when the poverty line decreases by 5 percent, the share of the poor decreases by 4.3 percentage points. This implies that there is a dense concentration of the population around the poverty line, which increases the likelihood of a significant part of the population moving from the non-poor to the poor and conversely.

141. *Households affected by labor migration.* In the Kyrgyz Republic, there are many settlements subject to external and internal labor migration. The main countries of destination are Russia, Kazakhstan, Turkey, and Korea. Children of labor migrants remain in the care of their relatives, and many of them do not have access to social services, as their parents have not processed their civil registration documents. A generation of children left behind has existed for a long time³⁶. According to the Ministry of Labour and Social Development (MLSD), there are 102,406 children in the Kyrgyz Republic whose both parents are in labor migration. Out of these, 16,787 are children of internal migrants; and 85,619 are children whose parents left abroad for work³⁷. UNICEF estimates that 11% of children under the age of 17 years have at least one migrant parent and that 259,000 children are affected by migration in the Kyrgyz Republic³⁸.

142. *Internal migrants are also a vulnerable group.* A recent study showed that internal migrants represent 18% of the Kyrgyz population.³⁹ 46,2% of internal migrants work in unskilled jobs. Only 24.4% of internal migrants had official registration at the place of residence. Lack of registration makes it difficult for migrants to access a kindergarten, school, or clinic. The main destinations of internal migration are Chui oblast and the main cities of Bishkek, Osh, and Jalal-Abad. It is crucial to take into consideration that in such large cities, there are a large number of internal migrants with their families and children who need to access healthcare services.

143. The Law of KR “On Giving Special Status to Certain Border Territories” dated July 26, 2011 No. 145, establishes special status for border areas with the following characteristics:

- (a) With low socio-economic development, instability of the socio-economic situation due to lower living standards and outflow of the population;
- (b) With difficult climatic conditions, poor assimilation and inaccessibility of the main part of the territory;

³⁶ Urmat M. Tynaliyev & Gary N. McLean (2011) Labour migration and National Human Resource Development in the context of post-Soviet Kyrgyzstan, Human Resource Development International, 14:2, 199-215

³⁷ How migrants solve problems of children abroad. Online: 13.07.2019, Bish., 24.kg https://24.kg/obschestvo/123319_kak_migrantyi_reshayut_problemu_detey_nachujbine/

³⁸ Lucio Valerio Sarandrea. Protection of children left behind by migrant-parents. UNICEF. Online: <https://www.unicef.org/kyrgyzstan/ru/%D0%9D%D0%BE%D0%B2%D0%BE%D1%81%D1%82%D0%BD%D1%8B%D0%B5%D0%B7%D0%B0%D0%BC%D0%B5%D1%82%D0%BA%D0%B8%D0%B7%D0%B0%D1%89%D0%B8%D1%82%D0%B0-%D0%B4%D0%B5%D1%82%D0%B5%D0%B9>

³⁹ Internal migration in Kyrgyzstan: barriers and ways of social mobility. USAID, IOM, M-Vector, El-Pikir. 2018. The report is presented, but not published.

- (c) With risks of threats to the national security of the Kyrgyz Republic, the consequences of which can cause significant damage to fundamental national interests and have a direct impact on the constitutional system, territorial integrity, and sovereignty of Kyrgyz Republic.

144. There are 26 rural districts in border areas of the Kyrgyz Republic with special status⁴⁰ (Table 4). Some of these districts host the Points of Entry to the country

Table 4. Number of Rural Districts assigned to separate border territories with special status

Region	Number of districts
Issyk-Kul region	3
Djalal-Abad region	5
Naryn region	1
Batken region	16
Osh region	1
Total	26

V. Environment and Social Risks, Potential Impacts, and Mitigation

145. **Physical works/repair.** The project will finance the repair of medical points and corresponding water supply and sanitation in 17 PoEs. The project will also finance - through cash transfers from MHIF to hospitals– small scale infrastructure works for the repair of ICUs and up to 80 isolation rooms in at least 9 hospitals around the country. These interventions are expected to take place on the property of existing facilities; therefore, they will be mostly facility-based activities, and environmental issues (and impacts thereof) are not expected to be significant. The physical works envisaged are of small scale, and the associated environmental impacts are expected to be temporary, predictable, and easily mitigable.

146. The Project will finance the procurement and supply of PPE, diagnostic equipment, reagents, and other relevant facilities, clinical care equipment, medicines, vehicles for Rapid Response Teams, and ambulances.

147. The Project will operate nationally, exposing it to common conflict and fragility risks, which will have a bearing on the project outcomes. These general risks include (i) institutional risks – inadequate capacity of the implementing agency in ESS application, particularly with regards to medical waste management and disposal; (ii) geographical- inter-regional and remoteness risks, which may make effective project implementation and supervision difficult in some areas; (iii) economic risks – a high rate of unemployment in particular among youth, a significant dependency of household income on remittances which is vulnerable to external economic conditions and fluctuations, and the likely economic consequences of COVID-19; and (iv) social exclusion – certain segments and minority groups could get excluded from Project benefits due to inherent structural deficiencies or elite capture.

148. The major areas of environmental and social risks associated by the project are:

- a) Risks related to small works in existing healthcare facilities (air, soil, noise, Occupational Health and Safety (OHS));
- b) Risks related to medical waste management and disposal (OHS);
- c) Risks related to the spread of the virus among healthcare workers in target HOs, PoEs staff;

⁴⁰ Decree of the Government of the Kyrgyz Republic “On the implementation of the Law of the Kyrgyz Republic“ On giving special status to certain border areas of the Kyrgyz Republic and their development ”from March 20, 2012 No. 186.

- d) Risks related to viral infection because of the quick access to appropriate and timely medical services, absence of training in hand hygiene and PPE usage.

149. The major areas of environmental and social risks affecting the project implementation:

- a) Risks related to the spread of COVID-19 amongst the population at large;
- b) Risks related to social unrest, panic/conflicts resulting from false rumors;
- c) Risks related to the absence of anticipating and addressing issues resulting from people being kept in quarantine and their relatives.

150. The PIU will be primarily responsible for ensuring the environmental and social risks resulted from the project are mitigated at each stage of Project operation, including contracts for repair of hospitals concluded between the hospitals and the contractors.

PLANNING AND DESIGN STAGES

151. The project could be associated with significant environmental, health and safety risks due to the dangerous nature of the pathogen and other materials to be used in the project-supported ICUs, hospitals, laboratories and quarantine facilities. To achieve positive environmental and social impacts, the aforementioned areas of risks must be addressed and mitigated throughout all stages of the project implementation, as discussed below:

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

- (a) *Minor repair works.* The project has prepared a shortlist of the existing buildings for repair and rehabilitation (Annex IX). The ESMF provides ESMP checklist templates for both rehabilitation of facilities for establishing ICUs and up to 80 isolation rooms in at least 9 hospitals (to be managed by the hospitals using cash transfer through MHIF), and upgrade of permanent and temporary medical points at up to 22 Points of Entry, or sanitary and quarantine posts (to be managed by PIU). Proper water supply, sewerage and ventilation should be considered in cost estimates. The physical works envisaged are of small to medium scale, and the associated environmental impacts are expected to be temporary, predictable, and easily mitigable with risks including disposal of construction waste, dust, noise, and worker health and safety. All works are envisaged within the existing footprint. The ESMF also includes exclusion criteria under this project for establishing ICUs in facilities containing asbestos insulation or pipe lagging, etc.
- (b) *Medical Waste Management and Disposal.* Given that the medical waste generated by laboratories and health care facilities, as well as the Points of Entry is a potential vector for the contagion, improper handling of medical waste runs the risk of further spread of the disease. Despite of available legislation, there are gaps in medical waste management and disposal on practice due to lack of funding. For instance, no incinerators (use of incinerators is banned) or other waste disposal equipment is available. To tackle this problem, the World Bank financed ERIK project will complement the Emergency COVID-19 project by financing microwave treatment system for medical waste. Therefore, the ESMF includes an ICMWMP template that will be also used by ERIK project, which will supply medical waste destructors. Critical gaps can be referred to an absence of any disinfecting equipment on-site, incineration, burying at illegal sites, or gaps in proper handling and transportation of contaminated waste to disinfection and then to waste destruction facility. If such gaps are identified during the screening, the MOH need to urgently fill the gaps or suggest another HO or facility that meet the requirements. The project support cannot start unless there is official confirmation that such gaps will be filled with clear timeline. The screening and monitoring is to be done by PIU using ICMWMP and the assigned focal persons from HO, proved by photos and other documents, in case when travelling to the site is difficult. Full cycle of medical waste management needs to be considered and preferably used, including selection (some plastic waste is collected by private companies for processing) and

transportation of shredded/compacted medical waste to the pyrolysis plant for full destruction. If this is not possible, disinfected medical waste should be destructed/compacted (CERC of ERIK project is providing press-destructors) and transported to the available legal landfills.

- (c) *Worker Health and Safety.* Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory works as well as the wider spreading of the disease within communities. The ICMWMP will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE. This is applied to hospitals, laboratories, quarantine and observation facilities, as well as to PoEs. Necessary training will be provided in case facilities have insufficient practical knowledge at soonest, so that by the time of the actual project support, the knowledge gap is filled. Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers is included. A requirement checklist for the selection of facilities for temporary housing (such as rental units, hostels, dormitories, or other existing buildings) will be developed to ensure that such facilities contain adequate water supply, sanitation, heating, electricity, dining facilities, and sleeping quarters. The checklist will be attached to the ESMF.
- (d) *Community Health and Safety.* The PIU and focal points from each HO will provide information and increase awareness among contractors. It is critical that these messages be widely disseminated, repeated often, and clearly understood.

153. **ESS 2 – Labor and Working Conditions.** 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. Contracted workers include chiefly construction workers involved in the minor civil works. The civil servants will be governed by a set of civil services code and the ‘technical consultants’ by mutually agreed contracts. 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. This ESMF includes ESMP checklist template for the works and those templates contain a section on worker health and safety requirements. The workers will be safeguarded with protective measures as appropriate. The ESMF also contains sections on Environment Health and Safety (EHS) including specific instruments that will need to be prepared either by the contractor prior to commencement of works (EHS checklists, codes of conduct; safety training etc.). Civil works contracts will incorporate social and environmental mitigation measures based on the WBG EHS Guidelines, WB ESS 2, the Kyrgyz Labour Code and this ESMF; other referenced plans e.g. SEP. All civil works contracts will include industry standard Codes of Conduct that include measures to prevent Sexual Harassment/Sexual Exploitation and Abuse (SH/SEA). A locally based GRMs specifically for direct and contracted workers will be provided using the already existing GRM at the HOs and POEs.

154. The site specific ESMP checklist to be prepared by the participating HO will also include health workers occupational safety measures. The participating health care facilities will commit to comply with the health and safety standards required by the Kyrgyz legislation, the WHO Covid-19 Guidance Documents enclosed in Annex VII and the Infection and Prevention Control Protocol enclosed in Annex IV. The HO will ensure protocols for regular disinfection of public rooms, wards, ICUs, equipment, tools, and waste are in place and followed; PPE, handwashing and other sanitary stations are always supplied with clean water, soap, and disinfectants; and regular testing to healthcare workers being routinely in contact with COVID-19 patients are provided.

155. **ESS 3 – Resource and Efficiency, Pollution Prevention and Management.** Medical waste and chemical waste (including water, reagents, infected materials, etc.) from the labs, quarantine, and PoE to

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be supported (drugs, supplies and medical equipment) can have a significant 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, PoE following the requirements of the ESMF, WHO COVID-19 guidance documents, and other best international practices, will follow an ICMWMP to prevent or minimize such adverse impacts. The ICMWMP mandates that any waste associated with COVID-19 testing or treatment will be destructed on site whenever possible. It also contains strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste utilization facility if on-site treatment is not possible. As mentioned above, microware treatment facility for medical waste are expected to be supplied to the targeted hospitals by ERIK project.

156. The site specific ESMP checklist, to be prepared for rehabilitation of the up to 30-bed ICUs, 100 isolation rooms and repair at PoE, will include procedures for handling construction waste. Facilities with asbestos insulation, pipe lagging, etc. will be excluded from financing under the project, in cases if there is a need for replacement and moving of asbestos containing parts. It should also include guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities.

157. Basic hand-washing facilities, restrooms or other basic health and hygiene conditions will be improved 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 the Department of State Sanitary and Epidemiology Control of MoH and WHO environmental infection control guidelines for medical facilities.

158. **ESS 4 – Community Health and Safety.** Medical wastes and construction waste generated by the targeted HOs and POEs have a high potential of carrying micro-organisms that can infect the community at large if they are 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 PoE, will thereby have to follow procedures detailed in the ESMF, ESMP checklist and ICMWMP.

159. The operation of healthcare facilities to be invested 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 for COVID-19 response as above under ESS 1 and ESS 2.

160. The SEP also ensures widespread engagement with communities in order to disseminate information related to the project activities community health and safety, particularly around social distancing, high risk demographics, self-quarantine, and mandatory quarantine.

161. 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 targeted healthcare facilities as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers. The project specific GRM will also include the GBV/SEA related grievances and will ensure the confidentiality.

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

163. In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow strict rules of engagement and avoid any escalation of the situation, taking into consideration the above-noted needs of quarantined persons as well as the potential

stress related to it. More details are provided in the Stakeholder Engagement Plan (SEP) prepared for the Project.

164. **ESS 10 – Stakeholder Engagement and Information Disclosure.** The project recognizes the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. Meaningful consultations, particularly when public meetings counter to the aims of the SEP, and disclosure of appropriate information should ensure public health and safety from all perspectives – social, environmental, economic, and medical/ health. In this backdrop, the project has prepared a SEP which 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).

165. The consultation process will include diverse communication methods (pamphlets, interview, community meetings and consultations) and means (radio broadcast, local TV, internet) to inform and involve the affected people and other stakeholders in the environmental and social process. In rural areas the households will be reached through local TV and radio channels, information boards at the village level, text messaging, and use of visual communication (audio and video clips, leaflets, pictures, booklets in Kyrgyz language) instead of direct verbal contacts. While country-wide awareness campaigns will be established, specific communication around borders and international airports, as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

166. Public consultations will be also be carried out virtually, through IT platforms (skype, zoom, webex, list-serves, web platform, etc.). This will ensure two-ways communication and Q&A session. Comments could be collected also through similar IT platforms.⁴¹ In due course of the project implementation, the GRM mechanism of the project is an instrument to collect and react on feedback by stakeholders.

167. At the planning and design stages, the PIU will conduct screening of all Project-related activities using the Screening form in Annex I. For repair works the PIU will support preparation of a site-specific ESMP checklists (Annex II). An ICMWMP (forms in Annex III) will be developed for all target facilities, where project provides equipment, reagents and PPEs. Each HO and PoE should assist the PIU in the screening and assign a person responsible for monitoring the compliance with the ESMP and ICMWMP in the project implementation process.

168. **Location, type, and scale of HO, PoEs, laboratories, temporary housing, and associated waste management facilities.** All relevant facilities need to be screened with consideration of the following:

- a) The proximity of sensitive areas, sensitive social receptors, such as residential areas or schools;
- b) The availability of municipal services (water supply, sewage and waste collection services);

⁴¹ Internet penetration in Kyrgyz Republic is 47% in January 2020, www.datareportal.com/reports

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- c) Waste management facilities: Salient characteristics and carrying/disposal capacity of a facility. Waste processing and transportation arrangements, operational procedures, whether the capacity of the disposal facility is sufficient for the volume of waste generated;
- d) Isolation/quarantine centers: Requirements of food, water, fuel, hygiene, infection prevention and control, and monitoring the health of quarantined persons;
- e) Temporary housing: hospitals that provide temporary housing for medical staff should do a screening of the proposed premise for access to food, water, hygiene, infection prevention and control, and proper sleeping premises.

In case critical gaps are found, ESMPs will include measures to reduce these gaps. If such gaps are identified during the screening, the MOH need to urgently fill the gaps or suggest another HO or facility that meet the requirements. The project support cannot start unless there is official confirmation that such gaps will be filled with clear timeline. In case the facilities are considered as part of the exclusion list, the project will not finance them.

169. **Rehabilitation work at existing HOs and PoEs.** Although the works in HOs are to be funded through cash transfer to the hospitals, the ESF still applies and therefore hospitals will need to follow the ESSs. The PIU will screen each HO and PoE considered for such works for potential environmental and social risks per World Bank Group EHS Guidelines, WHO COVID-19 Guidelines⁴², and the screening form contained in Annex I. Screening will include:

- a. Determination of any needed design changes in the facility or its operation such as isolation facilities, structural and equipment safety, universal access, nosocomial infection control, etc.;
- b. Identification of scope of works expected (i.e. wards rehabilitated into ICUs, installation of box chambers, repair of PoEs, installation/augmentation of water supply and installation of sanitary stations, etc.);
- c. Exclude any activity that will result in the loss of land or non-land private assets due to repair of HOs (including installation for microwave and press-destructors financed under CERC of the ERIK project).
- d. Evaluate whether utilities (power, water, heat, etc.) are adequate for planned works;
- e. Identification of how such works might interfere with the normal operation of the HO;
- f. Determination if works are eligible for financing, for example, activities excluded from financing under the project include those requiring the acquisition of land/involuntary resettlement or works conducted in buildings where asbestos insulation or pipe lagging need replacement(a list of excluded activities is found in Annex I);
- g. A determination as to whether external or additional security personnel are needed;
- h. Preparation of a site-specific ESMP checklist based on the ESMP template found in Annex II.

170. **Medical waste management and disposal.** The project will need to review HOs's medical waste management and disposal practices to determine the current status and gaps in compliance with the World Bank Group's EHS Guidelines and current WHO Guidelines for COVID-19⁴³ in all HOs that are

⁴² The World Bank ESF, including ESS 4, also contain relevant information. See <https://www.worldbank.org/en/projects-operations/environmental-and-social-framework>

⁴³ Safe management of wastes from health-care activities. A Summary, WHO, 2017:

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to receive support from the project in terms of medical goods, equipment, PPEs, reagents. The ERIK project will finance the procurement and supply of medical waste management equipment to hospitals to complement Emergency COVID-19 project, and thus should be taken into consideration. The screening will be conducted based on the screening form found in Annex I and include:

- a. Identification of current methods of medical waste management and disposal at the HOs and PoEs, including segregation, storage and processing;
- b. Identification of any on-site facilities for disposal of medical waste including autoclaves, incinerators, pits for burning medical waste, pits for burial of medical waste, etc.;
- c. Identification of any off-site disposal of medical waste, including how material is gathered and stored, routes taken to the disposal facility, and disposal procedures;
- d. Review of protocols for dealing with medical waste specifically related to infectious diseases like COVID-19;
- e. Review of training procedures for healthcare workers and other relevant HOs employees, as well as PoEs staff for medical waste management and disposal;
- a. Identify whether any extension of health care facility is needed for installation of microwave and press-destructors to be supplied under CERC component of ERIK project. Exclude any activity that will result in the loss of land or non-land private assets due to repair of HOs (including installation for microwave and press-destructors financed under CERC of the ERIK project).
- f. Estimate healthcare waste streams, including wastewater, solid wastes and air emissions (f significant), in a healthcare facility;
- g. Preparation of an ICMWMP, based on the sample contained in Annex III, for the HOs.

171. **Protecting healthcare workers.** The PIU will conduct a review the HOs's protocol's for protecting healthcare workers from infectious diseases based on current WHO Guidelines for COVID-19 and the Infection and Prevention Protocol contained in Annexes.

172. The review will include:

- a. Determination if training on Infectious Control given to healthcare workers and other HOs employees is adequate;
- b. Determination if HO staff are trained on how to deal with the remains of those who die from COVID-19, including those conducting autopsies;
- c. Determination if adequate stores of PPE are available on-site; and
- d. Identification of supply lines for required PPE.

173. **Containment of COVID-19.** The Ministry of Health will also conduct a review the HO's protocol's for dealing with the general public based on current WHO Guidelines for COVID-19 and the Infection and Prevention Protocol contained in Annex IV. The review will include:

in Russian: <https://apps.who.int/iris/bitstream/handle/10665/259684/WHO-FWC-WSH-17.05-rus.pdf?sequence=1>
In English: https://www.who.int/water_sanitation_health/publications/safe-management-of-waste-summary/en/

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- a. Review of identification, testing, and treatment protocols for those exposed to or suspected of being infected with COVID-19 for groups of higher sensitivity or vulnerability like the elderly, those with preexisting conditions, heavy smokers, or the very young;
- b. Updating visiting rules and regulations for families and friends of patients;
- c. Briefing procedures for families and friends of COVID-19 patients on how the disease is spread and how to minimize that spread;
- d. Briefings available for the general public on COVID-19; and
- e. Ensuring those HO employees and any outside personnel charged with handling remains of patients who have died from COVID-19 are familiar with WHO Guidelines and local regulations.

174. **Communication Approaches and Strategy.** An outreach activities implemented by the Covid-19 National Headquarters to communicate to the public on COVID-19 prevention measures and to report on preparedness and response activities will not be supported under this project. The MOH - with support from other donors and other World Bank project - is using trusted channels of communication (like mass media, community-based networks and key influencers) to implement responsive, empathic, transparent and consistent messaging in local languages (Kyrgyz and Russian). For instance, the Sustainable Rural Water Supply Development Project funded by the World Bank supports large part of COVID-19 risk and WASH communication to public, as well as to POEs, by financing designing, developing and dissemination of the communication. World Bank Third Village Improvement funded project has developed online platform as one of the tools to inform the communities to adapt to the necessary social distancing restrictions and conduct trainings, mobilization and outreach remotely using an IT platform and other locally-identified solutions. The online platform is also available to extend and amplify the dissemination of MoH COVID information materials, and support social impact of the project monitoring surveys. The Emergency COVID-19 Project can benefit from this complementarity and use these communication tools to disseminate the information about the project activities and accomplishments.

175. During the project preparation stage, the project team has developed the Stakeholder Engagement Plan (SEP), which outlines the ways in which the project team will communicate with stakeholders. The involvement of diverse range of stakeholders is essential to the success of the project in order to ensure smooth collaboration between project staff and key stakeholders and to minimize and mitigate environmental and social risks related to the proposed project activities. The SEP has included detailed mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Risk-hot spots on the international borders as well as in-country have been delineated. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. The SEP has been prepared by the client and disclosed publicly. SEP will be updated during implementation. The client has also developed and put in place a GRM to enable stakeholders to air their concerns/ comments/ suggestions related to the project activities, if any.

REHABILITATION STAGE

176. **Rehabilitation work at existing HOs and PoEs.** The risks, associated with site-specific rehabilitation of ICUs in health facilities, Points of Entry, hospitals are related to OHS, air, dust, noise, waste management, wastewater which are identifiable and easily mitigable.

177. Each healthcare facility, POE and laboratory will apply infection control and waste management planning following the requirements of the ESMF and relevant EHS Guidelines, GIIP, WHO etc.

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satisfactory to the Bank. If HO cannot apply those adequately, the MOH needs to take measures on improving the situation or suggest other HO, which meets the requirements. This ESMF also outlines the implementation arrangement (Section V and IX) to be put in place by MoH for environmental and social risk management; training programs focused on COVID-19 laboratory bio-safety, operation of quarantine centers and screening posts, as well as compliance monitoring and reporting requirements, including on waste management based on the existing ICMWMP.

178. The MHIF PIU will ensure that all rehabilitation work done under the project will be carried out in compliance with a site-specific ESMP checklist prepared based on the template found in Annex II. The PIU will also ensure that the site-specific ESMP checklist will be included in any works or supervision contracts entered into for a specific HO and PoEs, including in cases when HO will conclude contracts (under cash transfer) with contractors by forwarding the prepared ESMP and ICMWMP to the MHIF for inclusion in the contract with contractors. MHIF, in turn, is obliged to ensure their inclusion in contracts. In this latter case, the MHIF and HO should assign staff to monitor compliance with ESMP checklist and ICMWMP and report regularly to the PIU environmental and social specialists, using the reporting format prepared by the PIU. The section on World Bank Environment and Social Standards (ESS) under para 93 contains a description of the major risks and should be referred accordingly. The site-specific ESMP checklist will include:

- a. Environmental risks and issues such as resource efficiency and material supply;
- b. Construction related solid wastes, wastewater, noise, dust and emission management;
- c. Hazardous materials management;
- d. Occupational Health and Safety (OHS) issues;
- e. Community health and safety issues, including from pollutants and road safety;
- f. Issues associated with the use of security and military personnel;
- g. Labor influx, security personnel management, SH/SEA risks, gender issue; and
- h. Labor and working conditions outlined in the Project Operational Manual (POM);
- i. Arrangements for employment and accommodation of workers to be engaged in project activities, and issues relating to working conditions, particularly if these are impacted by emergency legislation.

179. As the repair works will be carried out under the COVID-19 outbreak situation, a Contractors will be required⁴⁴:

- a. to take all necessary precautions to maintain the health and safety of the Contractor's Personnel;
- b. to appoint a health and safety officer at site, who will have the authority to issue directives for the purpose of maintaining the health and safety of all personnel authorized to enter and or work on the site and to take protective measures to prevent accidents;
- c. to ensure, in collaboration with local health authorities, that medical staff, first aid facilities, ambulance services and any other medical services specified are available at all times at the site and at any accommodation;
- d. to ensure suitable arrangements are made for all necessary welfare and hygiene requirements and for the prevention of epidemics, including PPE, disinfectants and social distancing as much as it is possible.

⁴⁴ ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Project, World Bank, April 1, 2020

180. Hand washing stations should be set up at key places throughout site, including at entrances/exits to work areas, wherever there is a toilet, canteen/food and drinking water, or sleeping accommodation, at waste sites. Each should have a supply of clean water, liquid soap and paper towels (for hand drying), with a waste bin (for used paper towels) that is regularly emptied and taken to an approved waste facility (not just dumped). Where wash stations cannot be provided (for example at remote locations), alcohol-based hand rub should be provided.
181. Worker accommodation that meets or exceeds [IFC/IBRD worker accommodation](#) requirements (e.g. in terms of floor type, proximity/no of workers, no 'hot bedding', drinking water, washing, bathroom facilities etc.) will be in good state for keeping hygienic, and for cleaning to minimize spread of infection.
182. Working methods should be reviewed and changed as necessary to reduce use of PPE, in case supplies of PPE become scarce or hard to obtain. For example, water sprinkling systems at crushers and stock piles should be in good working order, trucks covered, water suppression on site increased and speed limits on haul roads lowered to reduce the need for respiratory (N95) dust masks.

OPERATIONAL STAGE

183. **Medical waste management and disposal.** The details of the procedures to be implemented to manage infection control and waste management should be set out in the ICMWMP. If target facilities fail to meet key requirements of ICMWMP, the Ministry of Health will need to seek opportunities to urgently address such gaps. Thus, ICMWMP shall be designed in a way to enable using it as a tool to screen eligibility of the HO, prioritization, and time bound plan that will need to be monitored. For instance, no HO can be supported if medical waste is incinerated or buried without disinfection at illegal places. The following issues need to be taken into consideration while developing ICMWMP:

- Delivery and storage of goods, including samples, pharmaceuticals, reagents and other hazardous materials
- Healthcare treatment practices, including the provision and use of PPE, appropriate cleaning procedures, testing for COVID-19, and transportation of samples to testing laboratories.
- Waste processes that align with WHO guidance on Safe Management of Wastes from Healthcare Activities, including with respect to:
 - Waste generation, minimization, reuse and recycling
 - Waste segregation at the point of care, packaging, collection, storage and transport
 - Suitability and capacity of onsite disinfection and waste handling equipment such as autoclave. Onsite treatment facilities may include small-scale incinerator and wastewater treatment works. Their adequacy and compliance should be assessed, and proper measures proposed as necessary
 - Suitability and capacity of off-site disposal facilities, where healthcare wastes will be transported and disposed of in 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.

Social issues considered in the ICMWMP should include the following:

- OHS and labor and working conditions;
- Social issues such as labor influx, GBV/Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) risks, gender or disability.

184. *The PIU, MHIF, HO and PoE will ensure the following:*

- a. Each HO and PoE is operated in accordance with the ICMWMP prepared for the project. In case critical gaps are identified at the target facility during screening process, the MOH will need to address such gaps at soonest. In cases when such gaps cannot be filled, the MOH will suggest another HO to be supported;
- b. Additional needs of the HO and POE in handling medical waste should be identified and reported to the project for potential funding of such means, for instance, necessary bags and containers for POE, etc.
- c. Waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the ICMWMP and WHO COVID-19 Guidelines, in both HO and PoE. While most hospitals have onsite autoclaves, this system of waste disinfection will be extended by supplying microwave and press-destructors under ERIK project. However, as no incinerators exist in the HO, pyrolysis plant or dumpsites located outside of the HO will be relied on. Whenever possible, disinfected and compacted medical waste should be transported to the existing pyrolysis plant. Assessment of compliance with waste transportation and disposal regulations should be done at the screening stage. There is no any practice of transporting medical waste to other countries. Necessary measures are to be identified and arranged to meet requirements;
- d. All health care waste produced during the care of COVID 19 patients should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably onsite. If waste is moved off-site, it is critical to understand where and how it will be treated and destroyed. All who handle health care waste should wear appropriate PPE (boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it⁴⁵. This needs to be ensured through monitoring of ICWMP implementation with support from focal persons in each HO;
- e. Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the ICMWMP conducted on a regular basis;
- f. The PIU will audit any off-site waste disposal (pyrolysis plant, dump sites) required on at least once in three months basis and institute any remedial measures required to ensure compliance; and
- g. Waste generation, minimization, reuse and recycling are practiced where practical in the COVID-19 context.

185. **Protecting healthcare workers.** Medical staff at the facilities should be trained and be kept up to date on WHO advice (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>) and recommendations on the specifics of COVID-19.

186. Enhanced daily cleaning arrangements should be put in place, to include regular and deep cleaning using disinfectant of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, communal areas, including door handles, floors and all surfaces that are touched regularly (ensure cleaning staff have adequate PPE when cleaning consultation rooms and facilities used to treat infected patients). This is already a regular practice in HO, but focal person at each HO needs to monitor the cleaning compliance. Rapid assessment of specific rules will be done during screening, and necessary additional measures to be proposed in ICMWMP. Infection control committees in HOs should review

⁴⁵ Interim Guidance: Water, Sanitation, Hygiene, and Water Management for the COVID-19 virus. WHO, UNICEF, March 19, 2020

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and advise on the necessary advice on cleaning arrangements, especially in areas used for isolation or treatment.

187. Cleaners should be trained in how to safely put on and use PPE in necessary hygiene (including hand washing) prior to, during and post cleaning duties, and in waste control (including for used PPE and cleaning materials). HO focal points assigned to work with PIU will support such monitoring, though it is already an existing and enhanced practice under COVID-19 circumstances in the hospitals. PIU environmental specialist with the support from focal persons from HO will monitor this and stress the importance of such practices regularly.

Hand washing stations should be set up at key places throughout site, including at entrances/exits to work areas, wherever there is a toilet, canteen/food and drinking water, or sleeping accommodation, at waste sites. Each should have a supply of clean water, liquid soap and paper towels (for hand drying), with a waste bin (for used paper towels) that is regularly emptied and taken to an approved waste facility (not just dumped).

188. The medical staff/management should run awareness campaigns, training and arrange for appropriate posters, signs and advisory notices to be posted on site to advise workers on how to minimize the spread of the disease, including:

- to self-isolate if they feel ill or think they may have had contact with the virus, and to alert medical staff;
- to regularly wash hands thoroughly with soap and water – many times per day;
- how to avoid disease spread when coughing/sneezing (cough sneeze in crook of elbow or in a tissue that is immediately thrown away), and not to spit;
- to keep at least 2m or more away from colleagues.

189. The HO and PoE are responsible for ensuring the following:

- a. Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPE, etc.;
- b. Ensure protocols for regular disinfection of public rooms, wards, ICUs, equipment, tools, and waste are in place and followed;
- c. Ensure handwashing and other sanitary stations are always supplied with clean water, soap, and disinfectant;
- d. Ensure equipment such as autoclaves/microwave equipment are in working order;
- e. Provide regular testing to healthcare workers routinely in contact with COVID-19 patients;
- f. Temporary housing for medical workers have proper WASH facility, and regular disinfecting in place.

190. **Containment of COVID-19.** HO will ensure the following:

- Quarantine procedures for COVID-19 patients are maintained;
- When practical, COVID-19 patients are given access to phone or other means of contact with family and friends to lessen the isolation of quarantine;
- The public is regularly updated on the situation and reminded of protocols to prevent the spread of COVID-19; and
- Members of the general public (family and friends) who have been exposed to confirmed

COVID-19 patients are tested when practical.

The focal persons of HO and PIU will monitor the compliance through monitoring forms to be developed by the project. In case some gaps are identified, the PIU would need to enhance the importance of compliance with protocols and recommend time-bound steps for improvement.

DECOMMISSIONING STAGE

191. Maintenance of medical equipment will be carried out on regular basis depending on the installation date and guarantee period. Decommissioning will be carried out in compliance with local regulations. As no new structure will be erected under the project, decommissioning of structures is not expected. In case, light structures will be built for PoE, the decommissioning should follow local regulations.

VI. Procedures to Address Environmental and Social Issues

192. This section defines the steps, actions and responsibilities for a subproject, including

- Screening potential subprojects in relation to eligibility;
- Screening potential environment and social issues of a subproject and classifying its risk levels (Annex I, Screening Form);
- Conducting E&S assessment for each subproject and develop subproject-specific environment and social instruments;
- Consultation and disclosure of the environment and social instruments;
- Review and approval of the environment and social instruments; and
- Implementation and monitoring of environment and social action plans.

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193. MOH is responsible for the overall implementation of the project through the PIU established under the Ministry of Emergency Situations. The PIU will have day to day responsibility for project management and support, including ensuring that project implementation is compliant with the World Bank's ESS; the World Bank Group's EHS Guidelines; WHO COVID-19 Guidelines; and this ESMF. The PIU will be adequately staffed to oversee the project's work nationally and ensure that each HO and POE complies with all project procedures and receive professional implementation and project management support, including for procurement. PIU staffing will include at least one environmental/infectious control and medical waste specialist, /social specialist as core team members with the knowledge and experience in environmental and social issues, implementation of medical waste management and disposal systems as well as some knowledge of general occupational health and safety issues for healthcare workers and minor works.

194. The PIU will conduct screening of the potential environmental and social issues of the project components and classify the risk level using, Screening Form in Annex I, and agree it with the Bank. In cases where critical gaps that may cause serious environmental and social impacts, for instance, absence of medical waste disinfection or improper transportation of infected waste to disinfection point, or improper temporary housing for medical staff, the MOH will need to take measures to fill this gap or replace target HO before the support can be provided. It will also develop ICMWM plan (for medical goods, equipment, PPEs) and the ESMP checklist (for repair works), which should be also submitted to the Bank for review. The PIU is in general responsible for regular monitoring and reporting on E&S documents and GRM operation's compliance to the Bank.

195. For the components under cash transfers to MHIF to repair HOs, the PIU will involve MHIF to monitor ESMF, ICMWMP and ESMP implementation throughout the project duration. MHIF and HO should assign a focal point to help PIU in its monitoring responsibilities. Such focal persons should regularly report to MHIF and PIU on compliances with environmental and social instruments.

196. Each facility, including HO, laboratories, PoE need to assign dedicated staff to support E&S screening and monitor compliance with ESMF, ESMP and ICMWMP to the PIU in close cooperation with the PIU environmental and social specialists at earliest. Such staff will be responsible to also regularly report to the PIU using reporting formats developed by the PIU or in free form, which should contain sufficient information, throughout the project life.

197. Implementation of this ESMF will include the following activities, to be undertaken by the PIU working closely with the individual HOs and POEs:

- a. **Screening** – all activities undertaken by the project will be screened using the form found in Annex I 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 and individual HOs/POE. The PIU's quarterly report to the World Bank will include copies of each screening undertaken during the subject quarter. The Environmental and Social Commitment Plan (ESCP) dated March 26, 2020 sets out the following activities to be exclude from the project financing:
 - Causing long term, permanent and/or irreversible environmental or social impacts;
 - With a high probability of causing serious adverse effects to human health and/or the environment not related to COVID-19 treatment;
 - With significant adverse social impacts/ which may give rise to significant social conflict;
 - That may affect lands or rights of vulnerable minorities;
 - That may involve resettlement, involuntary land acquisition, or adverse impacts on cultural heritage;
 - Any other exclusions detailed in the ESMF.
- b. **Environment and Social Instruments** – The PIU and individual HO/POE will prepare and implement the necessary environmental and social instruments for each of the activities

financed under the project. The instruments will be prepared in Russian/Kyrgyz in order to ensure the widest degree of understanding by the concerned parties. The scope of this COVID-19 Emergency Project requires following three types of environmental and social instruments:

- i. **ESMP/checklist**– after the screening, ESMPs, based on the sample found in Annex II, will be prepared for any small-scale works to be conducted at an associated HO/POE including the creation or rehabilitation of ICUs, the installation of box chambers, the rehabilitation of laboratories, the rehabilitation or installation of sanitary stations and handwashing facilities, and the rehabilitation or installation of medical waste incinerators, Once approved (see below), the ESMP will be included as an integral part of any works or supervision contract for the activity. If the HO undertakes the works on its own, the ESMP will remain applicable for the activities being undertaken.
 - ii. **ICMWMPs** – each HO/POE will implement an ICMWMP, based on the sample found in Annex III. PIU will prepare ICMWMP with the support from HOs.
 - iii. **SEP** – a SEP has been prepared for the project and it is applicable to all project financed activities. Individual HO/POE will augment the overall SEP with a site-specific SEP to ensure patients and their families, local authorities, and the general public are aware of the situation and have access to community-based hotlines, GRMs, and other important information channels.
- c. **Consultation and Disclosure** – Consultations on ESMF, ICMWMP and ESMP needs to be prepared with involvement of major stakeholders. Given the unprecedented circumstances with COVID-19 outbreak and urgency of the project activities, the PIU and the Bank shall agree on the suitable ways of public consultations for two-way communication, preferably using remote and IT means, where possible. The draft ESMF was published on the Ministry of Health website, as well as the PIU website of the Ministry of Emergency prior to public consultation (published on June 5, 2020). One of the ways is to disseminate this web link through whatsapp/viber/other social media groups of HO and PoE, as well as some groups in communities (for instance, Rural Committees of Health). The PIU and individual HOs/POE will identify key stakeholders for each of the three instruments and organize consultations via phone, email, and, for HO/POE employees, small meetings of no more than ten individuals at a time. For the ICMWMP, key stakeholders must include HO staff, patients and their families – meaning consultations will need to be continuous as new patients are identified. For SEP, the general public around a given HO are stakeholders, therefore some sort of public call for input will be made via print and/or broadcast media. All instruments will be disclosed on the PIU and individual HO’s websites with print copies also available, on demand, at both. Copies of instruments prepared and disclosed will be included in the PIU’s Quarterly Report to the World Bank and disclosed on the World Bank website at that time.
- d. **Review and Approval** – the individual instruments will be prepared by the PIU with the support from the concerned HOs/POE and then reviewed and approved by the PIU before implementation. The first three of each of the instruments prepared will also be submitted to the World Bank by the PIU for review and approval before implementation. Thereafter, the World Bank will conduct a post-review of each instrument via the PIU’s Quarterly Report and provide comments when necessary. If, during post review, it is evident that instruments are not meeting World Bank standards, the Bank may change the procedures and require prior review of new instruments.
- e. **Implementation** – the individual HO/POE will be responsible for the implementation of the instruments. For ESMPs, this responsibility will be shared with contractors and supervising

consultants when applicable. The PIU will provide implementation support and supervision.

- f. **Monitoring and Reporting** – there will be two types of reports, Monthly from the HOs/POEs to the PIU and Quarterly from the PIU to the Bank. The reports should also cover aspects related to implementation and compliance with ESMP, such as, but not limited to: medical waste management, incidents, trainings, etc.
 - i. **Monthly Reports** - individual HOs/POE 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 ICMWMP, statistics related to local hot-lines, any grievances received via the GRM and information on their resolution, and any other relevant information.
 - ii. **Quarterly Reports** – the PIU will submit an overall report of project implementation to the Bank 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 HO, and copies of screenings and individual HO/POE instruments prepared during the subject quarter.

INFECTION CONTROL AND WASTE MANAGEMENT

198. The PIU and individual HOs/POEs are responsible for implementing actions to prevent the spread of COVID-19 and ensure proper treatment of medical waste at all stages of project operations. The two main instruments to be used, ESMP/checklist and ICMWMP, are described above and further outlined in Annexes II and III. Key principles, included in those instruments, that are to be maintained by the project throughout implementation include the following:

- a. **Ensuring occupational health and safety standards for workers.** The ESMP/checklist and ICMWMP should address applicable, essential elements of occupational health and safety management as described in the World Bank Group ESH Guidelines (see Chapter III, above) for small-scale works and working in an HO, respectively. Each instrument should identify specific potential occupational hazards, including those related to the COVID-19 pathogen. The ICMWMP specifically will deal with the ensuring adequate facilities for handwashing, cleaning and decontamination procedures, use of PPE, and disposal of medical waste.
 - i. **Detailed procedures for regular testing of healthcare workers and patients.** The ICMWMP will include procedures for regular testing of healthcare workers exposed to COVID-19 as well as patients who present symptoms. These testing procedures may vary between HOs/POE depending on the availability of testing kits and laboratories in different parts of the country and at different times.
- b. **Requirements for handling dead bodies.** The WHO Guidelines include guidance on the management of dead bodies in the COVID-19 context⁴⁶. Healthcare workers, mortuary staff, and others handling bodies should apply standard precaution including hand hygiene before and after interaction with the body, and the environment; and use appropriate PPE according to the level of interaction with the body, including a gown and gloves. If there is a risk of splashes from the body fluids or secretions, personnel should use facial protection, including the use of face shield or goggles and medical masks.
- c. **Safe handling of medical waste and sharps disposal.** The ICMWMP should contain detailed instructions on handling medical waste at a given HO/POE, given the options available.

⁴⁶ https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-IPC_DBMgmt-2020.1-eng.pdf

Medical waste, including any waste suspected to contain pathogens should be segregated and marked “infectious” with international infectious symbol in a strong, leak proof plastic bag, or a container capable of being autoclaved. Medical waste should be sterilized via chemical disinfection, wet thermal treatment (i.e. autoclave), microwave irradiation, or at pyrolysis plant prior to disposal. Sharps, including needles, scalpels, blades, knives, infusion sets, saws, broken glass, and nails etc. should be segregated in a rigid, impermeable, puncture-proof container (e.g. steel or hard plastic) container for sterilization and disposal in accordance with the guidelines. Additionally, needles and syringes should undergo mechanical mutilation (e.g. milling or crushing) prior to treatment, particularly chemical, wet thermal treatment, and microwave irradiation.

- d. **Personal Protective Equipment (PPE).** In addition to the World Bank Group EHS Guidelines on PPE, the WHO has published guidelines on the rational use of PPE during the COVID-19 pandemic⁴⁷, which highlight the issues faced by the global shortage of PPE. The ICMWMP will take these guidelines into account and ensure that healthcare workers involved in the critical care of COVID-19 patients have the necessary protection and that patients, particularly those who do not require hospitalization, understand their responsibilities for obtaining and wearing PPE when around others.

LABOR MANAGEMENT

199. Under ESS 2, The project is expected to encompass direct workers and contracted workers. Direct workers could be healthcare workers, government civil servants, or those deployed as ‘technical consultants’ by the project. The healthcare workers and civil servants will be governed by a set of civil services code and the ‘technical consultants’ by mutually agreed contracts. Each HO’s/POEs ICMWMP will also provide guidance on occupational health and safety for the workers involved in project activities, as well as how they can register workplace grievances, should they arise.

200. The workers will not work in contaminated areas and will be safeguarded with appropriate protective measures that will be detailed in the site specific ESMP to be prepared.

VII. Public Consultations And Disclosure

201. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumors and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust. In terms of methodology, it will be important that the different activities are inclusive and culturally sensitive, thereby ensuring that the vulnerable groups outlined above will have the chance to access the relevant information and health guidance and services provided under the project. This can include household-outreach and information boards at the village level, the usage of different languages, the use of verbal communication (audio and video clips, pictures, booklets etc.) instead of direct verbal contacts.

202. The project will thereby have to adapt to different requirements. The PIU should also refer to the Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are

⁴⁷ https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf

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constrains on conducting public meetings⁴⁸. While country-wide awareness campaigns will be established, specific communication around borders and international airports, as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

203. Public consultations can be carried out virtually, through IT platforms (skype, zoom, webex, list-serves, web platform, etc.), this will ensure two-ways communication and Q&A session. Comments could be collected also through similar IT platforms. In due course of the project implementation, the GRM mechanism of the project is an instrument to collect and react on feedback by stakeholders.

204. The consultation process and its results should be documents in the final ESMF. It should: (i) cover national and relevant local laws and regulations relevant to the consultation and disclosure process; (ii) include methods (pamphlets, interview, community meetings and consultations) and means (radio broadcast, local TV, internet) used to inform and involve the affected people and other stakeholders in the environmental and social process; (iii) summarize response and highlight issues raised by various stakeholders; (iv) include mechanisms for future consultations; and (v) document public meetings and interviews, including dates, names, gender, topics, details of discussion, and important outcomes.

205. WHO has issued technical guidance in dealing with COVID-19, including: (i) Risk Communication and Community Engagement (RCCE) Action Plan Guidance Preparedness and Response; (ii) Risk Communication and Community engagement (RCCE) readiness and response; (iii) COVID-19 risk communication package for healthcare facilities; (iv) Getting your workplace ready for COVID-19; and (v) a guide to preventing and addressing social stigma associated with COVID-19.

206. The ESMF is disclosed on the website of the Ministry of Health and Ministry of Emergency situation

<http://www.med.kg/ru/dokumenty/obshchestvennoe-obsuzhdenie-npa/3562-proekta-ramochnogo-dokumenta-ekologicheskimi-i-sotsialnymi-merami-rduesm.html>

<http://ru.mes.kg/2020/12/02/proekt-ramochnyj-dokument-upravleniya-ekologicheskimi-i-socialnymi-merami-rduesm-dlya-obszhego-obsuzhdeniya/>

207. The first round of the public consultation on ESMF was held on September 2, 2020 online with 7 hospitals. Also, ESMF was posted on the website of the Ministry of Emergency situations. Then during October 2020 the Project conducted face to face meetings with territorial hospitals of Zhayil, Tokmok, Kochkor, Osh and Uzgen following all safety measures and 2 online via ZOOM meetings with territorial hospitals of Leilek and Tash-Komur. In November the ESMF was amended and adapted by including new format of ICMWMP and training on ICMWMP for HOs. The adapted version of ESMF went public consultations with target hospitals during the period of November 18 – December 16, 2020 to discuss the draft ESMF including social and environmental governance principles in the context of the Emergency COVID-19 project. The Project conducted 2 face-to-face meetings at the National hospital and National center of mother and child protection in Bishkek and 7 virtual meetings with Osh interregional clinical hospital, Uzgen, Leilek, Tash Komur, Kochkor, Tokmok territorial hospitals and Joint territorial hospital of Zhayil rayon. The draft ESMF was sent to the management of the target hospitals a week in advance for their preliminary review and comments.

Besides, the ESMF was published on the website of the Tokmok Mayors' office and disseminated through local WhatsApp groups and Telegram channels in Uzgen, Kara- Balta, Tokmok, Tash Komur towns and Kochkor village. Total number of participants in the virtual groups is 4 980. ESMF received 2278 reviews from the websites of the Ministry of Health (1970) and Ministry of Emergency (308).

Total number of participants of face to face meetings during second round of public consultation is 61 and 14 female among them. PIU experienced a problem while determining gender of the visitors of the websites. The analyses of virtual groups (WhatsApp and Telegram) showed the complication with determining the real number of female. However, according to the names and photo of participants we determined 609 female among 4980 .

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<https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Knowledge%20Base/Public%20Consultations%20in%20WB%20Operations.pdf>

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The main topics were discussed: Project objectives, planning of activities, expected environmental and social impacts and proposals for mitigation measures, and a grievance mechanism for participants. Description of the project and its components; potential project planning activities, national environmental, social legislation and relevant WB WSS requirements, identified social and environmental impacts and mitigation measures, safeguards documents to be developed under the Emergency COVID-19 project for each under the project; GRM; further stages of the project.

In accordance with ESMF it is necessary to develop and approve ESMP and ICMWMP for target hospitals with the aim to determine environmental, epidemiological and social risks and mitigation measures. ICMWMP for target hospitals was adapted to local conditions and went through public consultations within the ESMF framework. Also, ICMWMP was developed for management of medical wastes (PPE) at the oblast level for Health organizations (HOs) receiving support from the project as medicine and PPEs. The oblast level ICMWMP is disclosed on the MoH website through the following link. (Oblast level ICMWMP is reflected on the pages 87-92).

<http://med.kg/ru/dokumenty/obshchestvennoe-obsuzhdenie-npa/4021-proekt-plana-po-infekcionnomu-kontrolyu-i-upravleniyu-meditsinskimi-otkhodami-dlya-oshskoj-oblasti.html>

ESMP and ICMWMP are the guiding documents for managing environmental and social issues in target hospitals including stakeholder engagement and grievance mechanism.

The ESMF was generally approved by the stakeholders. All raised issues during the meetings have been taken into account. Stakeholders made some comments and suggestions on the importance of this document for the implementation of repair works in target hospitals. Participants raised issue regarding possible delivery of medical equipment, PPEs and etc. It was noted that ESMF provides for the implementation of practical measures that do not contradict the legislation of Kyrgyzstan on the environment.

Based on the results of the discussion, the draft minutes have been prepared. Please see Annex IX.

VIII. Stakeholder Engagement

208. In compliance with the ESS10, the Stakeholder Engagement Plan (SEP) was prepared and disclosed during the project preparation. For more details on the proposed stakeholder engagement activities please refer to the SEP disclosed in Russian and English at the MOH website⁴⁹ and WB portal.⁵⁰

GRIEVANCE MECHANISM

209. The main *objective of a Grievance Redress Mechanism* (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of project activities;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and

⁴⁹ <http://med.kg/ru/dokumenty/obshchestvennoe-obsuzhdenie-npa/1313-ekstrennyj-proekt-po-covid-19-plan-vzaimodejstviya-s-zainteresovannymi-storonami-przs.html>

⁵⁰ <http://documents.worldbank.org/curated/en/103381585162920638/Stakeholder-Engagement-Plan-SEP-Kyrgyz-Republic-Emergency-COVID-19-Project-P173766>

- Avoids the need to resort to judicial proceedings.

Description of GRM

210. MoH and MHIF will use the existing institutional Grievance Redress Mechanism (GRM) to address all citizen complaints and requests.⁵¹ The system and requirements (including staffing) for the grievance redress chain of action – from registration, sorting and processing, and acknowledgement and follow-up, to verification and action, and finally feedback – are incorporated into this GRM. In emergency situation, to encourage proactive beneficiary engagement, the outreach messages and information will be communicated through mass media, social media and city/district information boards to reach people at large. As a part of the outreach campaigns, MoH and its affiliated Republican Health Promotion Center will make sure that the relevant staff are fully trained and has relevant information and expertise to provide phone consultations and receive feedback at the COVID-19 Information Center established recently. The project will utilize this system (hotline, online, written and phone complaints channels) to ensure all project-related information is disseminated and complaints and responses are disaggregated and reported.

211. According to the Law “On Guarantees and Free Access to Information” (amended 28 December 2006), each state agency is obliged to provide relevant information to citizens and NGOs within a period of two weeks upon receipt of request. This is now widely used by citizens and NGOs, and they regularly channel their voices to the Ministry of Health and the Mandatory Health Insurance Fund (MHIF) through their websites www.med.kg and www.appeal.foms.kg. Any citizen can get information regarding COVID-19 prevention measures, testing possibilities and treatment referrals, as well as free file a complaint through below described channels.

212. All grievances and appeals received from citizens are delivered to the corporate system for further processing and follow-up. Given, that this pandemic situation is not only complex and volatile, but it could also be highly sensitive, the Grievance Focal Points will entertain grievances received anonymously too and addressed as deemed appropriate.

Channels for accessing COVID-19 information and submitting grievances with the MoH

1. Central hotlines: 0312660663 (MoH), 0312323202, 0312323055, 0550033607 (SSES);
2. Regional hotlines: 0322270755 (Osh Health Dept), 03123318767 (Bishkek Health Dept.)
3. WhatsApp: 0770895556;
4. Web-site address: www.med.kg.
5. Verbal or written grievance received during working meetings/personal appointments;
6. Incoming correspondence via courier to MoH general department;

⁵¹ MoH has a wide range of health institutions at the national, regional, district and rural levels. Each health institution manager is responsible to receive and handle at his respective level and if not resolved, the complaint can be escalated to the upper level or directly to the MoH or MHIF. Considering that the public health services are state insured, MHIF being the single payer in the state-run health system, MHIF monitors quality of medical services and manages the grievances. The existing complaint mechanisms will be utilized by the project to accept and solicit feedback to promote the citizen right on access to information and feedback.

7. Incoming correspondence by e-mail: mz@med.kg
8. Contact # of MoH public reception: +996 (312) 621023
9. MoH address: 148 Moskovskay St., Bishkek, Kyrgyz Republic

Channels for submitting grievances with the MHIF

1. National hotline: 113 (free of charge call);
2. Web-site address: www.forms.kg.
3. Verbal or written grievance received during working meetings/personal appointments;
4. Incoming correspondence via courier to MHIF;
5. Incoming correspondence by e-mail: mail@foms.kg
6. Contact # of MHIF public reception: +996 (312) 663551
7. MHIF address: 122 Chui Street, Bishkek, Kyrgyz Republic

Regional branches of MHIF:

- Bishkek City: 42 Mederova Street, Bishkek, tel (0312) 548737, 543231
- Chiy Oblast: 43 Razzakova Street, Bishkek, tel. (0312) 665362, 666273
- Osh Oblast: 53 Shkolnaya Street, Osh, tel. (03222) 56732, 56696
- Jalalabad Oblast: 15 Lenin St., Jalalabad city, tel. (03722) 20244, 21774
- Talas Oblast: 166 Berdike B St., Talas city, tel. (03422) 56026, 56875
- Batken Oblast: 14 Khojaeva St., Batken city, tel. (03622) 50640, 50178
- Issyk-kul Oblast: 21 1 Maya St., Karakol city, tel. (03922) 52055, 56727
- Naryn Oblast: 49 Sheralieva St., Naryn city, tel. (03522) 50387, 55686

Hotline of the Ministry of Emergency Situations

213. Citizens from all over the country can dial the national hotline of the Ministry of Emergency Situations requesting for an emergency assistance. Hotline number: 112 (free of charge call).

214. The citizens can also access information on COVID 19 prevention and quarantine measures with the closest rural and district health facilities (FAPs, FGP), SSES centers, health promotion centers, FMCs, as well as they can file their concerns and complaints with ayil okmotus or akimats to be informed on further actions.

Channels for submitting Grievances at the HO Level

The participating health care facilities (estimated number is 24) to be supported under Component 1 will establish the local GRM at the facility level. The Head of the HO will be responsible to arrange registration and to resolve complaints within 15 days upon the receipt of complaints from patients and health workers, and report on regular basis to the PIU on GRM implementation. The GRM Focal point will be assigned to file complaints and communicate the status of complaint resolution. The HO level GRM will be described in more details in the ESMP Checklists and Infectious Control and Waste Management Plan (ICWMP) to be developed by each facility and approved by the PIU before any investment made into the specific HO.

Workers GRM

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The project based GRM also include channels for the contracted workers to voice their concerns and to protect the workers against their employers. There are two options for the workers to file their complaints allowing anonymous grievances:

- 1) Contractor's grievance resolution representative at the civil works site;
- 2) Grievance Focal Point at the Supervising Consultant Office located in the region;
- 3) Workers can also contact the MoH/PIU GRM Focal Point;
- 4) At any time, the workers can contact the MOH/PIU Coordinator directly.

GRM for GBV Related Grievances

The project based GRM will be adapted to allow for the uptake of SEA/SH claims or accusations. SEA/SH claims can be reported, like any other project-related grievance. The reporting platforms vary - in person, by phone call, online or SMS.

The GRM Focal Point of the respective level logs the SEA/SH related complaints, acknowledges their receipt, and may take two key actions: 1) Refers the person subject to such assault to relevant GBV service providers, identified in advance and according to preestablished and confidential referral procedures; and 2) If the assaulted person gives consent, the second action is to communicate the allegation to the MOH/PIU staff responsible for grievance matters.

Receiving Grievances

215. When receiving a grievance, the following points are determined:

- Type of grievance;
- Category of the grievance;
- Persons responsible for review and execution of the grievance;
- Deadline for grievance resolving;
- Agreed actions.

216. After the type of action is determined, the hotline operator registers details regarding the actions in the incoming correspondence journal. The complainant will receive a notification by phone on the following:

- Full name of the executor (head of the department) to whom the grievance was forwarded;
- Deadline for execution (minimum 10 days, maximum 30 days from the registration date);
- The deadline and actions are determined in accordance with the MoH instructions for handling the grievances.

217. *Notification.* Notification will be registered in the outgoing correspondence logbook. The MoH Grievance Focal Point (GFP) will assist the applicant at all stages of his/her grievance and ensure that the grievance is properly handled.

218. In case the affected person is not satisfied with the decision resulting from the consideration of grievance, he / she has the right to appeal. Appeal claim is considered by the special MoH Grievance Review Committee (GRC) headed by senior MoH official. The GRC will be represented by the heads of departments, who will conduct hearings of appeals. After review of the appeal, if the citizen / beneficiary

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is unsatisfied with the solution, he/she has the right to appeal the decision in a judicial procedure or use the World Bank Grievance Redress System stated below.

Monitoring and Reporting on Grievances

219. The MoH Grievance Focal Point will be responsible for:

- Collecting and analyzing the qualitative data from GFPs on the number, substance and status of complaints and uploading them into the single project database;
- Monitoring outstanding issues and proposing measures to resolve them;
- Preparing quarterly reports on GRM mechanisms to be shared with the WB.

220. Quarterly reports to be submitted to the WB shall include Section related to GRM which provides updated information on the following:

- Status of GRM implementation (procedures, training, public awareness campaigns, budgeting etc.);
- Qualitative data on number of received grievances \ (applications, suggestions, complaints, requests, positive feedback), highlighting those grievances related to the involuntary resettlement and number of resolved grievances, if any;
- Quantitative data on the type of grievances and responses, issues provided and grievances that remain unresolved;
- Level of satisfaction by the measures (response) taken;
- Any correction measures taken.

World Bank Grievance Redress System

221. Communities and individuals who believe that they are adversely affected by a project supported by the World Bank may also complaints directly to the Bank through the Bank's Grievance Redress Service (GRS) (<http://projects-beta.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>). A complaint may be submitted in English, Kyrgyz or Russian, although additional processing time will be needed for complaints that are not in English. A complaint can be submitted to the Bank GRS through the following channels:

- By email: grievances@worldbank.org
- By fax: +1.202.614.7313
- By mail: The World Bank, Grievance Redress Service, MSN MC10-1018, 1818 H Street Northwest, Washington, DC 20433, USA
- Through the World Bank Country Office in Bishkek: 210 Moskovskaya Street, Bishkek, Kyrgyz Republic, bishkek@worldbank.org , Tel. +996 312 625262

222. The complaint must clearly state the adverse impact(s) allegedly caused or likely to be caused by the Bank-supported project. This should be supported by available documentation and correspondence to the extent possible. The complainant may also indicate the desired outcome of the complaint. Finally, the complaint should identify the complainant(s) or assigned representative/s, and provide contact details. Complaints submitted via the GRS are promptly reviewed to allow quick attention to project-related concerns.

223. In addition, project-affected communities and individuals may submit complaints to the World Bank's independent Inspection Panel, which will then determine whether harm occurred, or could occur,

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as a result of the World Bank’s non-compliance with its policies and procedures. Complaints may be submitted to the Inspection Panel at any time after concerns have been brought directly to the World Bank’s attention, and after Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

224. Institutional Arrangements, Responsibilities and Capacity Building

225. The section describes the institutional arrangements to implement the ESMF from the screening of subprojects for environment and social issues, preparation of and consultation for subproject instruments, disclosure, review and clearance of subprojects to monitoring the implementation of the ESMP/checklist, ICMWMP, etc.

226. Assessment of the Borrower’s capacity: The PIU established under the Ministry of Emergencies and assigned to implement this project has sufficient capacity in managing the project. Under on-going ERIK project, the PIU has senior safeguards specialist, who is providing general oversight of environmental and social compliance of the projects implemented by the PIU. In addition, one environmental and one social specialist have been hired to work on COVID-19 project. Short-term environmental and medical waste management consultant hired by the PIU to support CERC component under ERIK project, is preparing Infectious Control and Medical Waste Management Plan for CERC component. This ICMWMP will be used as a sample and can be modified while preparing ICMWMP for COVID-19 project.

227. MOH and PIU are responsible for implementation the project activities in compliance with environmental and social standards under ESF. PIU environmental and social specialists are responsible for daily operation, screening and monitoring, preparation of ESF documentation and ensuring that ESMPs and ICMWMPs are followed by the contractors and HOs. Focal persons assigned under each HO and PoE will closely with PIU staff on screening and monitoring of the activities. Expert group on medical waste management established under MOH will provide general advice to the project. The World Bank team is responsible for guidance, review and approval of the relevant documentation, and conducts regular implementation support to the project.

228. Capacity development plan: Though the project is staffed with dedicated Environmental and Social Specialists, there is a critical need on expertise on Infectious Control and Medical Waste Management. The PIU will consider procuring services of short-term consultant on ICMWM to provide training on ICMWM to medical facilities, where necessary. Environmental and Social Specialists of PIU will also need to take such training to support monitoring activities during project implementation. PIU will prepare training plan and submit to the Bank for review.

Position	Topic	Target organization	Approximate cost
Consultant on ICMWM	Infectious control and medical waste management under COVID-19 circumstances	Target HO; PIU Environmental specialist;	Up to US\$5,000

229. Planning and design: PIU will be responsible for screening and development of ICMWMP and ESMP for each subproject. MOH, MHIF and PoEs will provide full support to establish regular communication with the target sites to ensure that PIU has extensive information, as well as to facilitate field visits wherever those are possible. MOH, MHIF, PoE will assign a dedicated staff, who will closely work with PIU on E&S screening, regular monitoring and reporting on ESMP and ICMWMP. The PIU will hire one infectious control and medical waste management/environmental consultant, as well as one

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environmental/social specialist, who will be leading this ESF process under the project and work closely with PIU engineers and procurement specialists in developing technical specifications, cost estimates and Bills of Quantity for the contracts. As for the repair works that will be contracted by the hospitals (under cash transfers), the MHIF, HO and POEs should assign focal person, who will work closely with PIU on ensuring that hospitals/labs/POEs also apply ICMWMP and ESCP in their contracts with contractors. Each hospital, laboratory, POE should also assign a responsible person to monitor compliance with the E&S instruments, and regularly report to MOH and PIU. Training needs and schedule need to be defined at the planning and implementation stage by MOH and PIU, and shared with the Bank.

230. Rehabilitation Stage: In addition to the assigned staff by hospitals and POE, the supervision consultants and contractors will also need to assign a person on OHS compliance. They will be required to report immediately on any accidents in due course of works implementation. In case of any environment or social incident, contractors, HO and PoE are required to immediately report this to the PIU and MOH. The MOH and PIU are required to report the case to the Bank within 24 hours. PIU safeguards specialist will also carry out site visits for monitoring and report to the MOH and the Bank on the status of E&S compliance, as may be necessary. Regular training on OHS, infection control related to COVID-19 need to be conducted, and the consultant identified for these purposes.

231. Operational stage: Infectious control and medical waste management are of a critical focus during operational stage, and a Head of HO and POE take overall responsibility for these issues. The responsible persons for E&S compliance identified at the planning and design stage of the project (see above) should continue their roles during operation stage. All relevant department in HO and relevant stakeholders of POE (border service staff and customs service staff) should be involved into training, coordination and regular review of the issue and compliance with E&S.

232. HO and POE need to ensure that qualified staff are in place, including those in charge of infection control and biosafety and waste management facility operation. While the traditional (paper based) information management system exist in HO and laboratories, the project needs to ensure that POE also manage and report information on medical waste. As ERIK project will finance microwave and press-destructors, there is a need to ensure that adequate training is conducted to the HO personnel. The project will identify potential implementable measures for improving destruction of disinfected medical waste after autoclaving and microwaving at offsite pyrolysis plant/s. HO and POE staff will be responsible for safe transportation of potentially infected medical waste of HOs and POEs, thus it is necessary to ensure that all involved parties are trained on safe medical waste handling.

233. HO have the established system of waste streams recording and tracking, which will continue to be used. PoEs will need to establish/enhance such system, so necessary training may be required.

234. Capacity building and training on infectious control and medical waste management should involve medical workers, waste management workers and cleaners. Providers of such trainings should be identified and contracted or assigned by MOH. Third-party waste management service providers should be provided with relevant training as well. PIU will hire infectious control and medical waste management specialist, who will provide necessary training to HO. Moreover, the project will work closely with other donors, who provide emergency response support to the government with soft components, including training. Particular attention in training should be focused on disease spread and infections control and waste management.

ANNEXES

Annex I. Screening Form for Potential Environmental and Social Issues

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. Using this form, the PIU will need to prepare separate Screening forms for each type of support: a) civil works; b) medical goods and equipment (mainly focusing on medical waste management); c) PPEs (mainly focusing on medical waste management); d) temporary housing. ***It is not a substitute for project-specific E&S assessments or specific mitigation plans.***

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

Subproject Name	
Subproject Location	
Subproject Proponent	
Estimated Investment	
Start/Completion Date	

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	no		
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 resettlement impacts, land acquisition/involuntary resettlement and/or restrictions on land use?			ESS5	Exclude
Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3	ESIA/ESMP, SEP

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<ul style="list-style-type: none"> a. Identification of current methods of medical waste management and disposal at the HO and PoEs, including segregation, storage and processing; b. Identification of any on-site facilities for disposal of medical waste including autoclaves, incinerators, pits for burning medical waste, pits for burial of medical waste, etc.; c. Identification of any off-site disposal of medical waste, including how material is gathered and stored, routes taken to the disposal facility, and disposal procedures; d. Review of protocols for dealing with medical waste specifically related to infectious diseases like COVID-19; e. Review of training procedures for healthcare workers and other relevant HO employees, as well as PoEs staff for medical waste management and disposal; b. Identify whether any extension of health care facility is needed for installation of microwave and press-destructors to be supplied under CERC component of ERIK project. Exclude any activity that will result in the loss of land or non-land private assets due to repair of HOs. f. ; g. Estimate healthcare waste streams, including wastewater, solid wastes and air emissions (f significant), in a healthcare facility; 			ESS3	ESMP
<p>Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?</p>			ESS1	ESIA/ESMP, SEP

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Isolation/quarantine centers: These may be located at Point of Entry, border, urban and/or rural areas. Whether the requirements on food, water, fuel, hygiene, infection prevention and control, and monitoring the health of quarantined persons can be met?			ESS1 ESS3	ESMP
Temporary housing: whether the facility for temporary housing has proper access to food, water, hygiene, infection prevention and control and proper sleeping premises			ESS1 ESS3	ESMP/SEP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?			ESS1 ESS3	ESIA/ESMP
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?			ESS2	LMP, SEP
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?			ESS2	ESIA/ESMP
Does the subproject have a GRM in place, including at HO level to which all workers have access, designed to respond quickly and effectively?			ESS10	ESMP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities and related activities?			ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any sensitive areas, sensitive social receptors, such as residential area or school and availability of municipal services (water supply, sewage and waste collection services)?			ESS6	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP
Is there any territorial dispute between two or more countries in the subproject and its ancillary aspects and related activities?			<i>OP7.60 Projects in Disputed Areas</i>	Governments concerned agree

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Will the subproject and related activities involve the use or potential pollution of, or be located in international waterways ⁵² ?			<i>OP7.50 Projects on International Waterways</i>	Notification (or exceptions)
Is there a drinking water supply system?			ESS1 ESS3	ESIA/ESMP, SEP
Are the hygiene and sanitation measures adequate?			ESS1 ESS3	ESIA/ESMP, SEP
Is there a heating, ventilation and electricity system?			ESS1 ESS3	ESIA/ESMP, SEP
Are there special facilities for people with disabilities on the site?			ESS1 ESS4	ESIA/ESMP, SEP
Are there access roads leading to a facility, for example, to a POE?			ESS1	ESIA/ESMP, SEP
Do trees, shrubs and other vegetation grow on the site?			ESS1 ESS3	ESIA/ESMP, SEP
The number of people using the facility (average statistics), etc.			ESS1 ESS4	ESIA/ESMP, SEP
Other environmental and social information (as appropriate)			ESS1 ESS2 ESS3	ESIA/ESMP, SEP

Conclusions:

- 1. Proposed Environmental and Social Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.**
- 2. Proposed E&S Management Plans/ Instruments. In cases critical gaps that may cause significant environmental and social risks, are identified, those need to be filled before the subproject can receive support. The PIU needs to inform MOH and the World Bank on such gaps, discuss it and identify time-bound actions to be taken to overcome such gaps or propose another target facility, which does not have such critical gaps.**

⁵² International waterways include any river, canal, lake or similar body of water that forms a boundary between, or any river or surface water that flows through two or more states.

INFECTION CONTROL: CONSIDERATIONS AND TOOLS TO ASSIST IN E&S SCREENING AND RISK RATING:

In the context of global COVID-19 outbreak, many countries have adopted a containment strategy that includes extensive testing, quarantine, isolation and treatment either in a medical facility or at home.

A COVID-19 response 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 (PPE)
- 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
- community engagement and communication

1. Screening E&S Risks of Medical laboratories

Many COVID-19 projects include capacity building and operational support to existing medical laboratories. It is important that such laboratories have in place procedures relevant to appropriate biosafety practices. WHO advises that non-propagative diagnostic work can be conducted in a Biosafety Level 2 (BSL-2) laboratory, while propagative work should be conducted at a BSL-3 laboratory. Patient specimens should be transported as Category B infectious substance (UN3373), while viral cultures or isolates should be transported as Category A “Infectious substance, affecting humans” (UN2814). 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 Covid-19 Technical Guidance: Laboratory testing for 2019-nCoV in humans:
- 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 of Quarantine and Isolation Centers

According to WHO:

- **Quarantine** is the restriction of activities of or the separation of persons *who are not ill but who may have been exposed to* an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases
- **Isolation** is the separation of *ill or infected persons* from others to prevent the spread of infection or contamination.

Many COVID-19 projects include construction, renovation and equipping of quarantine and isolation centers at Point of Entry (POE), in urban and in remote areas. There may also be circumstances where

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tents are used for quarantine or isolation. Public or private facilities such as a stadium or hotel may also be acquired for this purpose.

In screening for E&S risks associated with quarantine and isolation, the following may be considered:

- contextual risks such as conflicts and presence or influx of refugees
- construction and decommissioning related risks
- land or asset acquisition
- use of security personnel or military forces
- availability of minimum requirements of food, fuel, water, hygiene
- whether infection prevention and control, and monitoring of quarantined persons can be carried out effectively
- whether adequate systems are in place for waste and wastewater management

The following documents provide further guidance regarding quarantine of persons.

- WHO: Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)
- WHO: Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV
- WHO: Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings

3. SCREENING E&S RISKS OF TREATMENT CENTERS

WHO has published a manual that provides recommendations, technical guidance, standards and minimum requirements for setting up and operating severe acute respiratory infection (SARI) treatment centers in low- and middle-income countries and limited-resource settings, including the standards needed to repurpose an existing building into a SARI treatment center, and specifically for acute respiratory infections that have the potential for rapid spread and may cause epidemics or pandemics.

- WHO Severe Acute Respiratory Infections Treatment Centre
 - WHO Covid-19 Technical Guidance: Infection prevention and control / WASH
 - WBG EHS Guidelines for Healthcare Facilities

4. SCREENING E&S RISKS RELATING TO LABOR AND WORKING CONDITIONS

A COVID-19 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. 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 for COVID-19 projects are discussed in the POM

EXCLUSION LIST

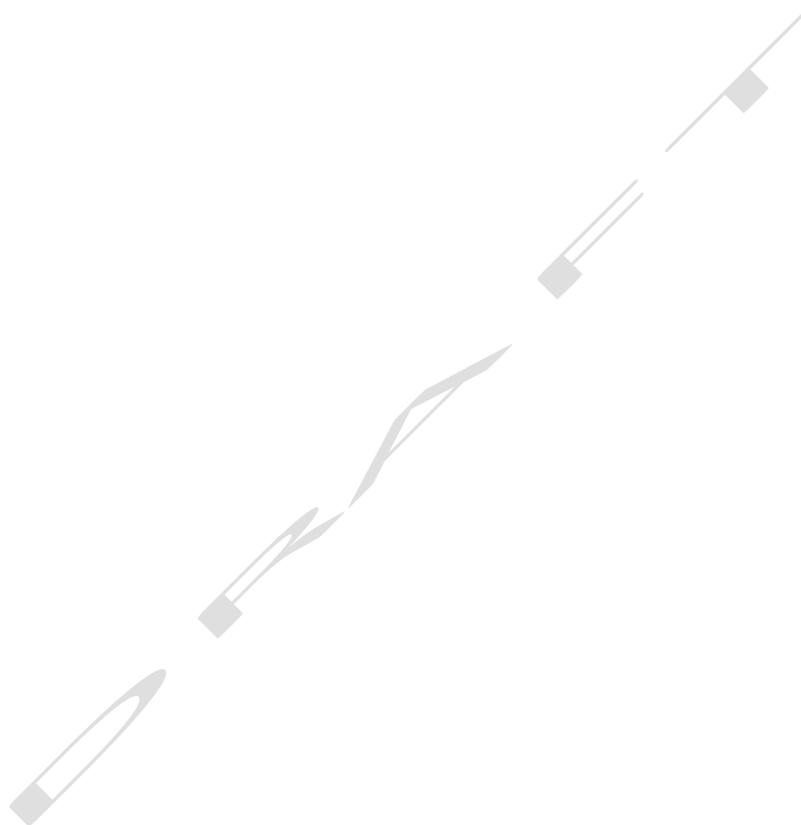
The project will not finance activities:

- Causing long term, permanent and/or irreversible environmental or social impacts;
- With a high probability of causing serious adverse effects to human health and/or the environment not related to COVID-19 treatment;

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- With significant adverse social impacts/ which may give rise to significant social conflict;
- That may affect lands or rights of vulnerable minorities;
- That may involve resettlement, land acquisition, or adverse impacts on cultural heritage;

Facilities with asbestos insulation, asbestos pipe lagging that need to be replaced and moved, requiring new construction, land acquisition and resettlement will be excluded from financing under the project. The World Bank financing cannot be used for production or trade in any product or activity deemed illegal under host country laws or regulations or international conventions and agreements, or subject to international bans, such as pharmaceuticals, pesticides/herbicides, ozone depleting substances, polychlorinated biphenyls (PCB's), wildlife or products regulated under CITES⁵³. Activities that may cause permanent and/or irreversible adverse impacts on environment, or may give a rise to significant social conflict, or involve permanent resettlement or adverse impact on cultural heritage will not be financed.



⁵³ Based on IFC Exclusion list. See; https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/company-resources/ifcexclusionlist#2007

Annex II. Environmental and Social Management Plan (ESMP) Checklist Template

Introduction

The Borrower will need to develop an Environmental and Social Management Plan (ESMP) checklist, setting out how the environmental and social risks and impacts will be managed through the project lifecycle. This ESMP checklist includes several matrices identifying key risks and setting out suggested E&S mitigation measures. The Borrower can use the matrices to assist in identifying risks and possible mitigations.

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

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

The issues and risks identified in the matrix are based on current COVID-19 responses and experience of other Bank financed healthcare sector projects. The Borrower should review and add to them during the environmental and social assessment of a subproject.

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

The Infection Control and Medical Waste Management Plan forms part of the ESMP. The ESMP should identify other specific E&S environment management tools/instruments, such as the Stakeholder Engagement Plan (SEP), labor management procedures (LMP), and Medical Waste Management Plan.

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PART A: General project, institutional and administrative

PART A: INSTITUTIONAL & ADMINISTRATIVE				
Country	Kyrgyz Republic			
Project title	Emergency COVID-19 Response Project			
Scope of project and activity	To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness			
Institutional arrangements (Name and contacts)	WB (Project Team Leader)	Project Management Project Implementation Unit under the Ministry of Emergency Situations Mr.	Local HO	
Implementation arrangements (Name and contacts)	ESF Supervision Mrs/Mr	Local Counterpart Supervision	Local state institutions Supervision	Contactor
SITE DESCRIPTION				
Name of HO/POE				
Describe site location, including Attachement with the Site Map	Address ; location within the city ; distance from residential or industrial areas.			
Brief Geographic description	Brief characteristics of climate conditions, relief; geology and surface and ground waters, nearby green areas.			
Describe the participating healthcare organization (HO), POE Describe the design requirements of the HO, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave, and waste management facilities.	<p>Type: e.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory; POE: Points of Entry (permanent or temporary)</p> <p><i>Special type of HO/POE in response to COVID-19: E.g. existing assets may be acquired to hold yet-to-confirm cases for medical observation or isolation;</i></p> <p>Functions and requirement for the level infection control, e.g. biosafety levels;</p> <p>Location and associated facilities, including access, water supply and sanitation, district heating</p> <p>Capacity: beds</p>			
HO/POE Infection Control and Waste Management	<p>Overview of <i>infection control and waste management in the HO:</i></p> <ul style="list-style-type: none"> Type, source and volume of Medical Wastes (MW)) generated in the HO/POE, including solid, liquid and air emissions (if significant); Classify and quantify the MW (infectious waste, pathological waste, sharps, liquid and non-hazardous) following WGB EHS Guidelines for Healthcare Facilities. <p><i>Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. It's likely the volume of waste will increase considerably given the number of admitted patients during COVID-19 outbreak. Special attention should be given to the identification, classification and quantification of the healthcare wastes.</i></p> <ul style="list-style-type: none"> Describe the healthcare waste management system in the HO/POE, including material delivery, waste generation, handling, disinfection and sterilization, collection, 			

	<p>storage, transport, and disposal and treatment works;</p> <ul style="list-style-type: none"> • Describe applicable performance levels and/or standards; • Describe institutional arrangement, roles and responsibilities in the HO/POE for infection control and waste management. <p><i>Applied Management Measures:</i></p> <ul style="list-style-type: none"> • Waste minimization, reuse and recycling: practices and procedures to minimize waste generation. • Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: practices and procedures to minimize risks associated with delivering, receiving and storage of the hazardous medical goods. • Waste segregation, packaging, color coding and labeling: conducting waste segregation at the point of generation and applying internationally adopted method for packaging, color coding and labeling the wastes should be followed. • Onsite collection and transport: adopting practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes and disinfection of pertaining tools and spaces, ensuring hygiene and safety of involved supporting medical workers such as cleaners. • Waste storage: having multiple waste storage areas designed for different types of wastes and their proper maintenance and disinfection as well as removing infectious wastes from HO’s storage area for disposal within 24 hours. • Onsite waste treatment and disposal (e.g. an incinerator): conducting the due diligence of the existing incinerator and examining its technical adequacy, process capacity, performance record, and operator’s capacity, based on what, - providing corrective measures. • Transportation and disposal at offsite waste management facilities: these offsite waste management facilities may include hazardous wastes landfill, pyrolysis, which also need a due diligence to examine its technical adequacy, process capacity, performance record, and operator’s capacity, providing, if needed, corrective measures agreed with the government agency or the private sector operators. • Wastewater treatment: as wastewater is discharged into municipal sewer sewerage system, please provide evidence that the HO/POE ensures that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) can handle the type of effluent discharged.
<p>Emergency Preparedness and Response</p>	<p>Provide an overview of the existing practices to deal with the emergency situations (due to 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), and if an Emergency Response Plan (ERP) that is commensurate with the risk levels is recommended is in place or needs to be developed. The key elements of an ERP are defined in ESS 4 Community Health and Safety (para. 21).</p>
<p>LEGISLATION</p>	
<p>Identify national & local legislation & permits that apply to project activity</p>	<p>The regulatory framework for the project includes a series of National laws and regulations, WBG Environmental and Social Standards and Guidelines, as well as WHO Guiding documents:</p> <p>NATIONAL LEGISLATION: [Can use information in ESMF above]</p> <p>WB Environmental and Social Standards: ESS1 – <i>Assessment and Management of Environmental and Social Risks and Impacts</i>; ESS2 – <i>Labor and Working Conditions</i>; ESS3 – <i>Recourse and Efficiency, Pollution Prevention and Management</i>; and, ESS4 – <i>Community Health and Safety</i>;</p> <p>The WBG <i>Environmental Health and Safety (EHS) Guidelines</i> (General EHS Guidelines: (a) EHS 2.5 – Biological Hazards; (b) EHS 2.7 – Personal Protective Equipment (PPE); (c) EHS 3.5 – Transportation of Hazardous Materials; and, (d) EHS 3.6 – Disease Prevention); IFC <i>Environment, Health and Safety Guidelines for Health Care Facilities</i>;</p>

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	<p>World Health Organization <i>technical guidance</i> on the following issues:</p> <ul style="list-style-type: none"> (i) laboratory biosafety, (ii) infection prevention and control, (iii) rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, (iv) water, sanitation, hygiene and waste management, (v) quarantine of individuals, (vi) rational use of PPE, (vii) oxygen sources and distribution for COVID-19 treatment centers.
ESMP DISCLOSURE AND PUBLIC CONSULTATION	
<p><i>Identify when / where the document has been disclosed and conducted public consultation</i></p>	<p>Provide information when and where the ESMP document has been disclosed and the results of virtual consultation (an overview and/or attaching the minutes with the summary of received comments and answers)</p>
INSTITUTIONAL ARRANGEMENTS AND CAPACITY BUILDING	
<p><i>Implementing institutional arrangements And proposed/conducted capacity building activities</i></p>	<p>The following aspects should be described:</p> <ul style="list-style-type: none"> • 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 an HO takes overall responsibility for infection control and waste management; • Involve all relevant departments in an HO, and build an intra-departmental team to manage, coordinate and regularly review the issues and performance; • Establish an information management system to track and record the waste streams in HO/POE; and • Capacity building and training that should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

PART B: ENVIRONMENT AND SOCIAL INFORMATION

ENVIRONMENTAL /SOCIAL SCREENING		
Activity/Issue	Status	Triggered Actions
1. Building rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, see Section A below
2. Small-scale New construction	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, see Section A below
3. Individual wastewater treatment system	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, see Section B below
4. Hazardous or toxic materials ⁵⁴	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, see Section E below
5. Traffic and Pedestrian Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, see Section F below
6. Social Risk Management (Worker Health and Safety, Community Safety, Labour and Exclusion Risks)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, see Section G below

⁵⁴ Toxic / hazardous material includes but is not limited to asbestos, toxic paints, noxious solvents, removal of lead paint, etc.

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
A. General Rehabilitation and /or Construction Activities	Air Quality	(a) Use debris-chutes during interior demolition above the first floor (b) Keep demolition debris in controlled area and sprayed with water mist to reduce debris dust (c) Suppress dust during pneumatic drilling/wall destruction by ongoing water spraying and/or installing dust screen enclosures at site (d) Keep the surrounding environment (sidewalks, roads) free of debris to minimize dust (e) Disallow open burning of construction / waste material at the site (f) Disallow excessive idling of construction vehicles at sites (g) Dust suppress by watering
	Noise	(a) Limit construction noise to daytime unless extreme urgency. Notify health workers on the civil works schedule if it deviates from standard working hours (b) Ensure that during operation, engine covers of generators, air compressors and other powered mechanical equipment are closed, and equipment placed as far away from residential areas as possible
	Water Quality	(a) Establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers.
	Waste management	(a) Identify waste collection and disposal pathways for all major waste types expected from demolition and construction activities (b) Separate mineral construction and demolition wastes from general refuse, organic, I ₂ Quid and chemical wastes by on-site sorting and stored in appropriate containers. (c) Collect construction waste and dispose properly to the designated locations (d) Whenever feasible, reuse and recycle appropriate and viable materials (except asbestos)
	Resource efficiency and material supply	(a) Efficient use of water and other resources; (b) Safe materials should be used in construction (certificates)
B. Individual wastewater treatment system	Water Quality	(a) Ensure that the approach of handling sanitary wastes and wastewater and the design of the treatment system is approved by relevant authorities (b) Ensure that before discharging into receiving waters, effluents from individual wastewater systems are treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment (c) Undertake monitoring of newly established wastewater treatment systems and report to Employer on the monitoring outcome (d) Wash construction vehicles and machinery only in designated areas where runoff will not pollute natural surface water bodies.
E. Toxic Materials	Asbestos management	(a) If asbestos is located on the subproject site, mark it clearly as hazardous material (b) When possible, appropriately contain and seal asbestos to minimize exposure (c) Treat asbestos prior to removal (if removal is necessary) with a wetting agent to minimize asbestos dust (d) Handle and disposed asbestos using skilled & experienced professionals (e) If asbestos material is being stored temporarily, securely enclosed it inside closed containments and mark appropriately. Take security measures against unauthorized removal from the site (f) Do not reuse the removed asbestos
	Toxic / hazardous waste management	(a) Temporarily store all hazardous or toxic substances on site in safe containers labeled with details of composition, properties and handling information (b) Place containers of hazardous substances in leak-proof containers to prevent spillage and leaching

		<ul style="list-style-type: none"> (c) Transport waste to official landfills and dispose excess excavated material at sites agreed with the local authorities. (d) No not use paints with toxic ingredients or solvents, or lead-based paints
F. Traffic and Pedestrian Safety	Direct or indirect hazards to public traffic and pedestrians by construction activities	<ul style="list-style-type: none"> (a) Signpost, place warning signs, arrange barriers and traffic diversions so that the work site is clearly visible, and the public is warned of all potential hazards (b) Establish traffic management system and conduct staff training, especially for site access and near-site heavy traffic. Provide safe passages and crossings for pedestrians where construction traffic interferes. (c) Adjust working hours to local traffic patterns, e.g. avoid major transport activities during rush hours or times of livestock movement (d) Actively manage traffic if required for safe and convenient passage for the public. (e) Ensure safe and continuous access to office facilities, shops and residences during renovation activities, if the buildings stay open for the public.
G. Social Risk Management	Public relationship management	<ul style="list-style-type: none"> (a) Implement and update as needed the project-based Stakeholder Engagement Plan (b) Assign local focalpoints who are in charge of communication with and receiving requests/complaints from local population. (c) Consult local communities to identify and proactively manage potential conflicts between an external workforce and local people. (d) Raise local community awareness about sexually transmitted disease risks associated with the presence of an external workforce and include local communities in awareness activities. (e) Scheduled works beyond irrigation season to the extent possible in order to avoid/minimize service disruption. Inform local population about construction and work schedules, interruption of services, traffic detour routes and provisional bus routes, blasting and demolition, as appropriate. (f) Limit construction activities at night. When necessary, carefully schedule night work and inform affected community beforehand. (g) Properly mark and fence work site (h) No temporary storage of construction materials and waste occurs within cultivated land plots or any type of private property (i) Allocate areas for temporary storage of construction materials and waste so that free movement of traffic and pedestrians is not hindered.
	Public Safety	<ul style="list-style-type: none"> (a) Ensure quarantine procedures for COVID-19 patients are maintained; (b) Share information on project activities and construction schedule prior to the start of works; (c) Notify local construction and environment inspectorates and communities on the upcoming activities (d) Notify public on the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works) (e) Acquire all legally required permits for construction and/or rehabilitation (f) Formally agree with Employer that all work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment. (g) Appropriately signpost construction site to inform workers on key rules and regulations. (j) Inform the community about the established grievance redress mechanisms and share contact numbers of focal points (k) Issues associated with the use of security and military personnel
	Labor Management	<ul style="list-style-type: none"> (a) Include the ESMP Checklist into the bidding documents; (b) Ensure contractors and subcontractors comply with labor laws and standards and implement fair work practices, giving preference to local labour force, if qualified; (c) Inform the contractors about the established grievance redress mechanisms and share contact numbers of focal points; (d) Instruct and train contractor assigned staff on GBV/SEA monitoring, GRM, no child/forced labour use, code of conduct and

		<p>other labour requirements as per ESS2 and Kyrgyz Labour Code;</p> <ul style="list-style-type: none"> (e) To the extent possible, do not locate work camps in close proximity to local communities. (f) Locate and operate workers’ camps in consultation with neighboring communities. (g) Recruit unskilled or semi-skilled workers from local communities to the extent possible. Where and when feasible, worker skills training, should be provided to enhance participation of local people. (h) Provide adequate lavatory facilities (toilets and washing areas) in the work site with adequate supplies of hot and cold running water, soap, and hand drying devices. Establish a temporary septic tank system for any residential labor camp without causing pollution of nearby watercourses. (i) Raise awareness of workers on overall relationship management with local population, establish the code of conduct in line with international practice and strictly enforce them, including the dismissal of workers and financial penalties of adequate scale. (j) Ensure neither child (up 18 years old) labor nor forced labour applied; and (k) Inform the laborers about the established grievance redress mechanism and share contact numbers of focal points
	<p>Worker health and safety requirements</p>	<ul style="list-style-type: none"> (a) Ensure contractors and subcontractors comply with occupational safety local laws and requirements as per ESS 2; (b) Provide detailed information to the personnel about the activities foreseen in the project; (c) Conduct safety trainings carried out by specialists in different fields; (d) Ensure that workers’ PPE complies with international good practice (masks, gloves and safety glasses, for civils works also hardhats, harnesses and safety boots); (e) Provide adequate sanitary conditions (lavatories and washing areas) in the work site with adequate supplies of running water, soap, antiseptics and hand drying devices; (f) Secure working conditions meeting health and safety standards required by the Kyrgyz legislation; (g) Ensure regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPE, etc.; (h) Ensure protocols for regular disinfection of public rooms, wards, ICUs, equipment, tools, and waste are in place and followed; (i) Ensure handwashing and other sanitary stations are always supplied with clean water, soap, and disinfectant; (j) Ensure equipment such as autoclaves are in working order; and (k) Provide regular testing to healthcare workers routinely in contact with COVID-19 patients

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

	<p>arranged point;</p> <ul style="list-style-type: none"> - Technical order of the construction equipment maintenance point: <ul style="list-style-type: none"> • solid impenetrable floor or adsorbent (sand fine gravel, membrane) cover; • enough area and impenetrable barriers around fuel containers; • basic fire extinguishing means. 					
Generation of construction waste	<ul style="list-style-type: none"> - Temporary storage of construction waste in especially allocated areas; - Timely disposal of wastes to the formally designated locations 	Construction site; Waste disposal site	Inspection of activities	Periodically during construction and upon its completion	<ul style="list-style-type: none"> - Prevent pollution of soil, surface water and ground water, - Avoid accidents at the construction site due to scattered fragments of construction materials and debris, - Retain esthetic appearance of the construction site and its surroundings 	<p>PIU, MHIF, HO/POE</p> <p>Technical supervision consultant,</p> <p>Municipality</p> <p>State Environmental and Technical Inspection</p>
Production of domestic wastes	<ul style="list-style-type: none"> - Placement of waste collection containers at the construction site and construction base (if any) - Agreement with the relevant Municipality on regular disposal of 	Construction site and construction base (if any)	Visual observation	Total period of construction	Prevent pollution of soil and water with domestic waste	<p>PIU, MHIF, HO/POE</p> <p>Technical supervision consultant,</p> <p>Municipality</p> <p>State Environmental and Technical Inspection</p>

	domestic wastes					
Construction site re-cultivation and landscaping	Final cleaning of the construction site	Construction site	Inspection of activities	Final period of construction	Reduce loss of aesthetical value of the landscape due to construction activities	PIU, MHIF Technical supervision consultant, Municipality State Environmental and Technical Inspection
Workers' health and safety, labour issues	<ul style="list-style-type: none"> - Provision of constructors with working clothes and PPE; - Strict compliance with the rules of construction equipment operation and usage of PPE; - Strict compliance with the national regulations for construction works; - Presence of basic fire extinguishing means; - Availability of labor safety training and instruction records; - Compliance with labor laws and requirements as per ESS2. 	Construction site	Inspection of activities	Total period of works	Reduce probability of traumas and accidents to constructors	PIU, MHIF, HO/POE Technical supervision consultant, State Environmental and Technical Inspection

OPERATION PHASE						
Medical waste management	<ul style="list-style-type: none"> - Separation of medical waste from other types of waste generated at HO; - Arrangements in place with especially licensed entity for regular out-transporting and disposal of medical waste in compliance with the national legislation and the best national practice; 	Premises of HO/POE	<ul style="list-style-type: none"> - Inspection of HO premises; - Checking presence and validity of waste removal and disposal agreement with a licensed entity 	Total period of operation of the facility	<ul style="list-style-type: none"> - Maintenance of good sanitary conditions at HO; - Avoid spread of infection from HO area; - Limitation of soil, surface and ground water pollution 	Administration of the HO/POE State Environmental and Technical Inspection DSSSES
Household waste management	<ul style="list-style-type: none"> - Presence of adequate type and number of household waste bins; - Timely removal of household waste from the HO territory on the basis of out-transporting and disposal arrangements 	Premises of HO/POE	<ul style="list-style-type: none"> - Inspection of HO premises; - Checking presence and validity of waste removal and disposal agreement with a licensed entity 	Total period of operation of the facility	<ul style="list-style-type: none"> - Maintenance of good sanitary conditions at HO; - Limitation of soil, surface and ground water pollution 	Administration of the HO/POE Municipality State Environmental and Technical Inspection
Operation and maintenance of the healthcare waste equipment	Regular servicing of the medical waste equipment being undertaken	Premises of HO	Site inspection	Total period of operation of medical equipment	Maintenance of the healthcare waste incinerator in safe and operable condition	Administration of the HO/POE MoH
Emergency preparedness	Presence of fire alarm and fire localization system, and emergency back-up systems for power and water supply	Premises of HO/POE	Periodic check-ups	Total period of operation of the facility	<ul style="list-style-type: none"> - Reduce risks for the staff and patients of HO; - Avoid disruption in the provision of utility services to the HO 	Administration of the HO/POE

Annex III. Infection Control and Medical Waste Management Plan (ICMWMP)
Template

1. Introduction

1.1 Describe the project context and components

1.2 Describe the targeted healthcare organization (HO):

- Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory, quarantine or isolation centers;
- *Special type of HO in response to COVID-19: E.g. existing assets may be acquired to hold yet-to-confirm cases for medical observation or isolation;*
- Functions and requirement for the level infection control, e.g. biosafety levels;
- Location and associated facilities, including access, water supply, power supply;
- Capacity: beds

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

2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HO

- Type, source and volume of healthcare waste (HCW) generated in the HO, 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.
- *Given the infectious nature of the novel coronavirus, some wastes that are traditionally classified as non-hazardous may be considered hazardous. It's likely the volume of waste will increase considerably given the number of admitted patients during COVID-19 outbreak. Special attention should be given to the identification, classification and quantification of the healthcare wastes.*
- Describe the healthcare waste management system in the HO, 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 HO if available
- Describe applicable performance levels and/or standards
- Describe institutional arrangement, roles and responsibilities in the HO for infection control and waste management
-

2.2 Management Measures

- Waste minimization, reuse and recycling: HO 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: HO should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of hazardous medical goods.

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- Waste segregation, packaging, color coding and labeling: HO 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: HO 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: A HO 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. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HO's storage area for disposal within 24 hours.
- Onsite waste treatment and disposal (e.g. an incinerator): Many HOs 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. 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 HO has adequate or well-performed disinfection and destruction onsite.. Hence offsite waste disposal facilities provided by local government or the private sector are probably needed. These offsite waste management facilities may include pyrolysis plant, 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: HO 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 HO 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, HO 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 HO 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.
- Healthcare workers, mortuary staff, and others handling bodies should apply standard precaution including hand hygiene before and after interaction with the body, and the environment; and use appropriate PPE according to the level of interaction with the body, including a gown and gloves. If there is a risk of splashes from the body fluids or secretions, personnel should use facial protection, including the use of face shield or goggles and medical masks.
- Medical waste, including any waste suspected to contain pathogens should be segregated and marked "infectious" with international infectious symbol in a strong, leak proof plastic bag, or a container capable of being autoclaved. Medical waste should be sterilized via chemical disinfection, wet thermal treatment (i.e. autoclave), microwave irradiation, or at pyrolysis plant prior to disposal. Sharps, including needles, scalpels, blades, knives, infusion sets, saws, broken glass, and nails etc. should be segregated in a rigid, impermeable, puncture-proof container (e.g. steel or hard plastic) container for sterilization and disposal in accordance with the guidelines. Additionally, needles and

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syringes should undergo mechanical mutilation (e.g. milling or crushing) prior to treatment, particularly chemical, wet thermal treatment, and microwave irradiation.

- The ICMWMP will include procedures for regular testing of healthcare workers exposed to COVID-19 as well as patients who present symptoms. These testing procedures may vary between HOs/POE depending on the availability of testing kits and laboratories in different parts of the country and at different times.

3. Emergency Preparedness and Response

Emergency incidents occurring in a HO 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 HO's operation and the environment.

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

4. Institutional Arrangement and Capacity Building

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

- Define roles and responsibilities along each link of the chain along the cradle-to-grave 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 HO takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a HO, 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 HO; 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.

The following topics are to be included into the training plan in accordance with ESCP dated March 26, 2020:

- COVID-19 Infection Prevention and Control Recommendations
- Laboratory biosafety guidance related to the COVID-19
- Medical waste management, use of incinerators
- Specimen collection and shipment
- Standard precautions for COVID-19 patients
- Risk communication and community engagement
- WHO guidelines on quarantine and Sanitary Regulations and Norms of the Kyrgyz Republic

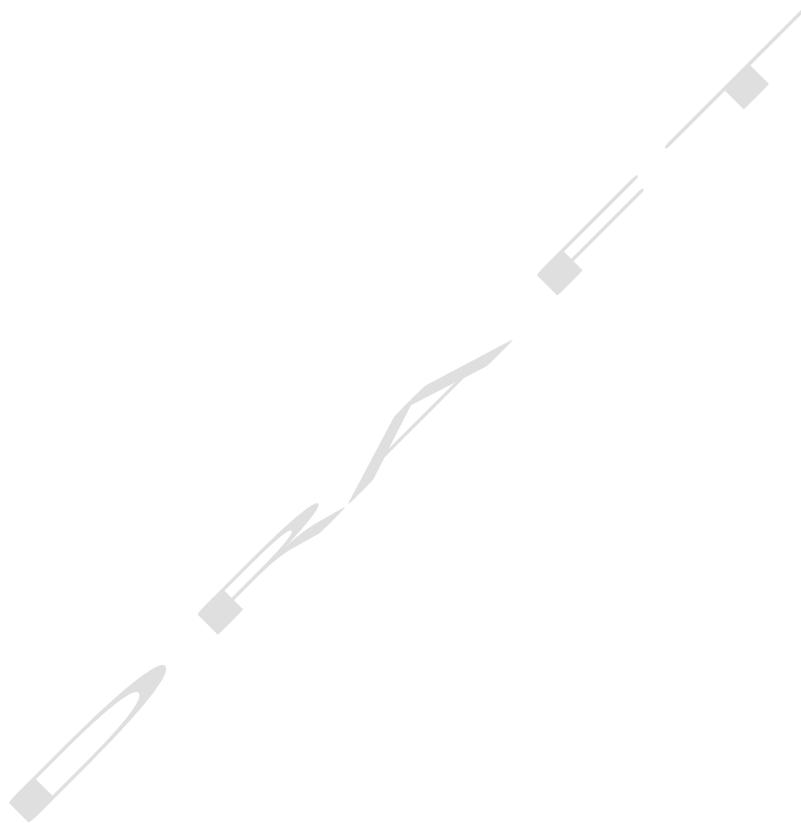
5. Monitoring and Reporting

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Many HOs in developing countries face the challenge of inadequate monitoring and records of healthcare waste streams. HO 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 HO is encouraged to develop an IT based information management system should their technical and financial capacity allow.

As discussed above, the HO 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 HO. Internal reporting and filing systems should be in place.

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



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Table ICMWMP

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HO operation – Environment	General wastes, wastewater and air emissions				
General HO operation – OHS issues	<ul style="list-style-type: none"> - Physical hazards; - Electrical and explosive hazards; - Fire; - Chemical use; - Ergonomic hazard; - Radioactive hazard. 				
HO 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, including sharps					
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
HO operation –					

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transboundary movement of specimen, samples, reagents, medical equipment, and infectious materials					
Emergency events	<ul style="list-style-type: none"> - Spillage; - Occupational exposure to infectious; - Exposure to radiation; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities; - Fire; - Other emergent events 	Emergency response plan			
Operation of acquired assets for holding potential COVID-19 patients					
<i>Handling dead bodies</i>					
<i>Personal Protective Equipment</i>					

Table ICMWMP was adapted to local conditions.

Summary table of infectious and medical waste management plan

(posted on the official website of Ministry of Health on 2020/11/27 (<http://med.kg/ru/dokumenty/obshchestvennoe-obsuzhdenie-npa/3587-proekty-planov-infektsionnogo-kontrolya-i-upravleniya-meditsinskimi-otkhodami-pikumo-dlya-ozdorovitelnykh-organizatsij.html>)

Medical waste management and infectious control activities performed in HO	Potential problems and risks associated with non-compliance with MWM&IC activities	Proposed mitigation measures	Responsible person	Implementation period	Budget
The HO has a structure and distribution of roles and responsibilities for infection control and waste management (Administrative measures)	There is no internal order in the HO to organize the MWM system with the appointment of responsible persons in the fight against COVID-19	The head of the HO must issue an order on the organization of the health care system with the appointment of responsible persons in the fight against	Head of HO	Non-recurrent	Cost-free

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	Due to insufficient staffing in HO, persons responsible for MWM cannot shift their functional responsibilities to other employees of HO in case of disability.	COVID-19 and the appointment of alternate persons responsible for the structural units of the HO in case of disability. HO should assign staff to monitor compliance with ESMP checklist and ICMWMP and report regularly to the PIU environmental and social specialists, using the reporting format prepared by the PIU.		Permanently	Within the frames of HO budget
	In the presence of internal instructions on MWM, the personnel involved in the MWM system do not follow the prescribed algorithms of actions	Conducting a daily round of the structural units of HO by an IC specialist in order to comply with the management algorithms of HO	ICS	Daily	Within the frames of HO budget
In HO, the classification of medical equipment adopted in the Kyrgyz Republic is used. The labeling and packaging of the formed MW classes comply with the accepted regulations.	Not all medical wastes formed in HO are collected in containers corresponding to their hazard class	Carrying out an inventory of containers for collecting MW, and in case of shortage of containers corresponding to the hazard class for collecting MW, conduct their purchase.	Housekeeping department deputy director	Permanently	Within the frames of HO budget

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	Not all containers for collection and internal transportation of medical wastes in HO are marked and color-coded, approved by the KR GD No. 719 of 12/30/19	Label containers for collection and internal transportation of MW in the HO in accordance with the KR GD No. 719 of 12/30/19		Regularly	Within the frames of HO budget
In the HO, measures are observed for safe separation, collection, temporary storage and removal from structural divisions, internal transportation and accounting for the volume of generated MW	In the process of MW management in the structural units of the HO, a violation of the segregation of dangerous MW occurs.	Strictly conducts waste segregation at the point of generation. Conducting a daily round of the structural units of HO by a IC specialist in order to comply with the triage of MW, conducting additional training of medical personnel in the MWM cycle.	ICN (Infection control nurse)	Daily	Cost-free
	When transporting MW on the territory of the HO, medical personnel do not use PPE	Conducting an inventory of PPE used in the MWM system, and in case of a shortage, conduct a purchase, conduct additional training of medical personnel on precautions in the process of handling MW with an emphasis on the risks existing in HO (epidemiological, physical,	ICS, deputy director for medical care, head nurses of departments	Regularly	Inventory – at no cost. Purchase of PPE - within the budget of the HO

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		chemical).			
	Waste storage: waste is not stored beyond designated areas and beyond the designated timeframe, storage areas are not maintained	Ensure that the storage area should be properly maintained and disinfected. Ensure that during COVID-19 outbreak infectious waste should be removed from the hospital storage area for disposal within 24 hours.	ICN (Infection control nurse)	Daily	Within the frames of HO budget
	Waste disposal in offsite treatment and disposal facilities (dump site): waste is transported to illegal dumpsite, as legal site is being operated beyond capacity	Decontaminated Medical waste is transferred to specialized organizations under the contract. Medical waste is placed in landfills under the contract	ICS, deputy director for medical care, head nurses of departments	According to the contract with the waste management company	Within the frames of HO budget
Effective disinfection of medical wastes is carried out: <ul style="list-style-type: none"> - By chemical method - Physical (autoclaving) 	When chemical disinfection is carried out, the efficiency of the chemical disinfection is not monitored to monitor the concentration of the working solution, its temperature and exposure	Appointment at the level of structural units of HO responsible for the quality of disinfection of persons (head nurses). Conducting daily monitoring of the concentration of working solutions of disinfectants, their temperature and exposure (method of processing disinfectant surfaces)	Head of health care facilities, ICS, ICN	Appointment of persons responsible for the quality of disinfection (head nurses) as needed. Monitoring the concentration of working solutions of disinfectants - daily	Cost-free

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	The annual verification of autoclaves and bacteriological control are not carried out to assess the effectiveness of the MW autoclaving regime.	Involvement of the territorial CDP&SSES for the annual bacteriological control of the assessment of the effectiveness of autoclaving of MW	Deputy Head of HO for Medical Work	Annually	Within the HO budget
Safe and efficient wastewater treatment is carried out	Before being removed to the sewer network, liquid potentially infected MW do not undergo chemical disinfection	Before being removed to the sewer network, arrange for the disinfection of liquid potentially infected MW with chemical disinfectants intended for these purposes.	ICN, head nurses of departments	Daily	Within the HO budget
Autoclaving is carried out at the disinfection point of MW, the organization of which meets the existing sanitary-hygienic and epidemiological standards (attach a photo)	MWDP in health facilities does not comply with sanitary and hygienic and epidemiological standards for: <ul style="list-style-type: none"> - Floor finishing - Wall decoration - Door decoration - Supply and exhaust ventilation 	Carry out repair work of the DPMW in the HO for compliance with sanitary and hygienic and epidemiological standards for: <ul style="list-style-type: none"> - Floor finishing - Wall decoration - Door decoration - Supply and exhaust ventilation 	Head of HO, deputy of Housekeeping department director, ICS	As required	Within the HO budget

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<p>A set of measures for responding to emergencies related MW is organized and carried out in the HO</p>	<p>In the presence of SOPs for responding to emergencies associated with the treatment of medical facilities, the medical personnel involved in the medical equipment system does not have a stereotype of actions in the event of emergency situations</p>	<p>Conducting regular training of medical personnel involved in the MWM system in response to emergencies related to the treatment of medical organizations with subsequent certification.</p>	<p>ICS</p>	<p>Once a quarter</p>	<p>Within the HO budget</p>
<p>In the HO, a set of measures is organized and carried out to ensure the sustainability of the management system of MW (submit minutes of meetings)</p>	<p>The HO Quality and Safety Committee does not discuss issues of MWM and infection control at its meetings</p>	<p>Include MWM issues in the agenda of the meetings of the Quality and Safety Committee</p>	<p>Deputy Head of HO for Medical Work</p>	<p>Once a quarter</p>	<p>Cost-free</p>
<p>The HO monitors the effectiveness of the MW management system (submit a report and checklist on the monitoring performed)</p>	<p>At least once a quarter, HOs do not monitor the MWM system using the Guidelines for monitoring and evaluating the MWM system in healthcare organizations, approved by the Order of the Ministry of Health of the Kyrgyz Republic dated 26.03.2018 No. 214.</p>	<p>Conduct at least once a quarter monitoring of the MWM system using the Guidelines for monitoring and evaluating the MWM system in healthcare organizations, approved by the Order of the MoH KR dated 26.03.2018 No. 214.</p>	<p>ICS, ICN, head nurses of departments</p>	<p>Once a quarter</p>	<p>Within the HO budget</p>

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Occupational Health and Safety issues	<ul style="list-style-type: none"> - Physical hazards; - Electrical and explosive hazards; - Fire; - Chemical use; - Radioactive hazard; 	developing and approving the instruction on safety, identify a safety specialist, follow the safety instructions strictly, in case of an accident, provide assistance to the victim	ICS,	Daily	Within the HO budget
	- potential spread of virus by workers exposed to COVID-19 and patients who present symptoms	Regular testing of healthcare workers and patients, who present symptoms	ICN (Infection control nurse)	When symptoms are detected	The hospital performs PCR tests when tests are available. If they are not available, it is carried out at the expense of the patient
Emergency events	<ul style="list-style-type: none"> - Spillage; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities; - Fire; <p>Other emergency events</p>	In the presence of SOPs for responding to emergencies associated with the treatment of medical facilities, the medical personnel involved in the medical equipment system does not have a stereotype of actions in the event of emergency situations	ICS	Once a quarter	Within the HO budget

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Handling dead bodies	Risk of contamination while handling dead bodies	Healthcare workers, mortuary staff, and others handling bodies should apply standard precaution including hand hygiene before and after interaction with the body, and the environment; and use appropriate PPE according to the level of interaction with the body, including a gown and gloves. If there is a risk of splashes from the body fluids or secretions, personnel should use facial protection, including the use of face shield or goggles and medical masks.	Head of HO	Recurrent	Within the HO budget
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Table ICMWMP was adapted to local conditions (Oblast level).

Summary table of infectious and medical waste management plan for Oblast

(will be posted on the official website of Ministry of Health and Social Development)

Medical waste management and infectious control activities performed in HO	Potential problems and risks associated with non-compliance with MWM&IC activities	Troubleshooting recommendations	Responsible person	Implementation period	Budget
The HO has a structure and distribution of roles and responsibilities for infection control and waste management (Administrative measures)	There is no internal order in the HO to organize the MWM system with the appointment of responsible persons in the fight against COVID-19	The head of the HO shall issue an order on the organization of the MWM system with the appointment of responsible persons in the fight against COVID-19 and the appointment of duplicate persons responsible for the structural units of the HO in case of disability.	Head of HO	Non-recurrent	Cost-free
	Due to insufficient staffing in HO, persons responsible for MWM cannot shift their functional responsibilities to other employees of HO in case of disability.	The HO shall appoint personnel to monitor ICMWMP compliance	Head of HO	Permanently	Within the HO budget

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	If there is an internal instructions on MWM, the personnel involved in the MWM system do not follow the prescribed algorithms of actions	Conduct a daily round of HO for compliance with MW management algorithms.	Head of HO or an authorized employee	Daily	Within the HO budget
The HO uses the classification of medical equipment adopted in the Kyrgyz Republic. The labeling and packaging of the formed MW classes comply with the accepted regulations.	Not all medical wastes formed in HO are collected in containers corresponding to their hazard class	Carrying out an inventory of containers for collecting MW, and in case of shortage of containers corresponding to the hazard class for collecting MW, conduct their purchase.	Head of HO or an authorized employee	Permanently	Within the HO budget
	Not all containers for collection and internal transportation of medical wastes in HO are marked and color-coded, approved by the KR GD No. 719 of 12/30/19	Label containers for collection and internal transportation of MW in the HO in accordance with the KR GD No. 719 of 12/30/19	Head of HO or an authorized employee	Regularly	Within the HO budget

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<p>The HO, observes measures for safe separation, collection, temporary storage and removal from structural divisions, internal transportation and accounting for the volume of generated MW</p>	<p>In the process of MW management in the structural units of the HO, a violation of the sorting of dangerous MW occurs.</p>	<p>Strictly segregate waste at the point of generation. Conducting a daily round of the HO by the head of the HO or an authorized employee in order to comply with the triage of MW, conducting additional training of medical personnel in the MWM cycle.</p>	<p>Head of HO or an authorized employee</p>	<p>Daily</p>	<p>Cost-free</p>
	<p>When transporting MW within the territory of the HO, medical personnel do not use PPE</p>	<p>Conducting an inventory of PPE used in the MWM system, and in case of a shortage, conduct a purchase, conduct additional training of medical personnel on precautions in the process of handling MW with an emphasis on the risks existing in HO (epidemiological, physical, chemical).</p>	<p>Head of HO or an authorized employee</p>	<p>As required</p>	<p>Inventory – at no cost. Purchase of PPE - within the budget of the HO</p>

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	Waste storage: Waste is not stored outside the designated areas and beyond the specified time frames, storage areas are not maintained.	The MW storage area shall be clean and sanitized During the COVID-19 outbreak, infectious waste shall be removed from the HO storage area for disposal within 24 hours.	Head of HO or an authorized employee	Daily	Within the HO budget
	Disposal of unprocessed waste in off-site burial sites (landfills): waste is disposed of in an illegal landfill.	Delivery of infected medical waste from satellite organizations to autoclave points for the disinfection of MW in HO in district or regional centers.	Head of HO	Under contract with central HO	Within the HO budget
	Waste management in off-site treatment and disposal facilities (landfills): waste is disposed of in an illegal landfill, as the licit site is operated beyond its capacity	Disinfected medical waste is transferred to specialized organizations under a contract. Medical waste is disposed of at landfills under a contract.	Head of HO or an authorized employee	Under a contract with a waste management company	Within the HO budget

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<p>Effective disinfection of medical wastes is carried out:</p> <ul style="list-style-type: none"> - By chemical method - Physical (autoclaving) 	<p>When chemical disinfection is carried out, the efficiency of the chemical disinfection is not monitored to monitor the concentration of the working solution, its temperature and exposure</p>	<p>Appointment at the level of structural units of HO of persons responsible for the quality of disinfection (head nurses). Conducting daily monitoring of the concentration of working solutions of disinfectants, their temperature and exposure (method of processing disinfectant surfaces)</p>	<p>Head of HO or an authorized employee</p>	<p>Appointment of persons responsible for the quality of disinfection (head nurses) as needed.</p> <p>Monitoring the concentration of working solutions of disinfectants - daily</p>	<p>Within the HO budget</p>
	<p>The annual verification of autoclaves and bacteriological control are not carried out to assess the effectiveness of the MW autoclaving regime (if applicable)</p>	<p>Involvement of the territorial CDP&SSES for the annual bacteriological control of the assessment of the effectiveness of autoclaving of MW</p>	<p>Head of HO or an authorized employee</p>	<p>Annually</p>	<p>Cost-free</p>

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<p>Safe and efficient wastewater treatment is carried out</p>	<p>Before being removed to the sewer network, liquid potentially infected MW do not undergo chemical disinfection</p>	<p>Decontaminate liquid MW potentially infected with chemical disinfectants intended for this purpose before being disposed of in a sewer or septic system.</p>	<p>Head of HO or an authorized employee</p>	<p>Daily</p>	<p>Within the HO budget</p>
<p>In HO, if there is no possibility of physical decontamination of MW (lack of MWDP, autoclave, microwave ovens), arrangements are made for safe separation, collection, chemical decontamination, temporary storage, taking into account the volume of MW generated, transport to HO, where it is possible to autoclave MW and/or heat in microwave ovens</p>	<p>HO does not comply with safe separation, collection, temporary storage of MW and places MW in the environment without appropriate decontamination</p>	<p>Medical waste is safely separated, collected, temporarily stored, accounted for, and after chemical decontamination transported to the nearest HO, where it is possible to autoclave MW and heat in microwave ovens. MW transportation is carried out with all MW transportation rules.</p>	<p>Head of HO or an authorized employee</p>	<p>Under the contract or agreement</p>	<p>Within the HO budget</p>

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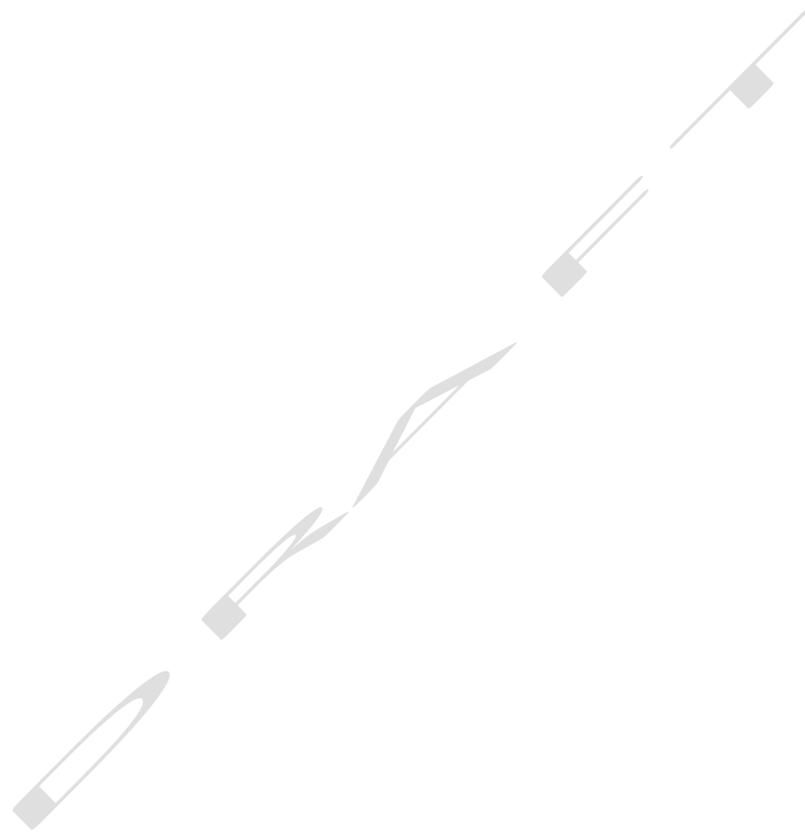
<p>Autoclaving is carried out at the MW disinfection point, the organization of which meets the existing sanitary-hygienic and epidemiological standards</p>	<p>MWDP in HO does not comply with sanitary and hygienic and epidemiological standards for:</p> <ul style="list-style-type: none"> - Floor finishing - Wall decoration - Door decoration - Supply and exhaust ventilation 	<p>Carry out repair work of the MWDP in the HO for compliance with sanitary and hygienic and epidemiological standards for:</p> <ul style="list-style-type: none"> - Floor finishing - Wall decoration - Door decoration - Supply and exhaust ventilation 	<p>Head of HO or an authorized employee</p>	<p>As required</p>	<p>Within the HO budget</p>
<p>A set of measures for responding to emergencies related MW is organized and carried out in the HO</p>	<p>In the presence of SOPs for responding to emergencies associated with the MW management, the medical personnel involved in the MWM system does not have a stereotype of actions in the event of emergency situations</p>	<p>Conducting regular training of medical personnel involved in the MWM system in response to emergencies related to the MW management with subsequent certification.</p>	<p>Head of HO or an authorized employee</p>	<p>Once a quarter</p>	<p>Within the HO budget</p>
<p>In the HO, a set of measures is organized and carried out to ensure the sustainability of the MW management system</p>	<p>The HO Quality and Safety Committee does not discuss issues of MWM and infection control at its meetings</p>	<p>Include MWM issues in the agenda of the meetings of the Quality and Safety Committee</p>	<p>Head of HO or an authorized employee</p>	<p>Once a quarter</p>	<p>Cost-free</p>

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<p>The HO monitors the effectiveness of the MW management system</p>	<p>HO does not monitor the MWM system using the Guidelines for monitoring and evaluating the MWM system in healthcare organizations, approved by the Order of the Ministry of Health of the Kyrgyz Republic dated 26.03.2018 No. 214.</p>	<p>Conduct at least once a quarter monitoring of the MWM system using the Guidelines for monitoring and evaluating the MWM system in healthcare organizations, approved by the Order of the MoH KR dated 26.03.2018 No. 214.</p>	<p>Head of HO or an authorized employee</p>	<p>Once a quarter</p>	<p>Within the HO budget</p>
<p>Occupational health and safety</p>	<ul style="list-style-type: none"> - Physical hazards; - Electrical and explosive hazards; - Fire; - Chemical use; - radioactive hazard 	<p>Development and approval of safety instructions, identify a safety specialist, strictly observe safety regulations, In the event of an accident, assist the victim</p>	<p>Head of HO or an authorized employee</p>	<p>Daily</p>	<p>Within the HO budget</p>
	<ul style="list-style-type: none"> - the possible spread of the virus among the medical staff exposed to COVID-19 and patients with symptoms 	<p>Regular examination of health workers and patients with symptoms</p>	<p>Head of HO or an authorized employee</p>	<p>If symptoms appear</p>	<p>The hospital conducts PCR tests if tests are available. If they are not available, they are performed at the patient's expense.</p>

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<p>Emergencies</p> <ul style="list-style-type: none"> - spill; - the accidental release of infectious or dangerous substances into the environment; - medical equipment failure; - failure of the sewerage system; - fire; <p>Other emergencies</p>	<p>Medical personnel do not have a stereotype of emergency response.</p>	<p>To be guided by the SOP for Emergency Response</p>	<p>Head of HO or an authorized employee</p>	<p>Once a quarter</p>	<p>Within the HO budget</p>
<p>Treatment of the dead</p>	<p>Risk of infection when handling corpses</p>	<p>Health care workers, mortuary staff, and other bodyworkers should follow standard precautions, including hand hygiene before and after body and environmental exposure; and use appropriate PPE depending on the level of contact with the body, including a gown and gloves. If there is a risk of splashing fluids or bodily secretions, personnel should wear face protection, including a face shield or goggles and medical masks.</p>	<p>Head of HO or an authorized employee</p>	<p>Permanently</p>	<p>Within the HO budget</p>



Annex IV - Infection and Prevention Control Protocol

(adapted from the CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings)

HEALTH CARE SETTINGS

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

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

2. Adhere to Standard Precautions

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

3. Training of Personnel

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

4. Manage Visitor Access and Movement

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

CONSTRUCTION SETTINGS IN AREAS OF CONFIRMED CASES OF COVID-19

1. Minimize Chance of Exposure

- Any worker showing symptoms of respiratory illness (fever + cold or cough) and has potentially been exposed to COVID-19 should be immediately removed from the site and tested for the virus at the nearest local hospital
- Close co-workers and those sharing accommodations with such a worker should also be removed from the site and tested
- Project management must identify the closest hospital that has testing facilities in place, refer workers, and pay for the test if it is not free

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- Persons under investigation for COVID-19 should not return to work at the project site until cleared by test results. During this time, they should continue to be paid daily wages
- If a worker is found to have COVID-19, wages should continue to be paid during the worker's convalescence (whether at home or in a hospital)
- If project workers live at home, any worker with a family member who has a confirmed or suspected case of COVID-19 should be quarantined from the project site for 14 days, and continued to be paid daily wages, even if they have no symptoms.

2. Training of Staff and Precautions

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

3. Managing Access and Spread

- Should a case of COVID-19 be confirmed in a worker on the project site, visitors should be restricted from the site and worker groups should be isolated from each other as much as possible;
- Extensive cleaning procedures with high-alcohol content cleaners should be undertaken in the area of the site where the worker was present, prior to any further work being undertaken in that area.

Annex V – Technical Note on Use of Military Forces to Assist COVID-19 Operations

Suggestions on How to Mitigate Risk

It is common practice for Governments to utilize military or security personnel during public health emergencies. The ability to do this, and the requirements relating to such mobilization, are often set out in executive orders or instructions. A ‘*public health emergency*’ will usually be defined under national law. For example, the US Department of Defense (DoD Instruction 6200.03, March 28, 2019) defines a public health emergency to include “*the occurrence or imminent threat of an illness or health condition that poses a high probability of a significant number of deaths, serious or long-term disabilities, widespread exposure to an infectious or toxic agent, overwhelmed health care resources, or severe degradation of mission capabilities*”.

For the reasons set out in section 1 below, it is expected that military or security forces will be utilized in different ways in response to COVID-19. They may be used directly to carry out activities in a World Bank supported project. Or they may be mobilized more generally to implement Government programs, which are also supported by the Bank. Where military/security forces are utilized, either directly or indirectly, in connection with Bank-supported operations, questions will arise about the risk of the operation. Is it automatically high or are there effective ways of mitigating the risk? This guidance sets out suggestions for due diligence and mitigation measures to address the risk.

1. WHAT ARE THE POSITIVE ASPECTS ABOUT USING THE MILITARY?

Where relevant, consider the following and document relevant details:

- **Human rights:** Depending on the country, military personnel may be aware of the need to respect human rights (HR) and received relevant training.
- **“NBC” capabilities:** Many military forces have nuclear, biological and chemical capabilities. They may have existing biological defense capabilities e.g. ability to deploy with personal protective equipment (PPE); training in decontamination; procedures or advice on how to carry out relevant activities.
- **Medical expertise:** Medical and other professionals within the military are likely to be trained to deal with medical emergencies, and therefore may be better able to cope in situations in which there may be mass casualties.
- **Disciplined response:** Generally, military personnel are expected to respond in a disciplined manner to commands and will have capabilities which will be useful in these types of emergencies (medical, engineering, construction).
- **Civic action programs:** Military may also have specific civic action programs and infrastructure to support these (e.g. mobile clinics/communication procedures).

2. WHAT ARE THE THINGS TO WATCH FOR?

(a) ***Diversion of materials, aid and assistance:*** Diversion can take the form of confiscations and reuse, misappropriation and theft. While a certain level of diversion may be inevitable in certain circumstances, this issue is likely to present reputational issues (especially when the crisis dissipates).

(b) ***Allegations of human rights violations:*** This will be a risk, including as it relates to Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH), and the Bank needs to be clear and transparent about what measures are being adopted to minimize these risks. Tools that should be considered include the ESF Good Practice Note (GPN) on Use of Security Forces⁵⁵, on SEA/SH⁵⁶, and the IFC Good Practice Handbook on the Use of Security Forces: Assessing and Managing Risks and Impacts⁵⁷.

⁵⁵ <http://documents.worldbank.org/curated/en/692931540325377520/Environment-and-Social-Framework-ESF-Good-Practice-Note-on-Security-Personnel-English.pdf>

(c) **Putting World Bank staff at risk:** This is particularly a concern where military/security forces are likely to be undisciplined. The risk may be heightened when Bank staff are trying to address the risk of diversion referred to above. While staff may try to address this risk by avoiding direct interaction with the military, this is not likely to be feasible in a project setting.

(d) **International media comment and reaction:** This will be a challenge, and it may not be possible to avoid negative comment entirely. It is important to be transparent about the activities the World Bank is supporting and the mitigation measures that are being implemented to address risks.

3. WHAT ARE THE WAYS TO ADDRESS THE RISKS?

(a) **Get a view of the reputation and capability of the military:** Talk to those who might have up to date and accurate information: e.g. the Defense Attaché at the relevant Embassy; the US or UK Government; refer to Jane's Defense Weekly.

(b) **Identify the structure under which the military will be operating:** While they will continue to abide by their own rules and procedures, it is likely that the military will also be subject to relevant national requirements relating to the public health emergency and the specific activities that they are required to carry out e.g. instructions issued by public health officials. In the context of a Bank supported operation, it is good practice to document (as far as possible) the structure under which the military are operating, including the chain of command, with specific reference to the activities they will or are likely to carry out (see paragraph (i) below).

(c) **Clarify who is responsible for human rights issues nationally:** Many countries have a Human Rights Commission. If such commissions do not exist, there is usually an Ombudsman, Human Rights office or inspector general at the national level with jurisdiction to deal with such issues. Identify the relevant parties and consider whether it would be appropriate to consult them for advice.

(d) **Identify other specialized parties and ask for advice:** There are both national and international NGOs which follow and support these issues (e.g. Human Rights Watch (HRW), Amnesty). There is also the International Committee of the Red Cross/Red Crescent (ICRC) and the International Crisis Group. Identify relevant parties, with reference to the context and nature of the operations, who may be in a position to provide valuable advice.

(e) **As required under the ESF, cooperate with relevant stakeholders on a risk assessment:** Carry out a risk assessment to identify the specific risks associated with the proposed use of military. This assessment needs to be conducted with those that are involved in the operation, including Government counterparts, to ensure that an accurate picture of the risks emerge, that appropriate mitigation measures are identified and that both the risk assessment and the mitigation measures are owned by the project and the Government.

(f) **Be transparent about what the World Bank is requiring to mitigate the risks:** Document this, setting out key aspects in the ESRS and other project documentation. Consider the following:

- procedures relating to: e.g. risk assessment; how allegations of HR/SEA/SH violations will be dealt with, including through the project Grievance Mechanism (GM); preventing diversion of materials, aid and assistance (build on existing requirements)

⁵⁶ <http://pubdocs.worldbank.org/en/632511583165318586/ESF-GPN-SEASH-in-major-civil-works.pdf>

⁵⁷ https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/publications/publications_handbook_securityforces

- presence of World Bank representatives/third party monitors on the ground
- cooperation with specialist institutions/NGOs/Government agencies
- specific obligations set out in the legal agreement and (if possible and appropriate) a Memorandum of Understanding (see paragraph (k) below)
- monitoring and reporting

(g) **Consider asking a credible party to act as an observer/third party monitor:** This can be considered under the ESF provisions for third party monitoring as noted in ESS1 and ESS10, as well as the ESF Good Practice Note on Third Party Monitoring. Relevant groups with experience in this field will depend on the context, and may include the parties referred to in paragraph (d) above.

(h) **Establish a procedure to be followed in cases of allegations of HR/SEA/SH violations or misbehavior:** This should reflect the ESF Good Practice Note on SEA/SH and may include reference to the institutions referred to in paragraph (c) above. Include a specific HR and SEA/SH procedure in the project GM to address these allegations and identify specific individuals who have the expertise to address such allegations credibly. Understanding relevant Code of Conduct (CoC) requirements pertaining to such behavior is important, and, where necessary, improving the form and substance of such CoC.

(i) **Be clear on what the military will do:** Identify the activities and set them out clearly in the legal agreement: e.g. construction, enforcing quarantine restrictions, distribution of medical supplies or vaccines, distribution of other supplies. This will support a more accurate risk assessment. Note that in some circumstances, what could otherwise be viewed as inappropriate behavior by the military (or at an extreme, a possible abuse of rights) may be authorized and necessary in situations of a public health emergency. This will depend on the activities that the military is required to carry out and will be particularly relevant where they are required to enforce public order or quarantine restrictions.

(j) **Set out specific requirements as covenants in the legal agreement and in the Environmental and Social Commitment Plan (ESCP) as appropriate:** The provisions should set out the ‘ground rules’ for military engagement, including: (i) requirements to comply with ESS4 (see below); (ii) reporting obligations (specify on what, how often, to whom); (iii) specific prohibitions e.g. no child labor, no forced labor, restrictions on what military personnel under the age of 18 can do (if anything); (iv) health and safety requirements; (v) CoC type obligations; (vi) requirements for the GM; (vii) training required and how often (specify on what – e.g. Voluntary Principles on Security and Human Rights, interactions with the community, operation of the GM, use of personal protective equipment (PPE), CoC).

(k) **Where possible, and if not already covered by applicable law/regulation, the Government should consider executing a Memorandum of Understanding (MoU) with the military:** This should reflect the ‘ground rules’ set out in the legal agreement (see paragraph (j) above). An example of a MoU is available in the IFC Good Practice Handbook on the [Use of Security Forces: Assessing and Managing Risks and Impacts](#)³⁰. Even where it is not possible for individual military personnel to sign a CoC, the requirements should be set out in the MoU, and training should cover these obligations (amongst others).

Set out below is suggested wording on HR/SEA/SH:

1. Prior to deploying military or security personnel, the Contractor/Subcontractor shall take measures to ensure that such personnel are:

- (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force;

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- (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in the *Project Operational Manual, ESMF*; and
- (iii) deployed in a manner consistent with applicable national law.

2. The Contractor/Subcontractor shall promptly review all allegations of unlawful or abusive acts of any military/security personnel, take action (or request appropriate parties to take action) to prevent recurrence and, where necessary, report unlawful and abusive acts to the relevant authorities.

Set out below is suggested wording on reporting: Frequency of reporting will depend on the context and the risks associated with the activities the military is carrying out, and may be required monthly, weekly or even daily.

Requirements should include:

- Immediate reporting (within 24 hours) of any serious incident
- A written weekly or monthly report (depending on the risk) covering:
 - status of activities being conducted by the military o training conducted (specifying subject matter)
 - current status of review of serious incidents (if any) and any relevant reporting or a summary of any minor (but reportable) issues, suspected incidents or potential issues or details of any incidents involving use of force or weapons
 - details of upcoming activities which may pose a risk (e.g. distribution of supplies) and measures being put in place to reduce such risk
 - lessons learnt, to inform conduct of future activities

Other reference documentation: [The International Code of Conduct under the Montreux Document](https://www.icoca.ch/en/the_icoc)⁵⁸. While this relates to private security, it contains useful material.

⁵⁸ https://www.icoca.ch/en/the_icoc

Annex VI – Technical Note on SEA/SH for HNP COVID Response Operations

Teams working on HNP COVID response operations have done initial assessments of sexual exploitation and abuse/sexual harassment (SEA/SH) risks and included a place holder in packages indicating SEA/SH risk mitigation measures will be put in place during project implementation. The following is intended as technical advice to help teams support clients on rolling out these measures. It has been prepared taking into account the emergency nature of these operations, and good practice principles on SEA/SH risk mitigation. This note does not cover the broader GBV programming some HNP interventions may also be rolling out. It focuses exclusively on addressing SEA/SH risk posed by project activities themselves, and not the broader SEA/SH risks posed by the COVID pandemic.

- **Teams are not required to conduct SEA/SH risk assessments** given the emergency context and the information already available on increased risk of SEA/SH during humanitarian situations.

- **Projects should focus on putting in place the following, minimum set of measures to be reflected in the ESMF/P:**

- a. Staff in PIUs/PCUs will sign Codes of Conduct. Codes of conduct need not be signed by other health care personnel during crises as long as information on unacceptable behavior is sufficiently disseminated. Publicly post or otherwise disseminate messages clearly prohibiting SEA/SH during the provision of health care, whether healthcare providers are perpetrators or survivors.**

- This can include the development, adaptation, translation and dissemination of communication materials (through local radio, posters, banners, etc.) outlining unacceptable behavior on SEA/SH and where relevant referencing existing staff rules for civil servants that may already be in place. Key messages should be disseminated focusing on : i) No sexual or other favor can be requested in exchange for medical assistance; ii) Medical staff are prohibited from engaging in sexual exploitation and abuse; iii) Any case or suspicion of sexual exploitation and abuse can be reported to [insert hotline number, GM or citizen engagement/feedback mechanism].
- Can be mentioned briefly in daily medical protocol briefings.
- This would not include the physical signing of Codes of Conduct by health workers, for example – which would be too time consuming or otherwise infeasible in an emergency setting.

- b. Make information available to health service providers on where GBV psychosocial support and emergency medical services can be accessed (within the health system).**

- Information on what facilities provide psychosocial and emergency medical services (available through the HMIS) should be widely disseminated through the health system. ○ Where relevant, this would also include sharing information on specialized facilities (One Stop Centers, Centers of Excellence on GBV, and available helplines) where services can be accessed. Where relevant (FCV settings for example), updated maps indicating these facilities are maintained at country level by the Inter-agency GBV Coordination Group usually chaired by UNFPA and are rapidly made available.
- This would not include additional mapping of services being conducted by the project as a separate exercise.

- c. Promote two-way communication between health authorities and communities that would allow information on instances of SEA/SH to surface and inform strengthening of SEA/SH measures as needed.**

- Establish community feedback mechanisms for healthcare providers focusing on overall service provision (including adequacy of the response, areas where corrective action would be needed) and that would also cover SEA/SH. The Stakeholder Engagement Plan (SEP) would be an effective mechanism to set up and monitor community feedback, and especially so that appropriate modalities are in place for SEA/SH.
- Such feedback mechanisms should be developed based on consultations with affected communities (in particular with women and girls) to determine the preferred alternative to in-person complaints (e.g. phone, online, other). Guidance on consultations in the context of social distancing is available [here](#)⁵⁹. Any change in traditional grievance mechanisms should be sufficiently highlighted to communities in relevant languages and through relevant sources (e.g. message trees, radio announcements, social media, community groups, etc.).
- This could include the development of additional rapid guidance on how to deal with SEA/SH complaints in operations with existing GRMs or using hotlines (where COVID response builds on existing health operations with functioning grievance mechanisms) or in cases where new GRMs are being set up through the project.

When there is room to do more and go beyond SEA/SH risk mitigation, teams should consult the note on [Gender for HPN operations](#) prepared by the Gender Group.

Additional Resource: [Interim Technical Note PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE \(PSEA\) DURING COVID-19 RESPONSE Version 1.0 March 2020](#)

Annex VII – World Bank ESF/SAFEGUARDS Interim Note: COVID-19 Considerations in Construction/Civil Works Projects

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

1. INTRODUCTION

The COVID-19 pandemic presents Governments with unprecedented challenges. Addressing COVID-19 related issues in both existing and new operations starts with recognizing that this is not business as usual and that circumstances require a highly adaptive responsive management design to avoid, minimize and manage what may be a rapidly evolving situation. In many cases, we will ask Borrowers to use reasonable efforts in the circumstances, recognizing that what may be possible today may be different next week (both positively, because more supplies and guidance may be available, and negatively, because the spread of the virus may have accelerated).

This interim note is intended to provide guidance to teams on how to support Borrowers in addressing key issues associated with COVID-19 and consolidates the advice that has already been provided over the past month. As such, it should be used in place of other guidance that has been provided to date. This note will be developed as the global situation and the Bank's learning (and that of others) develops. This is not a time when 'one size fits all'. More than ever,

⁵⁹ <https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Knowledge%20Base/Public%20Consultations%20in%20WB%20Operations.pdf>

teams will need to work with Borrowers and projects to understand the activities being carried out and the risks that these activities may entail. Support will be needed in designing mitigation measures that are implementable in the context of the project. These measures will need to take into account capacity of the Government agencies, availability of supplies and the practical challenges of operations on-the-ground, including stakeholder engagement, supervision and monitoring. In many circumstances, communication itself may be challenging, where face-to-face meetings are restricted or prohibited, and where IT solutions are limited or unreliable.

This note emphasizes the importance of careful scenario planning, clear procedures and protocols, management systems, effective communication and coordination, and the need for high levels of responsiveness in a changing environment. It recommends assessing the current situation of the project, putting in place mitigation measures to avoid or minimize the chance of infection, and planning what to do if either project workers become infected or the work force includes workers from proximate communities affected by COVID-19. In many projects, measures to avoid or minimize will need to be implemented at the same time as dealing with sick workers and relations with the community, some of whom may also be ill or concerned about infection. Borrowers should understand the obligations that contractors have under their existing contracts (see Section 3), require contractors to put in place appropriate organizational structures (see Section 4) and develop procedures to address different aspects of COVID-19 (see Section 5).

2. CHALLENGES WITH CONSTRUCTION/CIVIL WORKS

Projects involving construction/civil works frequently involve a large work force, together with suppliers and supporting functions and services. The work force may comprise workers from international, national, regional, and local labor markets. They may need to live in on-site accommodation, lodge within communities close to work sites or return to their homes after work. There may be different contractors permanently present on site, carrying out different activities, each with their own dedicated workers. Supply chains may involve international, regional and national suppliers facilitating the regular flow of goods and services to the project (including supplies essential to the project such as fuel, food, and water). As such there will also be regular flow of parties entering and exiting the site; support services, such as catering, cleaning services, equipment, material and supply deliveries, and specialist sub-contractors, brought in to deliver specific elements of the works.

Given the complexity and the concentrated number of workers, the potential for the spread of infectious disease in projects involving construction is extremely serious, as are the implications of such a spread. Projects may experience large numbers of the work force becoming ill, which will strain the project's health facilities, have implications for local emergency and health services and may jeopardize the progress of the construction work and the schedule of the project. Such impacts will be exacerbated where a work force is large and/or the project is in remote or under-serviced areas. In such circumstances, relationships with the community can be strained or difficult and conflict can arise, particularly if people feel they are being exposed to disease by the project or are having to compete for scarce resources. The project must also exercise appropriate precautions against introducing the infection to local communities.

3. DOES THE CONSTRUCTION CONTRACT COVER THIS SITUATION?

Given the unprecedented nature of the COVID-19 pandemic, it is unlikely that the existing construction/civil works contracts will cover all the things that a prudent contractor will need to do. Nevertheless, the first place for a Borrower to start is with the contract, determining what a contractor's existing obligations are, and how these relate to the current situation.

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The obligations on health and safety will depend on what kind of contract exists (between the Borrower and the main contractor; between the main contractors and the sub-contractors). It will differ if the Borrower used the World Bank's standard procurement documents (SPDs) or used national bidding documents. If a FIDIC document has been used, there will be general provisions relating to health and safety. For example, the standard FIDIC, Conditions of Contract for Construction (Second Edition 2017), which contains no 'ESF enhancements', states (in the General Conditions, clause 6.7) that the Contractor will be required:

- to take all necessary precautions to maintain the health and safety of the Contractor's Personnel
- to appoint a health and safety officer at site, who will have the authority to issue directives for the purpose of maintaining the health and safety of all personnel authorized to enter and or work on the site and to take protective measures to prevent accidents
- to ensure, in collaboration with local health authorities, that medical staff, first aid facilities, sick bay, ambulance services and any other medical services specified are available at all times at the site and at any accommodation
- to ensure suitable arrangements are made for all necessary welfare and hygiene requirements and for the prevention of epidemics

These requirements have been enhanced through the introduction of the ESF into the SPDs (edition dated July 2019). The general FIDIC clause referred to above has been strengthened to reflect the requirements of the ESF. Beyond FIDIC's general requirements discussed above, the Bank's Particular Conditions include a number of relevant requirements on the Contractor, including:

- to provide health and safety training for Contractor's Personnel (which include project workers and all personnel that the Contractor uses on site, including staff and other employees of the Contractor and Subcontractors and any other personnel assisting the Contractor in carrying out project activities)
- to put in place workplace processes for Contractor's Personnel to report work situations that are not safe or healthy
- gives Contractor's Personnel the right to report work situations which they believe are not safe or healthy, and to remove themselves from a work situation which they have a reasonable justification to believe presents an imminent and serious danger to their life or health (with no reprisal for reporting or removing themselves)
- requires measures to be in place to avoid or minimize the spread of diseases including measures to avoid or minimize the transmission of communicable diseases that may be associated with the influx of temporary or permanent contract-related labor
- to provide an easily accessible grievance mechanism to raise workplace concerns

Where the contract form used is FIDIC, the Borrower (as the Employer) will be represented by the Engineer (also referred to in this note as the Supervising Engineer). The Engineer will be authorized to exercise authority specified in or necessarily implied from the construction contract. In such cases, the Engineer (through its staff on site) will be the interface between the PIU and the Contractor. It is important therefore to understand the scope of the Engineer's responsibilities. It is also important to recognize that in the case of infectious diseases such as COVID-19, project management – through the Contractor/subcontractor hierarchy – is only as effective as the weakest link. A thorough review of management procedures/plans as they will be implemented through the entire contractor hierarchy is important. Existing contracts provide the outline of this structure; they form the basis for the Borrower to understand how proposed mitigation measures will be designed and how adaptive management will be implemented, and to start a conversation with the Contractor on measures to address COVID-19 in the project.

4. WHAT PLANNING SHOULD THE BORROWER BE DOING?

Task teams should work with Borrowers (PIUs) to confirm that projects (i) are taking adequate precautions to prevent or minimize an outbreak of COVID-19, and (ii) have identified what to do in the event of an outbreak. Suggestions on how to do this are set out below:

- The PIU, either directly or through the Supervising Engineer, should request details in writing from the main Contractor of the measures being taken to address the risks. As stated in Section 3, the construction contract should include health and safety requirements, and these can be used as the basis for identification of, and requirements to implement, COVID-19 specific measures. The measures may be presented as a contingency plan, as an extension of the existing project emergency and preparedness plan or as standalone procedures. The measures may be reflected in revisions to the project's health and safety manual. This request should be made in writing (following any relevant procedure set out in the contract between the Borrower and the contractor).
- In making the request, it may be helpful for the PIU to specify the areas that should be covered. This should include the items set out in Section 5 below and take into account current and relevant guidance provided by national authorities, WHO and other organizations. See the list of references in the Annex to this note.
- The PIU should require the Contractor to convene regular meetings with the project health and safety specialists and medical staff (and where appropriate the local health authorities), and to take their advice in designing and implementing the agreed measures.
- Where possible, a senior person should be identified as a focal point to deal with COVID-19 issues. This can be a work supervisor or a health and safety specialist. This person can be responsible for coordinating preparation of the site and making sure that the measures taken are communicated to the workers, those entering the site and the local community. It is also advisable to designate at least one back-up person; in case the focal point becomes ill; that person should be aware of the arrangements that are in place.
- On sites where there are a number of contractors and therefore (in effect) different work forces, the request should emphasize the importance of coordination and communication between the different parties. Where necessary, the PIU should request the main contractor to put in place a protocol for regular meetings of the different contractors, requiring each to appoint a designated staff member (with back up) to attend such meetings. If meetings cannot be held in person, they should be conducted using whatever IT is available. The effectiveness of mitigation measures will depend on the weakest implementation, and therefore it is important that all contractors and sub-contractors understand the risks and the procedure to be followed.
- The PIU, either directly or through the Supervising Engineer, may provide support to projects in identifying appropriate mitigation measures, particularly where these will involve interface with local services, in particular health and emergency services. In many cases, the PIU can play a valuable role in connecting project representatives with local Government agencies, and helping coordinate a strategic response, which takes into account the availability of resources. To be most effective, projects should consult and coordinate with relevant Government agencies and other projects in the vicinity.
- Workers should be encouraged to use the existing project grievance mechanism to report concerns relating to COVID-19, preparations being made by the project to address COVID-19 related issues, how procedures are being implemented, and concerns about the health of their co-workers and other staff.

5. WHAT SHOULD THE CONTRACTOR COVER?

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

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

(a) ASSESSING WORKFORCE CHARACTERISTICS

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

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

(b) ENTRY/EXIT TO THE WORK SITE AND CHECKS ON COMMENCEMENT OF WORK

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

Establishing a system for controlling entry/exit to the site, securing the boundaries of the site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented.

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

(c) GENERAL HYGIENE

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

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

(d) CLEANING AND WASTE DISPOSAL

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

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

(e) ADJUSTING WORK PRACTICES

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

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

At some point, it may be necessary to review the overall project schedule, to assess the extent to which it needs to be adjusted (or work stopped completely) to reflect prudent work practices, potential exposure of both workers and the community and availability of supplies, taking into account Government advice and instructions.

(f) PROJECT MEDICAL SERVICES

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

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

(g) LOCAL MEDICAL AND OTHER SERVICES

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

- Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff and essential supplies).
- Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred.

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

(h) INSTANCES OR SPREAD OF THE VIRUS

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

- If a worker has symptoms of COVID-19 (e.g. fever, dry cough, fatigue) the worker should be removed immediately from work activities and isolated on site.
- If testing is available on site, the worker should be tested on site. If a test is not available at site, the worker should be transported to the local health facilities to be tested (if testing is available).
- If the test is positive for COVID-19 or no testing is available, the worker should continue to be isolated. This will either be at the work site or at home. If at home, the worker should be transported to their home in transportation provided by the project.
- Extensive cleaning procedures with high-alcohol content disinfectant should be undertaken in the area where the worker was present, prior to any further work being undertaken in that area. Tools used by the worker should be cleaned using disinfectant and PPE disposed of.
- Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and be required to quarantine themselves for 14 days, even if they have no symptoms.
Family and other close contacts of the worker should be required to quarantine themselves for 14 days, even if they have no symptoms.
- If a case of COVID-19 is confirmed in a worker on the site, visitors should be restricted from entering the site and worker groups should be isolated from each other as much as possible.
- If workers live at home and has a family member who has a confirmed or suspected case of COVID19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms.
- Workers should continue to be paid throughout periods of illness, isolation or quarantine, or if they are required to stop work, in accordance with national law.
- Medical care (whether on site or in a local hospital or clinic) required by a worker should be paid for by the employer.

(i) CONTINUITY OF SUPPLIES AND PROJECT ACTIVITIES

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

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

(j) TRAINING AND COMMUNICATION WITH WORKERS

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

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

(k) COMMUNICATION AND CONTACT WITH THE COMMUNITY

Relations with the community should be carefully managed, with a focus on measures that are being implemented to safeguard both workers and the community. The community may be concerned about the presence of non-local workers,

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or the risks posed to the community by local workers presence on the project site. The project should set out risk-based procedures to be followed , which may reflect WHO guidance (for further information see [WHO Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#)). The following good practice should be considered:

- Communications should be clear, regular, based on fact and designed to be easily understood by community members.
- Communications should utilize available means. In most cases, face-to-face meetings with the community or community representatives will not be possible. Other forms of communication should be used; posters, pamphlets, radio, text message, electronic meetings. The means used should take into account the ability of different members of the community to access them, to make sure that communication reaches these groups.
- The community should be made aware of procedures put in place at site to address issues related to COVID-19. This should include all measures being implemented to limit or prohibit contact between workers and the community. These need to be communicated clearly, as some measures will have financial implications for the community (e.g. if workers are paying for lodging or using local facilities). The community should be made aware of the procedure for entry/exit to the site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.
- If project representatives, contractors or workers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both national and international (e.g. WHO).

6. EMERGENCY POWERS AND LEGISLATION

Many Borrowers are enacting emergency legislation. The scope of such legislation, and the way it interacts with other legal requirements, will vary from country to country. Such legislation can cover a range of issues, for example:

- Declaring a public health emergency
Authorizing the use of police or military in certain activities (e.g. enforcing curfews or restrictions on movement)
- Ordering certain categories of employees to work longer hours, not to take holiday or not to leave their job (e.g. health workers)
- Ordering non-essential workers to stay at home, for reduced pay or compulsory holiday

Except in exceptional circumstances (after referral to the World Bank's Operations Environmental and Social Review Committee (OESRC)), projects will need to follow emergency legislation to the extent that these are mandatory or advisable. It is important that the Borrower understands how mandatory requirements of the legislation will impact the project. Teams should require Borrowers (and in turn, Borrowers should request Contractors) to consider how the emergency legislation will impact the obligations of the Borrower set out in the legal agreement and the obligations set out in the construction contracts. Where the legislation requires a material departure from existing contractual obligations, this should be documented, setting out the relevant provisions.

Annex VIII. Resource List: COVID-19 Guidance

Given the COVID-19 situation is rapidly evolving, a version of this resource list will be regularly updated and made available on the World Bank COVID-19 operations intranet page (<http://covidoperations/>).

WHO Guidance

Advice for the public

- WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Technical guidance

- [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#), issued on March 19, 2020
- [Recommendations to Member States to Improve Hygiene Practices](#), issued on April 1, 2020
- [Severe Acute Respiratory Infections Treatment Center](#), issued on March 28, 2020
- [Infection prevention and control at health care facilities \(with a focus on settings with limited resources\)](#), issued in 2018
- [Laboratory biosafety guidance related to coronavirus disease 2019 \(COVID-19\)](#), issued on March 18, 2020
- [Laboratory Biosafety Manual, 3rd edition](#), issued in 2014
- [Laboratory testing for COVID-19, including specimen collection and shipment](#), issued on March 19, 2020
- [Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios](#), issued on March 21, 2020
- [Infection Prevention and Control for the safe management of a dead body in the context of COVID-19](#), issued on March 24, 2020
- [Key considerations for repatriation and quarantine of travelers in relation to the outbreak COVID-19](#), issued on February 11, 2020
- [Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings](#), issued on April 17, 2020
- [Coronavirus disease \(COVID-19\) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#), issued on March 18, 2020
- [Oxygen sources and distribution for COVID-19 treatment centers](#), issued on April 4, 2020
- [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#), issued on March 16, 2020
- [Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#), issued on March 19, 2020
- [Operational considerations for case management of COVID-19 in health facility and community](#), issued on March 19, 2020
- [Rational use of personal protective equipment for coronavirus disease 2019 \(COVID-19\)](#), issued on February 27, 2020
- [Getting your workplace ready for COVID-19](#), issued on March 19, 2020
- [Water, sanitation, hygiene and waste management for COVID-19](#), issued on March 19, 2020
- [Safe management of wastes from health-care activities](#), issued in 2014
- [Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus \(COVID-19\) outbreak](#), issued on March 19, 2020
- [Disability Considerations during the COVID-19 outbreak](#), issued on March 26, 2020

WORLD BANK GROUP GUIDANCE

Kyrgyz Republic Emergency COVID-19 Project ESMF

- Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, issued on March 20, 2020
- Technical Note: Use of Military Forces to Assist in COVID-19 Operations, issued on March 25, 2020
- ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects, issued on April 7, 2020
- Technical Note on SEA/H for HNP COVID Response Operations, issued in March 2020
- Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, issued on April 6, 2020
- Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19, issued on April 6, 2020
- IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic, issued on April 6, 2020
- WBG EHS Guidelines for Healthcare Facilities, issued on April 30, 2007

ILO GUIDANCE

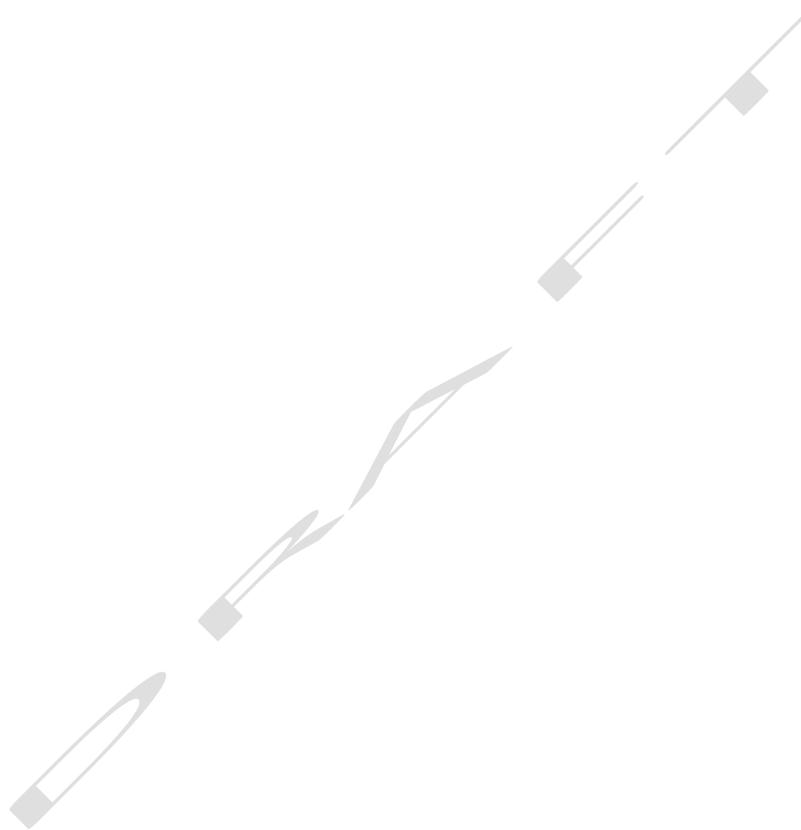
- ILO Standards and COVID-19 FAQ, issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19)

MFI GUIDANCE

- ADB Managing Infectious Medical Waste during the COVID-19 Pandemic
- IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework
- KfW DEG COVID-19 Guidance for employers, issued on March 31, 2020
- CDC Group COVID-19 Guidance for Employers, issued on March 23, 2020

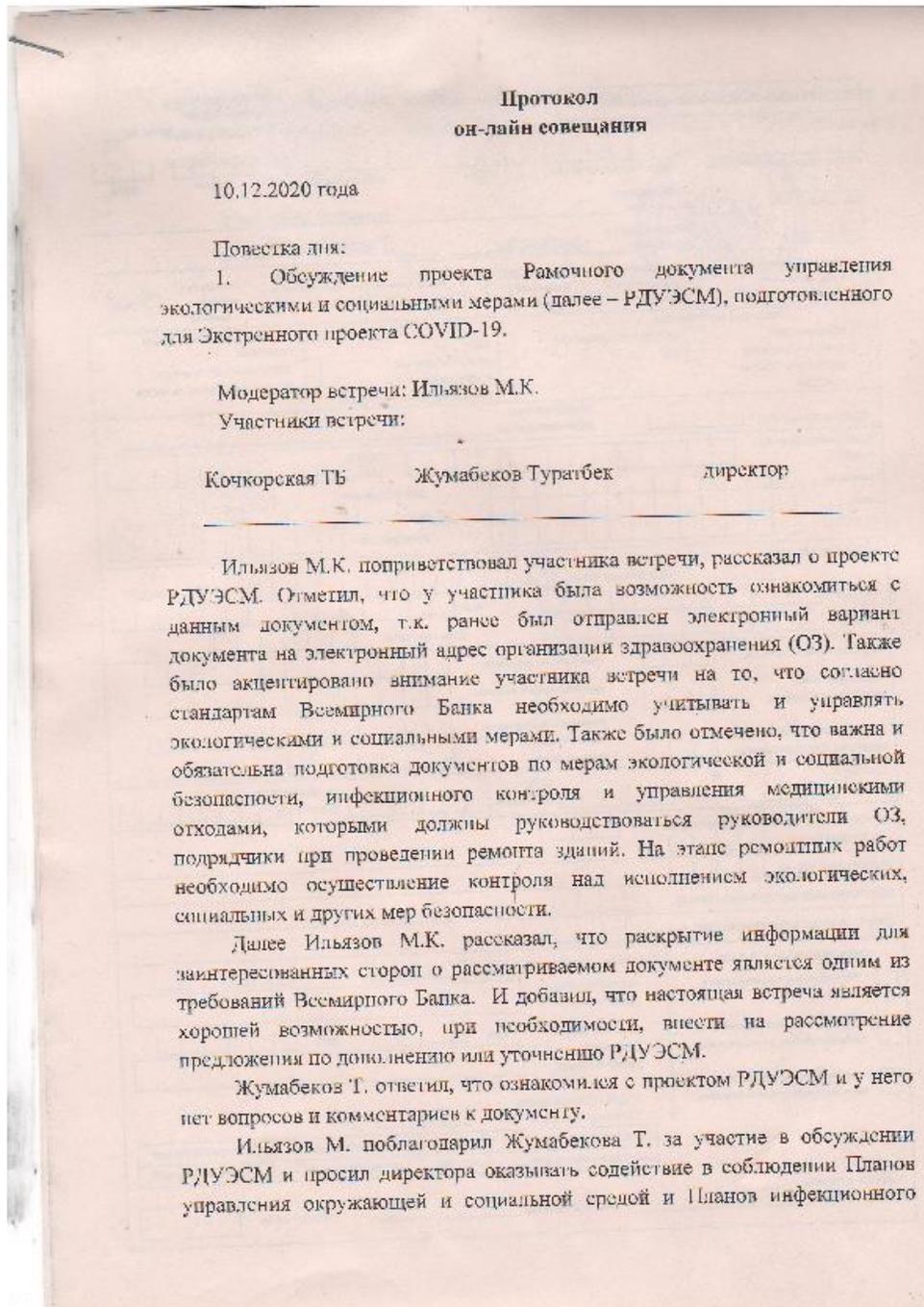
Annex VIII – List of HO with repair works

- 1) National Hospital
- 2) National Centre of Mother and Child Protection
- 3) Leilek Territorial Hospital
- 4) Tash-Kumyr Territorial Hospital
- 5) Kochkor Territorial Hospital
- 6) Osh Interregional Joint Clinical Hospital
- 7) Uzgen Territorial Hospital
- 8) Jayil Territorial Hospital
- 9) Tokmok Territorial Hospital



Annex IX – ESMF public consultation protocols

The public consultations have been held during November 18 – December 16, 2020 on the draft ESMF among 9 target hospitals. Consultations with 7 target hospitals were held online and face-to face meetings with 2 hospitals. The draft ESMF was sent to the management of the hospitals a week in advance for their information and comments. During the discussions no comments was received on the draft ESMF. Protocols have been prepared based on the results of the discussion.



контроля и управления медицинскими отходами и оказания содействия в контроле соблюдения со стороны подрядных организаций и ОЗ (обращение с медотходами).

Участник встречи:

Жумабеков Т.
ФИО

директор
должность



**Протокол
он-лайн совещания**

10.12.2020 года

Повестка дня:

1. Обсуждение проекта Рамочного документа управления экологическими и социальными мерами (далее – РДУЭСМ), подготовленного для Экстренного проекта COVID-19.

Модератор встречи: Ильязов М.К.

Участники встречи:

Объединенная ТБ Жайылского района	Иващенко Татьяна Викторовна	зам.директора по сестринскому делу
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Ильязов М.К. поприветствовал участника встречи, рассказал о проекте РДУЭСМ. Отметил, что у участника была возможность ознакомиться с данным документом, т.к. ранее был отправлен электронный вариант документа на электронный адрес организации здравоохранения (ОЗ). Также было акцентировано внимание участника встречи на то, что согласно стандартам Всемирного Банка необходимо учитывать и управлять экологическими и социальными мерами. Также было отмечено, что важна и обязательна подготовка документов по мерам экологической и социальной безопасности, инфекционного контроля и управления медицинскими отходами, которыми должны руководствоваться руководители ОЗ, подрядчики при проведении ремонта зданий. На этапе ремонтных работ необходимо осуществление контроля над исполнением экологических, социальных и других мер безопасности.

Далее Ильязов М.К. рассказал, что раскрытие информации для заинтересованных сторон о рассматриваемом документе является одним из требований Всемирного Банка. И добавил, что настоящая встреча является хорошей возможностью, при необходимости, внести на рассмотрение предложения по дополнению или уточнению РДУЭСМ.

Иващенко Т.В. ответила, что у нее нет вопросов и комментариев к документу.

Ильязов М. поблагодарил зам.директора за участие в обсуждении РДУЭСМ и просил оказывать содействие в соблюдении Планов управления

окружающей и социальной средой и Планов инфекционного контроля и управления медицинскими отходами и оказания содействия в контроле соблюдения со стороны подрядных организаций и ОЗ (обращение с мед.отходами).

Иващенко Т.В. согласилась оказывать содействие в соблюдении ПУОСС и ПИКУМО.

Участник встречи:

Иващенко Т.В.

ФИО

зам.директора

должность



подпись

**Протокол
он-лайн совещания**

10.12.2020 года

Повестка дня:

1. Обсуждение проекта Рамочного документа управления экологическими и социальными мерами (далее – РДУЭСМ), подготовленного для Экстренного проекта COVID-19.

Модератор: Ильязов М.К.

Участник встречи:

Опиская межобластная объединенная клиническая больница	Арстанкулов Галинг Курбаналиевич	директор
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Ильязов М.К. поприветствовал участника встречи, рассказал о проекте РДУЭСМ. Отметил, что у участника была возможность ознакомиться с данным документом, т.к. ранее был отправлен электронный вариант документа на электронный адрес организации здравоохранения (ОЗ). Также было акцентировано внимание участника встречи на то, что согласно стандартам Всемирного Банка необходимо учитывать и управлять экологическими и социальными мерами. Также было отмечено, что важна и обязательна подготовка документов по мерам экологической и социальной безопасности, инфекционного контроля и управления медицинскими отходами, которыми должны руководствоваться руководители ОЗ, подрядчики при проведении ремонта зданий. На этапе ремонтных работ необходимо осуществление контроля над исполнением экологических, социальных и других мер безопасности.

Далее Ильязов М.К. рассказал, что раскрытие информации для заинтересованных сторон о рассматриваемом документе является одним из требований Всемирного Банка. И добавил, что настоящая встреча является хорошей возможностью, при необходимости, внести на рассмотрение предложения по дополнению или уточнению РДУЭСМ.

Арстанкулов Т.К. ответил, что внимательно ознакомился с проектом РДУЭСМ. Добавил, что данный документ содержит не только вопросы, касательно ремонта инфекционного отделения ОМОКБ, но и описывает ситуацию по управлению методами и борьбы с COVID-19 в секторе

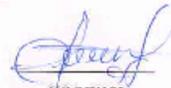
здравоохранения. При этом добавил, что вопросов и комментариев к РДУЭСМ у него нет.

Ильязов М. поблагодарил Арстанкулова Т.К. за участие в обсуждении РДУЭСМ и просил директора оказывать содействие в соблюдении Планов управления окружающей и социальной средой и Планов инфекционного контроля и управления медицинскими отходами и оказания содействия в контроле соблюдения со стороны подрядных организаций и ОЗ (обращение в медотходами).

Участник встречи:

Арстанкулов Т.К.
ФИО

директор
должность



подпись

Протокол
он-лайн совещания

10.12.2020 года

Тема совещания:

1. Обсуждение проекта Рамочного документа управления экологическими и социальными мерами (далее – РДУЭСМ), подготовленного для Экспрессии проекта COVID-19.

Модератор встречи: Ильязов М.К.

Участники встречи:

Таш-Кумьрская ТБ	Мырзасатаров Алмазбек Алипберович	директор
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Ильязов М.К. поприветствовал участников встречи, раскрыл тему проекта РДУЭСМ. Отметил, что у участника была возможность ознакомиться с данным документом, т.к. ранее был отправлен электронный вариант документа на электронный адрес организации здравоохранения (ОЗ). Также было акцентировано внимание участника встречи на то, что согласно стандартам Всемирного Банка необходимо учитывать и управлять экологическими и социальными мерами. Также было отмечено, что заложено обязательство по подготовке документов по мерам экологической и социальной безопасности, инфекционного контроля и управления медицинскими отходами, которыми должны руководствоваться руководители ОЗ, подрядчики при проведении ремонта зданий. На этапе ремонтных работ необходимо осуществление контроля над исполнением экологических, социальных и других мер безопасности.

Далее Ильязов М.К. рассказал, что раскрытие информации для заинтересованных сторон в рассматриваемом документе является одним из требований Всемирного Банка. И добавил, что настоящая встреча является хорошей возможностью, при необходимости, внести на рассмотрение предложения по дополнению или уточнению РДУЭСМ.

Мырзасатаров А.А. ответил, что у него нет вопросов и комментариев к документу.

Ильязов М. поблагодарил зам.директора за участие в обсуждении РДУЭСМ и просил оказывать содействие в соблюдении Планов управления окружающей и социальной средой и Планов инфекционного контроля и

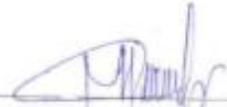
управления медицинскими отходами и оказания содействия в контроле соблюдения со стороны подрядных организаций и ОЗ (обращение с мед.отходами).

Мырзасанаров А.А. согласился оказывать содействие в соблюдении ПУОСС и ПИКУМО.

Участник встречи:

Мырзасанаров А.А.
ФНО

директор
должность


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Протокол
он-лайн совещания

10.12.2020 года

Повестка дня:

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Модератор встречи: Ильязов М.К.

Участники встречи:

Токмокская ТБ	Исаева Бактыгуль Кедейкановна	директор
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Ильязов М.К. поприветствовал участника встречи, рассказал о проекте РДУЭСМ. Отметил, что у участника была возможность ознакомиться с данным документом, т.к. ранее был отправлен электронный вариант документа на электронный адрес организации здравоохранения (ОЗ). Также было акцентировано внимание участника встречи на то, что согласно стандартам Всемирного Банка необходимо учитывать и управлять экологическими и социальными мерами. Также было отмечено, что важна и обязательна подготовка документов по мерам экологической и социальной безопасности, инфекционного контроля и управления медицинскими отходами, которыми должны руководствоваться руководители ОЗ, подрядчики при проведении ремонта зданий. На этапе ремонтных работ необходимо осуществление контроля над исполнением экологических, социальных и других мер безопасности.

Далее Ильязов М.К. рассказал, что раскрытие информации для заинтересованных сторон о рассматриваемом документе является одним из требований Всемирного Банка. И добавил, что настоящая встреча является хорошей возможностью, при необходимости, внести на рассмотрение предложения по дополнению или уточнению РДУЭСМ.

Исаева Б.К. ответила, что у нее нет вопросов и комментариев к документу.

Ильязов М. поблагодарил зам.директора за участие в обсуждении РДУЭСМ и просил оказывать содействие в соблюдении Планов управления окружающей и социальной средой и Планов инфекционного контроля и

управления медицинскими отходами и оказания содействия в контроле соблюдения со стороны подрядных организаций и ОЗ (обращение с мед.отходами).

Исаева Б.К. согласилась оказывать содействие в соблюдении ПУОСС и ПИКУМО.

Участник встречи:

Исаева Б.К.

ФИО

директор

должность

подпись



**Протокол общественного обсуждения (он-лайн встреча)
по Процедурам управления трудовыми ресурсами, МРЖ, кодексу поведения,
ПУОСС для «Экстренного проекта COVID-19»**

Дата: 18.11.2020 года
Время: 11.00-12.00

Участники встречи:

1. Абдыласова Н. – специалист по мерам безопасности ОРП при МЧС
2. Юлдашева М. – специалист по коммуникациям и социальному развитию проекта
3. Ильязов М. – специалист по окружающей среде проекта.
4. Жалилов К. - директор ОсОО "КУБА"
5. Абдиев А. - директор Лейлекской территориальной больницы
6. Акимов И. – консультант по Технадзору
7. Умураков Н.- ответственное лицо от Лейлекской территориальной больницы по работе с проектом

Повестка дня:

1. Обсуждение проекта Процедур управления трудовыми ресурсами;
2. Обсуждение МРЖ, кодекса поведения;
3. Обсуждение РДУЭСМ, ПУОСС и ПИКУМО;
4. Организационные моменты.

Юлдашева М. поприветствовала участников встречи. Попросила представиться участникам встречи. Отметила, что цель данной онлайн встречи – информирование о требованиях проекта, которые необходимо выполнить в ходе проведения ремонтных работ и разъяснение этих требований. Общественные консультации должны были проводиться до начала ремонтных работ, но так как ремонтные работы начались в экстренном порядке из-за вспышки COVID-19 в Баткенской области, то ремонтные работы проводятся в срочном порядке. Далее Юлдашева спросила ознакомились ли они с процедурами управления трудовыми ресурсами, которые были высланы им ранее для предварительного ознакомления. Далее, разъяснила положения Процедур управления трудовыми ресурсами. Попросила особо обратить внимание: во-первых, Кодексу поведения, о необходимости его подписания. Каждый работник обязан изучить Кодекс поведения и подписать его до начала работ. Во-вторых, отметила необходимость обеспечения безопасности и гигиены труда на рабочем месте. Подрядная организация берет на себя ответственность не привлекать несовершеннолетних лиц младше 18 лет к ремонтным работам. Отметила, что это ответственность подрядной организации. Далее, обратилась к директору подрядной организации и рассказала о необходимости проводить инструктаж по профилактике COVID-19 (основные требования, предъявляемые к санитарному режиму на объекте работы, пути заражения, выявление симптомов, алгоритм действий, что делать в случае, если у кого-то из работников появится температура, меры защиты и т.д.).

Абдиев А: подтвердил, что перечисленные документы были получены и переданы на ознакомление подрядчику.

Ильязов М: напомнил, что в сентябре был обсужден проект РДУЭСМ. После в данный документ были внесены незначительные изменения и сейчас требуется снова провести дополнительное обсуждение. Добавил, что ранее вам был направлен РДУЭСМ с дополнениями. В этой связи, есть ли у руководства вопросы или комментарии по РДУЭСМ?

Абдиев А: подтвердил, что проект РДУЭСМ был получен, рассмотрен вопросов и дополнений по нему нет.

Ильязов М: добавил, что до начала ремонтных работ руководству Лейлекской больницы были переданы Меры по смягчению рисков при выполнении ремонтных работ и План мониторинга. Ознакомлены ли Подрядчики с данными материалами?

Жалилов К: Подтвердил, что ему передали указанные материалы в распечатанном виде, сам лично ознакомился с требованиями и проинформировал о них своих сотрудников.

Ильязов М: поблагодарил руководство Больницы за то, что они дали ознакомиться Подрядчику с данными документами. Далее узнал, есть ли у Подрядчика и Руководства Больницы вопросы по данным документам?

Жалилов К: сказал, что у нет вопросов.

Абдиев А: дал отрицательный ответ.

Ильязов М: сказал, что хотел бы обратить внимание на некоторые вопросы, отраженные в ПУООС, такие как шум и вибрация при использовании инструментов и графика работы; охрана качества поверхностной и подземной воды; соблюдение мер по охране почвы от загрязнения. Заострил внимание на вопросе сбора, сортировки, хранения и вывоза отходов. Для вывоза строительного мусора необходимо составить договор с коммунальной службой. Рекомендовал сдавать на переработку отходы, которые могут быть использованы повторно или переработаны. Также добавил, что соблюдение мер по инфекционному контролю и управлению мед. отходами являются ответственностью руководства больницы.

Юлдашева М: Отметила о необходимости информирования населения и лиц, получающих лечение о ремонтных работах, разработки плакатов с указанием сроков работ, а также повесить информационный плакат о Механизме рассмотрения жалоб и т. д. Население должно знать о ходе ремонтных работ и знать, куда можно обратиться с вопросами, обращениями и жалобами. Если существуют какие-либо барьеры или

препятствия, закрывающие доступ к больнице, нужно поставить указательные знаки чтобы население знало об этом.

Абдиев А: ответил, что инфекционнос отделение имеет отдельную территорию и отдельный вход. К настоящему времени доступ к зданию инфекционного отделения открыт только для сотрудников подрядной организации. Для пациентов и населения ограничение доступа на объект препятствий не вызывает.

Юлдашева М: спросила есть ли у участников вопросы?

Умурзаков Н: Отметил что их беспокоит финансирование работ, связанная с переводом авансового платежа.

Акимов И: Отметил, что услуги Технадзора не были включены в смету. Можно ли будет дополнительно включить?

Юлдашева М: Сообщила, что по данным проблемам, связанными с финансовыми вопросами необходимо обратиться в ФОМС.

Ильязов М: ответил, что у него нет вопрос и нет дополнений. Затем поблагодарил за встречу.

Юлдашева М: Поблагодарила за встречу и предложила завершить онлайн встречу.

1. Абдыласова Н. _____
2. Юлдашева М. _____
3. Ильязов М. _____
4. Жалилов К. _____
5. Абдиев А. _____
6. Акимов И. _____
7. Умурзаков Н. _____

**Протокол
он-лайн совещания**

10.12.2020 года

Повестка дня:

1. Обсуждение проекта Рамочного документа управления экологическими и социальными мерами (далее – РДУЭСМ), подготовленного для Экстренного проекта COVID-19.

Модератор встречи: Ильязов М.К.

Участники встречи:

Узгенская ТБ Джусупов Сатар Сайпиевич директор

Ильязов М.К. поприветствовал участника встречи, рассказал о проекте РДУЭСМ. Отметил, что у участника была возможность ознакомиться с данным документом, т.к. ранее был отправлен электронный вариант документа на электронный адрес организации здравоохранения (ОЗ). Также было акцентировано внимание участника встречи на то, что согласно стандартам Всемирного Банка необходимо учитывать и управлять экологическими и социальными мерами. Также было отмечено, что важна и обязательна подготовка документов по мерам экологической и социальной безопасности, инфекционного контроля и управления медицинскими отходами, которыми должны руководствоваться руководители ОЗ, подрядчики при проведении ремонта зданий. На этапе ремонтных работ необходимо осуществление контроля над исполнением экологических, социальных и других мер безопасности.

Далее Ильязов М.К. рассказал, что раскрытие информации для заинтересованных сторон о рассматриваемом документе является одним из требований Всемирного Банка. И добавил, что настоящая встреча является хорошей возможностью, при необходимости, внести на рассмотрение предложения по дополнению или уточнению РДУЭСМ.

Джусупов С.С. ответил, что у него нет вопросов и комментариев к документу.

Ильязов М. поблагодарил директора за участие в обсуждении РДУЭСМ и просил оказывать содействие в соблюдении Планов управления окружающей и социальной средой и Планов инфекционного контроля и

управления медицинскими отходами и оказания содействия в контроле соблюдения со стороны подрядных организаций и ОЗ (обращение с медотходами).

Джусупов С.С. согласился оказывать содействие в соблюдении ПУОСС и ПИКУМО.

Участник встречи:

Джусупов С.С.

ФИО



директор

должность

подпись

Протокол
совещания

16.12.2020 года

Повестка дня:

1. Обсуждение проекта Рамочного документа управления экологическими и социальными мерами (далее – РДУЭСМ), подготовленного для Экстренного проекта COVID-19.

Модератор: Ильязов М.К.

Участник встречи:

Национальный госпиталь

Дыйканалиев Иса
Кубанычбекович

Заведующий
отделом качества

Ильязов М.К. поприветствовал участника встречи, рассказал о проекте РДУЭСМ. Отметил, что у участника была возможность ознакомиться с данным документом, т.к. ранее был отправлен электронный вариант документа на электронный адрес организации здравоохранения (ОЗ). Также было акцентировано внимание участника встречи на то, что согласно стандартам Всемирного Банка необходимо учитывать и управлять экологическими и социальными мерами. Также было отмечено, что важна и обязательна подготовка документов по мерам экологической и социальной безопасности, инфекционного контроля и управления медицинскими отходами, которыми должны руководствоваться руководители ОЗ, подрядчики при проведении ремонта зданий. На этапе ремонтных работ необходимо осуществление контроля над исполнением экологических, социальных и других мер безопасности.

Далее Ильязов М.К. рассказал, что раскрытие информации для заинтересованных сторон о рассматриваемом документе является одним из требований Всемирного Банка. И добавил, что настоящая встреча является хорошей возможностью, при необходимости, внести на рассмотрение предложения по дополнению или уточнению РДУЭСМ.

Дыйканалиев И.К. ответил, что ознакомился с проектом РДУЭСМ и у него нет вопросов и комментариев к документу.

Ильязов М. поблагодарил Дыйканалиев И.К. за участие в обсуждении РДУЭСМ и просил директора оказывать содействие в соблюдении Планов управления окружающей и социальной средой и Планов инфекционного контроля и управления медицинскими отходами и оказания содействия в контроле соблюдения со стороны подрядных организаций и ОЗ (обращение с медотходами).

Участник встречи:

Дыйканалиев И.К.
ФИО

зав.отделом
должность


подпись

Протокол совещания

15.12.2020 года

Повестка дня:

1. Обсуждение проекта Рамочного документа управления экологическими и социальными мерами (далее – РДУЭСМ), подготовленного для Экстренного проекта COVID-19.

Модератор встречи: Ильязов М.К.

Участники встречи:

НЦОМяД

Тургамбаев Тойчубек
Жумадылович

Зам.директора

Ильязов М.К. поприветствовал участника встречи, рассказал о проекте РДУЭСМ. Отметил, что у участника была возможность ознакомиться с данным документом, т.к. ранее был отправлен электронный вариант документа на электронный адрес организации здравоохранения (ОЗ). Также было акцентировано внимание участника встречи на то, что согласно стандартам Всемирного Банка необходимо учитывать и управлять экологическими и социальными мерами. Также было отмечено, что важна и обязательна подготовка документов по мерам экологической и социальной безопасности, инфекционного контроля и управления медицинскими отходами, которыми должны руководствоваться руководители ОЗ, подрядчики при проведении ремонта зданий. На этапе ремонтных работ необходимо осуществление контроля над исполнением экологических, социальных и других мер безопасности.

Далее Ильязов М.К. рассказал, что раскрытие информации для заинтересованных сторон о рассматриваемом документе является одним из требований Всемирного Банка. И добавил, что настоящая встреча является хорошей возможностью, при необходимости, внести на рассмотрение предложения по дополнению или уточнению РДУЭСМ.

Тургамбаев Т.Ж. ответил, что у нее нет вопросов и комментариев к документу.

Ильязов М. поблагодарил зам.директора за участие и обсуждении РДУЭСМ и просил оказывать содействие в соблюдении Планов управления окружающей и социальной средой и Планов инфекционного контроля и управления медицинскими отходами и оказания содействия в контроле

