

# **GEORGIA**

## **EMERGENCY COVID-19 RESPONSE PROJECT**

# **ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK**

**TBILISI**

**AUGUST 2021**

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## ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
AIIB	Asian Infrastructure and Investment Bank
AMR	Antimicrobial Resistance
ANRS	Agency of Nuclear and Radiation Safety
CT	Computed tomography
EU	European Union
EIA	Environmental Impact Assessment
EMA	European Medicines Agency
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
EUL	Emergency Use Listing
FDA	United States Food and Drug Administration
Geostat	National Statistics Office of Georgia
GIIP	Good International Industry Practice
GRM	Grievance Redress Mechanism
IBRD	International Bank for Reconstruction and Development
ICP	Infection control and prevention
ICU	Intensive Care Unit
ICWMP	Infection Control and Waste Management Plan
ILO	International Labor Organization
LEPL	Legal Entity of Public Law
LMP	Labor Management Procedures
MRI	Magnetic Resonance Imaging
MEPA	Ministry of Environment Protection and Agriculture
MIA	Ministry of Internal Affairs of Georgia

MoILHSA	Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs
ODS	Ozone Depleting Substances
PCR	Polymerase Chain Reaction
POPs	Persistent Organic Pollutants
PPE	Personal Protective Equipment
PQ	Prequalification
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SEP	Stakeholder Engagement Plan
SWMC	LLC Solid Waste Management Company
TSA	Targeted Social Assistance
UNECE	United Nations Economic Commission for Europe
USD	United States Dollar
WHO	World Health Organization

## Executive Summary

This Environmental and Social Management Framework (ESMF) is prepared for the needs of the Georgia Emergency COVID-19 Response Project implementation, financed by the International Bank for Reconstruction and Development (IBRD) and the Asian Infrastructure and Investment Bank (AIIB). The Project is implemented by the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia (MoILHSA), through the Project Implementation Unit (PIU). ESMF provides guidance for screening activities suggested for Project financing; identifying their environmental and social risks and impacts; developing measures for prevention, minimization or mitigation of adverse impacts; and monitoring application of these measures - all in compliance with the national environmental, social and labor laws and regulations and in consistency with the Environmental and Social Framework (ESF) of the World Bank.

The ESMF was produced in 2020 for guiding environmental, social, occupational health and safety aspects the Emergency COVID-19 Response Project implementation. In 2021, the Government of Georgia requested additional financing (AF) for the Project for meeting the needs of public vaccination against COVID-19. The ESMF was updated to cover additional activities included into the Project design upon provision of the AF. Namely, description of Project's environmental and social risks provided in the updated ESMF is extended to include those associated with transporting, storing, and administering of COVID-19 vaccines as well as disposing waste generated through the vaccine deployment. Furthermore, the updated ESMF provides guidance on applying additional mitigation measures aimed at guaranteeing fair and equitable access to vaccination; safeguarding vaccination points of dispensing from the spread of infection among medical personnel and vaccine recipients; and ensuring availability of on-the-spot emergency medical attention for patients in case of acute complications upon vaccination.

The main environmental and social risks of the Project are associated with: a) physical works for the rehabilitation of existing healthcare facilities; b) installation and, later, operation of radiological medical equipment, c) COVID-19 vaccination access, eligibility and safety issues, d) handling and disposal of medical waste, including sharps and vials from vaccination campaign; e) possibility of infection spreading among healthcare workers deployed at the Project beneficiary healthcare facilities and at COVID-19 vaccination points of dispensing; f) inequitable access to the Project-supported facilities and services, particularly, for vulnerable and high-risk social groups. The Project has "Substantial" rating on environmental and social risks. Five out of ten World Bank's Environmental and Social Standards (ESSs) are relevant to the Project: ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10.

ESMF consists of 10 chapters. It carries Project description, including Project Development Objective (PDO), Project components, overview of the potential risks, summary of Georgia's legal and institutional framework, country profile for the relevant sectors, institutional arrangements for the Project implementation, procedures for managing environmental and social risks of the Project, arrangements for ensuring public awareness of Project activities and stakeholder engagement and mechanisms of grievance redress during Project implementation.

Attachments to the ESMF include forms for screening environmental and social risks of the activities to be financed by the Project and for producing monthly field environmental and social monitoring reports; checklists for the development of Environmental and Social Management Plans (ESMPs) and Infection

Control and Waste Management Plans (ICWMPs); Labor Management Procedures (LMP), including Grievance redress Mechanism (GRM); relevant guidelines of the World Health Organization (WHO) and Good International Industry Practice (GIIP).

PIU disclosed the mature draft ESMF in Georgian and English languages through the webpage of MoILHSA and held virtual consultations with key stakeholders. Records of the public consultation process are attached to the ESMF. The present final version of ESMF is disclosed through the MoILHSA webpage as well as through the external webpage of the World Bank.

## 1. Introduction and Background

An outbreak of COVID-19, caused by the 2019 novel COVID-19 (SARS-CoV-2), has been spreading rapidly across the world since December 2019, when the initial cases were diagnosed in Wuhan, Hubei Province, China. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic. The first cases of the COVID-19 in Georgia were confirmed on February 26, 2020, and the state of emergency was declared on March 21, 2020. This implied closure of all educational institutions and many public venues, such as gyms, museums, theaters, shopping malls, bars and restaurants. Strict transportation restrictions were introduced, including the suspension of air and rail traffic, as well as border closures with neighboring Armenia, Azerbaijan, and Russia. Additional quarantine measures have followed, including curfew from 9:00 pm to 6:00 am; prohibition of meetings of more than 10 people, public events and other mass events, schools and universities shift to online and distance-learning methods. The Government decided to make all medical care related to COVID-19 free of charge, regardless of whether patients have medical insurance.

Measures undertaken to manage spread of disease in Georgia have proven effective, as the country demonstrates the lowest number of COVID-19 cases as well as the lowest incidence of death from the virus in the South Caucasus and is one of the best performers worldwide. Based on the epidemiologic data and medical advice, imposed gradual release of restrictions started in May 2020 and continue thereafter. State of emergency and curfew were lifted on May 23, 2020.

COVID-19 poses serious social and economic challenges to the country and represents a severe risk of losing important gains in the fight against poverty. The lockdown and closure of all non-essential business activities slowed down the production, increased layoffs, reduced labor income - especially for private sector workers - with significant adverse impacts on employment and poverty. Economic activities, particularly in the tourism and hospitality sectors, have come to a standstill. Government of Georgia developed an anti-crisis package to assist private businesses and individuals, implemented in two stages. The first stage, involving emergency assistance, started in March 2020 and the second stage kicked off in April to facilitate recovery. First stage actions included absorption of citizens' utility bills by the government for those customers whose monthly consumption of power was less than 200 kW and that of the natural gas below 200m<sup>3</sup>; State control against price rise for nine staple food products; and provision of three months' long credit deferral to debtors by the commercial banks. Second stage interventions included payments to laid off workers and various categories of self-employed persons, various tax breaks to employers to keep jobs available as well as Targeted Social Assistance (TSA) to pensioners and other vulnerable groups.

Several bilateral and multilateral donors extended support to Georgia in support to its healthcare and social welfare systems in the face of the pandemic. IBRD provided financing of EUR73.1 million to Georgia under the global framework of the World Bank COVID-19 Response. AIIB allocated co-financing to this operation in the amount of EUR91.3 million. The Project became effective on May 28, 2020. In February 2021, the government of Georgia requested from the World Bank the AF for the ongoing Project in support to the National Plan for COVID-19 Vaccine Deployment<sup>1</sup>, officially endorsed in January 2021 by the Government of Georgia. MoILHSA is the Project implementing entity.

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<sup>1</sup> Georgian language version of the National Plan for COVID-19 Vaccine Deployment  
<https://matsne.gov.ge/ka/document/view/5084798?publication=1>



Present ESMF is prepared to assist the MoILHSA with environmental and social management of Emergency COVID-19 Response Project following national regulations and the ESF<sup>2</sup> of the World Bank. The ESMF provides guidelines for working out appropriate prevention and mitigation measures against adverse impacts that might result from Project activities. The ESMF includes templates for producing ESMPs and ICWMPs. The former aims to provide an overarching action plan for the management of environmental, social, health and safety (ESHS) issues associated with the rehabilitation and operation of health-care facilities in response to COVID-19, including development of the safe and effective systems for COVID-19 vaccine deployment. The latter focuses on proper infection control and medical waste management practices during operation of health-care facilities and COVID-19 vaccination points of dispensing. An ICWMP may be included as a part of an ESMP for specific activities.

The ESMF is one of several environmental and social instruments developed by MoILHSA for Emergency COVID-19 Response Project implementation purposes as required by the ESF. Others are the Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP). The LMP is included in the Annex of this ESMF. Taking into consideration the groups of stakeholders defined by SEP, a Grievance Mechanism (GM) was developed for the Project, as recommended by this ESMF and the World Bank ESF. Types of environmental and social instruments and timing of their development and implementation are defined in the Environmental and Social Commitment Plan (ESCP) formally agreed between the Government of Georgia and the World Bank.

## 2. Project Description

The Development Objective of the Georgia COVID-19 Response Project is to prevent, detect, and respond to the threat posed by the COVID-19 pandemic and strengthen national systems for public health preparedness in Georgia. COVID-19 Response Project comprises of the three components.

**Component 1. Emergency COVID-19 Response** (EUR 29.1 million – WB; EUR 36.4 – AIIB; 34.5 million USD - WB)

### Subcomponent 1.1: Case Detection and Confirmation

This subcomponent will support public health laboratories and epidemiological capacity for early detection and confirmation of cases. It will strengthen disease surveillance systems and the capacity of the selected public health laboratories to confirm cases by supplying medical supplies and equipment: Personal Protective Equipment (PPE) and hygiene materials, COVID-19 test kits, laboratory reagents, Polymerase Chain Reaction (PCR) equipment, and specimen transport kits.

### Subcomponent 1.2: Health System Strengthening for Case Management

Under this subcomponent, the Government will procure equipment, drugs, and medical supplies to strengthen the capacity of the selected public health facilities designated for taking a key role in the COVID-19 response. This may include the procurement of hospital equipment intensive care unit (ICU) items (e.g., ventilators, patient monitors, bronchoscopes, etc.), also, equipment for non-critical care wards and operating rooms, specialized departments playing critical role in provision of services to COVID-19

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<sup>2</sup> World Bank Environmental and Social Framework  
<https://www.worldbank.org/en/projects-operations/environmental-and-social-framework>

patients at the hospital level and, also, the primary healthcare settings. Beneficiary healthcare facilities include (1) N. Kipshidze Central University Clinic Ltd (Tbilisi), (2) N. Kipshidze Central University Clinic Ltd (Rukhi); (3) Batumi Clinical Hospital Ltd.; (4) Infectious Diseases, AIDS and Clinical Immunology Center (Tbilisi); (5) Regional Healthcare Center Ltd (Kutaisi); (6) First University Clinic of the Tbilisi State Medical University (TSMU); (7) Sachkhere Regional Hospital- Polyclinic Unification and Emergency Situation Coordination and Urgent Assistance Center - Legal Entity of Public Law under the MoILHSA. In addition, minor repairs for improving ICUs and increasing availability of isolation rooms and other capacities to enhance their response on COVID-19 will be supported in the Kutaisi Regional Healthcare Center Ltd and Kutaisi branch of the Emergency Situations Coordination and Urgent Assistance Center LEPL under the MoILHSA. All beneficiary healthcare facilities will receive technical assistance and support from the PIU for upgrading/developing ICWMPs. These plans will include assessment of needs for capacity enhancement (changes in institutional setup, staffing, space, equipment and technologies, external contracting needs, etc.) towards improved protection of personnel and patients from the internal spread of infections, and the optimized in-house handling of medical waste based on the principles of sustainable management hierarchy.

This subcomponent will also transfer funds directly to public and private health facilities that are designated to receive COVID-19 patients to compensate them for idle capacity and ensure standby readiness to provide COVID-19 care. It will finance case management and treatment of COVID-19 patients in public and private health facilities by supporting the reimbursement of claims by the SSA for COVID-19-related services. To ensure sustainability, consulting services to revise the payment methods for health care services, including setting tariffs for COVID-19 will also be supported. Funding will be provided for case management of non-severe cases in nonmedical settings (e.g., hotels temporarily rented for this purpose) for individuals who cannot self-isolate at home, and ambulances to ensure urgent transportation of patients across the hospital network to designated reference facilities.

### Subcomponent 1.3: Support the country in COVID-19 vaccination

This subcomponent will provide financing for vaccination. The Project will finance procurement of up to 2.5 million doses of vaccines from FDA/EMA approved manufacturers (enclosed in WHO EUL/PQ database<sup>3</sup>) and associated vaccine roll-out needs. The Project does not involve activities in support to the development of management system for vaccination, as it already exists in the country and its procedures will be adopted for the purpose of COVID-19 vaccination. Government of Georgia has already developed COVID-19 Vaccine National Deployment Plan,<sup>4</sup> and COVID-19 Vaccine National Deployment Plan and Immunization Management Rules<sup>5</sup>. Under this subcomponent, effective and safe COVID-19 vaccine(s) will be made available, along with supplies and capacities, as well as support for due communication that is strategically important for successful attainment of the ambitious goals of the Plan. No physical works will be undertaken under subcomponent 1.3.

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<sup>3</sup> WHO EUL/PQ evaluation process' and respective database

[https://extranet.who.int/pqweb/sites/default/files/documents/Status\\_COVID\\_VAX\\_17March2021\\_0.pdf](https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_17March2021_0.pdf)

<sup>4</sup> Government Order No67: COVID-19 Vaccine National Deployment Plan:

<https://www.matsne.gov.ge/ka/document/view/5084798?publication=0>

<sup>5</sup> MoILHSA Minister Order No01-115 COVID-19 Vaccine National Deployment Plan and Immunization Management Rules

<https://www.matsne.gov.ge/document/view/5094063?publication=1>

## **Component 2. Enabling Health Measures to Contain the COVID-19 Outbreak through Temporary Income Support for Poor Households and Vulnerable Individuals (EUR 43.8 million – WB; EUR 54.7 - AIB)**

### Subcomponent 2.1: Cash Transfers to Poor and Vulnerable Households

This subcomponent will assist households that are negatively affected by the health measures adopted to contain the outbreak and the resulting economic downturn by supporting: (a) the scale-up of the TSA program for extremely poor households; (b) a new temporary cash benefit for vulnerable households; and (c) a top-up benefit for households with more than three children.

### Subcomponent 2.2: Temporary Unemployment Assistance for Individuals who lost their Job because of the COVID-19 Outbreak

This subcomponent will finance temporary unemployment benefit for private sector formal wage workers. The temporary unemployment benefit will consist of a flat benefit of 200 GEL per month provided to formal wage workers in private companies who are laid off as a result of COVID-19 related restrictions and the economic lockdown of nonessential businesses. This subcomponent will also support the introduction of a one-off benefit targeted to self-employed and informal workers who lost their job because of the economic downturn resulting from the measures adopted to contain the outbreak. For one-off benefit to self-employed and informal workers there are two sub-groups of the beneficiaries: (1) Registered self-employed and (2) Nonregistered self-employed.

The one-off benefit will be on-demand and provide a compensation of 300 GEL per person who lost income due to the negative impacts because of measures adopted to contain the outbreak and the resulting economic downturn. Eligible citizens will be registered at the online registration platform (<https://compensation.moh.gov.ge/>) and will provide personal information. The eligibility determination and verification processes will be carried out by State Employment Support Agency (SESA) based on revenue service information. Benefits will be transferred by SESA to the private bank accounts of the beneficiaries provided by them personally (while registering).

### Subcomponent 2.3: Temporary unemployment benefits for formal workers

This sub-component will support the introduction of a temporary unemployment assistance benefit for formal wage workers who lost their jobs because of containment measures taken to contain the spread of the coronavirus. A flat benefit of 200 GEL per month will be provided to private sector workers who are laid off as a result of COVID-related restrictions and economic lockdown of non-essential businesses. The benefit amount is commensurate to the cost of living: the monthly social pension is set at 220 GEL per person per month (old age pension) as a comparison. The duration of the unemployment assistance benefit is for a period up to 6 months. Simulations on Labor Force Survey 2018 show that about 300,000 formal wageworkers will be laid off (assuming a dismissal rate of 50 percent). The Revenue Service will compile a list of laid off workers based on companies' declarations and on the cross-verification with the payroll income database. The Revenue Service will submit the list of unemployed and their bank account details to SESA who will further verify eligibility. State Employment Support Agency (SESA) will proceed with the payment to respective bank accounts as provided by the Revenue Service.

### Component 3. Project Management and Monitoring

This component will support overall administration of the Project, including procurement, financial management (FM), environmental and social management, regular monitoring and reporting on Project implementation progress. The PIU is established under the MoILHSA, composed of the in-house capacity of this ministry and other public agencies as well as external consultants financed from this component.

#### Project Beneficiaries

**The expected Project beneficiaries will be the population at large**, given the nature of the disease, including particularly infected people and at-risk populations, such as the elderly and people with chronic conditions; also, medical and other emergency personnel at treatment, testing facilities and at COVID-19 vaccination points of dispensing; and approximately ten public healthcare facilities from different regions of Georgia, engaged in the response. In addition, beneficiaries of the Component 2 of the Project, specifically representatives of poor and vulnerable households, including informal and formal workers identified through the government's administrative systems who become unemployed because of the lockdown due to the restrictions adopted by the government of Georgia to contain the spread of COVID-19.

### 3. Environmental and Social Risks of the Project and Their Mitigation

The Project was prepared under the World Bank's ESF. The Environmental Risk Rating<sup>6</sup> is "Substantial" and the same goes for Social Risk Rating resulting in an overall "Substantial" Risk Rating. The key types of risks associated with the Project are related to: (i) rehabilitation of the existing health-care facilities; (ii) procurement and installation of radiological medical equipment (iii) COVID-19 immunization such as access, eligibility and safety, (iv) medical waste management and disposal; (v) spread of the virus among health-care workers; (vi) spread of COVID-19 among the population at large; and (vii) potential for inequitable access to Project supported facilities and services particularly for vulnerable and high-risk social groups (poor, disabled, elderly, isolated groups) and exclusion from the social protection measures. The following Environmental and Social Standards (ESS) of the World Bank were found relevant for addressing these risks: ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10.

Physical works under COVID-19 Emergency Project will be confined to the small works such as rehabilitation, renovation, refurbishment, and retrofitting of the existing buildings. Greatest risk associated with such civil works is generation of asbestos-containing construction waste because asbestos materials were commonly used in construction (roofing, piping) in the past century. Safe on-site handling of asbestos-containing waste, prevention of its re-use and timely disposal in compliance with the national legislation will be required to avoid impacts asbestos-containing hazardous waste on human and environmental health. No new construction or extension of healthcare or waste management facilities will be financed. Neither will the Project involve acquisition of existing public or private facilities. Project activities will not involve

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<sup>6</sup> The World Bank's Risk Framework for Operations:  
<http://documents1.worldbank.org/curated/en/450751468184738008/pdf/105090-BR-AC2016-0014-CODE2016-0017-Box394888B-PUBLIC-disclosed-4-27-16.pdf>

land acquisition, physical or economic displacement, or restriction of access to private land and other property.

Project activities will be undertaken by civil servants of MoILHSA and other state agencies, consultants hired by MoILHSA, healthcare workers and workers contracted for the delivery of civil works. Staff of the medical institutions will be at risk of contracting infection while working in wards of clinics treating COVID-19 cases, in laboratories and at COVID-19 vaccination points of dispensing. Other Project workers will also be at risk of exposure. Further, construction workers may face modest occupational health and safety hazards typical for small-scale works. It is expected that predominantly local construction companies will perform rehabilitation works under the Project. No large numbers of workers will be required at any individual work site. Influx of labor also is not expected.

Delivery of equipment, PPE, test kits and other goods is planned for the selected hospitals, medical laboratories, screening posts, and primary health care facilities quarantine and isolation points, infection treatment centers, ICUs and assisted living facilities. In some health facilities, minor interior works are envisaged to take place. Technical specifications of equipment and PPE as well as designs for installation of ICUs and other specialized facilities will strictly follow WHO guidance and other relevant GIIP.

The risks related to the rapid delivery of COVID-19 vaccines in Georgia are as follows:

- **Cold-chain logistics and storage-management challenges** to maintain cold-chain requirements for distribution and long-term storage of mRNA-based vaccines. Large amounts of dry ice may be needed at various locations even before dispensing the vaccines is commenced. Maintenance of cold-chain logistics and storage facilities contain energy efficiency risks.
- **Increased labor requirements.** Complex protocols for handling and administering COVID-19 vaccines, as well as the added precautionary observation period after patients are injected, have the potential to strain labor capacity by diverting workers from other critical roles. Errors in storing, preparing, or scheduling administration of doses at points of care will have significant consequences.
- **Medical waste generation at vaccination points of dispensing.** Public vaccination is associated with the generation of significant amount of high-risk medical waste such as sharps, vials and syringes.

**Equitable and fair access to vaccination.** Because registration for receiving vaccination happens mostly online there is a risk of vulnerable groups of population (restricted access to internet, computer illiteracy, transportation barriers, etc.) being sidelined and miss out the service they are eligible for. Points of vaccination operate as within multi-profile clinics located mostly in central cities and towns, as well as in the municipal centers of most municipalities of Georgia. Nevertheless, there is a risk of unequitable and unfair access to the desirable vaccines as AstraZeneca and Pfizer vaccines are administered only in the vaccination points operating at multi-profile, fully fledged clinics located in the big cities and towns of Georgia (for vaccines specific storage conditions and risks of post vaccination reactions). However, all other vaccines are available on municipal level. The Project will not invest into medical waste management systems and infrastructure. However, clinics, benefiting from rehabilitation works and delivery of equipment provided by the Project, will be assisted in improving their infection control and waste management practices as required. Hospital waste separation, on-site collection, removal and treatment is subject to national regulations, though their implementation faces multiple challenges. To address these

challenges which differ by clinic, depending on their capacity and location, the Project will assist the beneficiary clinics through a variety interventions:

- Upgrading (or elaborating where missing) clinic-specific ICWMPs;
- Elaborating and introducing procedures defined by ICWMP;
- Awareness-rising among hospital staff about existing regulations and WHO guidelines related to medical waste management;
- Providing tailor-made training and practical drills covering entire chain/scheme of medical waste management inside the hospital, including separation of the generated waste, segregation, safe handling, on-site storing and discharging out of the facility;
- Estimating expected volumes of waste generation and costs associated with its management and exploring potential for optimization and savings.

Several medical facilities do operate their own incinerators and autoclaves, but their capacity is not always sufficient. No municipal incinerators exist for treating the medical waste. There are a couple of private companies providing waste management services to medical facilities, but their operation standard in some cases does not meet neither the requirements of the EU directive 2000/76/EC<sup>7</sup> on the incineration of waste nor respective guidelines of WHO. To address these external challenges, the Project will advise beneficiary clinics on the criteria of selecting reliable service providers and the ways of exercising quality control over their operations.

Hazardous medical waste and ashes from incinerators may not be disposed at municipal landfills,<sup>8</sup> in difference from the non-hazardous medical waste. The current national waste management policy implies gradual closure of sub-standard municipal landfills by 2024-2025 and their replacement with the new regional landfills. The policy also considers construction of new hazardous waste landfill and preparatory work for this Project is ongoing. The upcoming hazardous waste landfill will be licensed for receiving an ash from the medical waste incinerators. Meanwhile, final disposal of ash from incinerators is impossible in Georgia. It may be stored temporarily and in small amounts at the premises of a couple of privately-owned hazardous waste handling facilities, or at the own premises of clinic operating medical waste incinerators.

The Project implementation will not imply any transboundary movement of specimens, samples or any hazardous materials. Only in-country transportation is expected.

In spring 2020, while spread of COVID-19 had been on rise in Georgia, special checkpoints were set up in Tbilisi, Batumi, Kutaisi, Rustavi, Poti, Zugdidi and Gori cities of the country to screen people and carry out better control of the situation. Police and military forces<sup>9</sup> were mobilized for this purpose. Isolation centers for quarantined people were also guarded by the personnel of the Ministry of Internal Affairs. It is expected that the Police may engage further to secure clinics, laboratories, quarantine centers and other facilities comply with any special measures as required during probable future phases of the response to COVID-19 pandemic. No abuse of power or other misconduct by servicemen have been recorded in connection with

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<sup>7</sup> EU directive 2000/76/EC on the incineration of waste  
<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM:128072>

<sup>8</sup>Resolution of the Government of Georgia № 421, Article 6.1.C  
[http://waste.gov.ge/ka/wp-content/uploads/2015/07/FINAL-Landfill-Bylaw-RES\\_421\\_ENG\\_20150713.pdf](http://waste.gov.ge/ka/wp-content/uploads/2015/07/FINAL-Landfill-Bylaw-RES_421_ENG_20150713.pdf)

<sup>9</sup> Web page of the Ministry of Defense of Georgia  
<https://mod.gov.ge/en/news/read/7805/defense-minister-viewed-special-checkpoints-set-up-by-defense-forces-in-marneuli>

performing pandemic-related duties so far. Police officers are recruited and employed to ensure implementation of COVID-19 pandemic-related rulings of the government in line with the requirements of the General Administrative Code of Georgia<sup>10</sup>.

If special measures for infection control have to be sustained, stakeholder engagement into the Project implementation, including consultation on its environmental and social aspects, may be challenging due to likely restrictions aimed at social/physical distancing and other national regulations. Alternative, non-conventional means of communication will have to be explored and used under such circumstances.

Importantly, large volumes of personal data and other sensitive information need to be handled in the connection with the management of the COVID-19 outbreak in Georgia. Process of ensuring the legitimate, appropriate, and proportionate use and processing of mentioned data featured in the national legislation on personal data and overall, regulations of data management, may experience some shortfalls, or call for additional measures to comply with respective laws, and related security and information management systems.

### **3.1. Overview of Environmental and Social Risks and Mitigation Measures**

COVID-19 Emergency Project is designed to assist a number of healthcare facilities, not all of which have been identified by the time of Project preparation. Furthermore, works to be undertaken in the selected clinics are not pre-designed; nor the sets of equipment and other goods required for individual clinics are fully known upfront. Finally, the Project will provide retroactive financing of certain types of activities undertaken prior to its effectiveness. All of the above calls for a clear and effective mechanism to undertake environmental and social risk screening of individual activities suggested for the Project support and verification of their eligibility for financing from the Project proceeds. Present ESMF details rules for screening of potential environmental and social issues that may be related to the upcoming subprojects and provides a template for risk assessment and classification. No activity of higher than substantial environmental risk and/or higher than substantial social risk will be eligible for the Project support. In addition to filtering out ineligible subprojects, environmental and social screening will also define a need and a type of site-specific risk management documents to be prepared prior to their implementation.

Environmental and Social risks associated with the Georgia Emergency COVID-19 Response Project are considered Substantial. Physical works to be financed are confined to small to medium scale interior rehabilitation, refurbishment and retrofitting of the existing buildings, excluding extensions and new construction. No tangible negative environmental impacts are expected from these works; however, occupational health and safety of workers will require close attention. Greater occupational health and safety risks will be faced by medical and laboratory staff of Project beneficiary facilities handling COVID cases as well as by support staff and utility service providers involved in collection, transportation, and disposal of medical waste. General shortcomings of Georgia's waste management infrastructure are a concern, especially in the areas outside the capital city of Tbilisi. Difficulties may arise in delivering temporary social assistance to vulnerable groups during COVID-19 constrains on mobility of people and reduced capacity of public offices and these is a risk of excluding eligible beneficiaries, especially informal workers, from the temporary social assistance scheme.

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<sup>10</sup> General Administrative Code of Georgia  
<https://matsne.gov.ge/en/document/download/16270/18/en/pdf>

MoILHSA established a PIU comprised of public servants and external consultants, to undertake day-to-day administration of the Project, including risk management. ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10 are relevant to the Project and will be followed to avoid, minimize or mitigate environmental and social risks. Following these ESSs, MoIHLA prepared the following environmental and social management instruments:

**ESS 1 - Assessment and Management of Environmental and Social Risks and Impacts.** The Project will have positive environmental and social impacts as it should improve COVID-19 surveillance, monitoring, and containment as well as provide targeted support for the more vulnerable households (such as support in access to facilities and treatment). However, significant risks exist during various stages of the Project cycle. To manage these risks, the MoILHSA prepared the following environmental and social management tools:

- This *Environmental and Social Management Framework*, which includes templates for developing site-specific ESMPs (Annex III) and ICWMPs (Annex IV), so that the clinics, laboratories, and quarantine facilities to be supported by the Project apply international best practices in COVID-19 prevention, diagnostic and treatment. The document was reviewed and accepted by the World Bank, disclosed both in country,<sup>11</sup> and through the World Bank’s external webpage.
- *Labor Management Procedures* are a part of the present ESMF. It is developed to (i) respond to the specific health and safety issues posed by COVID-19; and (ii) protect workers’ rights as set out in ESS2.
- *Stakeholder Engagement Plan* identifies and analyses key stakeholders and describes the process and modalities for sharing information on the Project activities, incorporating stakeholder feedback into the Project and reporting and disclosure of Project documents. It is disclosed in-country<sup>12</sup> and through the World Bank’s external webpage. It was prepared, taking into account the particular challenges of the national and global efforts and to combat the evolving COVID-19 situation. SEP is intended not only to help with the implementation of the community mobilization and behavioral change objectives of the Project, but also for suppressing false COVID-19-related information and ensuring equitable access to services and vaccines. Consultations have been restricted, due to the virus, with a focus on social distancing, emails, phone calls, video calls, etc. The document was reviewed and accepted by the World Bank, disclosed both in country,<sup>13</sup> and through the World Bank’s external web page<sup>14</sup>. If constantly evolving COVID-19 pandemic situation continues to require restrictions on traditional forms of stakeholder engagement, then the meaningful consultations and engagement will be carried out as the World Bank Technical Note on Stakeholder Engagement during COVID-19.

**ESS 2 – Labor and Working Conditions.** The Project will be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the World Bank, including, 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 works providers and

<sup>11</sup> <https://www.moh.gov.ge/ka/announcements/568/COVID-19-is-winaaRmdeg-swrafi-reagirebis-proeqtis-%28damatebiTi-finansireba---AF%29-bunebriv-da-socialur-garemoze-zemoqmedebis-marTvis-CarCo-%28ganaxlebuli-versia%29>

<sup>12</sup> <https://www.moh.gov.ge/en/announcements/559/Stakeholder-Engagement-Plan>

<sup>13</sup> <https://www.moh.gov.ge/en/announcements/335/Stakeholder-Engagement-Plan-Emergency-COVID-19-Response-Project>

<sup>14</sup> [Stakeholder Engagement Plan 2020](#)



technical supervision companies.

The Project workers are expected to include direct workers and contracted workers. Direct workers shall be external consultants hired by the PIU. The civil servants will be employees of MoILHSA and other of state agencies involved in the Project implementation. Civil servants assigned to work on Project related activities, regardless of whether they work full time or part time, will continue to work under terms and conditions of their existing contracts or appointments in the public sector. ESS2 provisions on occupational health and safety, and prohibition of child and forced labor shall apply to civil servants engaged in the Project. Consultants will be employed based on mutually agreed contracts between them and the PIU. Contracted workers will be: (i) medical workers in health care facilities (HCF) and laboratories (i.e., doctors, nurses, laboratory workers, clinical trainees) and vaccination points of dispensing; (ii) non-medical workers in health care facilities (e.g., facility and maintenance staff engaged in food preparation, delivery, technical maintenance, waste management); and (iii) workers engaged by firms (contractors) to carry out small repair of interior and installation works within HCFs.

All Project workers must have formal contracts with their employer. In line with ESS 2 and the national legislation, the use of forced labor for the Project purposes is prohibited at both - construction and operation phases. Project workers will not work in contaminated areas and will be safeguarded with protective measures as appropriate.

The LMP, included in this ESMF, carries requirements for ensuring health and safety of Project workers. ESMP template, also attached to this ESMF, has a section on workers' health and safety requirements. Civil works contracts will incorporate social and environmental mitigation measures based on the World Bank Group's EHS Guidelines and the ESMF; all civil works contracts will include standard Codes of Conduct that include measures to prevent Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH). Functional GMs for direct and contracted workers, will be established.

**ESS 3 – Resource and Efficiency, Pollution Prevention and Management.** Medical and chemical wastes (including wastewater, reagents, infected materials, etc.) from hospitals and health facilities labs, quarantine zones, COVID-19 vaccination points of dispensing and screening posts to be supported using drugs, supplies and consumables and medical equipment can have a significant impact on the environment and human health. Wastes generated from medical facilities, COVID-19 vaccination points of dispensing and labs could include liquid chemical reagents contaminated waste 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/laboratory, following the requirements of the ESMF, WHO COVID-19 guidance documents, and other best international practices, will prepare and follow an ICWMP to prevent or minimize adverse impacts of waste generation. An ICWMP mandates that any waste associated with COVID-19 testing or treatment will be incinerated on site whenever possible. It also contains strict protocols for disinfecting and packing such waste for transportation to the nearest medical waste incinerator if on-site destruction is not possible.

Required cold storage conditions for vaccines, including deep freezing of some types of vaccines, requires the use of energy-intensive refrigeration technologies that potentially may use ozone depleting substances (ODS). NCDC, responsible for the logistics of importing, transporting and storing of vaccination material, has an effective system of ensuring rapid and safe delivery of vaccine containers from airports to the points of vaccine dispensing. Containers guarantee maintenance of low temperature without any additional need

for cooling. Once at the point of dispensing, vaccines are stored in high-tech contemporary ODS-free refrigerators designed to minimize energy consumption.

As a result of minor civil construction and renovation works, moderate amount of demolition waste generation is expected, possibly, including asbestos-containing construction waste from reconstruction / retrofitting works. The Project will apply required standards and procedures applicable for construction waste/pollutants and ensure its safe handling and disposal following to ESS 3, local regulation and GIIP.

**ESS 4 – Community Health and Safety.** Safe dispensing of vaccines against COVID-19 to the public requires strict adherence to the established conditions of their transportation, storage and administration. Risk of adverse effects following immunization is also acknowledged. The NCDC is an officially authorized entity for implementing the National Vaccine Deployment Plan. This includes planning, organizing, and controlling the distribution, logistics, and dispensing practices nationwide. The Deployment Plan lays out vaccine administration rules. Personnel deployed at the points of dispensing are obligated to adhere to these rules. The Deployment Plan specifies temperature and other conditions of vaccine storage, steps of vaccine preparation for administration and technique of inoculation. Technical specifications of vehicles used for the transportation of vaccines are defined in the National Vaccine Deployment Plan as well. A crew operating such vehicle consists of a licensed driver and a public health professional. Drivers are instructed to strictly follow speed limits and avoid congested routes of transportation. Because vaccination against COVID-19 is authorized only in the multi-profile clinics which happen to be located in the cities and larger towns, vaccine delivery to the points of dispensing does not imply travelling to remote areas over difficult terrain and along unsafe roads. Multi-profile clinics, where vaccination points of dispensing are set up, are capable of providing emergency life-saving assistance and treatment in case adverse effects following immunization are manifested shortly after inoculation. Also, according to the Order of the Minister of Health #01-63, 2012, such multi-profile clinics are mandated to have back-up arrangements in place for the guaranteed permanent power supply, which is critical for uninterrupted cold storage of vaccines. Representatives of NCDC and the Drug Agency – a LEPL under the MoILHSA, undertake random checks of their performance.

Medical waste and general waste from the healthcare facilities, COVID-19 vaccination points of dispensing, laboratories and quarantine centers have a high potential of carrying infectious agents that may spread to communities if not properly confined and disposed of. Clinics, laboratories, and vaccination points of dispensing, thereby, follow procedures introduced for safeguarding communities as detailed in the ESMF and ICWMP. The COVID-19 vaccination points of dispensing will follow the National Plan for COVID-19 Vaccine Deployment in terms of waste management regulations. According to the NCDC, medical personnel serving at COVID-19 vaccination points of dispensing are already trained in waste handling, though additional training will be required for existing personnel and the new recruits. Overall, multi-profile clinics that host vaccination points of dispensing have well established practices of separation, deactivation, packaging and on-site storing of various types of medical and household wastes. Waste generated in vaccination points of dispensing will flow through the current operational streams of waste management practiced in the multi-profile clinics. The PIU will follow SEP to ensure engagement with communities in order to disseminate information related to community health and safety during COVID-19 pandemic, including information on social distancing, use of PPE, self-isolation and quarantine.

The Project will mitigate the risk of SEA by applying the WHO Code of Ethics and Professional Conduct at all beneficiary healthcare and quarantine facilities. Project-related SEA/SH risks may arise at the

household level too. Global evidence suggests that safety net interventions, including cash transfers and income-generating schemes, among others, can affect household power dynamics, which can exacerbate or otherwise influence dynamic of incidents of SEA/SH. Global evidence also suggests that intimate-partner violence and gender inequality can limit women’s ability to access the Project interventions. The Project will mitigate these risks by taking the following steps:

- Disseminate key messages to the public focusing on following:
  - no sexual or other favor can be requested in exchange for medical assistance;
  - medical staff are prohibited from engaging in sexual exploitation and abuse; and
  - any case or suspicion of SEA needs to be reported to the Project GM.
- Make information available to health service providers on where SEA/SH psychosocial support and emergency medical services can be accessed.
- Promote engagement and communication/exchange between health authorities and communities that would allow adequate awareness on above issues and possibility of timely informing on instances.

As indicated above, police and military forces were mobilized in March/April 2020 to establish and operate checkpoints for screening people in order to stop the spread of COVID-19. They also guarded isolation centers for quarantined patient. There were no reports of abuse or misconduct. Quarantine and isolation centers continue to be protected by security/uniformed personnel strictly following rules of engagement and avoiding any escalation of the situation, taking into consideration the above-noted needs of quarantined persons as well as the potential stress related to it. No incidents of power abuse or other misconduct by security personnel have occurred countrywide till present.

- **ESS 10 – Stakeholder Engagement and Information Disclosure.** The Project recognizes the need for effective and inclusive engagement with all relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, vaccine safety and benefits, high-risk demographics, self-quarantine and isolation, and, when necessary, mandatory quarantine is critical. Meaningful consultation, particularly when public meetings are counter to the aims of the SEP, and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental and economic. Against this backdrop, the Project will ensure all stakeholders identified and mapped during Project preparation are contacted and involved through specifically tailored engagement modalities. Disclosure and consultation processes as well as the operation of the Project GM will be adjusted to the evolving dynamics of the pandemic, updates of WHO guidance and the national regulations in force at a given time and will be carried out in line with the World Bank Technical Note on Stakeholder Engagement during COVID-19.

### 3.2. Risk Mitigation at Planning at the Design Stage

**Subproject screening for eligibility and for site-specific risks.** The PIU will screen each healthcare facility suggested for rehabilitation to ensure that property rights to the building and the land under it are clear and well-documented, that there is no informal private use of the land and/or buildings in the territory of a facility and no land take or any form of involuntary resettlement is required. Environmental and social risks will also be screened for rehabilitation works planned at every facility as per World Bank Group EHS Guidelines, WHO COVID-19 Guidelines, and the screening form contained in Annex I. This will include:

- Review of design to confirm that no large-scale construction is implied: no new construction and no construction and extensions to the existing facilities that would expand environmental footprint of a building;
- Determination of any needed design changes in the facility or its operation such as ICUs, isolation facilities, structural and equipment safety, universal access, nosocomial infection control, medical waste disposal, etc.;
- Confirmation that currently available utilities (power, water, etc.) are permissive for the planned works;
- Confirmation of whether the medical facility will entirely or partially be operated during works or will it be vacant/vacated. Identification of arrangements that need to be in place for ensuring safe operation of the facility in parallel with works if that is needed and possible under the circumstances;
- Determination of whether additional security personnel is required during works and beyond; and
- Determination of whether ESMP needs to be prepared for a given subproject.

***Medical waste management and disposal.*** The PIU will examine medical waste management and disposal practices applied in each beneficiary healthcare facility to determine how they relate to the World Bank Group's EHS Guidelines and current WHO Guidelines for COVID-19. Checking of the existing waste management systems will be conducted using the screening form provided in Annex I and will include:

- Identification of current methods of medical waste management and disposal at the healthcare facility;
- Identification of any on-site disinfection/distraction and/or disposal facilities for medical waste including incinerators, pits for burial of medical waste, etc.;
- Identification of removal and final disposal of medical waste from a given healthcare facility, including how material is gathered and stored, routes taken to the treatment facility, and treatment and disposal procedures and its compliance to WHO standards and respective EU directive;
- Review of protocols for dealing with medical waste specifically related to infectious diseases like COVID-19;
- Review of training delivered to healthcare workers and other relevant employees of medical facilities in medical waste management and disposal and identification of supplemental training needs;
- Identification of whether an ICWMP need to be prepared for a given healthcare facility.

In case of identified need for training of healthcare workers of the Project beneficiary medical facilities in medical waste management, a training course of 20-40 hours in total will be provided comprising the following components

- Overview of national legislation and regulations on healthcare waste management and infectious control;
- Overview of healthcare waste management best practice and WHO guidelines;
- Types and classification of healthcare waste;
- Bio-safety and bio-security;
- Hospital waste management scheme and system;
- Roles and responsibilities;
- Hygiene and sanitation;

Trainings will be provided to the entire staff of a healthcare facility: nurses, cleaning personnel, epidemiologists, physicians, logistics personnel, security personnel and management team. Practical training and drills will be provided to staff directly in charge of handling and supervision of on-site waste management and infection control.

Trainings and drills will be provided by the PIU using in-house capacity. Third-party consultancy will be commissioned by the healthcare facilities, if required.

***Procuring of goods and supplies.*** Where the Project will include the procurement of goods and supplies (e.g., equipment such as ventilators or PPE or cleaning materials), vaccines<sup>15</sup>, vaccine storage and/or vaccine distribution equipment, the PIU will develop technical specifications and review those provided by beneficiary healthcare facilities to ensure they are compatible with the WHO guidelines and recommendations and GIIP, as well as any specific requirements of vaccine manufacturers. In case of retroactive financing of goods and supplies, the PIU will examine compliance of specifications with WHO and GIIP standards, which is part of retroactive financing eligibility criteria.

With the support of international organizations including WBG, WHO, UNICEF/PAHO, GAVI, and ADB, Georgia conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment. This assessment informed the development of government's vaccine deployment strategy. According to the assessment results, government of Georgia has prepared a National Vaccine Deployment Plan (NVDP)<sup>16</sup>, which draws on the findings of the VRAF/VRAT 2.0 assessment and gap analysis. NVDP, approved by the Governmental Resolution #67 on January 21, 2021, covers seven fundamental areas: (1) target groups and stages of coverage, (2) potential candidate vaccines and selection criteria, (3) organization and logistics of vaccine delivery to population groups, (4) trainings, vaccine safety, surveillance and information systems, (5) communication and demand generation, (6) required financial resources, and (7) management of vaccination program. NVDP is regularly updated and is consistent with the progress, changes and adjustments for programmatic, logistic and resource readiness for COVID-19 vaccine introduction on both, central and regional levels. The country has well-functioning immunization systems with adequate cold-chain capacity, immunization is a recognized national priority, and state funding for the vaccination program has increased six-fold for the past 8 years. Country only purchases WHO pre-qualified vaccines for assuring quality supply. With support from GAVI Alliance, the country introduced four new vaccines in recent years. Immunization service providers have undergone extensive trainings several times over past years. Georgia is well positioned to receive, handle, distribute, and administer COVID-19 vaccines, including those that require ultra-cold chains. In addition, from February 17, 2021 NCDC provided training of 260 crews in 127 HC facilities and in the primary health care sector. The training program covered all municipalities of Georgia due to of geographical availability approach, including those composed by ethnic minorities: Marneuli, Gardabani, Tsalka, Tetrtskaro, Akhalkalaki, Akhaltsikhe, Dmanisi, high mountainous Adjara. The trainings to the medical staff were provided in Georgian as most participants were Georgian. Only the medical staff represented by ethnic

<sup>15</sup> Only WHO EUL/PQ endorsed vaccines can be procured in Georgia, relying on 'Status of COVID-19 Vaccines within WHO EUL/PQ Evaluation Process'

[https://extranet.who.int/pqweb/sites/default/files/documents/Status\\_COVID\\_VAX\\_17March2021\\_0.pdf](https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_17March2021_0.pdf)

Concrete manufacturers still **to be confirmed** the country will be procuring the vaccines from.

<sup>16</sup> National Vaccine Deployment Plan of Georgia:

<https://matsne.gov.ge/ka/document/view/5084798?publication=0>

minorities were in trained in Russian (understandable language for local minorities) in Akhalkalaki Municipality. The first portion of vaccines was received from COVAX, based on the country's agreement with the platform concluded earlier in September 2020, 29,000 doses of the vaccine from Pfizer-BioNTech, delivered in March 2021, that was enough for only 0.5% of adult population – mainly priority groups including healthcare workers. Nevertheless, to reach the goal of 60% of adult population fully vaccinated by end of 2021 is an ambitious target stipulated in the national plan of vaccine deployment and increasing capacity and operationalizing massive vaccination campaign to realize the plan was a challenge. To overcome the challenges, the PIU has been pro-active to support the MoILHSA in brokering additional investments from development partners to finance the country's commitments toward achieving sufficient supply of vaccines and related consumables guaranteed. Moreover, the international joint venture of experienced organizations has been hired to develop and implement targeted vaccination campaigns, actively engaging with core state agencies, local government and community representatives, health care providers, subject matter experts, representatives of international organizations and other development partners.

According to Georgia's National Plan for COVID-19 Vaccine Deployment, the vaccination of the selected target groups planned for 2021 requires Georgia to almost quadruple the throughput of its existing immunization system, which poses significant challenges. In order to adequately cover selected groups, a three-stage strategy was defined for widening vaccination based upon (a) selected target groups and their size, (b) population density and (c) the gradual increase of the system's throughput capacity, i.e., the gradual development of the capacity of relevant bodies as well as the training of personnel and their gradual involvement in the immunization program.

Social mobilization and engagement strategy and information awareness program, developed under the National Plan for COVID-19 Vaccine Deployment, covers crisis communication, at sub-national level. In parallel, various organizations, including international organizations, are supporting the implementation of population awareness evaluation activities for COVID-19 that provides insights on the gaps in vaccine acceptance.

***Protecting healthcare workers.*** The PIU will conduct a review of protocols for protecting healthcare workers from infections disease applied by the given healthcare facility based on current WHO Guidelines (<https://www.who.int/medical-devices/priority/COVID-19-PPE/en/>) for COVID-19 and the Infection and Prevention Protocol (Annex IV) as well as the ILO guidance on safety measure for employees in the health sector ([https://www.ilo.org/sector/Resources/publications/WCMS\\_741655/lang--en/index.htm](https://www.ilo.org/sector/Resources/publications/WCMS_741655/lang--en/index.htm)). The review will include:

- Determination of whether the training provided to healthcare workers and other employees of the healthcare facility and COVID-19 vaccination points is adequate;
- Determination of whether the staff are trained on how to deal with the remains of those who might die from COVID-19, including those conducting autopsies;
- Determination if adequate stocks of PPE are available on-site; and
- Identification of supply lines for required PPE.

### **3.3. Risk Mitigation at Construction Stage**

No new construction will be supported by the Project. Small to medium-scale interior works for rehabilitation, refurbishment or retrofitting of the existing buildings will be undertaken in compliance with site-specific ESMPs. PIU, through its environmental and social consultants, will undertake monitoring of contractors' performance, identify any issues with ESMPs' implementation, recommend corrective action and elevate issues to MoILHSA in case problems persist. PIU will also ensure that the site-specific ESMPs are developed, agreed with the Bank, disclosed, discussed with stakeholders and finalized prior to tendering of works. ESMPs will be included into the tender packages and later – into the contracts concluded with works providers. Site-specific ESMPs will include:

- Description of site-specific environmental and social risks at construction and operation phases, considering resource efficiency and material supply;
- Adequate assessment and measures for management of hazardous & non-hazardous construction/demolition waste and their safe disposal, also assessment and measures for noise and dust associated to construction and renovation;
- Assessment of construction materials' safety and compliance with the Environmental, Health and Safety (EHS) Guidelines of the World Bank Group (WBG) and GIIP;
- Labor, working conditions, OHS and SEA/SH risks;
- Plan for monitoring of ESMP implementation.

#### **3.4. Risk Mitigation at Operational Stage (Including COVID-19 Vaccination)**

Best practice in avoiding or minimizing the spread of infectious diseases, specifically with regard to cross-infection between healthcare facilities and the community, is to implement 'cradle-to-grave' management for infection control. The details of this will differ, depending on the design of the subprojects and the quality of the existing facilities, assets and management systems. Following an assessment of risks along each link of the chain, details of the procedures to be implemented to manage infection control and waste management will be set out in the ICWMPs. If a Project beneficiary facility has existing facilities and procedures, these may be enhanced as required. Annex IV carries a template for developing ICWMPs. Typical aspects to be covered include:

- Delivery and storage of goods, including samples, pharmaceuticals, vaccines, reagents and other hazardous materials;
- Healthcare treatment practices, including vials and sharps management, provision and use of PPE, appropriate cleaning procedures, testing for COVID-19, and transportation of samples to testing facilities, health and safety procedures to protect workers and the community;
- Waste management procedures 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 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.

- OHS, labor and working conditions, SEA/SH, gender and disability.

The COVID-19 vaccine communication plan, developed under the National Plan for COVID-19 Vaccine Deployment, defines main targeted groups of beneficiaries including and other stakeholders, and methodology and timelines for information distribution and other require activated for raising of public awareness. The communication plan is based on principles of fair, equitable and inclusive access and allocation of vaccines, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust in vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination and corruption. The mentioned communication program is included in the SEP developed for the Project. The activities under COVID-19 vaccine communication plan will be carried out by NCDC with the support of the international organizations: WBG, EU, UNICEF, WHO, KFW, USAID and ADB.

Based on the recommendations outlined in the Georgia COVID-19 Vaccine Deployment Plan and the activities stipulated in the Communication Action Plan for Introduction of COVID-19 Vaccine in Georgia, the NCDC Communication team, with the support of the World Health Organization conducted trainings on the topics of interpersonal and crisis communication, for the managers and speakers of Professional Health Care Facilities, Hospitals, Clinics and for the representatives of Local-self governments to advocate and increase confidence in the vaccine among the patients and general public. The trainings have been conducted in the different regions and municipalities of Georgia, including those populated with ethnic minorities such as: Marneuli, Gardabani, Tsalka, Tetrtskaro, Akhaltsikhe and Dmanisi Municipalities, 237 people participated in the training.

COVID-19 vaccine communication campaigns are in progress from February 2021. Information on vaccines and vaccination procedures (like vaccination registration and involved health care facilities) were distributed via different communication channels (digital, printed and social media, internet, SMS etc). For awareness raising of ethnic minorities NCDC through UNICEF support has developed information materials (posters, booklets, leaflets) for ethnic minorities on the communicable languages. The information materials are provided to the PHC Centers and rural doctors for distribution among the patients.

The USAID ACCESS Project provides the COVID-19 Rapid Response Grants for Civil Society Organizations to support lonely, socially vulnerable, disable people and ethnic minorities through providing reliable information about COVID-19 related issues, including vaccination.

USAID Zink Network in its second phase placed a special focus on ethnic minorities. The World Bank Emergency COVID-19 Response Project through its Communication and Outreach Support Services for the Emergency COVID-19 Response Project and COVID-19 Vaccination is planning to put the special focus on communication/information awareness in the regions and specifically on ethnic minority groups. To ensure easy registration on preferred vaccines at the accessible locations, a web portal [booking.moh.gov.ge](http://booking.moh.gov.ge) was created which operates successfully. Currently the portal is available in Georgian and is planned to add English option as well.<sup>17</sup> Only, vaccine registration manual is provided on the languages of

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<sup>17</sup> To add registration on other languages like, Azerbaijan and Armenian or Russian is not possible as the portal for verification of person's identity uses the State Personal Data, which is available only in Georgian and English.



ethnic minorities on the following link location <https://booking.moh.gov.ge/Hmis/Hmis.Queue.Web/#/tutorial>. To facilitate vaccine registration process, a helpline 15 22 has been established on the bases of online clinic subordinated by MoILHSA. Helpline 15 22 serves as information center for COVID-19 vaccination and on the other hand provides assistance to the vulnerable groups and ethnic minorities in vaccine registration. The helpline operates every day, including the weekend, from 09:00 to 23:00. Helpline staff provide assistance to the persons without technical and financial access to internet and technologies and help them to register on the portal. For ethnic minorities service on different languages (Georgian, English, Russian, Turkish, Armenian and Azerbaijan (?)) is also available. Calls throughout Georgia are free of charge around the country.

Both “ProVax” Web and Facebook pages have been created with the purpose to raise awareness on COVID-19 vaccination. The pages were created within joint project of the Government of Georgia, MoILHSA, NCDC, UK, AID of the Government of the UK. The creative concept is developed by the United States Agency for International Development (USAID) Georgia Information Integrity program (GIIP) and is implemented by Zink Network.

The ProVax webpage, provides information on six different languages, including languages of the ethnic minorities. However, the page needs further development to increase the capacity for placement of the increased volume of information. This can be done through World Bank Emergency COVID-19 Response Project.

Currently, COVID-19 vaccination with Pfizer and Astra-Zeneca vaccines is possible in the hospitals and with Sinofarm and Sinovak in Ambulatories. NCDC started vaccination of beneficiaries of penitentiary system and long-term care facilities on the place, on May 19, 2020. Currently, vaccination at home is not possible due to the challenges related to the determination of vaccine doses, ensuring conditions for cold chain (for Pfizer vaccine as most demand is on it), management of vaccination complications and high costs of services.

To ensure safe COVID-19 Vaccination at home, MoILHSA issues the Ministerial order N01-215/მ, dated June 09, 2021. The Ministerial Order ensures COVID-19 vaccination to be available at home for those people who would like to be vaccinated but can't move independently or have limited ability to move. In order to ensure smooth implementation of the vaccination, the Ministerial order shared the responsibilities between its affiliated agencies in the following way:

**1. Medical Holding LLC:**

- 1.1. Develop the vaccination schedule of those eligible people who have willingness to be vaccinated and agree the schedule with the Ministry and LEPL Emergency Coordination and Emergency Assistance Center;
- 1.2. Comprise mobile immunization group by adequate personal and provide all the necessary things/equipment.
- 1.3.

**2. LEPL Emergency Coordination and Emergency Assistance Center**

From the beginning to the end of the vaccination process the Center will ensure the Mobile Vaccination Teams with the ambulances, which will have all the necessary staff/medicines for emergency care.

**3. NCDC -- Ensures provision with the relevant vaccine .**

PIU plays a very important role in implementation of COVID-19 vaccine communication plan through covering the 30% of the activities outlined in the plan. PIU has already hired the International partner (Joint Venture of experienced international organizations) to implement the communication campaign with those activities described above, to ensure that general population has access to comprehensive, accurate and clear information about the available vaccines and immunization efforts of the GoG, using different means of communication, so that the population can make informed choices about COVID-19 vaccination.

### 3.5. Risk Mitigation at Decommissioning Stage

In response to the surge of COVID-19 testing and treatment, temporary care facilities may be established, which could shortly thereafter be decommissioned. If this becomes relevant during the Project life, environmental and social risks associated with the decommissioning of these temporary facilities will be considered and planned in accordance with the good international practice. Typical set of mitigation measures would include disposal of various types of waste, disinfection and site reinstatement.

## 4. Procedures to Address Environmental and Social Issues

MoILHSA is responsible for the overall implementation of the Project through the PIU. The PIU will be responsible for day-to-day Project management and support, ensuring that Project implementation is compliant with the World Bank's ESF - particularly, with the national legislation, with the relevant ESSs; the EHS Guidelines of the WBG; WHO COVID-19 Guidelines; GIIP, and this ESMF. The PIU is already adequately staffed including 1 environmental standards consultant and 1 social standards consultant, who are qualified and experienced to perform tasks they are assigned. PIU will maintained both positions throughout the Project life.

Implementation of this ESMF will include the following activities, to be undertaken by the PIU working closely with the Project beneficiary healthcare facilities:

**Screening** – all activities undertaken by the Project will be screened using the form found in Annex I in order to exclude ineligible and high-risk activities, identify potential environmental and social issues, and classify the environmental and social risks. Copies of each of these screening forms will be kept at the PIU. The PIU's quarterly report to the World Bank will include copies of each screening undertaken during the subject quarter.

**Environment and Social Instruments** – The PIU and the Project beneficiary healthcare facilities will prepare and implement the necessary environmental and social instruments for each activity financed under the Project. The instruments will be prepared in Georgian and English languages. The scope of this Emergency COVID-19 Response Project requires following three types of environmental and social instruments:

**ESMPs** – after the screening, ESMPs, based on the sample found in Annex II, will be prepared for any small-scale works to be conducted in healthcare facilities. Once approved, the ESMPs will be included in the bidding documents and then attached to the contracts for the provision of civil works and works supervision services.

**ICWMPs** – each beneficiary healthcare facility will prepare and implement an ICWMP, based on

the sample found in Annex III.

**SEP** – MoILHSA prepared a SEP for the Project, and it is applicable to all Project-financed activities. It is an important reference for stakeholder outreach, communication, public awareness, operation of GRM and other information channels.

**Consultation and Disclosure** – given the need for social distancing during the COVID-19 pandemic, stakeholder consultations for the environmental and social instruments may need to be conducted virtually whenever possible. The PIU and the beneficiary healthcare facilities will identify key stakeholders for each of the three instruments and organize consultations via phone, email, and - for HCF employees - small meetings of no more than ten individuals at a time. For the ICWMP, key stakeholders must include patients and their families – meaning consultations will need to be continuous as new patients are identified. For SEP, some sort of public call for input will be made via media. All instruments will be disclosed through the web pages of MoILHSA and the beneficiary healthcare facilities, if existing, with print copies also available, on demand, at both. These documents will also be disclosed through the external web page of the World Bank.

**Review and Approval** – environmental and social management instruments will be prepared by the concerned healthcare facilities with the support of PIU. The World Bank will review the first five instruments to ensure that the PIU understands ESF and WHO requirements. If these instruments are found satisfactory, the World Bank will continue to review instruments for high-risk activities and carry out spot checks and ex post reviews for others.

**Implementation** – the individual beneficiary healthcare facilities will be responsible for the implementation of the environmental and social management instruments. The PIU will provide implementation support and supervision.

PIU will be responsible for environmental and social screening of Project activities and monitoring of implementation of environmental and social management instruments.

Beneficiary healthcare facilities will ensure development of environmental and social management instruments such as ESMPs, ICWMPs, Occupational Health and safety procedures, Code of Conduct, GM in compliance with WB ESF and ESMF of Georgia Emergency COVID-19 Response Project. PIU will provide guidance and support in elaboration of mentioned instruments.

**Monitoring and Reporting** – there will be two types of reports: monthly reports from the beneficiary healthcare facilities to the PIU and quarterly reports from the PIU to the World Bank.

**Monthly Reports** - individual HCFs will prepare monthly reports to the PIU on each activity being undertaken. These reports will include progress on any on-going small works, statistics related to the vaccination and implementation of the ICWMP, statistics related to local hotlines, any grievances received via the GM and information on their resolution, and any other relevant information.

**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 beneficiary healthcare facility and copies of screenings and site-specific instruments prepared during the subject quarter. Quarterly reports will be integrated into MoILHSA’s general Project progress

reporting to the World Bank.

**Infection Control and Waste Management** - The PIU and Project beneficiary healthcare facilities 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 and ICWMP - 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:

***Ensuring occupational health and safety standards for workers.*** The ESMP and ICWMP should address applicable elements of occupational health and safety management as described in the World Bank Group ESH Guidelines. Each instrument should identify specific potential occupational hazards, including those related to the COVID-19 pathogen. The ICWMP specifically will deal with the ensuring adequate facilities for handwashing, cleaning and decontamination procedures, use of PPEs, and disposal of medical waste.

***Requirements for handling dead bodies.*** The WHO Guidelines include guidance on the management of dead bodies in the COVID-19 context<sup>18</sup>. 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.

***Safe handling of medical waste and sharps disposal.*** The ICWMP should contain detailed instructions on handling medical waste at a given facility. 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 incineration 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.

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

**Labor Management** – The Project is expected to include direct workers and contracted workers. Direct workers could be healthcare workers, government civil servants who are temporarily assigned to work in the PIU, and consultants hired to supplement PIU capacity. Contracted workers will be: (i) medical

<sup>18</sup>Infection Prevention and Control for the safe management of a dead body in the context of COVID-19  
[https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-IPC\\_DBMgmt-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-IPC_DBMgmt-2020.1-eng.pdf)

<sup>19</sup>Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages  
[https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC\\_PPE\\_use-2020.3-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331695/WHO-2019-nCov-IPC_PPE_use-2020.3-eng.pdf)

workers in HCFs, laboratories and vaccination points of dispensing (i.e., doctors, nurses, laboratory workers, clinical trainees); (ii) non-medical workers in health care facilities (e.g., facility and maintenance staff engaged in food preparation, delivery, technical maintenance, waste management); (iii) workers engaged by firms (contractors) to carry out small interiors repairs and installation works within HCF. The LMP, prepared for the Project in line with the ESS 2 and the national legislation of Georgia, is attached to this ESMF (Annex VI) and will be adhered in regard to all types of Project workers. The ESMP template for the works, also attached to the ESMF, contains a section on worker health and safety requirements. PIU will be responsible for ensuring that (i) every individual providing works or consultant services holds a formal valid contract; (ii) the contracted construction companies have Code of Conduct and ESHS plans in place and follow them; and (iii) every Project worker has access to Project GM or contractor's GM for raising concerns and complaints.

## 5. Policy, Legal and Regulatory Framework

### 5.1. Overview of National Environmental Legislation Relevant for the Project

The following environmental laws and regulations are relevant to the Emergency COVID-19 Response Project:

*Law on the Environmental Assessment Code*<sup>20</sup> (2017, last amended in 2020). This Code replaced previously existing laws on environmental impact assessment (EIA) and permitting. Compared to those laws, the new Code is considerably closer to the good international practice and the EU directive 2014/52/EU<sup>21</sup> on the assessment of the effects of certain public and private projects on the environment. The Code lists out two sets of activities one of which is subject to EIA under any circumstances while the other may or may not require EIA, depending on the project-specific decision of the Ministry of Environment Protection and Agriculture (MEPA) based on the screening report. The Code introduces screening and scoping phases in the EIA process. It mandates disclosure of documentation generated in the EIA process and public participation in decision-making. Screening applications and conclusions as well as scoping and EIA applications and reports are all subject to disclosure through the web page of MEPA. The Ministry is responsible for advertising and holding public consultation meetings on scoping and EIA reports. The Project proponent is responsible for carrying out the EIA. Based on the outcome of EIA process, MEPA issues a positive or negative conclusion on the activity under consideration. A Positive conclusion feeds into the process of construction permitting, while a negative conclusion blocks it.

The code defines the particular activities which can be exempted from the EIA procedures if it effects the state security or it urgently needs to be performed because of force majeure. In that regard, the proponent of an activity may apply to the MEPA which reviews the application and in case of positive feedback, the MEPA intercedes with the government. The final decision on exempting a specific project from EIA procedures is made by the government of Georgia.

Disposal, incineration and/or chemical treatment of hazardous waste is subject to EIA and issuance of environmental decision by MoEPA. Hazardous medical waste is attributed to the category of hazardous

<sup>20</sup> Law of Georgia - Environmental Assessment Code

<https://matsne.gov.ge/en/document/download/3691981/1/en/pdf>

<sup>21</sup> EU Directive 2014/52/EU on the assessment of the effects of certain public and private projects on the environment:

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32014L0052>

waste. Definition of the hazardous medical waste is provided in the Law on the Waste Management Code<sup>22</sup> of Georgia (2014, last amended in 2020). More details about classification of the medical waste, potential originating entities and management specifications is provided in the Resolution of the Government of Georgia on Medical Waste Management (No.294, dated 2017)

***Law on Environmental Protection***<sup>23</sup> (1996, last amended in 2020). The Law stipulates that everyone has a right to live in a natural environment that is not harmful to their health. It regulates the relationship between the State and physical / legal entities in the area of the environmental protection and utilization of natural resources on the entire territory of Georgia, including its territorial waters, airspace, continental shelf and exclusive economic zones. The law serves the state for ensuring protection and rational use of natural capital and healthy environment in the ecologic and economic interests of society and with due consideration of interests of present as well as future generations. It aims to conserve biological diversity; rare, endemic and endangered species of flora and fauna; and marine environment and to maintain ecological balance.

***Law on the Waste Management Code***<sup>24</sup> (2014, last amended in 2020). The main purpose of the Code is protection of environmental and public health by (i) preventing and minimizing waste generation and its negative impacts; (ii) establishing effective mechanism of waste management; and (iii) decreasing impact of resource use and stimulating rational use of resources. An important feature is the Code is the establishment of the advanced hierarchy of waste management which the following order of priority: prevent, reuse, recycle, recover (including energy) and dispose. The Code sets forth the following conventional principles of waste management: (i) precaution – take preventive measures even if the threat is not fully proven; (ii) polluter pays – make polluter liable for the damage incurred; (iii) proximity – process waste at the closest facility as reasonable from environmental and economic standpoints; and (iv) self-sufficiency – operate an integrated and viable network of municipal waste processing and disposal facilities. The Code requires development of a National Waste Management Strategy and Action Plan, the latter being subject to the approval by the Government of Georgia. Physical and legal bodies (private sector) generating over 120 kg hazardous waste, 200 tons of non-hazardous waste or over 1,000 tons of inert excess material are obligated to develop and adhere to their own waste management plan.

***Law of Georgia on Water***<sup>25</sup> (1997, last amended in 2020). The Law regulates water resources in Georgia, including the use and protection of surface and ground water (including the Black Sea). The Law defines legal relations in water protection, restoration and use, on land, in the continental shelf, territorial waters and in the special economic zone.

***Law of Georgia on Soil Protection***<sup>26</sup> (1994, last amended in 2017). This law is intended to ensure preservation of soil integrity and improve soil fertility. Its primary applicability to the project will be to require excavations at towers to preserve topsoil by removing and storing it before using it to reinstate

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<sup>22</sup> Law of Georgia - Waste Management Code:

<https://matsne.gov.ge/ka/document/download/2676416/1/en/pdf>

<sup>23</sup> Law of Georgia on Environmental Protection:

<https://www.matsne.gov.ge/ka/document/download/33340/19/en/pdf>

<sup>24</sup> Law of Georgia - Waste Management Code:

<https://matsne.gov.ge/ka/document/download/2676416/1/en/pdf>

<sup>25</sup> Law of Georgia on Water:

<https://matsne.gov.ge/ru/document/download/33448/19/en/pdf>

<sup>26</sup> Law of Georgia on Soil Protection:

<https://matsne.gov.ge/ka/document/view/93874?publication=7>

disturbed sites, and to take the same precautions to preserve topsoil and reinstate disturbed areas if soil or earthen materials are taken from borrow pits for use at tower locations or the substation. In addition, the project will be required to manage fuels and other hazardous substances, so they do not contaminate soils.

***Law of Georgia on Ambient Air Protection***<sup>27</sup> (2019, last amended in 2020). The law regulates protection of ambient air from harmful anthropogenic impacts. It represents the key regulatory legislative act in the sphere of ambient air quality management. The law defines regulatory and management mechanisms to be used with the purpose of ambient air protection in the country. According to the law, these mechanisms cover: organization of ambient air quality monitoring system; ambient air quality norms; state regulation of emission of hazardous substances and its bounding values from stationary, mobile and dispersion sources; air quality monitoring; economic instruments, etc. Together with this law, the government of Georgia approved the standards on ambient air quality (2018) in a form of technical regulation which is also applicable to medical waste treatment facilities<sup>28</sup>

***Law of Georgia on Nuclear and Radiation Safety***<sup>29</sup> (2012, last amended in 2016). The Law governs legal relations between public authorities and natural and legal entities, who perform activities related to nuclear and radioactive materials and other source of ionizing radiation, and who implement other safety measures for nuclear materials and other sources of ionizing radiation. The law defines doses of medical radiation and related safety measures need to be considered by medical facilities; also, regulatory requirements for registration, installation, application and utilization of radiopharmaceutical solutions, medical diagnostics and treatment equipment which use radioactive substances (MRT) and ionizing radiation (CT).

**Other technical regulations, procedures, decrees, resolutions, etc. applicable to the project are as follows:**

***Order of the Minister of Labor, Health and Social Affairs of Georgia*** (No. 297/5, dated 2001, last amended in 2007) ***on Approving Qualitative Norms of Environment*** defines multiple requirements relevant to community health and safety. These include issues related to: (i) the quality of marine coastal waters in the areas of water used by the population; (ii) the establishment and maintenance of protection zones around surface-water bodies used for municipal and industrial water supplies; (iii) the maximum permitted levels of pollutants in the atmospheric air within settlements; and (iv) the allowable levels of human exposure to electromagnetic fields, to noise and vibration at the workplace, within settlements, and in the interior of residential and public buildings, among others.

***Resolution of the Government of Georgia on Medical Waste Management*** (No.294, dated 2017) defines basis legal provisions related to the resolution and details on (i) terms and classification of medical waste; (ii) roles and responsibilities in medical waste management; (iii) medical waste management planning requirements at medical facilities; (iv) rules for collection and storage of medical waste; (v) transportation of medical waste; (vi) management of waste water discharge by a medical facilities; (vii) processing medical waste. In connection to this resolution, 5-year national plan is under development by MEPA.

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<sup>27</sup> Law of Georgia on Ambient Air Protection:

<https://matsne.gov.ge/en/document/download/16210/11/en/pdf>

<sup>28</sup> Technical regulation on standards on ambient air quality:

<https://matsne.gov.ge/ka/document/view/4277611?publication=0>

<sup>29</sup> Law of Georgia on Nuclear and Radiation safety:

<https://mepa.gov.ge/Ge/Laws?page=4&pageSize=9>

***Resolution of the Government of Georgia (No. 58, dated 2014)*** ensures safety of drinking water through the approval of technical regulations on drinking water quality.

***Order of the Minister of Labor, Health and Social Affairs of Georgia (No. 1335, dated 2001)*** on approving the List of Hazardous Chemicals Banned for Production, Use, and Import-Export or Subject to Strongly Restricted Use in the Territory of Georgia defines banned chemicals and materials.

***Resolution of the Government of Georgia (No.263, dated 2016) on the Rules of Import-Export of Hazardous Substances and Pesticides and on the Procedures of Preliminary Consent*** establishes rules for the transboundary transportation of permitted hazardous chemicals and pesticides and carries the list of hazardous chemicals and pesticides banned for production, use, import, and export in the territory of Georgia based on the Stockholm Convention on Persistent Organic Pollutants.

***Resolution of the Government of Georgia (No67 dated 2021) on Approving the National Plan for COVID-19 Vaccine Deployment*** defines the following key aspects:

- Target groups and stages of coverage;
- Potential candidate vaccines and selection criteria;
- Organization and logistics of vaccine delivery to population groups;
- Preparation: Training, Vaccine Safety Surveillance and Information Systems;
- Medical waste management;
- Communication priorities- demand generation;
- Required financial resources; and management of the vaccination program.

***Order of the Minister of Labor, Health and Social Affairs of Georgia (No01-11/5 dated 2021) on Approving the National Plan for COVID-19 Vaccine Deployment and Immunization Management Rules.*** establishes rules for vaccine application and its safe delivery along the country and to the receipts.

In addition to laws and regulations listed above, requirements of following procedures and technical regulations should be adhered to:

- Procedure for Carrying out Activities Connected to Nuclear Non-proliferation Safeguard, 2016
- Technical Regulation on Physical Security (protection) of Nuclear and Radiation Facilities, Radioactive Sources and Waste, and Other Sources of Ionizing Radiation, 2016
- Waste, and Other Sources of Ionizing Radiation, 2016
- Form of Reporting on Compliance with License Conditions for Nuclear and Radiation Activities, 2016
- Technical regulation on Radiation Safety Requirements for Medical Radiation, 2015
- Technical regulation on Procedure for Transportation of Nuclear and Radioactive Substances, 2016
- Technical Regulations for Conducting and Control of Individual Monitoring Activity, 2015
- Technical regulation on Radiation Safety Standards and Basic Requirements for Handling Source of Ionising Radiation, 2016
- Technical Regulations on Preparedness and Response Plan for Nuclear and Radiation Emergency 2019



- The Decree of the Government of Georgia on the Approval of the Provision on the Protection of Ambient Air from Pollution with Microorganisms and Biologically Active Substances of Microbial Origin, 2015
- The Decree of the Government of Georgia on Defining List of Waste and Classification base on waste typology and characteristics, 2015
- Order of the MEPA on a Rule of reviewing and accepting corporate waste management plan, 2015
- Technical Regulation on Condition of Waste Incineration and Co-incineration, 2018
- Technical regulation on disinfection and sterilization procedures at medical facilities, 2015
- Order of the Minister of Labor, Health and Social Affairs of Georgia on nosocomial infections control system at medical facilities, 2015
- Technical regulation on Drinking Water, 2014

## **5.2. Institutional Framework for Environmental Management**

### ***Ministry of Environmental Protection and Agriculture***

Main governing authority for environmental protection is MEPA. It works out and implements environmental policies and applies environmental legislation in the country. The ministry is actively engaged in the law-making process as well, acting in the capacity of initiator and developer of environmental legislation. MEPA plays a major role in environmental administration by issuing and enforcing permits for the use of natural resources, administering State control, undertaking data analysis and management in the field of environmental protection and use of natural resources (except for minerals, oil and gas) through its structural units as well as the subordinated LEPLs.

Activities to be supported by Emergency COVID-19 Response Project are likely to fall in the areas mandated for policymaking and administration to the following structural elements of MEPA:

***Environmental Assessment Department of the MEPA*** undertakes environmental screening of activities submitted for environmental decision, expert review and disclosure of EIA reports, organization and conduct of public consultations and issuance of environmental decisions on EIA.

***Environmental Supervision Department of the MEPA*** inspects and enforces compliance with environmental legislation and ensures adherence to conditions of the issued environmental decisions (permits).

***LEPL National Environment Agency (NEA) under the MEPA*** is responsible for the establishment and administration of the national meteorologic, hydrologic, geologic, air quality, surface and ground water quality, marine and soil monitoring systems; collection, systematization and entry to national and international databases information on the quality of environment; forecasting and early warning on the natural disasters; tracking impacts of climate change and participation in the development of mitigation and adaptation measures; provision of hydrometeorological services; production of geologic maps of Georgia; research of chemical and physical parameters of Georgia's territorial waters and coastal zone of the Black Sea, design and implementation of coastal protection investments, assessment of fish stocks and establishment of quota for fish extraction.

***LEPL National Food Agency under the MEPA.*** This agency as a legal successor of the former LRPL National Service of Food Safety, Veterinary and Plant Protection under the Ministry of Agriculture of Georgia, established in 2011 on the basis of the Law of Georgia on Food Safety and Quality. It provides food safety and quality assurance and carries out State control over the compliance with hygiene, veterinary-sanitary and phytosanitary rules and requirements. Since 2016, the agency implements State-funded program of regular testing and surveillance of the drinking water quality in the territory of Georgia.

***Department of waste and Chemicals Management under MEPA*** is responsible for the elaboration and development of the National Waste Management Strategy, the Biodegradable Municipal Waste Management Strategy and the Waste Management National Action Plan as well as for the execution of the State control over the waste management. The department drafts resolutions and regulations related to waste and bounding values of pollutants (toxic, metal and minerals) accepted in liquid and solid forms. The MoILSHA and the MEPA are responsible for the management of and control over the medical waste, and the department of waste and chemicals management is mandated to review and approve waste management plans prepared by medical facilities.

***Agency of Nuclear and Radiation Safety (ANRS)*** under MEPA acts as a State regulatory body for nuclear and radiation activity in Georgia, including handling with radioactive waste. ANRS is responsible for authorization, regulation, inspection and enforcement for activity involved radioactive waste. ANRS is also mandated to perform State control on physical protection systems, elaborates draft laws and regulations, establishes international relationships and conducts first responder actions in case of radiological emergency situations.

***Interagency Coordinating Council for Countering Chemical, Biological, Radiological and Nuclear (CBRN) Threats*** has been established under the State Security Service of Georgia to ensure better coordination on matters related to chemicals (and other fields that pose risks). Competences of the Council include periodical revision and update of the national CBRN Threat Reduction Strategy, development of the Action Plan for the implementation of the strategy, revision and update of the Action Plan as appropriate and overseeing its implementation, coordination of activities carried out by different agencies in the chemical, biological, radiological and nuclear field. Along with the State agencies, the accredited scientific-research laboratories, identifying chemical substances and determining their concentrations in food and the environment, are also involved in the management of chemicals if requested.

### **5.3. Overview of National Social, Property and Labor Legislation Relevant for the Project**

***The Constitution of Georgia (1995, last amended in 2017).*** The Constitution recognizes and guarantees the right of physical and legal entities to own and inherit property. Expropriation of private property by the state is allowed “in cases of pressing social need” based on the court decision or in case of an urgent necessity established by the organic law of Georgia on the Procedure for Deprivation of Property for Pressing Social Needs. The Constitution also specifies that full and fair compensation should be paid for the private property take, and it should be exempt from any taxes and fees.

*Civil Code (1997, last amended in 2019)* lays out the procedures for acquiring the Right-of-Way and covers displacement issues in the chapter devoted to the limited use of property belonging to another person. Specifically, the Civil Code introduces the following concepts:

- The right to superficies (right to erect a structure): essentially a lease over a piece of land granted by the owner to another legal entity for the purpose of erecting a structure on or beneath the land. The right thus defined is temporary (no longer than 59 years), and either based on the payment of a price or free-of-charge. The beneficiary of the right to build can alienate the right to a third party. Right to build must be registered.
- Usufruct: the right to use an immovable object and can be exerted jointly or separately from the ownership right over this same immovable. It can be transferred into use of another person or entity, so that the latter will be authorized to use this object as its owner and not permit third parties to use it, but, unlike the owner, this person/entity does not have the right to alienate, hypothecate or bequeath this object. Usufruct may be based on payment or free-of-charge.
- Servitude: a land parcel or other immovable property can be used (encumbered) for the benefit of the owner of another land parcel or other immovable property, so that the property owner will have the right to use this parcel, or it will be forbidden for the owner to carry out certain activities on the parcel, or the use of certain rights of the owner of the encumbered parcel. Servitude may be based on payment or free-of-charge.

Civil Code also defines and regulates procedures of lease and rent:

- Lease: Under the lease agreement, the lessor (owner) is obliged to transfer to the lessee (user) defined property into temporary use and, in course of the lease term, to ensure the possibility to harvest the crop, if it is produced, as income, as a result of correct management of the farming. The lessee is obliged to pay to the lessor the agreed lease payment. Lease payment may be determined both in cash or in-kind.
- Rent: Under the rent agreement, the person who rents out the property (owner) is obliged to transfer into use of the renter (user) the object, for a defined period of time. The renter is obliged to pay to the owner the agreed rent amount.

*Law on Social Assistance (2006, last amended in 2020)* applies to persons who are in need of special care and are lawful residents of Georgia, and deprived families and homeless persons and aims to provide fair, targeted and effective assistance to people through developing the organized social assistance system. The Law regulates issues and relations concerning social assistance, defines the authorized administrative bodies involved in social assistance programs and determines types and fundamental principles for the allocation of social assistance on the territory of Georgia.

- Types of social assistance defined by the law are:
  - A living allowance
  - A reintegration allowance
  - An allowance for foster care
  - An allowance for family care of a person of full legal age
  - Non-monetary social assistance
  - A social package.

***Organic Law on Occupational Safety (2019)***. The law obliges an employer to “develop consistent preventive measure politics, which shall consider working environment and working process specifications”. According to the law, the employer is obliged to identify and register the high-risk, heavy, harmful and dangerous activities in relevant Register of Economic Activities (REA) and if any change of the registered data related to the commencement, implementation or termination of this activity and / or any other changes related to the such kind activity in the Register of Economic Activities will be required, employer has to apply to the LEPL National Agency of Public Registry subordinated by the Ministry of Justice of Georgia in accordance with the rules established by the legislation of Georgia.- In order to organize implementation of objectives related to the occupational safety, the employer is obliged to have one or more occupational safety specialists or create occupational safety unit. The employer who has 20 or less employees, can him/herself conduct duties of occupational safety specialist with condition that he has undergone accredited program. If the number of employees falls between 20 to 100, the employer is obliged to have at least one occupational safety specialist. In case of 100 or more employees, the employer is obliged to create occupational safety unit, which shall consist of at least two occupational safety specialists. The occupational safety specialist must meet the qualification requirements as specified in the Order (N1-25/N, 31.10.2018) of the Minister of MoILHSA.

***Law on the Labor Code (2010, last amended in 2019)***. The Code regulates labor and its concomitant relations in the territory of Georgia, unless other special law or international agreements otherwise govern them. This law establishes the requirements regarding labor rights and provision of safe and healthy working conditions, employment contracts, hiring, working hours, overtime work, payment of wages, leaves, procedures of terminating employment contracts, and conciliation procedure.

According to the law, the execution of Labor Code requirements is supervised by the Labor Inspection Service, subordinated by MoILHSA and includes oversight of both labor rights and labor safety.

***Law on the General Administrative Code (1999, last amended in 2020)*** includes some obligations on the part of the government to provide a grievance redress procedure for concerns raised by citizens, although the details of the process are only partially regulated. The code sets a basis for receiving and reviewing administrative complaints to public entities. It defines content of administrative complaint, the time frame and the procedures. The code also specifies on what grounds the complaint can be turned down (that is, if the case is being considered and/or already has been ruled by a court or a superior administrative body), if a person filing the complaint is not eligible to do it, if the time frame for submitting a complaint is violated, or if the complaint is anonymous. All government entities are included in the state e-document system, which tracks all correspondence to and between government entities. There are important limitations, however, as the e-document system is limited to written letters, whereas a majority of received feedback and complaints tend to be verbal. The system also does not allow for an easy search or analysis of complaints per project. Spurred by the requirements of international financing institutions, some project implementation units set up grievance redress mechanism databases for individual projects, for projects supported by a given donor organization or for all projects they run with foreign assistance to be able to monitor and follow up more easily on grievances related to specific operations.

***Resolution of the Government of Georgia on Determining of a Social Package (2012, last amended in 2020)*** – Resolution defines rules and conditions for issuing the social packages, determines the volumes of

cash social packages on the territory of Georgia, the groups of recipients, and the terms and conditions for determining and issuing social assistance, which means regulation of the entire organizational cycle, establishment of the participating governing bodies, and other relations related to the receiving of social assistance packages. The rule defined by the resolution applies to citizens of Georgia, stateless persons with status in Georgia, as well as to foreign citizens permanently residing legally on the territory of Georgia for the last 10 years at the time of application for the social package.

*Order of the Prime Minister of Georgia (No. 41, Dated 2014) on Approving Technical Regime for Space Arrangement and for Architectural and Design Elements for Persons with Disabilities* rules retrofitting of the existing public buildings for the needs of disabled persons. It also mandated that the design of all new public buildings has to include universal access principles in order to be eligible for a construction permit.

#### **5.4. Institutional Framework for Regulating Social Welfare, Property Rights and Labor Safety**

**Ministry of IDPs from the Occupied Territories, Labor, Health and Social Affairs** develops, implements and coordinates the State policy on labor, healthcare and social protection of the population, as well as relocation and resettlement of IDPs and eco-migrants. The functions (approved by the government of Georgia resolution N473 Sep14.2018) of the ministry include management and administration of the following areas:

IDPs, eco-migrants and reintegration issues – regulating issues of IDPs and eco migrants according to the political, socio-economic and demographic conditions of the country; collecting data on eco-migration flows caused by emergencies (natural disasters, epidemics, etc.); facilitating reintegration of Georgian citizens returning from emigration to Georgia;

Health care – providing of individual medical services; ensuring public health protection; regulation of medical and pharmaceutical activities;

Social protection of the population - providing the population with targeted social assistance (TSA) on time delivery of relevant benefits to the social groups defined by the law; childcare and issues related to it, facilitating the development and implementation of policies to fight against domestic violence and protect victims of domestic violence;

Labor and employment - promoting labor relations and social partnerships; regulating labor migration and creation/development opportunities for legal employment abroad (seasonal labor migration); employment promotion including coordination for recruiting in alternative, non-military labor services; facilitating the development of labor safety and protection mechanisms in organizations and institutions and elimination of labor discrimination cases; supervising compliance with labor safety norms at high-risk, heavy, harmful and dangerous work sites as defined by the Law of Georgia on Labor Safety.

Integration of persons under international protection, aliens legally residing in Georgia and stateless persons having status for living in Georgia - developing and implementing relevant programs for local integration of internationally protected persons, aliens legally residing in Georgia and stateless persons having status for living in Georgia, and perform this function, cooperation with relevant competent governmental entities.

MoILHSA will be responsible for the overall administration, fiduciary functions, environmental and social aspects, communication and outreach for components 1 and 2 of Emergency COVID-19 Response Project.

**Labor Inspection Office** is a legal entity of public law under the **MoILHSA** in order to ensure the effective execution of the labor norms:

- Controls and checks compliance with occupational safety and health in the workplace;
- Prevents forced labor and exploitation;
- Investigates and records work related accidents and occupational illness cases at workplaces.
- From January 1, 2021 supervises labor rights to determine compliance with the Labor Code.

As a result of changes to OHS law in February 2019, the Labor inspectorate is now mandated to make unannounced visits at workplaces at any time of the day or night, without a court order and prior notice to investigate, examine and check the workplaces to ensure effective and continuous compliance with work safety and labor rights regulations. The employers are required to inform the labor inspectorate of any accidents at their workplaces within 24 hours according to OHS law, however anyone could inform the labor inspectorate of the accident.

**Social Service Agency (SSA)** is a legal entity of public law under the MoILHSA administering the state social protection and health programs, including delivery of state pensions, social assistance, and the Universal Healthcare Program.

**State Employment Support Agency (SESA)** is a LEPL under the MoILHSA. The main mandate of the agency is the improvement of labor and employment conditions in Georgian. Its functions include providing of services for labor market in Georgia, such as development and implementation of measures to ensure active labor market policy; Registration of job seekers, provision intermediary services through administration and proper functioning of the labor market management information system, and Collection and analysis of statistical information on the workforce. The agency also plays an important role in implementation of agreed interstate cooperation mechanisms, within its competency, to develop a temporary, legal employment opportunities (circular labor migration) of Georgian citizens residing abroad. SESA will play an important role in Project implementation due to providing services for issuing temporary unemployment benefits for formal and informal workers who lost their job as a result of COVID-19 pandemic. For this purposes SESA has developed an online registration platform on MoILHSA web page where citizens are able to register and provide personal information. The eligibility determination and verification processes are carried out by the interagency commission established in SESA e. Benefits will be transferred by SESA to the bank accounts of the beneficiaries provided by them while registering.

**National Center for Disease Control and Public Health (NCDC)** is responsible for the public health, including monitoring of epidemiological situation in the country, immunization, surveillance, disease prevention and timely response to public health emergencies, health promotion, information support, prevention of environmental hazards and behavioral risk-factors, applied and fundamental bio-medical scientific research in public health and coordination of public health lab services based on the “One Health” principle. A bio safety level (BSL) 3 laboratory and research center - Richard Lugar Center for Public Health Research fall under the NCDC.

## 5.5. Relevant International Conventions Ratified by Georgia

Georgia has signed and ratified many global and regional environmental conventions, multi-lateral agreements, protocols and treaties that stipulate the country's obligations to monitor, assess and report on a number of environmental parameters in Georgia related to water resources management, atmospheric air pollution and waste management. Some of them listed below are relevant to Emergency COVID-19 Response Project:

- ***Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal (Ratified in May 1999)*** - an international treaty that was designed to reduce the movements of hazardous waste between nations, and specifically to prevent transfer of hazardous waste from developed to less developed countries. The Convention is also intended to minimize the amount and toxicity of wastes generated, to ensure their environmentally sound management as closely as possible to the source of generation, and to assist less developed countries in environmentally sound management of the hazardous and other wastes they generate.
- ***Cartagena Protocol on Biosafety (Ratified in November 2008)*** - a Protocol to the Convention on Biological Diversity is an international agreement which aims to ensure the safe handling, transportation and use of living modified organisms (LMOs) resulting from modern biotechnology that may have adverse effects on biological diversity, taking also into account risks to human health.
- ***The UNECE Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters, usually known as Aarhus Convention (Ratified in April 2000)*** helps member countries to establish rights of the public (individuals and their associations) to receive environmental information that is held by public authorities ("access to environmental information"). This can include information on the state of the environment, but also on policies or measures taken, or on the state of human health and safety where this can be affected by the state of the environment. In addition, public authorities are obliged, under the Convention, to actively disseminate environmental information in their possession. Upon ratification of the convention, the county took up an obligation to ensure citizens' access to justice in environmental matters. The obligation considers provision of a package of guarantees that allows citizens, including civil society, to ask a national court to check whether a public authority has respected the rights and fulfilled the related legal requirements.
- Fundamental, Governance and Technical conventions of the International Labor Organization (ILO) covering regulations on employment policy, remuneration, holidays with pay, human resources development, minimum age, freedom of association, etc. as well as those prohibiting forced labor, child labor and discrimination.

## 5.6. Environmental and Social Standards of the World Bank Relevant for the Project

The Emergency COVID-19 Response Project is required to comply with the World Bank ESF. The ESF sets out the World Bank's commitment to sustainable development, through the Bank Policy and a set of ESSs that are designed to support borrowers' projects with the aim of ending extreme poverty and promoting shared prosperity. The ESSs set out the requirements 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 World Bank believes that the application of these standards, by focusing 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 by:

- Supporting Borrowers/Clients/Implementing Agencies in achieving good international practice relating to environmental and social sustainability;
- Assisting borrowers/clients/implementing agencies in fulfilling their national and international environmental and social obligations;
- Enhancing nondiscrimination, transparency, participation, accountability and governance; and
- Enhancing the sustainable development outcomes of projects through ongoing stakeholder engagement.

Of the ten ESSs comprising the ESF, five are relevant to the Georgia Emergency COVID-19 Response Project. They establish the standards that the Project and its implementing agency (MoILHSA) will meet through the Project life cycle are appended in the table below with a brief description and relevancy explanation:

ESS1	<b>Assessment and Management of Environmental and Social Risks and Impacts</b>	Relevancy:	<b>YES</b>
<p><u>Description:</u> ESS 1 sets out the borrower’s responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing, in order to achieve environmental and social outcomes consistent with the ESSs.</p>			
<p><u>Explanation:</u> The Project will strengthen public health and sustainability of social protection system in Georgia affected by the COVID-19 virus outbreak. Considering the Project scope and activities, the staff of health-care facilities, construction workers, the communities in the vicinity of Project sites and the environment are likely to be influenced by health and pollution risks from medical, solid, liquid and demolition wastes generated from the health facilities during their renovation and operation stage.</p>			
ESS2	<b>Labor and Working Conditions</b>	Relevancy:	<b>YES</b>
<p><u>Description:</u> ESS 2 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.</p>			
<p><u>Explanation:</u> The staff of beneficiary clinics and relevant workers, those vaccinating, screening, transfer, receive and treat infected patients are among the most important individuals in the fight against the crisis and they are under the highest risk to get an infection. Also, MoILHSA’s staff in intensive contact with citizens applying for social assistance are under substantial risk, as the Project will include minor repair and renovation works in healthcare facilities, which will require employment of local labor those are under moderate occupational and health risk.</p>			



ESS3	<b>Resource Efficiency and Pollution Prevention and Management</b>	Relevancy:	<b>YES</b>
<u>Description:</u> ESS 3 recognizes that economic activity and urbanization often generates 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.			
<u>Explanation:</u> The Project is expected to generate a significant amount of waste with different morphology, types and classification. The waste will negatively affect the public health and environment without mitigation measures and proper management practice.			
ESS4	<b>Community Health and Safety</b>	Relevancy:	<b>YES</b>
<u>Description:</u> ESS 4 recognizes that project activities, equipment, and infrastructure can increase community exposure to risks and impacts. In addition, communities that are already subjected to impacts from climate change may also experience an acceleration or intensification of impacts due to project activities.			
<u>Explanation:</u> Project activities, without efficient risk management and mitigation measures, may rise threats for community health and safety caused by pollution and spreading of communicable diseases.			
ESS5	<b>Land Acquisition, Restrictions on Land Use and Involuntary Resettlement</b>	Relevancy:	<b>NO</b>
<u>Description:</u> ESS5 recognizes that project-related land acquisition and restrictions on land use can have adverse impacts on communities and persons.			
<u>Explanation:</u> In this Project, no land acquisition is envisaged since civil work involved will be only refurbishment and rehabilitation of hospitals.			
ESS6	<b>Biodiversity Conservation and Sustainable Management of Living Natural Resources</b>	Relevancy:	<b>NO</b>
<u>Description:</u> ESS6 recognizes that protecting and conserving biodiversity and sustainably managing living natural resources are fundamental to sustainable development.			
<u>Explanation:</u> The Project is not likely to adversely affect any biodiversity or living natural resources in Georgia and worldwide.			
ESS7	<b>Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities</b>	Relevancy:	<b>NO</b>
<u>Description:</u> This ESS applies to a distinct social and cultural group of indigenous people/ Sub-Saharan African Historically Underserved Traditional Local Communities identified in accordance with paragraphs 8 and 9 of this ESS.			
<u>Explanation:</u> Georgia does not have societies and groups identified as “Sub-Saharan African historically underserved traditional local communities, indigenous ethnic minorities, aboriginals, hill tribes, vulnerable and marginalized groups, minority nationalities, scheduled tribes, first nations or tribal groups.”			
ESS8	<b>Cultural Heritage</b>	Relevancy:	<b>NO</b>
<u>Description:</u> ESS8 recognizes that cultural heritage provides continuity in tangible and intangible forms during the past, present and future.			
<u>Explanation:</u> This Project is unlikely to affect any cultural heritage in the country.			
ESS9	<b>Financial Intermediaries</b>	Relevancy:	<b>NO</b>

<u>Description:</u> ESS9 recognizes that strong domestic capital and financial markets and access to finance are important for economic development, growth and poverty reduction.			
Explanation: This Project will not involve in any financial intermediaries.			
ESS10	<b>Stakeholder Engagement and Information Disclosure</b>		Relevancy: <b>YES</b>
<u>Description:</u> ESS 10 recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.			
<u>Explanation:</u> The Project has a diverse set of stakeholders represented by healthcare, environment, private and public sectors. Disclosure of Project information and consultation with stakeholders will be required for maximizing positive outcomes of the Project. Stakeholder engagement will be challenged by the restrictions aimed at preventing spread of COVID infection and will require the use of alternative channels of communication and technologies.			

### 5.7. The World Bank Group Environmental, Health and Safety Guidelines

The Environmental, Health and Safety (EHS) Guidelines<sup>30</sup> are technical reference documents with general and industry-specific examples of GIIP and are referred to in the ESF. The EHS Guidelines contain the performance levels and measures that are normally acceptable to the World Bank Group, and that are generally considered to be achievable in new facilities at a reasonable cost by using relevant technology. The World Bank Group requires borrowers to apply the relevant levels and/or measures of the EHS Guidelines. When host country regulations differ from the levels and measures presented in the EHS Guidelines, projects will be required to achieve whichever is more stringent. General EHS Guidelines apply to the Georgia Emergency COVID-19 Response Project and most relevant of them are listed below:

- EHS 1.1 – Air Emissions and Ambient Air Quality;
- EHS 1.3 – Wastewater and Ambient Water Quality;
- EHS 1.5 – Hazardous Materials Management;
- EHS 1.6 – Waste Management;
- EHS 2.3 – Physical Hazards;
- EHS 2.4 – Chemical Hazards;
- EHS 2.5 – Biological Hazards;
- EHS 2.6 – Radiological Hazards;
- EHS 2.7 – Personal Protective Equipment;
- EHS 2.8 – Special Hazard Environments;
- EHS 3.5 – Transportation of Hazardous Materials;
- EHS 3.6 – Disease Prevention;
- EHS 4.1 – Environment; and
- EHS 4.2 – Occupational Health and Safety

<sup>30</sup> World Bank Environmental, Health and Safety (EHS) Guidelines  
<http://documents.worldbank.org/curated/en/157871484635724258/Environmental-health-and-safety-general-guidelines>

Additionally, the EHS for Health Care Facilities<sup>31</sup> also applies to the Project. The EHS Guidelines for Health Care Facilities include information relevant to the management of EHS issues associated with health care facilities, including general hospitals and small inpatient primary care hospitals, as well as outpatient, assisted living, and hospice facilities. Ancillary facilities may include medical laboratories and research facilities, mortuary centers, blood banks and collection services. See complete list of World Bank Group guidance relevant for Georgia Emergency COVID-19 Response Project in Annex VII.

## 5.8. WHO Guidance

The WHO is maintaining a website specific to the COVID-19 pandemic with up-to-date country specific and general technical guidance<sup>32</sup>. As the situation remains fluid it is critical that those managing both the national response as well as specific health care facilities and programs keep abreast of guidance provided by the WHO and other international best practice. Current technical guidance provided by the WHO includes the following topics, which are being updated regularly:

- Critical preparedness, readiness and response for COVID-19;
- Surveillance, rapid response teams, and case investigation;
- National laboratories;
- Country-level coordination, planning, and monitoring;
- Clinical care;
- Infection prevention and control/WASH<sup>33</sup>
- Serology and early investigation protocols;
- Essential resource planning;
- Guidance for schools, workplaces & institutions;
- Risk communication and community engagement;
- Virus origin / reducing animal-human transmission;
- Points of entry / mass gatherings;
- Naming the coronavirus disease (COVID-19);
- Humanitarian operations, camps, refugees/migrants in non-camps and other fragile settings;
- Health workers;
- Maintaining Essential Health Services and Systems.
- Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines;
- Management of waste from immunization campaign;
- Monitoring vaccine wastage at country level; Surveillance of adverse events following immunization<sup>34</sup>.
- Status of COVID-19 Vaccines with WHO EUL/PQ<sup>35</sup>

<sup>31</sup> IFC Environmental, Health, and Safety Guidelines for Health Care Facilities  
<https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&CVID=jqcCW2Q&id=1323161961169>

<sup>32</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019?fbclid=IwAR1H7X12kdP2fdMitGYGk5Dz7mndBDN25uSSvHuqjmCAY9WGL7gloZD7wU> (accessed on June 28, 2020)

<sup>33</sup> WASH is an acronym for “water, sanitation and hygiene”

<sup>34</sup> [https://apps.who.int/iris/handle/10665/206144?fbclid=IwAR2PJyx8PaYJY\\_BVKqf3ejdabTFEjeD73PJsbKMGd1j11-SMKgyoMwP\\_3o](https://apps.who.int/iris/handle/10665/206144?fbclid=IwAR2PJyx8PaYJY_BVKqf3ejdabTFEjeD73PJsbKMGd1j11-SMKgyoMwP_3o)

<sup>35</sup> Status of COVID-19 Vaccines within WHO EUL/PQ evaluation process  
[https://extranet.who.int/pqweb/sites/default/files/documents/Status\\_COVID\\_VAX\\_15July2021.pdf](https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_15July2021.pdf)

Besides the guidance for governments and states, WHO also recommends public and citizens to comply with the safety measures at home, public areas and workplaces. Those recommendations include application of PPE, sanitizers and suggested models of safe behavior and healthy practice and lifestyle.

Even prior to adopting COVID-19-specific, constantly evolving guidance and recommendations by WHO, the world health body already had had a well-designed guidelines and standard requirements to prepare for and manage pandemic situations worldwide, including specific chapters for communicable diseases control and preventions. Those to immediate relevance to Emergency COVID-19 Response Project include but are not limited to:

- Safe management of waste from health-care activities<sup>36</sup>. The guideline is designed for state, medical facilities, health-care personnel and waste carrier to advise them about the safe, sustainable and affordable management of medical waste. The guideline aims at reducing health problems and eliminating potential risks to people's health, health-care service provision inevitably create waste that may itself be hazardous to health. The waste produced in the course of health-care activities carries a higher potential for infection spread and injury than any other type of waste. Wherever waste is generated, safe and reliable methods for its handling are therefore essential. Inadequate and inappropriate handling of health-care waste may have serious public health consequences and a significant impact on the environment. Sound management of health-care waste is thus a crucial component of environmental health protection.
- Infection prevention and control (IPC)<sup>37</sup>. IPC related standards and guidelines give direction to followers on the effective application of IPC programs, the safe use of invasive devices, the right infrastructure and resources to achieve good IPC standards, including actions such as hand hygiene at the point of care. Based on systematic reviews, as well as presenting practical country examples, expert consensus guidelines developed by WHO are inherently linked to focusing on implementation and mean that countries and health facilities can prioritize practical actions for improvement. The group of IPC guideline by WHO includes guidelines on:
  - Hand hygiene
  - Injection safety
  - Antimicrobial resistance (AMR)
  - Surgical site infections
  - Core components of IPC and other interventions

**Personal Protection Equipment.** PPE is most important in preventing transmission of the communicable diseases not only in hospitals, but also through various activities linked to health-care provision: cleaning,

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<sup>36</sup> Safe management of waste from health-care activities, second edition 2018:  
[https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf?sequence=1)

<sup>37</sup> Infection prevention and control guidelines:  
<https://www.who.int/infection-prevention/publications/en/>

waste management and community care related to the outbreak and pandemic situation. In that regard, WHO sets standard requirements and recommendations on PPE<sup>38</sup> and on its rational use<sup>39</sup>.

Other WBG, WHO and CDC Atlanta guidelines relevant for the Project and applicable for medical laboratories, quarantine and screening centers are as follows:

- For medical laboratories
  - [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, 3<sup>rd</sup> edition](#)
  - [USCDC, EPA, DOT, \*et al\*; Managing Solid Waste Contaminated with a Category A Infectious Substance \(August 2019\)](#)
- For persons in Quarantine zones:
  - [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](#)
- For Infectious screening:
  - [WHO Severe Acute Respiratory Infections Treatment Centre](#)
  - [WHO Covid-19 Technical Guidance: Infection prevention and control / WASH](#)
  - [WBG EHS Guidelines for Healthcare Facilities](#)
- For vaccination:
  - [WHO Framework for Allocation and Prioritization of COVID-19 Vaccination<sup>40</sup>.](#)
  - [Global Manual on Surveillance of Adverse Events Following Immunization<sup>41</sup>.](#)
  - [COVID-19 vaccine introduction toolkit<sup>42</sup>](#)

See complete list of WHO guidance most relevant to Georgia Emergency COVID-19 Response Project in Annex VII.

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<sup>38</sup> WHO standards related to Personal protective equipment:

[https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/medical-devices/ppe/ppe-covid?fbclid=IwAR0jV-MBKsiduEdf86uSb\\_RKdfDqEr4ne7uJMhnh5pTpYnE\\_AM2C9qCNMMQ](https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/medical-devices/ppe/ppe-covid?fbclid=IwAR0jV-MBKsiduEdf86uSb_RKdfDqEr4ne7uJMhnh5pTpYnE_AM2C9qCNMMQ)

<sup>39</sup> WHO Recommendations about rational use of PPE:

[https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-\(covid-19\)-and-considerations-during-severe-shortages](https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages)

<sup>40</sup> <https://www.who.int/publications/i/item/who-sage-values-framework-for-the-allocation-and-prioritization-of-covid-19-vaccination>

<sup>41</sup> [https://apps.who.int/iris/handle/10665/206144?fbclid=IwAR2y8f00iWxo\\_Oa99Jv6oeWuXAuxdwIHYfPg8FRqLNYiE7Vz\\_112V7A8O1js](https://apps.who.int/iris/handle/10665/206144?fbclid=IwAR2y8f00iWxo_Oa99Jv6oeWuXAuxdwIHYfPg8FRqLNYiE7Vz_112V7A8O1js)

<sup>42</sup> <https://www.who.int/tools/covid-19-vaccine-introduction-toolkit>

## 6. Environmental and Social Baseline

### 6.1. Environmental Characteristics

**Physical Environment.** Georgia is located in the South Caucasus and is one of the Black Sea riparian nation-states. It borders with Armenia, Azerbaijan, Russian Federation and Turkey. Georgia comprises of the following administrative units: capital city of Tbilisi, Autonomous Republic of Adjara, Autonomous Republic of Abkhazeti, and nine regions - Kvemo Kartli, Shida Kartli, Kakheti, Mtskheta-Mtianeti, Samtskhe-Javakheti, Imereti, Guria, Samegrelo-Zemo Svaneti, and Racha-Lechkhumi and Kvemo Svaneti. All Project activities will be implemented countrywide, excluding the Autonomous Republic of Abkhazeti and several municipalities of Shida Kartli (South Ossetia) currently not under de facto jurisdiction of the national government of Georgia.



Figure 1. Map of Georgia

**Air and Climate.** Georgia encompasses a variety of climate zones from humid subtropical to permafrost, distributed along an east/west axis separated by the Likhi Mountains in the center of the country. The Caucasian barrier protects Georgia from cold air intrusions from the north, while the country is open to the constant influence of warm, moist air from the Black Sea. Western Georgia has a humid subtropical, maritime climate, while eastern Georgia has a range of climate varying from moderately humid to a dry subtropical type. Generally speaking, the climate in the west, modulated by the Black Sea, is characterized by mild winters, hot summers and heavy precipitation; average annual temperatures are between 9°–14°C, with precipitation ranging from 900–2300 mm. Alpine mountain regions are generally colder: average temperatures are between 2°–10°C and annual precipitation ranges between 1200–2000 mm. The climate in the east includes the eastern plains, with a dry subtropical climate in the lowlands, where 400–600 mm of rainfall per year and annual temperatures range between 11°–13°C.

There also are marked elevation zones. The Kolkheti Lowland, for example, has a subtropical character up to about 500 to 600 m above sea level, with a zone of moist, moderately warm climate lying just above; still higher is a belt of cold, wet winters and cool summers. Above about 2000 to 2200 m, there is an alpine

climatic zone, lacking any true summer; above 3400 to 3500 m, snow and ice are present year-round. In eastern Georgia, farther inland, temperatures are lower than in the western portions at the same altitude.

Western Georgia has heavy rainfall throughout the year, totaling 1,000 to 2,500 mm and reaching a maximum in autumn and winter. Southern Kolkheti receives the most rain, and humidity decreases to the north and east. Winter in this region is mild and warm; in regions below about 600 to 700m, the mean January temperature never falls below 3 °C, and relatively warm, sunny winter weather persists in the coastal regions, where temperatures average about 5°C. Summer temperatures average about 22°C.

In eastern Georgia, precipitation decreases with distance from the sea, reaching 400 to 700mm in the plains and foothills but increasing to double this amount in the mountains. The southeastern regions are the driest areas, and winter is the driest season; the rainfall maximum occurs at the end of spring. The highest lowland temperatures occur in July (about 25 °C), while average January temperatures over most of the region range from 0 to 3°C<sup>43</sup>.

### *Climate Change*

Climate change is one of the most significant contemporary problems for socioeconomic development worldwide. The geographical location and natural conditions of Georgia – a small country with a complex mountainous landscape, a significant Black Sea coastal zone and semi-arid areas in the Southeast – predetermine the country's substantial vulnerability to climate change. A higher frequency of natural hazards and other changes occurring during recent decades, such as increasing temperatures, increased frequency of droughts and hailstorms, etc., are the observable signs of climate change. The negative consequences of climate change in Georgia include the rise in temperature, changes in precipitation patterns, reduction in water availability, rise of the Black Sea water level, an increase in frequency and intensity of floods, flashfloods, landslides and mudflows, the decrease of rainfall and the extension of evaporation.

### *Water Resources*

Georgia is rich in freshwater resources. However, water resources are unequally distributed, and are mainly accumulated in the western part of the country. Hence supplying resource-poor eastern region with water remains one of the main challenges of water management.

The river network of Georgia comprises nearly 25 thousand rivers. They are fed mainly by thawed snow and glacial waters, underground waters and atmospheric precipitations. Total length of the river system is about 60 000 km though 99% of rivers are short (less than 25 km long).

The longest river, Kura (in Georgian language Mktvari) is 1,364 km. It is born in the mountains of the northern Turkey, crosses southern and eastern Georgia and flows into the Caspian Sea on the territory of Azerbaijan. The Kura feeds the Mingechaur water-storage basin. The Kura main tributaries – the Alazani (351 km), the Iori (320 km), and the Aragvi (66 km) - also flow into the Caspian Sea.

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<sup>43</sup> National statistics office of Georgia, Natural resources of Georgia an environmental protection 2018: [https://www.geostat.ge/media/28028/Natural\\_resources\\_of\\_Georgia\\_and\\_environmental\\_protection\\_2018.pdf](https://www.geostat.ge/media/28028/Natural_resources_of_Georgia_and_environmental_protection_2018.pdf)

Another long and deep river Rioni (327 km) starts from the Major Caucasus, runs across the Colchis lowland and flows into the Black Sea. So does one more important Georgian river - Inguri (213 km).

There are about 860 lakes and 43 water reservoirs created for hydro energy, irrigation and drinking purposes, however, surface size and volume of lakes are considerably small in Georgia. The largest lake is Lake Parvani (37.5 sq. km) and Lake Tabatskuri (14.2 sq. km) located on Dzhavahetia uplands and Lake Paleostomi (18.2 sq. km) at the Black Sea coast in the Rioni's estuary. Other large lakes are Lake Kartsakhi (26.3 sq. km), Lake Khanchali (3.3 sq. km), and Lake Dzhandari (10.6 sq. km).

Wetlands cover about 630 km<sup>2</sup> of country territory and 730 Glaciers in Georgia accumulate 30 billion cubic meters of ice. Besides surface water resources, Georgia is rich with its ground water naturally supplied on surface in amount of 18000 million m<sup>3</sup> per year excluding more than 1000 sources of mineral 250 of thermal water sources.

Among the total water resources of 63 billion m<sup>3</sup>/year (long-term average) only 1.6 billion m<sup>3</sup>/year or about 2% are being abstracted. About two thirds of the abstracted water is used for irrigated agriculture, and the other third for municipal and industrial uses<sup>44</sup>.

### ***Sanitation***

At present, all 85 cities and municipalities of Georgia are provided with centralized water systems. There are 156 major water intakes in total. Drinking water is mainly withdrawn from the ground sources. A total design capacity of the ground drinking water sources is 3.1 mil. m<sup>3</sup> a day. Bulk of water supply and sewage infrastructure of Georgia's towns and settlements are, for the major part, municipal property. Relationships between municipalities and water utilities are built on contracts for utilization of municipal infrastructure on the basis of economic control rights.

Wastewater discharge systems operate in 41 cities and districts, 5 of which have wastewater treatment plants. Total length of waterways and water distribution networks in Georgia is 9,500 km, and the length of wastewater networks and sewers is 4,000 km.

In general, the sanitary and technical condition of most water intakes is inadequate, which is apparent from regular outbreaks of mass water-borne infections (see Annex III). Many water intakes have no protected sanitary zones. 60 percent of water supply facilities and 50 percent of wastewater networks and sewers are beyond their service lives.

Maintenance and repair works have not been carried out at most of the water utilities for a long time. This has resulted in frequent accidents in water and wastewater systems, leading to drinking water losses and contamination of the receiving and ground water bodies. The average water losses in Georgia reaches 30-50 percent of the volumes supplied<sup>45</sup>.

Most of the settlements of Georgia receive water with interruptions. There is no accurate registration of water produced and consumed. The situation is worsened by a lack of laboratory water control, which

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<sup>44</sup> National Report on the State of the Environment of Georgia:  
<http://eiec.gov.ge/getattachment/NavMenu/Documents/National-Reports/2007-2009-National-Report-of-the-State-of-the-Environment-of-Georgia.pdf.aspx>

<sup>45</sup> <https://www.avkvalves.com/en/cases/sustainability-cases-placeholder/efficient-water-supply-management-in-georgia>



means that supplied water often does not comply with the national standards<sup>46</sup> or sanitary and epidemiological requirements.

The more alarming problem exists in collection and treatment of domestic sewage and industrial wastewater. Due to lengthy interruption of operations during economic and energy crisis, the existing wastewater treatment facilities and sewage collecting pipes have dilapidated. Most rural settlements do not have wastewater collection and treatment facilities at all. Large volumes of untreated wastewater are freely discharged causing pollution of rivers and the Black and the Caspian seas. Contamination of water resources is the main reason for mass intestinal and infection diseases in Georgia<sup>47</sup>.

### ***Waste Management***

Around 900,000 tons of municipal waste is generated annually in Georgia and more than 75 percent of it is estimated to end up in formal landfills. The rest is freely dumped in random locations, predominantly in rural areas.

**Waste aggregation:** at most of the locations the waste collection and street cleaning service (if any at all) is provided by local government which lacks necessary assets and capacity to perform this service properly. Even in case if this service is outsourced to private companies, the situation remains the same, because of lack of financial resources rooted in social and economic problem of the country and citizens payment capability to pay waste fees.

**Waste logistics and delivery:** There are 34<sup>48</sup> official municipal landfills in Georgia and 5 waste transferring stations developed at former municipal landfills location which have been transformed into transfer stations to make waste collection and waste disposal more efficient. Household waste delivered to the transferring stations from rural areas is collected and compressed in big containers and then transported regularly to the nearest bigger landfill.

**Landfilling infrastructure:** Out of the 34 official landfills operating in Georgia, only four hold environmental impact permits. Some of these landfills were established between the 1960s and the 1980s of the past century, without any protective features in place. Outdated landfills pose a serious threat to the public and environmental health. In the absence of insulation, leachate water soaks into the ground and contaminates groundwater. With no cover over the deposited waste, landfills emit vapors, methane and other pollutants polluting the atmosphere.

The Solid Waste Management Company (SWMC) is a state-owned company managing 54 dumpsites across Georgia (except for Tbilisi and Adjara) since 2012. It has already closed 23 landfills and continues to maintain 31, of which, only 1 (Rustavi Landfill) operate according to the European standard<sup>49</sup>. It is expected that the remaining sites will be closed by 2023. Meanwhile, new regional level sanitary landfill will substitute existing landfills following to the waste management strategy 2016-2030 of Georgia<sup>50</sup>

<sup>46</sup> Technical regulation on drinking water:

<https://matsne.gov.ge/ka/document/view/2196792?publication=0>

<sup>47</sup> Financing Strategy for the Urban Water Supply and Sanitation Sector in Georgia:

<https://www.oecd.org/countries/georgia/36472918.pdf>

<sup>48</sup> LTD Solid Waste Management Company of Georgia:

[http://waste.gov.ge/ka/?page\\_id=1883&lang=en](http://waste.gov.ge/ka/?page_id=1883&lang=en)

<sup>49</sup> EU Landfill Directive 1999/31/EC:

<https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:31999L0031>

<sup>50</sup> National waste management strategy 2016-2030 of Georgia

<https://matsne.gov.ge/ka/document/view/3242506?publication=0>

The country lacks specialized landfill for construction waste. As an alternative solution, municipalities in Georgia are authorized to dedicating special places/plots for regular construction waste disposal. As for Asbestos containing materials, they are allowed to be disposed at solid waste disposal facilities, in special cells separately arranged by SWMC especially for asbestos containing waste disposal. Asbestos containing materials, packaged according to the relevant rules and requirements are accepted and disposed in safe manner.

**Reuse, Reduce, Recycle:** There are a few recycling companies in the country. However, they are unable to access most of the recyclable materials as most of the generated waste is not being separated. Under the requirements of the EU-Georgia Association Agreement, Georgian municipalities should have started separate collection of recyclable waste fractions from 2019 but the date postponed to the end of 2020 although following to the state waste management strategy the country should be recycling 30 percent of plastic by 2020, 50 percent by 2025 and 80 percent by 2030.

The Waste Management Code of Georgia introduces a concept of Extended Producer Responsibility (EPR) for the following specific waste streams: packaging waste (plastic, paper/cardboard, wood, metal, glass), waste electrical and electronic equipment (WEEE), end-of-the life tires (ELTs), end-of-the life vehicles (ELVs), used oils, used batteries and accumulators.

Currently, waste management is primarily financed by the central government. The national strategy aims to make the waste management industry fully self-sufficient by 2030, by initiating a system in which the population and private sector will fully cover the expenses.

**Medical Waste Management.** Waste Management Code of Georgia and Resolution of the Government of Georgia on Medical Waste Management (No.294, dated 3017) comprise core legislation for management of this particular waste stream in the country. The legislation defines the list of medical waste originating facilities as if follows:

- In-patient and out-patient healthcare facilities;
- Eldercare facilities;
- Medical Laboratories;
- Veterinary clinics;'
- Pharmaceutical companies and pharmacies;
- Vivarium and animal research facilities;

Waste Management Code of Georgia stipulates that healthcare facilities must develop comprehensive 5 years' corporate waste management plans. These plans are reviewed and accepted by the Department of Waste and Chemicals Management of MEPA and later, annual progress reports are required from healthcare facilities. Till 2020, more than 250 waste management plans are approved by the department though countrywide medical waste statistic does not exist.

Environmental Supervision Department (employees ~80 environmental inspectors) within the MEPA is authorized to inspect healthcare facilities to assure compliance of waste management practices to the plans. Lack of the inspection/enforcement capacity, absence of necessary infrastructure for medical waste management, financial issues of hospital sector and lack of awareness on potential threats what insufficient management of medical waste can bring to public, are amongst main top hindering factors of this sector.

Resolution of the Government of Georgia № 421 on the Approval of Technical Regulation on the Construction, Operation, Closure and After-care of Landfills bans disposal of the hazardous medical waste

in municipal landfills, requiring its deactivation/destruction through incineration or autoclaving. Few medical facilities have in-house incinerators or autoclaves, while others use waste collection, transportation and treatment services of private companies. The existing privately-owned medical waste incinerators are insufficient for treating volumes and types of medical waste generated in the country. Incineration practices applied by such facilities do not meet good international practice and the EU standards<sup>51</sup> due to unaffordable costs of adhering to the rules established for operation and maintenance. Furthermore, final disposal of ash generated from the operation of incinerators is currently impossible in Georgia, because its disposal to the municipal sanitary landfills is prohibited and the country has no hazardous waste landfills. Therefore, the ash is stored temporarily either on the own territory of a clinic operating an incinerator or handed over to private service provider for the temporary storage at their facilities. Because of the above, at present, operation of waste incinerators is quite challenging. During the fall-2020 spike of COVID occurrence in Georgia leading to the generation of highest-ever volumes of medical waste, new private service providers started to emerge in response to the increasing demand, especially in the capital city of Tbilisi. They remove medical waste from COVID clinics, deactivate in microwave stoves or autoclaves, and deliver to the sanitary landfill managed by the State-owned Georgia Solid Waste Management Company. In the provincial towns and settlements, not served by modern, high-standard sanitary landfills, medical waste is destructed in small-scale incinerators causing considerably lower negative environmental risks and impacts than those to be faced in case of medical waste disposal in sub-standard municipal waste dumps.

## 6.2. Socio-Economic Characteristics

**Population.** The population of Georgia has significantly decreased in the last 25 years due to intense out-migration. The current population is approximately 3.7 million, with 52 percent female and 48 percent male population. 41 percent of the population lives in rural areas and 59 percent lives in urban areas. 32 percent of the total population is concentrated in the capital city of Tbilisi<sup>52</sup>.

The Project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups. The vulnerability may stem from a person's gender, age, health condition, disability, ethnic/language background, economic deficiency and financial insecurity, or other circumstances, for example being single parents, being a caregiver of elderly or persons with disabilities, etc.

Within the Project, the vulnerable or disadvantaged groups include and are not limited to the following:

- Elderly
- Individuals with chronic diseases and pre-existing medical conditions; pregnant women
- People with disabilities
- Persons residing in and employed in state institutions/boarding houses for persons with disabilities, public orphanages and nursing homes
- Internally displaced persons and refugees
- Pregnant women
- Women, girls and female headed households
- Children
- Daily wage earners and persons employed in informal, temporary, seasonal jobs

<sup>51</sup> EU directive 2000/76/EC on the incineration of waste:

<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32000L0076>

<sup>52</sup> National Statistics Office of Georgia, 2020 Population data, available online at <https://www.geostat.ge/en/modules/categories/41/population> (accessed on May 19, 2020)

- Those living below poverty line
- Unemployed
- Communities in remote, high mountainous and inaccessible areas
- Ethnic minorities (particularly those who are not fluent in the national language)
- People living in poverty, especially extreme poverty
- Homeless people and those living in informal settlements or urban slums
- Low-income migrant workers,

**Economy and Employment.** Georgia's GDP per capita growth for the last ten years was on average 4.8 percent per year. Georgia has adopted a system of targeted social transfers, which led to nearly halving the poverty rate from 37.4 percent in 2007 to 20.1 percent in 2018 and to improve living conditions.<sup>53</sup> The largest economic sectors are manufacturing (18.3 percent) and construction (12.6 percent). Agriculture accounts only for 6.3 percent of the economy, while 38.1 percent of the workforce is employed in the sector. However, most of the employment in agriculture consists of subsistence farming.<sup>54</sup> The total workforce in the country is about 1.7 million, of which 50.3 percent is hired and 49.7% is self-employed. Unemployment rate is 11.6 percent, but there is significant difference between urban unemployment rate (17.4 percent) and rural unemployment rate (5.5 percent). This is due to the subsistence farming being counted as employment. According to the data of Geostat, in 2018, the share of women in the total number of employed was 47%, while the share of men was 53%. In 2019 The number of employed women decreased by 0.3% and for men decreased by 0.1%.

**Social Protection.** Georgia has a comprehensive social protection system, which played a key role in protecting the poorest in the past decade. Social protection includes a universal social pension for people men over 65 years old and for women over 60 years old, the TSA (including the child benefit introduced in 2015), benefits and services for IDPs from the occupied territories, social rehabilitation for persons with disabilities, benefits and services for war veterans, benefits and services for the protection of vulnerable children, and a myriad of social benefits administered at the local level (including health exemptions, education exemptions, housing benefits, and energy and transportation subsidies). A newly implemented 2019 pension law complemented the flat universal pension, including a benefit of approximately 18 percent of the average monthly income, with a contributory pension savings system. Compared to other countries in the region and globally, Georgia stands out for its high spending on social assistance (about 6% of GDP), mostly accounted for by the non-contributory old-age social pensions and the TSA.

The TSA is the flagship social assistance program targeted to extremely poor households. The TSA has been considered one of the most successful programs in Eastern Europe and Central Asia in terms of coverage of the poor, targeting accuracy, and poverty impact. Established in 2005, the TSA provides a monthly cash transfer to poor households identified through a proxy means test (PMT) assessment. After the old-age pensions, the TSA is Georgia's largest social protection program in terms of both spending and coverage. As of March 2020, TSA covered about 11 percent of Georgia's population, and an additional 2% was covered by the child allowance. In 2018, TSA and the child support scheme jointly covered 40 percent of households in the poorest quintile 44 (HIES 2018). In the past it was estimated that the TSA had lifted 6 percent of the population out of extreme poverty, lowering the poverty rate from 9.7 to 3.9 percent. A recent analysis suggests that the TSA benefit package does not generate work disincentives. Since 2019, condition

<sup>53</sup> World Bank. Georgia Overview. Available at <https://www.worldbank.org/en/country/georgia/overview> (accessed on May 19, 2020)

<sup>54</sup> National Statistics Office of Georgia, 2020 National accounts data available online at <https://www.geostat.ge/en> (accessed on May 19, 2020)

has been changed when new regulation has been introduced: families at TSA (<100001 score) will still maintain the social assistance (both for family and children) for next 12 months and other nonmonetary benefits for 24 months even in case if household member will start earning a salary.

In April 2020, 475, 000 persons in the country were qualified to received Targeted Social Assistance (TSA). This 12.7% of the total population. There are about 127, 000 officially registered persons with disabilities and 770, 000 age-pension receivers in the country.

**Healthcare.** Georgia is an upper-middle-income country according to the World Bank classification. Over the past decade the country has achieved significant economic growth at an average annual rate of 4,5% and a decline in poverty rates from 36.9% in 2006 to 20.1% in 2018. In 2019, Georgia's population was estimated at 3.72 million. Non-communicable diseases (NCDs) remain the major challenge, with 93% of mortality in Georgia being attributable to them led by diseases of cardio-vascular system and cancer. Prevalence of smoking, alcohol use and obesity are still showing an upward trend. The country is losing 2,4% of its Gross Domestic Product (GDP) due to tobacco related death, disability, productivity loss and other burden. NCDs prevention and control in PHC settings is suboptimal.

In the wake of COVID-19 pandemic, Georgia was already facing many challenges in the area of communicable diseases, with insufficient adherence to TB treatment, mainly due to not sustainable linkage between non-state actors - private clinics, NGOs and other non-state actors, also, growing epidemic of HIV/AIDS largely concentrated among high-risk groups, with a critical challenge of low detection rate and late diagnosis. The Hepatitis C Elimination Programme is a success under integrated approach and linkages with HIV and TB programs reaching nation-wide coverage. In 2018-2019 Georgia was seriously affected by the measles outbreak, being among 3 countries in the region with highest incidence per million of population, and Georgia is among 10 countries still endemic for measles. Antimicrobial Resistance (AMR) persists an issue of increased concern. Despite recently endorsed National AMR Strategy, sub-optimal AMR surveillance and little use of diagnostic support for treatment decisions remains an issue.

Universal Health Coverage (UHC) Programme, that came into force on 28 February 2013, with over 90% of the resident population entitled to a tightly defined package of state-funded benefits, substantially increased access to quality care. Nevertheless, state expenditure for public health remains relatively low (2.9 percent of GDP) and out-of-pocket spending as a percentage of total health expenditure remains very high (54% in 2018). In July 2017, the package of benefits was expanded for the vulnerable households, pensioners, veterans, disabled persons, with significant coverage of essential medicines.

The Government of Georgia has endorsed nationalized Sustainable Development Goals (SDGs) that include all 17 SDGs, and the United Nations have signed with the Government the UN Partnership for Sustainable Development 2016 – 2020, with 5 focus areas: 1. Democratic governance; 2. Jobs, livelihood and social protection; 3. Education; 4. Health; 5. Human security and community resilience. A Mainstreaming, Acceleration and Policy Support (MAPS) mission and meeting took place in April 2019. The health-related SDGs desk review resulted in draft Health and Sustainable Development report.

The country has well-functioning immunization system with adequate cold-chain capacity, immunization is a recognized national priority, and state funding for the vaccination program has increased six-fold for the past 8 years. Country purchases only WHO pre-qualified vaccines for assuring quality supply. With support from GAVI Alliance, the country introduced four new vaccines in recent years. Immunization service providers have undergone extensive trainings several times over past years. Georgia is well

positioned to receive, handle, distribute, and administer COVID-19 vaccines, including vaccines that require ultra-cold chains.

The *Vision for Developing the Healthcare System in Georgia by 2030* was developed under the EU-supported initiative of the Parliament of Georgia to produce a long-term vision vis-à-vis the development of the healthcare sector in the country (Strengthening the System of Parliamentary Democracy in Georgia Project, 2017)<sup>55</sup>.

To mitigate COVID-19, the Government of Georgia took early steps. Effective multi-sectoral response to COVID-19 was initiated at the earliest stage. In January 2020, the Government issued Decree #164 on the Approval of Measures to Prevent the Possible Spread of the New Coronavirus in Georgia and Approval of an Emergency Response Plan for Cases Caused by COVID-19 (amended on April 1, 2020, through the Government of Georgia Decree #625) and established a national multi-sectoral committee. Under the Operational Response Plan approved by the Government of Georgia, each line ministry and Government entity has clearly defined roles and responsibilities at every stage of the COVID-19 response. A state of emergency was declared on March 21, 2020, after the first cases of COVID-19 were confirmed on February 26, 2020.

On January 31, 2020, Georgia adopted the case definition of COVID-19 and intensified epidemiological surveillance throughout the country. On March 2, 2020, the Government Reserve Fund allocated GEL 1 million (US\$358,358 equivalent) to the MoILHSA to respond to the challenge of the new coronavirus in Georgia. In that time, the Government of Georgia launched the state program against COVID-19 with the aim to protect citizens through preventive measures, early detection and response on COVID-19 cases. The Government also scaled up its communication efforts by establishing a unified hotline and an informational platform (StopCov.ge is a web site available in five languages with all necessary governmental links and related information). In addition, on April 16, 2020, the Government launched the STOP COVID contact tracing app, which has been used in Japan, South Korea, and Singapore. Many reputable international media sources (e.g., The Washington Times, etc.) covered Georgia's story as a success battle against COVID-19.

On April 24, the Government presented its anti-crisis economic plan. This six-phase plan was designed to slowly get businesses up and running again, gradually opening the economy, yet monitoring very closely the epidemiological situation in the country as well as globally. The National Centre of Disease Control and Public Health is the key agency under the MoILHSA to guide further the national algorithm of testing and hierarchy of collection and transporting the samples among specialized network of testing facilities. Separate holistic plan for the health sector that will enable the system to address potential second wave of the COVID -19 as well as strengthen the system in a way that it can cope with any other hypothetical threats is under development.

**Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH).** According to the recent World Bank survey<sup>56</sup> (2017), 27 percent of female respondents reported being exposed to gender-based violence including 16.3 percent being a survivor of at least one type of sexual abuse (sexual harassment, sexual violence, or both) and 8 percent of women reported experiencing physical violence. Furthermore, nearly 5 percent of women, respectively, indicate that they have been forced to give up all or part of their income to

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<sup>55</sup> Parliament of Georgia

[http://www.parliament.ge/ge/ajax/downloadFile/81366/Health\\_Strategy\\_Eng](http://www.parliament.ge/ge/ajax/downloadFile/81366/Health_Strategy_Eng)

<sup>56</sup> <https://openknowledge.worldbank.org/handle/10986/29108>

a spouse against their will or to give up a job because their partner wanted them to. Women with worse housing conditions reported higher exposure to sexual harassment and sexual violence. At workplace any, sexual harassment is classified as a form of discrimination - “an unwelcome sexual conduct aiming at/or causing intimidating, hostile, humiliating or degrading environment.” Public Defender (mandated to receive and examine alleged cases of sexual harassment, seek explanations from employers, issue recommendations and, if decided that recommendations have not been fulfilled, refer the cases to court) and employer (ensures free of SH workplace, fulfil recommendations of the Public Defender) have monitoring and controlling responsibilities.

## 7. Public Consultation and Disclosure

According to the ESF of the World Bank, the Borrower through the Project implementing entities, should ensure the open dialogue, public consultations, timely and full access to information related to the Project activities. Accordingly, the draft of the initial ESMF was disclosed on MoILHSA website both in Georgian and English on 31<sup>st</sup> of July 2020 and was open for feedback from any interested parties/individuals. In addition, the document was officially submitted to the MEPA for review and comments and was shared with the civil society organizations and environmental professionals through various network channels and e-mail. Due to the national regulations related to the COVID-19 pandemic, a public consultation meeting on the draft ESMF was conducted online on August 10, 2020. The day before the public consultation, interested parties were reminded on scheduled meeting and provided with the link of Webex.

Minutes of the consultation process, capturing public consultation meeting and incorporating e-mail feedback received from the Project stakeholders, were attached to the ESMF (Annex VIII, Minutes of Public Consultation Process) and the finalized document was posted on the web page of MoILHSA<sup>57</sup>.

Upon provision of the AF of the COVID-19 Emergency Response Project, the ESMF was updated to cover environmental, social, occupational health and safety aspects related to new subcomponent of the Project designed to support vaccination against COVID-19 infection in Georgia. Alike the initial iteration of the document, the draft updated ESMF was disclosed through the website of MoILHSA on April 27, 2021<sup>58</sup> and a virtual stakeholder consultation was held on May 7, 2021. Record of the second round of consultations held to discuss the updated ESMF is also annexed to the document (Annex VIII, Minutes of Public Consultation Process) and Final ESMF cleared by the World Bank will be re-disclosed through the web on the official web sites of MoILHSA and the World Bank.

## 8. Stakeholder Engagement

SEP for Georgia Emergency COVID-19 Project is prepared according to Environmental and Social Standard ESS 10 on Stakeholder Engagement and Information Disclosure of the World Bank. SEP includes Stakeholder Engagement Program to provide stakeholders with timely, relevant, understandable and

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<sup>57</sup> ESMF of the original Project disclosed in December 2020

<https://www.moh.gov.ge/en/announcements/403/Environmental-and-Social-Management-Framework-%28ESMF%29--Emergency-COVID-19-Response-Project>

<sup>58</sup> Draft ESMF updated upon provision of Additional Financing disclosed in April 2021

<https://www.moh.gov.ge/en/announcements/486/Public-Consultation-Meeting-on-Updated-Drafts-of-Environmental-and-Social-Management-Framework-%28ESMF%29-and-Stakeholder-Engagement-Plan-%28SEP%29-Developed-for-the-Emergency-COVID-19-Response-Project>

accessible information and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

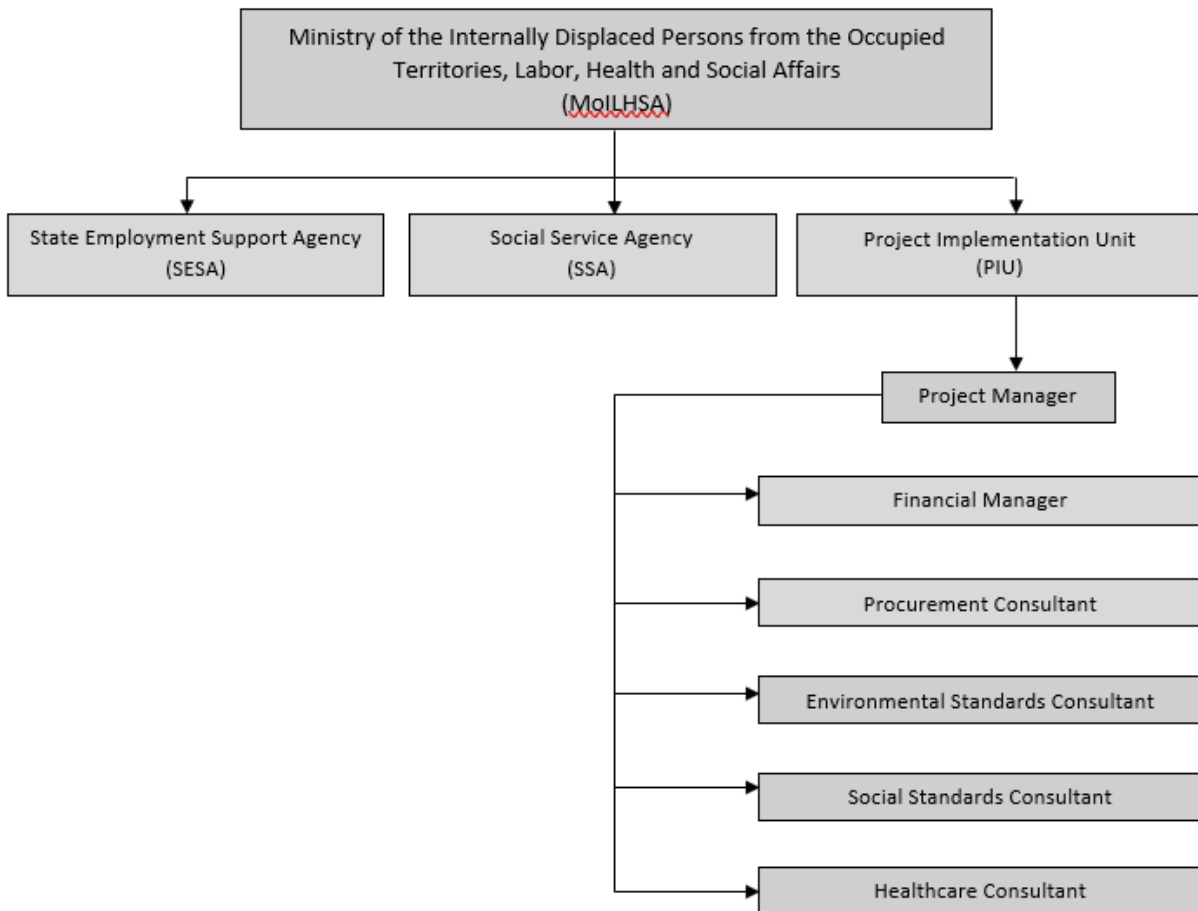
The SEP defines a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire Project cycle. The SEP outlines the ways in which the Project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make grievances about Project and any activities related to the Project. The involvement of the local population is essential to the success of the Project in order to ensure smooth collaboration between Project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed Project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases and means of prevention.

The Project GRM is integrated in the SEP. It may be periodically updated during Project implementation. Regular stakeholder consultations and information disclosure will take place throughout the Project life.

## **9. Institutional Arrangements**

The MoILHSA, through its PIU, is responsible for the Project implementation. The PIU is adequately staffed as shown in the below chart.





The SESA and SSA participate in the implementation of Component 2 of the Project. They provide databases of the recipients of unemployment benefits and social security benefits eligible for retroactive financing from the Project proceeds. All other roles in Project implementation are undertaken by the PIU, including financial management, disbursement and procurement service delivery, as well as environmental and social management of the Project supported activities.

Dedicated consultants of the PIU are in charge of the environmental, social, occupational health and safety aspects of the Project. They ensure that the Project is carried out in compliance with:

- The national environmental and social legislation (including labor and occupational health and safety laws);
- Relevant ESSs of the World Bank;
- ESCP formally agreed between the Government of Georgia and the World Bank;
- SEP;
- ESMF;
- LMP.

The PIU consultants are also responsible for recording results of environmental and social monitoring as well as controlling quality of environmental and social supervision of works undertaken by technical supervisors of works, if hired to oversee refurbishment of the selected clinics. Environmental Standards and Social Standards Consultants report on the environmental and social performance under the Project as part of reporting on the overall progress of the COVID-19 Emergency Response Project. Types of

environmental and social instruments and timing of their development and implementation are defined in the ESCP formally agreed between the Government of Georgia and the World Bank. More specifically, the Consultants perform the following tasks:

- Environmental and social screening of activities proposed for the Project support;
- Confirming eligibility of activities proposed for the Project support;
- Environmental and social management planning for eligible activities in cooperation with beneficiary healthcare facilities;
- Monitoring environmental and social performance of works contractors and ensuring quality of environmental and social supervision undertaken by technical supervisors of works hired by PIU;
- Assisting Project beneficiary clinics with the development and implementation of site-specific ICWMPs;
- Establishing and ensuring smooth operation of the Project-wide Grievance Mechanism as well as ensuring presence of adequate grievance mechanism for the personnel of works contractors;
- Watching out for early indication of any SEA/SH and occupational health and safety accidents that may occur under the Project, ensuring prompt recording and reporting of such occurrences according to the established procedures, and following up on the implementation of remedial actions;
- Carrying out stakeholder engagement as specified in SEP;
- Regular reporting to the Bank on monitoring of ESHS performance of the Project, including but not limited to the implementation of the ESCP, status of preparation and implementation of E&S documents required under the ESCP and ESMF, LMP, stakeholder engagement activities, functioning of the grievance mechanism(s).

Environmental Standards, Social Standards and Healthcare Consultants hired by the PIU have relevant skills and experience to perform the tasks as listed above. Environmental Standards Consultant, in addition to core qualifications relevant for this position, is fully competent in medical waste management and provides extensive support to beneficiary clinics in producing of ICWMPs. Healthcare Consultant is involved in this process too, contributing to the development of measures for reducing risk of in-house spread of infection within Project beneficiary clinics and vaccination points of dispensing. Healthcare Consultant has a critical role in ensuring that Project-financed activities under subcomponent 1.3 strictly follow regulations imposed for safe transportation, storage and dispensing of various types of vaccines against COVID-19. Social Standards Consultant is fully knowledgeable of the World Bank's requirements pertaining stakeholder engagement with particular attention to the outreach for and inclusion of vulnerable groups, fair and equitable access of beneficiaries to Project benefits, gender focus, prevention of SEA/SH and functional grievance mechanisms. In February 2021, the World Bank's environmental and social specialists held a specialized session on environment, social, occupational health and safety aspects of project implementation for the PIU staff and representatives of Project implementing entities and beneficiary healthcare facilities. They will continue provision of regular support in tackling Environmental and Social Standards related issues during the Project implementation.

Following to the national regulations, if business operator generates more than 120 kg hazardous waste annually, it is obligated to hire a dedicated professional for waste management (commonly called "environmental manager") and if a healthcare facility has more than 30 hospital beds, it is obligated to have epidemiologist as part of its organizational structure for infections control. These personnel will be

designated to counterparty with PIU's Environmental and Social Standards Consultants to implement ICWMPs.

During the Project implementation, if missing skills and capacity will be identified to meet necessary standards and quality requirements, the Project will hire external individual consultants or consultant firms.

## **10. Annexes**

- I. Screening Form for Potential Environmental and Social Issues
- II. Guidance for E&S Screening and Risk Rating for a COVID-19 response project
- III. Environmental and Social Management Plan (ESMP) Template
- IV. Infection Control and Waste Management Plan (ICWMP) Template
- V. Field Environmental and Social Monitoring Checklist
- VI. Labor Management Procedures
- VII. Resource List: COVID-19 Guidance
- VIII. Minutes of public consultation process

**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. *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	N/A		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or waste management facilities?				ESS1	ESIA/ESMP, SEP
Does the subproject involve land acquisition and/or restrictions on land use?				ESS5	RAP/ARAP, SEP
Does the subproject involve acquisition				ESS5	

Questions	Answer			ESS relevance	Due diligence / Actions
	Yes	No	N/A		
of assets for quarantine, isolation or medical treatment purposes?					
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
Is there a sound regulatory framework and institutional capacity in place for healthcare facility infection control and healthcare waste management?				ESS1	ESIA/ESMP, SEP
Does the subproject have an adequate system in place (capacity, processes and management) to address waste?					
Does the subproject involve recruitment of workers including direct, contracted, primary supply, and/or community workers?				ESS2	LMP, SEP

Questions	Answer			ESS relevance	Due diligence / Actions
	Yes	No	N/A		
Does the subproject have appropriate OHS procedures in place, and an adequate supply of PPE (where necessary)?					
Does the subproject have a GRM in place, to which all workers have access, designed to respond quickly and effectively?					
Does the subproject involve transboundary transportation (including Potentially infected specimens may be transported from healthcare facilities to testing laboratories, and transboundary) of specimen, samples, infectious and hazardous materials?				ESS3	ESIA/ESMP, SEP
Does the subproject involve use of security or military personnel during construction and/or operation of healthcare facilities				ESS4	ESIA/ESMP, SEP

Questions	Answer			ESS relevance	Due diligence / Actions
	Yes	No	N/A		
and related activities?					
Is the subproject located within or in the vicinity of any ecologically sensitive areas?				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 Sexual Exploitation and Abuse (SEA) risk?				ESS1	ESIA/ESMP, SEP
Does the subproject carry risk that disadvantaged and vulnerable groups may have unequitable access to project benefits?				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
Will the subproject and related activities involve the use or potential pollution of, or be located in				<i>OP7.50 Projects on International Waterways</i>	Notification (or exceptions)

Questions	Answer			ESS relevance	Due diligence / Actions
	Yes	No	N/A		
international waterways <sup>59</sup> ?					

**Conclusions:**

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

**2. Proposed E&S Management Plans/ Instruments.**

**Annex II. Guidance for E&S Screening and Risk Rating for a COVID-19 Response Project**

**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, vaccines, equipment and materials, such as reagents, chemicals, and Personal Protective Equipment (PPEs)
- mass deployment of a safe and effective vaccine
- 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

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<sup>59</sup> 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.



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, 3<sup>rd</sup> 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 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 AND FOR DEPLOYMENT OF VACCINES**

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](#)
- [WHO](#): Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19

### **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 and community workers (such as community health volunteers) to provide clinical support, contact tracing, and data collection, etc. 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 [LMP template for COVID-19](#).

### **Annex III. Environmental and Social Management Plan (ESMP) Template**

#### **Introduction**

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

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

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

The issues and risks identified in the matrix are based on current COVID-19 response 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 Waste Management Plan forms part of the ESMP. The ESMP should identify other specific E&S management tools/instruments, such as the Stakeholder Engagement Plan (SEP), labor management procedures (LMP), and/or Medical Waste Management Plan.

**Table 1 - Environmental and Social Risks and Mitigation Measures during Planning and Design Stage**

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Identify the type, location and scale of healthcare facilities (HCF) or facilities to be used for deployment of vaccines					
Identify the need for new construction, expansion, upgrading and/or rehabilitation					
Identify the needs for ancillary works and associated facilities, such as access roads, construction materials, supplies of water and power, sewage system					
Identify the needs for acquisition of land and assets (e.g., acquiring existing assets such as hostel, stadium to hold potential patients)					
Identify onsite and offsite waste management facilities, and waste transportation routes and service providers	Inadequate facilities and processes for treatment of waste	<ul style="list-style-type: none"> <li>➤ Estimate potential waste streams, including sharps and vaccine program wastes</li> <li>☐ Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through construction, expansion etc.</li> <li>☐ Specify that the design of the facility considers the collection, segregation, transport and treatment of the anticipated volumes and types of healthcare wastes</li> <li>☐ Require that receptacles for waste should be sized appropriately for the waste volumes generated, and color coded and labeled according to the types of waste to be deposited. Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance.</li> </ul>			

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		Design training for staff in the segregation of wastes at the time of use.			
Identify needs for transboundary movement of samples, vaccines, specimen, reagent, and other hazardous materials					
Identify needs for workforce and type of project workers		<ul style="list-style-type: none"> <li><input type="checkbox"/> Identify numbers and types of workers</li> <li><input type="checkbox"/> Consider accommodation and measures to minimize cross infection</li> <li><input type="checkbox"/> Use the COVID-19 LMP template to identify possible mitigation measures</li> </ul>			
Identify needs for using security personnel during construction and/or operation of HCF					
HCF design – general	<ul style="list-style-type: none"> <li>- Structural safety risk;</li> <li>- Functional layout and engineering control for nosocomial infection</li> </ul>				
HCF design - considerations for differentiated treatment for groups of higher sensitivity or vulnerable (the elderly, those with preexisting conditions, or the very young) and those with disabilities	Some groups may have difficulty accessing health facilities				
Design of facility should reflect specific treatment requirements, including triage, isolation or quarantine		<ul style="list-style-type: none"> <li><input type="checkbox"/> The design, set up and management of will take into account the advice provided by WHO guidance for <a href="#">Severe Acute Respiratory Infections Treatment Center</a>.</li> <li><input type="checkbox"/> Hand washing facilities should be provided at the entrances to health care facilities in line with</li> </ul>			

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		<p>WHO <a href="#">Recommendations to Member States to Improve Hygiene Practices</a>.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Isolation rooms should be provided and used at medical facilities for patients with possible or confirmed COVID-19.</li> <li><input type="checkbox"/> Isolation rooms should:                             <ul style="list-style-type: none"> <li>✓ be single rooms with attached bathrooms (or with a dedicated commode);</li> <li>✓ ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided)</li> <li>✓ be sited away from busy areas or close to vulnerable or high-risk patients, to minimize chances of infection spread;</li> <li>✓ have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope</li> <li>✓ have signs on doors to control entry to the room, with the door kept closed;</li> <li>✓ have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment.</li> </ul> </li> </ul>			
Design to consider mortuary arrangements	Insufficient capacity Spread of infection	<ul style="list-style-type: none"> <li><input type="checkbox"/> Include adequate mortuary arrangements in the design</li> <li><input type="checkbox"/> See <a href="#">WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19</a>)</li> </ul>			
Identify the needs for an effective communication campaign on vaccination, including tailored outreach to different groups					

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
(including disadvantaged or vulnerable groups), with different partners					
Assess the capacity of the Borrower to establish effective vaccine cold chain temperature monitoring	Failure to store and handle vaccines properly can reduce vaccine potency, resulting in inadequate immune responses in patients and poor protection against disease	<ul style="list-style-type: none"> <li>➤ Support the Borrower to design and establish or improve vaccine cold chain temperature monitoring plan.</li> <li>☐ See WHO guidance on temperature monitoring<sup>60</sup> and CDC Vaccine storage and Handling toolkit<sup>61</sup></li> </ul>			
Assess the capacity of the Borrower to monitor adverse events following immunization (AEFI) in line with WHO guidelines	Insufficient capacity for ensuring immunization safety through detecting, reporting, investigating and responding to AEFI.	<ul style="list-style-type: none"> <li>➤ Support the Borrower to design and establish or improve surveillance system of AEFI.</li> <li>☐ See WHO Global manual of surveillance of adverse events following immunization<sup>62</sup>.</li> </ul>			

<sup>60</sup>[https://apps.who.int/iris/bitstream/handle/10665/183583/WHO\\_IVB\\_15.04\\_eng.pdf;jsessionid=9F079AFFA760DBD35C08B13930268B01?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/183583/WHO_IVB_15.04_eng.pdf;jsessionid=9F079AFFA760DBD35C08B13930268B01?sequence=1)

<sup>61</sup> <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

<sup>62</sup> [https://www.who.int/vaccine\\_safety/publications/Global\\_Manual\\_revised\\_12102015.pdf?ua=1](https://www.who.int/vaccine_safety/publications/Global_Manual_revised_12102015.pdf?ua=1)

**Table 2 - Environmental and Social Risks and Mitigation Measures during Construction Stage**

<b>Activities</b>	<b>Potential E&amp;S Risks and Impacts</b>	<b>Proposed Mitigation Measures</b>	<b>Responsibilities</b>	<b>Timeline</b>	<b>Budget</b>
Clearing of vegetation and trees; Construction activities near ecologically sensitive areas/spots	<ul style="list-style-type: none"> <li>- Impacts on natural habitats, ecological resources and biodiversity</li> </ul>				
General construction activities Foundation excavation; borehole digging	<ul style="list-style-type: none"> <li>- Impacts on soils and groundwater;</li> <li>- Geological risks</li> </ul>				
General construction activities	<ul style="list-style-type: none"> <li>- Resource efficiency issues, including raw materials, water and energy use;</li> <li>- Materials supply</li> </ul>				
General construction activities – general pollution management	<ul style="list-style-type: none"> <li>- Construction solid waste;</li> <li>- Construction wastewater;</li> <li>- Noise;</li> <li>- Vibration;</li> <li>- Dust;</li> <li>- Air emissions from construction equipment</li> </ul>				



Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General construction activities – hazardous waste management	<ul style="list-style-type: none"> <li>- Fuel, oils, lubricants, asbestos-containing debris</li> </ul>				
General construction activities – Labor issues	<ul style="list-style-type: none"> <li>- Workers coming from infected areas</li> <li>- Co-workers becoming infected</li> <li>- Workers introducing infection into community/general public</li> </ul>	<ul style="list-style-type: none"> <li>- Refer to COVID-19 LMP</li> <li>- Consider ways to minimize/control movement in and out of construction areas/site.</li> <li>- If workers are accommodated on site require them to minimize contact with people outside the construction area/site or prohibit them from leaving the area/site for the duration of their contract</li> <li>- Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk</li> <li>- Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering</li> <li>- Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations</li> </ul>			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		<p>including cough etiquette, hand hygiene and distancing measures.</p> <ul style="list-style-type: none"> <li>- Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell</li> <li>- Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for 14 days</li> </ul> <p>Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days</p>			
General construction activities – Occupational Health and Safety (OHS)					
General construction activities – traffic and road safety					
General construction activities – security personnel					

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General construction activities – land and asset	Acquisition of land and assets				
General construction activities	SEA/SH issues				
General construction activities – cultural heritage	Cultural heritage	Chance-finds procedure			
General construction activities – emergency preparedness and response					
Construction activities related to onsite waste management facilities, including temporary storage, incinerator, sewerage system and wastewater treatment works					
Construction activities related to demolition of existing structures or facilities (if needed)					

**Table 3 - Environmental and Social Risks and Mitigation Measures during Operational Stage**

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater and air emissions				
General HCF operation – OHS issues	<ul style="list-style-type: none"> <li>- Physical hazards;</li> <li>- Electrical and explosive hazards;</li> <li>- Fire;</li> <li>- Chemical use;</li> <li>- Ergonomic hazard;</li> <li>- Radioactive hazard</li> </ul>				
HCF operation – Labor issue					
HCF operation - considerations for differentiated treatment for groups with different needs (e.g., the elderly, those with preexisting conditions, the very young, people with disabilities)					

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
HCF operation – cleaning		<ul style="list-style-type: none"> <li>● Provide cleaning staff with adequate cleaning equipment, materials and disinfectant.</li> <li>● Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.</li> <li>● Where cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, provide 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, provide best available alternatives.</li> <li>● Train cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste</li> </ul>			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		control (including for used PPE and cleaning materials).			
HCF operation - Infection control and waste management plan					
Mass vaccination program involving deployment of vaccines from many facilities (not just HCF), vehicles and locations	Mass vaccination provides a vector for the spread of disease	Develop infection control and waste management plan for vaccination program to consider the use of non-HCF for deployment			
Waste minimization, reuse and recycling	Use of incinerators results in emission of dioxins, furans and particulate matter	<ul style="list-style-type: none"> <li><input type="checkbox"/> Where possible avoid the use of incinerators</li> <li><input type="checkbox"/> If small-scale incineration is the only option, this should be done using best practices, and plans should be in place to transition to alternative treatment as soon as practicable (such as steam treatment prior to disposal with sterile/non-infectious shredded waste and disposed of in suitable waste facilities)</li> <li><input type="checkbox"/> Do not use single-chamber, drum and brick incinerators</li> </ul>			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		<input type="checkbox"/> If small-scale incinerators are used, adopt best practices to minimize operational impacts.			
Procurement, delivery and set up of equipment for the storage and handling of vaccines and associated medical equipment	Surfaces of imported materials may be contaminated, and handling and processing may result in spread of COVID-19	Technical specifications for procuring equipment should require good hygiene practices in line with WHO technical guidance to be observed when preparing the procured goods.  Check national and WHO technical guidance for latest information regarding transmission of COVID on packaging prior to finalization of working protocols at facilities receiving procured goods and update working methods as necessary.			
Transport of goods or supplies, including the delivery, storage and handling of vaccine, specimen, samples, reagents, pharmaceuticals and medical supplies	COVID-19 is spread by drivers during the transport and distribution of goods or supplies.  Traffic accidents occur during transportation of goods	Good hygiene and cleaning protocols should be applied. During the transport, truck drivers should be required to wash hands frequently and /or be provided with hand sanitizer and taught how to use it.  Measures to minimize impacts during transportation, including hazardous materials can be found in the EHSs.			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies					
Storage and handling of specimen, samples, reagents, and infectious materials					
Waste segregation, packaging, color coding and labeling					
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
Transportation and disposal at offsite waste management facilities					



Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
HCF operation – transboundary movement of vaccine, specimen, samples, reagents, medical equipment, and infectious or hazardous materials					
Operation of acquired assets for holding potential COVID-19 patients					
Emergency events	<ul style="list-style-type: none"> <li>- Spillage;</li> <li>- Occupational exposure to infectious disease;</li> <li>- Exposure to radiation;</li> <li>- Accidental releases of infectious or hazardous substances to the environment;</li> <li>- Medical equipment failure;</li> <li>- Failure of solid waste and wastewater treatment facilities</li> <li>- Fire;</li> <li>- Other emergent events</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Response Plan</li> </ul>			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Mortuary arrangements	<ul style="list-style-type: none"> <li>- Arrangements are insufficient</li> <li>- Processes are insufficient</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Implement good infection control practices (see <a href="#">WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19</a>)</li> <li><input type="checkbox"/> Use mortuaries and body bags, together with appropriate safeguards during funerals (see WHO <a href="#">Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19</a>)</li> </ul>			
Vaccination campaign - considerations for communication and outreach for disadvantaged or vulnerable groups	<ul style="list-style-type: none"> <li>- Miscommunication and lack of outreach of disadvantaged or vulnerable groups</li> </ul>	<p>Outreach/communication tools to increase awareness of the disadvantaged/vulnerable groups on the benefits of vaccination</p>			
Stakeholder engagement – considerations for simple, accurate, accessible and culturally appropriate information dissemination; combating misinformation;	<p>Limited accessibility of the information for the following groups:</p> <ul style="list-style-type: none"> <li>- Residents of rural areas</li> <li>- Socially vulnerables</li> <li>- Ethnic minorities</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Diversification of information sources including digital, social and printed media, and develop and distribute relevant communication materials using all possible available mechanisms.</li> </ul>			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
responding to grievances					
Targeting of beneficiaries is not done in a fair, equitable and inclusive manner	<ul style="list-style-type: none"> <li>- Lack of transparency about the vaccination program</li> </ul>	<p>Outreach/communication tools to make potential beneficiaries aware of the eligibility criteria, principles and methods used for targeting</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure project includes a functional Grievance Mechanism</li> </ul>			
	<ul style="list-style-type: none"> <li>- Poorest / most needy households are left out</li> </ul>	<p>See above. Clear, transparent and unambiguous eligibility criteria</p> <p>Use good quality Government data combined with geographical targeting</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use local community structures to identify and select beneficiaries, based on inclusive consultations</li> </ul>			
	<ul style="list-style-type: none"> <li>- Lack of diversity and inclusion in vaccination program, resulting in inadequate benefits for other vulnerable groups</li> </ul>	<p>Ensure women participate in the program and, where possible, give preference to women within households as transferees</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Work with community representatives/NGOs so that vulnerable groups such as unaccompanied children,</li> </ul>			

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
		<p>youth, Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) survivors, Indigenous Peoples, LGBTI communities, refugees, internally displaced peoples, etc. are included in project activities and benefits</p>			
	<p>- SEA/SH increase in project area (e.g., requests for sexual favors to receive vaccinations)</p>	<p>Consultations to discuss process for identifying vaccination prioritization</p> <p>Grievance Mechanism (GM) to be established as soon as possible to handle complaints</p> <p>Provide information to potential beneficiaries on eligibility criteria and GM process via various media (radio, SMS, television, online, posters)</p> <p>Work with local NGOs to provide social services for affected beneficiaries, as well as assistance to register</p>			

Table 4 - Environmental and Social Risks and Mitigation Measures during Decommissioning

Key Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Decommissioning of interim HCF					
Decommissioning of medical equipment					
Regular decommissioning					
<i>To be expanded</i>					

## Annex IV. Infection Control and Waste Management Plan (ICWMP) Template

### 1. Introduction

1.1 Describe the project context and components

1.2 Describe the targeted healthcare facility (HCF):

- Type: E.g. general hospital, clinics, inpatient/outpatient facility, medical laboratory, quarantine or isolation centers;
- *Special type of HCF 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 HCF, which may include specifications for general design and safety, separation of wards, heating, ventilation and air conditioning (HVAC), autoclave, and waste management facilities.

### 2. Infection Control and Waste Management

2.1 Overview of infection control and waste management in the HCF

- Type, source and volume of healthcare waste (HCW) generated in the HCF, including solid, liquid and air emissions (if significant)
- Classify and quantify the HCW (infectious waste, pathological waste, sharps, liquid and non-hazardous) following 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 HCF, including material delivery, waste generation, handling, disinfection and sterilization, collection, storage, transport, and disposal and treatment works
- Provide a flow chart of waste streams in the HCF if available
- Describe applicable performance levels and/or standards
- Describe institutional arrangement, roles and responsibilities in the HCF for infection control and waste management

2.2 Management Measures

- Waste minimization, reuse and recycling: HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations.
- Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies: HCF should adopt practice and procedures to minimize risks associated with delivering, receiving and storage of hazardous medical goods.

- Waste segregation, packaging, color coding and labeling: HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.
- Onsite collection and transport: HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Waste storage: A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
- Onsite waste treatment and disposal (e.g., an incinerator): Many HCFs have their own waste incineration facilities installed onsite. Due diligence of an existing incinerator should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended. For new HCF financed by the project, waste disposal facilities should be integrated into the overall design and ESIA developed. Good design, operational practices and internationally adopted emission standards for healthcare waste incinerators can be found in pertaining EHS Guidelines and GIIP.
- Transportation and disposal at offsite waste management facilities: Not all HCF has adequate or well-performed incinerator onsite. Not all healthcare wastes are suitable for incineration. An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or the private sector are probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity. In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.
- Wastewater treatment: HCF wastewater is related to hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There're also cases where HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment. Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.

### **3. Emergency Preparedness and Response**

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

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

#### **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-cradle infection control and waste management process;
- Ensure adequate and qualified staff are in place, including those in charge of infection control and biosafety and waste management facility operation.
- Stress the chief of a HCF takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a HCF, and build an intra-departmental team to manage, coordinate and regularly review issues and performance;
- Establish an information management system to track and record the waste streams in HCF; and
- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

#### **5. Monitoring and Reporting**

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

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

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



**Table ICWMP**

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
General HCF operation – Environment	General wastes, wastewater and air emissions				
General HCF operation – OHS issues	<ul style="list-style-type: none"> <li>- Physical hazards;</li> <li>- Electrical and explosive hazards;</li> <li>- Fire;</li> <li>- Chemical use;</li> <li>- Ergonomic hazard;</li> <li>- Radioactive hazard.</li> </ul>				
HCF operation - Infection control and waste management plan					
Waste minimization, reuse and recycling					
Delivery and storage of specimen, samples, reagents, pharmaceuticals and medical supplies					

Storage and handling of specimen, samples, reagents, and infectious materials					
Waste segregation, packaging, color coding and labeling					
Onsite collection and transport					
Waste storage					
Onsite waste treatment and disposal					
Waste transportation to and disposal in offsite treatment and disposal facilities					
HCF operation – transboundary movement of specimen, samples, reagents, medical equipment, and infectious materials					
Emergency events	<ul style="list-style-type: none"> <li>- Spillage;</li> <li>- Occupational exposure to infectious;</li> <li>- Exposure to radiation;</li> </ul>	Emergency response plan			

	<ul style="list-style-type: none"> <li>- Accidental releases of infectious or hazardous substances to the environment;</li> <li>- Medical equipment failure;</li> <li>- Failure of solid waste and wastewater treatment facilities;</li> <li>- Fire;</li> <li>- Other emergent events</li> </ul>				
<p>Operation of acquired assets for holding potential COVID-19 patients</p>					
<p><i>To be expanded</i></p>					

**Annex V. Monthly Field Environmental and Social Monitoring Checklist**

Site location (name of healthcare facility and its address)					
Name of civil works contractor					
Name of PIU monitor visiting the site					
Date of site visit					
Status of civil works (briefly describe types of works underway in the report period)					
Number of contracted workers on site during the report period					
Number of workers grievances received in reporting period / number of open workers grievances at the moment /number of workers closed grievances at the moment					
Number of community grievances received in reporting period/number of open community grievances at the moment/number of closed community grievances at the moment					
Documents and activities to be examined	Status				Comments
	Yes	Partially	No	N/A	
Contractor holds license for extraction of natural construction materials					
Contractor holds permit for operating concrete/asphalt plant					
Contractor holds agreement for final disposal of construction waste					
Contractor holds agreement with service provider for removal of household waste from site					
Work site is fenced, and adequate warning signs installed					

Works do not impede pedestrian access and motor traffic, or temporary alternative access is provided					
Working hours are observed					
Works to not disrupt or cause nuisance to operation of the healthcare facility within which they are undertaken					
Construction machinery and equipment is in standard technical condition (no excessive exhaust and noise, no leakage of fuels and lubricants)					
Construction materials and waste are transported under the covered hood					
Adequate dust control measures are applied					
Contractor’s camp or work base is fenced; sites for temporary storage of waste and for vehicle/equipment servicing are designated					
Contractor’s camp is supplied with water and sanitation is provided					
Contractor’s camp or work base is equipped with first medical aid and fire-fighting kits					
Workers wear uniforms and protective gear adequate for technological processes (gloves, helmets, respirators, eyeglasses, etc.)					
Construction waste is being disposed exclusively in the designated locations					
Upon completion of physical activity on site, the site and contractor’s camp/base cleared of any remaining left-over from works and harmonized with surrounding landscape					
All contracted workers have an employment contract or engagement agreement in writing					
All contracted workers are paid at least once a month					

No contracted workers worked over 8 hours a day, 40 hours a week without an overtime pay					
All contracted workers had a regular daily and weekly rest					
OHS-related training program conducted for contracted workers within the report period.					
Contracted workers involved in accidents at work resulting in injuries or fatalities.					
Contracted workers reported on cases of discrimination, harassment, sexual harassment or non-compliance with law					
Medical facility within which works are being undertaken holds ICWMP satisfactory to the World Bank					
Physical items (equipment, devices, containers, supplies, tec.) required for the implementation of ICWMP are in place at the medical facility					
Based on the evidence present at the medical facility by the time of monitoring visit, ICWMP is being implemented at the medical facility					

## **Annex VI. Labor Management Procedures**

Georgia COVID-19 Emergency Project

Labor Management Procedures

December 2020 (updated March 2021)

## 1. Overview of Labor Use on the Project

The project supporting COVID-19 response activities in Georgia will include the following categories of project workers:

- **Direct workers**

- Project Implementation Unit (PIU) personnel including b) technical staff hired on consultancy contract to perform work related to procurement, financial management, health technical issues monitoring, and environmental and social standards.

There will be also MoILHSA staff involved in the project who are civil servants. Civil servants assigned to work on project related activities, regardless of whether they work full time or part time, will continue to work under terms and conditions of their existing contracts or appointments in the public sector. ESS2 provisions on occupational health and safety, and prohibition of child and forced labor shall apply to civil servants engaged in the project.

- **Contracted workers**

- Medical workers in health care facilities (HCF), vaccination points and laboratories (i.e. doctors, nurses, laboratory workers, clinical trainees).
- Non-medical workers in health care facilities (e.g., facility and maintenance staff engaged in food preparation, delivery, physical maintenance, waste management).
- Workers engaged by firms (contractors) to carry out small interiors repairs and installation works within HCF

*Health care facility workers:* These are persons serving in healthcare settings, both medical and non-medical staff, who have the potential for direct or indirect exposure to infected patients or infectious fluids/secretions, and other infectious materials. While HCF workers employed in hospitals and laboratories do not strictly fall under the ESS 2 definition of project workers, due to occupational health and safety risks to which they can be exposed during the COVID-19 pandemic, they will be included in the Labor Management Procedures (LMP) as contracted workers to ensure that they are provided with adequate health and safety measures at the workplace. *Non-medical staff in HCF* (in particular cleaning staff and workers dealing with medical waste) will be also included in the LMP to ensure that they are provided with health and safety measures and protection means in the workplace.

- **Primary supply workers**

- Workers of companies involved in the provision of medical supplies, PPE, chemicals, reagents, disinfectants, etc. on the ongoing basis.

The project will directly source medical supplies essential for the project from primary suppliers.

The table below provides data on the basis of preliminary assessment at the time of preparation of the draft ESMF. However, data in the table below shall be updated by the MoILHSA subsequently, after more precise data on three category of workers becomes known.



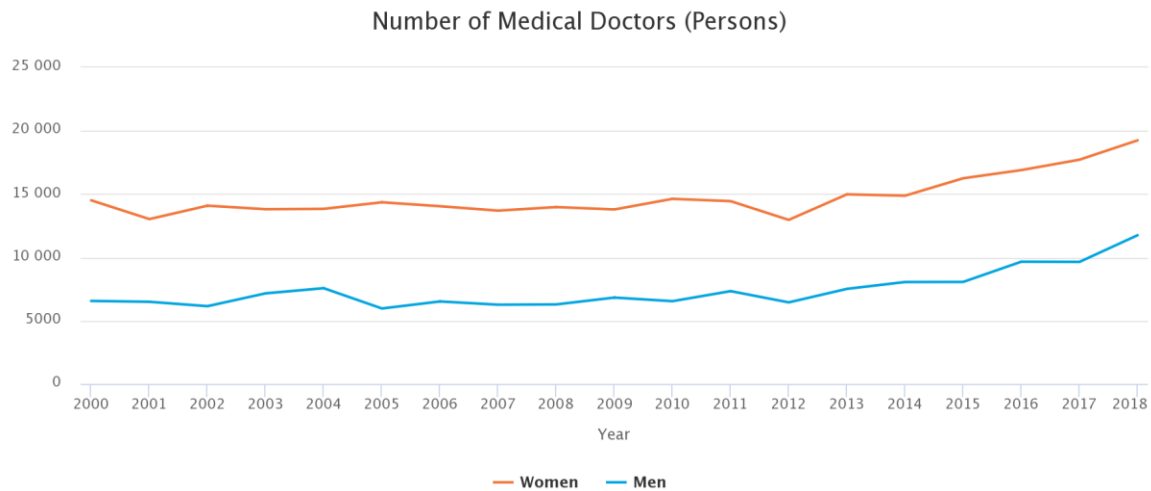
Type of workers	Number of project workers			Type of tasks	Necessary skills	Location
	staff	Empl/ Serv. Contr.	Total			
<b>Direct workers</b>						
Civil servants						
MoILHSA central Office	20	2	22	Office and administrative tasks	Essential managerial skills	Tbilisi
MoILHSA PIU		6	6			
<b>Contracted workers</b>						
Health care/laboratory workers in health care facilities (medical staff)						
LEPL Social Service Agency	1056	674	1,730	Office and administrative tasks	Essential managerial skills	Tbilisi
LEPL State Employment Support Agency (SESA)	13	25	38	Office and administrative tasks	Essential managerial skills	Tbilisi
LEPL Emergency Situations Coordination and Urgent Assistance Center	103	4313	4416	Office and administrative tasks	Medical knowledge, time management and organization	Tbilisi
LEPL State Regulation Agency for Medical and Pharmaceutical Activities	136	56	192	Office and administrative tasks	Essential managerial skills	Tbilisi
LEPL L. Sakvarelidze National Center for Disease Control and Public Health	292	208	500	Office and administrative tasks	Medical knowledge, time management and organization	Tbilisi/ all regions of Georgia
Tbilisi Infectious Diseases Hospital	76	163	239	General medicine and wide variety of specialism  Establishment of health procedures, guidelines	Medical knowledge, time management and organization, communication	Tbilisi
University hospital	87	536	623	General medicine and wide variety of specialism  Establishment of health procedures, guidelines	Medical knowledge, time management and organization, communication	Tbilisi
Batumi Republican Hospital	35	462	497	General medicine and wide variety of specialism  Establishment of health procedures, guidelines	Medical knowledge, time management and organization, communication	Batumi

Rukhi Republican Hospital	30	71	133	General medicine and wide variety of specialism  Establishment of health procedures, guidelines	Medical knowledge, time management and organization, communication	Rukhi
Sachkhere Hospital	40	249	289	General medicine and wide variety of specialism  Establishment of health procedures, guidelines	Medical knowledge, time management and organization, communication	Sachkhere
Chkhobadze Medical Centre in Kutaisi	40	132	172	General medicine and wide variety of specialism  Establishment of health procedures, guidelines	Medical knowledge, time management and organization, communication	Kutaisi
Non-medical staff						
Tbilisi Infectious Diseases Hospital	48			Cleaning, food supply, security services and waste	General medical knowledge, time management and organization, general knowledge in medicine	Tbilisi
University hospital	69			Cleaning, food supply, security services and waste	General medical knowledge, time management and organization, general knowledge in medicine	Tbilisi
Batumi Republican Hospital	70			Cleaning, food supply, security services and waste	General medical knowledge, time management and organization, general knowledge in medicine	Batumi
Rukhi Republican Hospital	32			Cleaning, food supply, security services and waste	General medical knowledge, time management and organization, general knowledge in medicine	Rukhi
Sachkhere Hospital	41			Cleaning, food supply, security services and waste	General medical knowledge, time management and organization, general knowledge in medicine	Sachkhere
Chkhobadze Medical Centre in Kutaisi	22			Cleaning, food supply, security services and waste	General medical knowledge, time management and organization, general knowledge in medicine	Kutaisi

Civil works workers	TBD	TBD	TBD	TBD
Total number of project workers	9139			

Taking into consideration that healthcare workers in Georgia are predominantly female it is expected that the number of female workers will be at least in the range of 50 percent of the workers. Employment Data of Health Care workers by Gender is provided in Figure 1 below.

**Figure 1 Employment Data of Health Care workers by Gender**



Female project workers will most likely be engaged as civil servants, medical and non-medical HCF workers. It is expected that the majority of skilled and unskilled workers are likely to come from local communities and will be citizens of Georgia. The project is not intended to engage migrant workers. The project will engage persons of the age of 18 years and above

## 2. Assessment of Key Potential Labor Risks

**Key Labor Risk.** It is assessed that key labor risks would be associated with occupational health and safety (OHS) and labor and working conditions in health care facilities, including the probable risk of exposure to the COVID-19 virus. The following are key labor risks expected during the implementation of the project:

*Labor and occupational health and safety (OHS) risks associated with **direct workers**.* It is anticipated that direct workers (PIU staff) within the framework of the project would perform office operations primarily, in addition to occasional site visits to health care facilities and nearby communities. Therefore, health and safety risks of these workers are estimated as low. The risk in relation to working conditions are generally low for civil servants and consultants engaged by the ministries. Risks such as excessive overtime hours, irregular wage payments, informal work are not expected.

*Labor and OHS risks associated with **contracted workers (construction workers and medical staff)**.* Civil works to be undertaken with the Project support are confined to reconstruction/retrofitting of the existing facilities. No new construction will be financed. Scale of civil works, therefore, is small to medium and so are the associated OHS risks. These are general typical risks such as improper use of personal protective gear, unsafe work at heights, unsafe handling of electric wiring and devices, disorganized on-site storage of construction materials and waste, etc. Adherence to common good construction practice and good housekeeping at work sites would effectively mitigate described OHS risks and help to avoid/minimize occurrence of OHS incidents.

The expected risks faced by medical staff include: exposure to the SARS-CoV2 and infectious disease caused by the virus COVID-19 with potential to grave outcomes including fatal illness and death, physical and mental exhaustion, occupational burnout, stigma and passing on infection to families and local communities, long shifts with little or no break and deprivation of sleep. It is expected that this category of workers would experience the following risk levels as given in the *Table 2*.

**Table 2: Overview of risks associated with medical staff**

Risk	Risk level
Illness	high
Death	substantial
Physical and mental exhaustion	substantial
Occupational burnout	substantial
Stigma and passing on infectious to family and community	moderate
Long shifts	moderate

*OHS risks associated with **contracted workers (non-medical staff and workers of companies undertaking renovation works of the facilities)**.* It is expected that this category of workers will be exposed to OHS hazards, but not all non-medical staff will be exposed to the same risk levels. An overview of expected risks and risk level for this category of workers is shown in the *Table 3*.

**Table 3: Overview of risks associated with non-medical staff**

Non-medical workers	Risk						
	Illness	Death	Physical exhaustion	Mental exhaustion	Stigma	Long shifts	Exposure to infectious waste
Administrative staff <i>Risk level</i>	low	low	low	low	low	low	Low
Cleaning workers <i>Risk level</i>	substantial	substantial	substantial	moderate	moderate	moderate	Substantial
Food preparation and delivery <i>Risk level</i>	low	low	low	low	low	low	Low
Security services <i>Risk level</i>	low	low	low	low	low	low	Low
Waste workers <i>Risk level</i>	substantial	substantial	low	low	low	low	Substantial
Civil works workers <i>Risk level</i>	moderate	moderate	substantial	moderate	low	low	Low

### 3. Brief Overview of Labor Legislation: Terms and Conditions

#### Provision of information and forms of employment contracts

As part of the pre-contractual relationship, the employer is required to provide the candidate employee with the information about the work to be performed, the type of employment contract (written or oral) and terms (fixed or open-ended, the working conditions, legal rights of the employee as part of the employment relationship and remuneration (Labor Code of Georgia 2013 (“LC”) - Article 11).

Employment contracts can be concluded in writing or orally, however contracts exceeding 1 month must be concluded in writing. The core terms of the employment contract are the date on which the employment commences and duration of the contract, working time and rest time, place of employment, position and job description, remuneration and terms of payment; overtime and relevant remuneration rates, paid and not paid holidays (LC article 12).

The Labor Code regulates part-time work and defines a part-time worker as an employee whose normal working hours are less than working hours of a full-time employee working on similar job during the week of over the course of labour relations of up to one year. (LC Article 16) , ESS2 requirements apply to part-time workers, as well, including the requirement for the provision of information and contracts.

#### Wages and deductions

The Labor Code does not provide for minimum wage. The presidential decree sets out 40 GEL as a minimum wage (President Order No 351, dated 4 June 1999, emended 2006).

Remuneration and regularity of payments are generally agreed and determined by the parties to the employment contract. However, in the absence of such agreement, the law determines that remuneration should be paid once in a month. The employer will pay to the employee 0.07% of the delayed sum for each day of delay in remuneration or payment (LC Article 41).

The probation period which should not exceed 6 months should also be remunerated by the employer as per the parties' agreement (LC article 17).

Internal employment regulations, if adopted by the employer, should determine amongst other things the time, place and procedure for remuneration payments. The internal policy should be communicated to employees (LC article 23).

The employer may deduct from an employee's remuneration any overpayments or other amounts payable by the employee to the employer, in accordance to the employment contract. However, such deductions should not exceed 50 per cent of the remuneration (LC Article 43). The employer will pay full compensation to the employee for work-related damage that caused any deterioration to the employee's health and will cover the subsequent, necessary treatment costs (LC Article 45.6).

[Labour Code amendments of 2020 set a requirement for employers to ensure equal pay for women and men for equal work performed \(LC Article 4.4\).](#)

## **Working hours**

The Labor Code defines standard working hours as any period of time during which an employee works at the employer's disposal and fulfils its duties. The standard weekly working hours should not exceed 40 hours a week. The LC does not explicitly state that the working day is 8 hours.

For workplaces which fall under the specific operating conditions which require more than 8 hours of uninterrupted work process (the specific list of works is to be determined by the Government of Georgia on the basis of consultations held with social partners)(the law allows 48 working hours per week, without it being considered as overtime work.

The normal working hours do not include breaks and rest periods. (LC Article 24). Additionally, if employer's activities require an uninterrupted working process, then shift work can be considered, however the employer should grant at least 12 hours of rest in between shifts (LC Article 25).

Working hours for children between 16-18 years are limited to 36 hours per week and for children between 14-16 years to 24 hours a week maximum (LC Article 24).

There is no strict limitation for shift workers, apart from the fact that the duration shall be determined by a shift schedule made up by an employer and which is based on work specificities and it is prohibited to work in two consecutive shifts. The requirement for 12-hour minimum rest between shifts (as per LC, Art 24 above) apply. The employer should notify the employee about the shift schedule at least 10 days in advance, unless that is impossible during an emergency (LC article 25).

Working at night (night is considered to be between 22:00 and 6:00) is prohibited for minors, pregnant women, women who recently gave birth, nursing mothers. Express consent is required for official caregivers of children under the age of 3, as well as persons with disabilities to work at night (LC article 28).

### **Overtime**

There is currently no limitation as to the maximum overtime per week. Overtime is considered to be the time in which the work is performed by the employee based on the agreement between the parties during the period which goes beyond the normal weekly working hours, such as 40 hours, and 48 hours in sectors regulated by the secondary regulation, as well as 36 and 24 respectively for minors (with a maximum of 2 hours per day and 4 hours per week), and is subject to compensation on hourly basis at an increased pay rate, subject to the agreement of the parties but together with the monthly remuneration payable after the performance of the overtime work. Instead of overtime compensation payment, additional leave days can be provided but no later than 4 weeks after the work has been performed, unless that is impossible due to reasonable factors in place (LC Article 27). The law does not explicitly provide what should be an increased pay rate for overtime.

Overtime is obligatory without payment only when it is required for prevention of natural disasters and/or elimination of underlying consequences; with adequate remuneration when it is required for prevention of industrial accidents and/or elimination of their consequences.

It is prohibited to request overtime for the following categories of employees without their consent: pregnant women, women who recently gave birth, persons with disabilities, minors, persons who have children younger than 3 years old, legal representatives of care takers of persons with disabilities.

### **Rest period**

The Labor Code sets a requirement of a minimum of 12-hour rest between working days or shifts. (LC article 24.4)

In addition, there is a requirement for a minimum weekly rest – 24-hour uninterrupted rest period in a seven-day period, or if the parties agree, the employee may have two 24 -hour rest in a row (effectively 48 hours) in a 14-day work period. (LC Article 24.7)

Additional breaks are available for vulnerable groups such as nursing mothers and mothers with children under 12 months, who may benefit from additional one-hour break per day. This time is to be deemed as working time and is subject to regular remuneration (LC article 24).

### **Annual leave**

The law sets a minimum of 24 paid working days per year as annual leave. Additional 15 calendar days could be taken as unpaid leave (LC article 21). Leave does not include a period of temporary disability, and maternity leave. There are around 13 public holidays determined by Labor Code and if work falls under these days, they must be deemed as overtime work for employees (LC Article 30). Additional paid leave of

10 calendar days are provided for employees working under the harsh, harmful, or hazardous<sup>63</sup> labor conditions (LC article 31.3).

### **Maternity leave**

**Paid** Maternity and child-care leave is granted for 126 calendar days to women or 143 days in the event of complications or multiple births. This period may be spread between pregnancy and postnatal periods upon employees' discretion. Additional 604 calendar days may be requested as parental leave, of which 57 calendar days should be paid. ) The parental leave can be used by either the mother or the father of the child. Whilst the initial 143 days (maternity and child-care leave) is an exclusive right of the mother, any unused days from this category of leave can be utilized by the father (LC article 37). In the event of new-born adoption, when a child under 12 months is adopted, employee is entitled to 550 calendar days of leave, of which 90 calendar days are paid (LC article 38).

Further, the payment of the maternity, child-care leave and new-born adoption leave shall be paid from the state budget of Georgia in the form of one-off cash allowance, covering the duration of their paid leave, in the amount of GEL 1000. An employer and employee may also agree on additional payments in this regard (LC article 39).

### **Written Notice and payments on termination**

The employer has an obligation to issue a prior written notice of 30 calendar days and make severance payment of at least one month's salary within 30 calendar days after terminating the contract. The employer may issue a prior written notice of 3 calendar days', however in this case the severance payment would be in the amount of at least two months' salary payable within 30 calendar days after terminating the contract. Accrued but unused annual holiday shall be paid to the employee in the event of termination of the contract (LC article 48).

Collective redundancy is defined as termination of employment agreement for 30 days by the employer which is not caused due to employee's behavior or by the expiry of the employment agreement and if at least 10 employees are made redundant (where there are between 20-100 employees in place) or not less than 10% are made redundant where there are more than 100 employees.

In the event of collective redundancies employers shall first of all launch consultations with employee unions. The employer must notify in writing the Ministry of Labor, Health, and Social Affairs of Georgia and the employees whose labor agreements are terminated, at least 45 calendar days before retrenchment. The redundancies become effective after 45 calendar days since the notification date (LC Article 49).

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<sup>63</sup> *The Resolution 381 of the Government of Georgia on approving the list of heavy, harmful and hazardous works with increased danger (July 2018)* provides an extensive list of sectors and types of works which are considered heavy, harmful and hazardous such as construction and civil construction related works, mining, extraction of metal, oil and natural gas, production of basic materials, production of electrical and transport equipment and machines, electricity and gas supply, chemical, rubber, plastic and pharmaceuticals production, timber processing, forestry related works, textile and furniture production, food production, works related to transport sector, works related to water supply, sewerage, waste management, and pollution cleaning.



The Labor Code does not provide for the formula for calculating severance payment in case of retrenchment.

In the event of transfer of an undertaking (merger or acquisition), the existing employment agreements should not be terminated due to the transfer. Instead, all the employment rights and obligations born by the transferor are transferred on to the new employer. In such cases employees' associations should be informed of the upcoming transfer to ensure the smooth transfer of employees into a new form of the enterprise by participating in consultations on behalf of employees. The receiving counterparty shall therefore be obliged to respect the employment relations during the one year since reorganization. (LC Article 50).

### **Labor disputes**

The law defines the procedure for individual disputes as conciliation and states that it must be resolved under conciliation procedures between the parties, implying direct negotiations between an employee and employer. If a party opts for this procedure, it should notify the other one in writing about initiation of conciliation procedure, along with statement of grounds for potential dispute and nature of claims. The other party will have 10 calendar days to respond. Third parties, such as employee representatives may get involved in this process in due course. Representatives or parties shall make a decision in writing that shall become a part of the existing labor agreement. Failure in reaching an agreement within 14 calendar days since the initial notification will enable the party to refer the dispute to court. If any of the parties has avoided participation in the conciliation procedure within those 14 days, the burden of proof shall fall on them for determining the facts of dispute (LC article 62). However, the conciliation procedure does not prevent employees to use available judicial mechanisms to protect their labor rights

### **Minimum age of employment**

The minimum employment age is 16 years. Children under the age of 16 can enter into an employment agreement with the consent of their legal representative or custodian, given it does not harm them in any way and does not hold minors from acquisition of education. Children under the age of 14 can enter into employment only in connection to sports, arts, culture and performance of certain advertising work (LC Article 10). However, the law does not require employers to carry out additional risk assessment of working conditions for persons from 16 to 18 years and to implement additional protection measures.

Persons below the age of 18 are prohibited to be engaged in hazardous, harsh and harmful work and night work. Minors are prohibited from being employed in work relating to gambling, nightclubs, erotic or pornographic products, pharmaceutical and toxic substances.

### **Forced labor**

The Labor Code prohibits forced labor (LC Article 2). In addition, Georgia ratified the ILO Forced Labor Convention and the convention is currently in force. Law of Georgia on Combating Human Trafficking explicitly sets out prohibition of human trafficking and provides preventive measures as well as actions to be taken against trafficking across the country. The Criminal Code of Georgia lists different categories of trafficking as criminal offences and sets punishment ranging from 3 to 20 years imprisonment depending on specifics and circumstances of the offence.

**In summary, there are several areas where national legislation is either partially aligned with ESS2, or the implementation modality is not well defined.** The Labor Code does not prescribe the rate of increase for overtime work. There is no requirement for employers to carry out appropriate risk assessment when employing a child between ages of 16 and 18 years, as required by the ESS2, nor to monitor how the protective measures for young workers are implemented. While the Labor Code provides for an optional conciliation procedure, there is no specific requirement for employers to establish a workers' grievance mechanism.

**The following issues are identified as a gap with ESS2: Labor and Working Conditions requirements.** The Labor Code does not provide for a minimum wage. The limit on maximum overtime hours is not included in the law, and there is no clear provision on weekly rest period. The formula for calculating the severance payment in instances of collective redundancies is not provided, which may create a risk of social insecurity for workers who are dismissed. The law allows that termination payments and other statutory benefits are paid to the workers within 30 days for termination, while the ESS2 requires these payments to be made before the termination of employment.

#### **4. Brief Overview of Labor Legislation: Occupational Health and Safety**

The Constitution of Georgia establishes a fundamental right to safe working conditions (Article 26).

Georgia's Law on Labor Safety (2019 "LS") defines general principles of basic requirements and preventive measures that are related to occupational health and safety (OHS) at the workplace, the existing and anticipated risks, prevention of accidents and occupational diseases, training, informing, and consulting of the employees, and their equal engagement in the occupational health and safety protection issues.

The law applies to all areas of economic activity, including the labor relations as determined by the Labor Code and the Law of Georgia on Civil Service. The law applies also to category of workers who are employed for the period shorter than three months and do not have written contracts. The law does not apply to defense, intelligence, and security agencies nor to labor activities during the emergency and martial law.

##### **Responsibilities of the Employer**

To ensure due compliance with OHS, the employer is required to carry out risk assessment, which aims to identify hazards at the workplace and associated preventive measures. The employer is required to carry out risk assessment at all stages of work process, in order to eliminate or reduce possible risks, and should update the risk assessment document on regular basis. Risk assessment documents should be kept duly by the employer. The employer is required to develop and implement procedures to establish and maintain a safe working environment, including that workplaces, machinery, equipment and processes under their control are safe and do not imply risk to health. This also includes use of appropriate measures related to chemical, physical and biological substances and agents, and obligation to carry out periodic control of safety conditions and checking the status of technology/equipment.

Whenever avoidance of health and safety hazards is not possible, the employer shall provide appropriate protective measures. These measures include controlling the hazard at the source using protective solutions and providing adequate personal protective equipment (PPE) at no cost to the employees.

Employers are obliged to assign safety officers to the workplace. A workplace with fewer than 20 employees may have one of the existing employees to additionally cover the health and safety compliance functions, provided that they have undertaken a certified training. Workplaces with 20 to 100 employees are required to employ at least one safety officer. As for the workplaces with over 100 employees, the law requires at least two safety officers.

The employer is responsible to provide OHS training to employees in language understandable to them on: a) general principles of health and safety as set out by the law; b) working procedures, equipment, machinery and manual and instructions for the use and repair of equipment; c) emergency situations and evacuation plans and their implementation activities; d) existing threats and risks and also on measures to be taken with regards to overcoming such situations. The training must be provided to employees a) at the start of their employment, but before they actually commence the work; b) in the event when employee is placed on another job; c) prior to the launch of new technological process and work methodology, as well as the use of new machinery and/or before the change in the production process; d) as part of the continuous training process, which requires conduct of training repeatedly.

The law does not explicitly require the employer to maintain training records. Trainings on occupational health and safety are delivered at employer's expense, and the time spend in training counts as working hours.

Subject to the size of the workplace, the employer is also responsible to provide the following information to its employees and employee representatives on: a) occupational risks and hazardous industrial factors which are specific to the workplace and which may potentially cause impact on health of employees and measures taken by the employee for prevention purposes; b) emergency situations, evacuation plans and activities to be carried out in the event of increased danger, as well as procedures and measures to be followed during accidents and fire; c) prohibitions on entering the premises, remaining in the premises or carrying out work, which may pose risk for life and/or health of employees.

Employers can restrict access to workplace to the employee who is under the influence of alcohol, drug or psychotropic substances.

### **Reporting on accidents, fatalities, injuries**

The employer is responsible to record accidents, instances of professional diseases and dangerous accidents and provide such information to employees or their representatives upon request (LS Article 5.1). Initially the reporting obligation of accidents rests with employees, who are responsible to notify the employer of the accident immediately along with any relevant material information about the accident. The employer is then obliged to take immediate necessary measures in order to prevent further threat to health and life; preserve the workplace where the accident took place for formal investigation purposes, unless it is necessary to take measures to further protect life and health of workers or to prevent serious economic loss. During the first 24 hours from the accident, the employer should notify the relevant authorities including respective trade unions and employee representatives; law enforcement bodies (police) and Labor Inspectorate in cases of medium, severe, fatal and mass accidents.

The employer also has the responsibility to keep a log of accidents and occupational diseases at workplaces.

In addition, the employer should keep evidence about medium gravity accidents, severe, fatal and massive accidents, which should contain data required for accurate description of accident if consequences of accident show up at a later stage.

### **Provision of workers' insurance in instances of injuries, fatalities disability and disease**

LS Article 5.9 requires the employer to provide workers with insurance against accidents at employer's expense. This obligation applies only to workers who are employed in heavy, hazardous and dangerous works, as pre-defined by bylaw issued by the Minister of MoILHSA. The provision does not specify the instances as to accidents, fatalities, disabilities or injuries and is limited to accidents only. Accident is defined as an accident which took place during the working process or in connection to the working processes and which resulted in a health injury to the worker or a third person, limitation or loss of work ability, fatality case or declaration that the worker or other persons are missing. The employee is entitled to compensation for the damage as a result of the accident at a workplace, including professional injury. (LS Article 10.1.e)

However, the employer is exempted from liability, if the accident at the workplace was caused by circumstances which could not have been considered in advance or if it was beyond the control of the employer, or because of the predictable circumstances, which could not be prevented despite employer's attempts (LS Article 5.13).

### **Preventive and protective measures**

At all stages of work the employer should assess risk and take necessary steps to eliminate or reduce risks to health by: a) making sure that the existing risks are being avoided; b) evaluating those risks and threats, which cannot be avoided; c) making sure that the risk factors are eliminated or reduced; d) given the possibility, replacing the risk factors with safe or less dangerous factors; e) elaborating a consistent safety policy of the preventive measure; f) adapting working environment to provide safe conditions for workers; g) ensuring uninterrupted and proper functioning of protection and control system; h) equipping the employees/other persons present at the workplace with necessary effective individual protection gear free of charge to protect their life or health, and ensure they are clean and in proper technical operational mode; i) ensuring preventive and periodic medical check-up of the employees; and j) restricting those employees from entering workplace who are under alcohol or drug influence (LS Article 6).

### **First aid facilities and fire safety**

The employer is obliged to implement necessary measures in order to provide first aid, fire safety and evacuation, as well as establish immediate communication with emergency, ambulance services and respective authorities. The employer does not have the right to request an employee and other persons present in the work area to continue working as long as the increased or imminent threat is present. Employees shall not be put in the disadvantaged position for leaving work area and/or territory under the risk during the increased threat and should be protected from the negative consequences (LS Article 8).

### **OHS risks which may be specific to female workers**

Article 5.7. Prohibits the employer from employing pregnant women or women who are breastfeeding, in positions, which may bear high risk or/and be harmful for the mother or child. The list of such jobs is determined by separate bylaw passed by the Minister of Labor in consultations with Tripartite Commission.

### **Right and responsibility to report unsafe situation, right to leave the workplace and prohibition of retaliation for reporting**

Employees are responsible for reporting the unsafe situations to employers, including accidents and they are granted a right to report to occupational safety officer, labor inspectorate or employee representative if occupational health and safety regulations are not duly complied with (LS Article 10.1).

Employees have a right to refuse to perform task or instruction assigned by the employer, which is in contradiction with law, or which due to breach of occupational safety and health regulations may trigger risk for employees. Employees are entitled to leave the workplace in the event of danger (LS Article 10.1).

It is forbidden to dismiss an employee from their job, or to place them in a less advantageous position compared to other employees if such employees exercise rights of reporting or leaving the workplace during the threat of danger (LS Article 10.2).

### **Collaboration and consultations with project workers on OHS**

Article 9 of the law is entirely dedicated to consultations and participations of employees in the issues of occupational health and safety. The employer has to make sure that employees and/or their representative are involved in the resolution of the issues, by holding consultations with them and granting employees with the right to bring up an issue of concern. The law recognizes the right of employees to elect a representative in order to participate in consultations on occupational safety and health.

In the event that employees of several workplaces work together, each employer involved in this work process is to cooperate with other employers with regards to compliance with occupational health and safety regulations as well as hygiene norms. The employers should also ensure the coordination of their activities according to the specifics of the work, with regards to the occupational health and safety risk prevention. Employers should also exchange and share relevant information regarding health and safety and professional risks. And finally, it should be ensured that employees and representatives of employees are duly informed of relevant issues (LS Article 5.8).

### **Facilities for workers**

The law does not elaborate much on facilities and accommodation for workers. It is limited to general obligation of the employer to cover all the costs associated with the occupational health and safety and hygiene at workplace (LS Article 7). The law does not require separate facilities for men and women, and it does not address the requirements for workers' accommodation.

### **System for regular OHS review**

Under a general requirement set out by Labor Safety Law, the employer has an obligation to ensure health and safety at workplace. As part of this obligation, employer needs to abide by the requirements set out by

the law, make sure that employees' health and safety is not exposed to risks of negative impact. The law requires the employer to regularly carry out control of safety condition of technical equipment as well as maintenance and cleaning of the individual protection gear, proper use and if needed timely replacement of it. In addition the employer should be carrying out measurement and evaluation of such factors in the work environment as: a) physical factors (including temperature, humidity, speed of the air movement, heat emission; non-ionizing emissions; ionizing emission; industrial noise, ultrasound, infrasound, vibration, mostly phylogenous aerosols (dust), inadequate lighting, air (gas) ions; b) chemical factors (including certain substances received as a result of chemical synthesis (antibiotics, vitamins, hormones, ferments, protein specimen) and/or those substances, which need the methods of chemical analysis for controlling them). The law requires employers to document occupational hazards and report on accidents. However, the law is not explicit about the requirements to document specific incidents such as project-related occupational injuries, illnesses, and lost time injuries (LTI).

**While the Labor Safety Law addresses the main ESS2 requirements related to occupational health and safety, the coverage of certain requirements is partial.** The law is applicable to all economic sectors, it does not require employers to keep the workers' detailed OHS training records, provide facilities including access to canteens, hygiene facilities, areas for rest separate facilities for men and women.

## 5. Responsible Staff

MoILHSA PIU shall be responsible for overall supervision and coordination for project implementation, as well as for monitoring and reporting on the project, and especially for implementation of this Environmental and Social Management Framework and the Labor Management Procedure.

MoILHSA PIU will be responsible for the following:

- Implement this labor management procedure and apply its' policies and procedures to project workers
- Ensure that contractor(s) responsible for repair and refurbishment works, and health care facilities are compliant with this labor management procedure
- Monitor that the contractors are meeting obligations towards contracted and sub-contracted workers as included in the General Conditions of Contract the World Bank Standard Bidding Documents, and in line with ESS2 and national labor code
- Maintain records of recruitment and employment process of direct workers (this can include only records on PIU staff and consultancy services during Project implementation)
- Monitor employment process of contracted workers (Civil works contractors) to ensure it is carried out in accordance with this labor management procedure and Labor Code of Georgia
- Monitor that occupational health and safety standards are met at workplaces in line with national occupational health and safety legislation, ESS2 OHS requirements and WHO and WB guidelines on COVID-19 prevention
- Monitor training of the project workers on OHS, SEA/SH prevention, and any other required trainings
- Ensure that the grievance mechanism for project workers is established, monitor and report on its implementation
- Monitor implementation of the workers Code of Conduct
- Establish and implement a procedure for documenting specific incidents such as project-related occupational injuries, illnesses, and lost time accidents. Maintains such records and requires all

third parties to maintain them. Such records will form an input into the regular review of OHS performance and working conditions.

- In instances of medium, severe, fatal and mass accidents, inform the law enforcement bodies and Labor Inspectorate, and the World Bank
- Update this labor management procedure when necessary in the course of implementation of the project, as well as in case the domestic legislation changes in any aspects of importance for the LMP.

The Contractors including HCF shall be responsible for the following:

- Ensuring compliance of their policies and procedures with national legislation on labor and OHS
- Ensuring compliance with this labor management procedure, including establishment and maintenance of grievance resolution mechanism for contracted workers with the requirements of this LMP;
- Communicating job description and employment conditions to contracted workers;
- Implement training of medical and non-medical staff on the latest WHO advice and recommendations on the COVID-19 infection prevention;
- Raise awareness and ensure that all workers (medical and non-medical staff) participate in trainings in mitigating the spread of COVID-19;
- Introduce and ensure that posters, which describe respectful behavior, are placed in medical/isolation (quarantine) centers and address both patients and medical staff. In case of any unwelcome conduct, the posters shall include a telephone number for reporting such incidents.
- Carry out health checks of workers to prevent COVID-19
- Maintain records of recruitment and employment process of contracted workers
- Communicate clearly job description and employment conditions to contracted workers and provide them with one copy of the employment contract
- Develop, implement and maintain workers' grievance mechanism and address the grievance received from the contracted and sub-contracted workers
- Have a system for regular review and reporting on labor, and occupational safety and health performance
- Deliver regular work induction trainings including but not limited to OHS, HSE, social induction, SEA/SH prevention training to employees.
- Provide workers with relevant PPE equipment due to WHO recommendations and WB EHS Guidelines for Healthcare Facilities
- Establish and implement a procedure for documenting specific incidents such as project-related occupational injuries, illnesses, and lost time accidents. Maintain such records.
- In instances of medium, severe, fatal and mass accidents, inform the law enforcement bodies and Labor Inspectorate.
- Monitor, supervise, and report on health and safety issues relating to COVID-19 (COVID-19 focal point).

## 6. Policies and Procedures

The policies and procedures shall enable achievement of objectives of ESS2 and to address identified labor and OHS risks.

As specified in Labor Code of Georgia, the employment of project workers will be based on the principles of non-discrimination and equal opportunity. There will be no discrimination with respect to any aspects of the employment relationship, such as recruitment, compensation, working conditions and terms of employment, access to training, promotion or termination of employment. The following measures will be developed by the contractors (including HCF) and monitored by the PIU and supervision consultant to ensure fair treatment of all employees:

- As per Labor Code requirements, recruitment procedures will be transparent, public and non-discriminatory with respect to ethnicity, religion, sexual orientation, disability, gender, and other grounds included in the Labor Code.
- Applications for employment will be considered in accordance with the application procedures established by the contractors.
- Clear job descriptions will be provided in advance of recruitment and will explain the skills required for each post.
- All workers will have written contracts describing terms and conditions of work and will have the contents explained to them. Workers will sign the employment contract. Terms and conditions of employment will be available at work sites.
- In addition to written documentation, an oral explanation of conditions and terms of employment will be provided to workers who may have difficulties with understanding the documentation.
- Unskilled labor will be preferentially recruited from the affected communities, settlements and municipalities.
- All project workers are entitled to a regular salary, as well as to compensation of salary for periods of absence from work or specific conditions of work (nighttime work, overtime work, work during holidays, etc).
- All project workers are entitled to rest during working hours, daily rest, weekly rest and annual holidays as prescribed under the law;
- Employees will be informed at least two months before their expected release date of the coming termination. If more than 100 workers will be terminated within 15 days period, the contractors will notify in writing the MoILHSA at least 45 calendar days before retrenchment.
- All personnel engaged in the project must be of the age of 18 years or more. PIU will include in contracts that all contractor (and subcontractor) personnel must be of the age of 18 years or more.
- Contractors and HCF shall implement measures of prevention and protection at work and organization of training for workers in accordance with WHO guidelines;
- HCF shall place posters on hand hygiene at the entrance to the workplace and other areas (such as canteens, meeting rooms, etc.);
- Contractors and HCF shall provide workers and visitors with easily accessible places where they can wash or disinfect their hands;
- Contractors and HCF shall enforce PPE guidelines, provide workers with task-appropriate PPE and consider not to assign senior workers and workers with serious chronic medical conditions to front-line work;



- Contractors and HCF monitor and assess physical and mental health of workers;
- Work shall be organized in a way to allow for physical distancing of at least 2 meters from other people, if possible;
- Organize virtual meetings/trainings instead of face-to-face meetings/trainings;
- Obtain adequate supplies of medical PPE, including gowns, aprons, curtains; medical masks and respirators (N95 or FFP2); gloves (medical, and heavy duty for cleaners); eye protection means (goggles or face screens); hand washing soap and sanitizer; and effective cleaning equipment. Where relevant PPE cannot be obtained, the plan should consider viable alternatives, such as cloth masks, alcohol-based cleansers, hot water for cleaning and extra handwashing facilities, until such time as the supplies are available
- Train medical staff on the latest WHO advice and recommendations on the specifics of COVID-19
- Conduct enhanced cleaning arrangements, including thorough cleaning (using adequate disinfectant) of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, common areas, including door handles, floors and all surfaces that are touched regularly
- Train and provide cleaning staff with adequate PPE when cleaning consultation rooms and facilities used to admit and treat infected patients
- Implement a communication strategy/plan to support regular communication, accessible updates and clear messaging to health workers, regarding the spread of COVID-19 in nearby locations, the latest facts and statistics, and applicable procedures.
- The Borrower will inform the Bank within 48 hours about any incident or accident related to the project which has, or is likely to have a significant adverse effect on the environment, the affected communities, the public or workers (labor, health and safety, or security incident, accident or circumstance), but no later than three calendar days after the occurrence of the event. Such events can include strikes or other labor protests, serious worker injuries or fatalities, project-caused injuries to community members or property damage. The Borrower will prepare a report on the event and the corrective action and submit to the Bank within 30 calendar days of the event.
- The contractors will be required to provide the periodic information on the performance in terms of labor, occupational health and safety issues.
- In addition, the contractor shall report to the Borrower about any inspections and audits carried out by the respective ministries such as the Labor Inspection. The findings of the labor audits will be presented to the Borrower and the Bank, if requested.

All contractors and sub-contractors are required to meet OHS standard requirements under this project. The standards will be consistent with local regulations, WBG EHS guidelines and GIIP (Good International and Industry Practices). The following OHS standard requirements should as a minimum be included in the OHS Plan to be prepared by the contractors:

Risk Assessment Procedure;

- Work permitting for hazardous work (working at heights, hot work, work on energized lines, work within confined spaces);
- Golden rules for life threatening works;
- Emergency response procedure;
- Fall prevention and working at heights;
- Excavations safety, Ladders and scaffolders safety; welding and cutting safety; Cranes, Derricks, and forklifts safety; power and hand tools safety;

- Respiratory prevention to chemical and airborne hazards (including dust, silica and asbestos); Electrical safety (hazardous energies control, lock out tag out, energy verification, safe distance work, wiring and design protection, grounding, circuit protection, arc fault protection, Electrical safety, PPE and dielectric tools); hazards communication; Noise and vibration safety; Steel erection safety; fire safety; material handling safety; concrete and masonry safety;
- Construction PPE;
- OHS training;
- Refuse to work policy.

In addition, occupational health and safety plans, will among other issues, should include the following: the construction contractor will define an OHS accountability matrix for all staff including Project manager, contract manager, OHS staff, foremen, and all employees with clear roles and OHS responsibilities. Each Contractor must have its own OHS staff that will be responsible for the implementation and supervision of the OHS program. Contractors will provide a safe workplace, therefore a risk assessment will be completed before the commence of any construction activities, and safety measures will be implemented in accordance with applicable safety standards. PPEs and other preventive measures will be provided at no cost for employees. All employees will strictly follow Golden rules<sup>64</sup> for life threatening works (OHS rules that cannot be broken in any circumstances), which will be enforced under contractual matrix of consequences. There will be a construction OHS committee with representatives of employees, the Borrower and all subcontractors. Bi - weekly OHS meetings will be conducted to discuss preventive measures, deviations and non-compliances, accidents and corrective actions. Contractors will conduct internal OHS surveys and audits to verify compliance of OHS practices. Non-compliances will be documented and reported internally. A time frame for a corrective action will be set and followed up. Daily OHS briefings will be conducted before the commencement of the works highlighting the hazards and preventive measures from each job. Contractors will document and report to the Borrower all accidents and illness with a day lost or more, fatalities or serious injuries that may happen at the work site. There must be on site resources for first aid and for more serious injuries there must be a pre-approved health facility for medical treatment, as well as appropriate transportation of injured workers. Projects with major civil works should have medical doctor on site. Contractors will control the access to the construction site only to authorized people and verify if workers are meeting training and accreditation requirements in accordance with the set training standards and applicable regulatory requirements (I .e. in many countries truck drivers, crane and derrick operators must be accredited, as well as electricians. Workers must be trained to perform hazardous works such as working at heights, confined spaces, welding etc.). All workers must complete at minimum an OHS induction to have access to the construction site.

If accommodations are provided for workers, Contractors will ensure that they are provided in good hygiene standards, with fresh drinking water, clean beds, restrooms and showers, clean bedrooms, good illumination, lockers, proper ventilation, safe electrical installation, fire and lightening protection, separate cooking and eating areas. There will be separate facilities provided for men and women.

The Supervision Consultant will conduct periodic supervision of contractor's OHS performance, including site visits, at least monthly and weekly in case of large infrastructure works. These supervisions will cover

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<sup>64</sup> Golden rules usually address issues such as work at heights, work in confined spaces, excavation work, PPE, system of work permits, lifting, working on powered systems, traffic, work in high-risk situations, etc. Employers should define their Golden rules in accordance with the nature of work.

compliance with above mentioned standards, accidents, violations of golden rules, recommendations, and progress of ongoing corrective actions. GSE will include in the contract(s) as requirement for contractors to report on issues such as number of accidents rates, severity rates, number of recurring non-compliances, violations of Golden rules, fatalities and serious injuries; and penalties for non-completion.

The supervision consultant will review and approve contractors' safety plans and procedures.

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

The contractors will be required to provide the periodic information on the performance in terms of labor, occupational health and safety issues. The information will be included in the construction contractor's monthly report and will be reviewed by the supervision consultant's team.

In addition, the contractor shall report to the Borrower about any inspections and audits carried out by the respective ministries such as the Labor Inspection. The findings of the labor audits will be presented to the Borrower and the Bank, if requested.

## **Measures for COVID-19 Prevention**

### **(a) ASSESSING WORKFORCE CHARACTERISTICS**

- 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 12 days or (if that is not possible) isolating such worker for 12 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 12 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 shall 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.
- 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.
- Develop procedure for the measures to be taken if a worker infected 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.
- 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 COVID-19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms.
- Workers should continue to be paid throughout periods of illness, isolation or quarantine, or if they are required to stop work, 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 proactive 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 months 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, 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).

## **7. Age of Employment**

The minimum working-age in this project will be the age of 18 years. The national legislation prohibits child labor. The labor law prohibits persons under the age of 18 years to be engaged in hazardous work.

The contractors will be required to verify the age of all workers. This will require workers to provide official documentation to verify age such as a national identification card, passport, driver's license, birth certificate, valid medical or school records.

If a child under the minimum age is discovered working on the project, measures will be taken to immediately terminate the employment or engagement of the child in a responsible manner, taking into account the best interest of the child.

## **8. Terms and Conditions**

The terms and conditions of employment or engagement of the project workers should be in line, at minimum, with this labor management procedure, and National Labor Code of Georgia and must meet inter alia the following standards:

- These terms and conditions of employment will

- The project workers shall have employment contracts in writing that contain a description of conditions of employment;
- The project workers shall be entitled to a regular salary, as well as to compensation of salary for periods from work or specific condition of work (nighttime work, overtime work, work with difficult working conditions, work during weekends and holidays);
- The project workers will work 8 or fewer hours a day, with payment for overtime;
- Any work longer than 8 hours is considered overtime work;
- The project workers shall be entitled to a weekly rest of at least 24 consecutive hours;
- The work hours are 40 hours per week.
- The overtime hours will be a maximum 10 hours per week.
- Overtime hours will be paid at the rate of at least 1.25 times of the base wage.
- The project workers shall be entitled to annual, sick, maternity and family leave, as required by the national legislation. Where the national legislation does not stipulate entitlement to leaves on any ground (i.e. temporary work), the contracted party will provide the project worker, at his/her request, with a reasonable period of leave taking into consideration all the circumstances;
- Project workers have the right to form or join union or other organizations of their choosing and to bargain collectively, in accordance with the national legislation. The employer (third party) will not interfere with the worker's right to choose the organization or opt for an alternative mechanism to protect their rights regarding working conditions and terms of employment;
- The employer shall provide adequate PPE for project workers and organize OHS training, in line the latest WHO guidelines and recommendations;
- Provide that all wages earned, social security benefits, unused leave time, pension contributions and any other entitlements will be paid on or before termination of employment;
- The project workers shall be able to raise their grievances using the grievance mechanism in the manner described in Chapter on Grievance Mechanism.

The contractors' labor management procedure must set out terms and conditions for the contracted workers. These terms and conditions should be in line, at minimum, with this labor management procedure, national Labor Code and General Conditions of the World Bank Standard bidding documents and comparable industry standards.

## 9. Grievance Mechanism

All complaints and grievances of direct workers including PIU staff and civil servants employed by MoILHSA and other state agencies involved in the Project implementation will be redressed according to the GRM developed in the Stakeholder Engagement Plan of the Georgia Emergency Covid-19 Response Project. Direct workers are able to address their concerns at the Tier 2 (PIU/Ministry level) of level 1 of GRM. The complaints in written form can be submitted to MoILHSA office on the following address: 144 Ak. Tsereteli Ave. Tbilisi 0119, Georgia or sent electronically through the following email -

info@moh.gov.ge . In addition, for the facilitation of the channels to file complaints to MoILHSA, the e-mail PIU@moh.gov.ge was created. Each case, depending on its nature will be followed up including directing the issue to the appropriate person within MoILHSA and the PIU.

The complaints of contracted workers of beneficiary healthcare and quarantine facilities should be addressed at tire one of the same GRM, operating in beneficiary healthcare and quarantine facilities. PIU will require contractors to develop and implement a grievance mechanism for their workforce including sub-contractors, prior to the start of works. The construction contractors will prepare their labor management procedure before the start of civil works, which will also include detailed description of the workers grievance mechanism.

The workers grievance mechanism will include:

- a procedure to receive grievances such as comment/complaint form, suggestion boxes, email, a telephone hotline;
- stipulated timeframes to respond to grievances and to address cases;
- a register to record and track the timely resolution of grievances;
- a responsible department to receive, record, address and track resolution of grievances.

The Supervision Consultant will monitor the contractors' recording and resolution of grievances, and report these to PIU in their monthly progress reports. The process will be monitored by the GRM Focal Point, a Social Standards Specialist of PIU who will be responsible for the project GRM.

The workers grievance mechanism will be described in staff induction trainings, which will be provided to all project workers. The mechanism will be based on the following principles:

- The process will be transparent and allow workers to express their concerns and file grievances.
- There will be no discrimination against those who express grievances, and any grievances will be treated confidentially.
- Anonymous grievances will be treated equally as other grievances, whose origin is known.
- Management will treat grievances seriously and take timely and appropriate action in response.

Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards, the presence of "suggestion/complaint boxes", and other means as needed.

The Project workers' grievance mechanism will not prevent workers to use conciliation procedure provided in the Labor Code or any other judicial mechanisms.

## **10. Contractor Management**

The Borrower will use the Bank's 2017 Standard Procurement Documents for solicitations and contracts, and these include labor and occupational, health and safety requirements.

As part of the process to select design and build contractors who will engage contracted workers, the PIU and/or the supervision consultant may review the following information:

- Information in public records, for example, corporate registers and public documents relating to violations of applicable labor law, including reports from labor inspectorates and other enforcement bodies;
- Business licenses, registrations, permits, and approvals;
- Documents relating to a labor management system, including OHS issues, for example, labor management procedures;
- Identification of labor management, safety, and health personnel, their qualifications, and certifications;
- Workers' certifications/permits/training to perform required work;
- Records of safety and health violations, and responses;
- Accident and fatality records and notifications to authorities;
- Records of legally required worker benefits and proof of workers' enrollment in the related programs;
- Worker payroll records, including hours worked and pay received;
- Identification of safety committee members and records of meetings; and
- Copies of previous contracts with contractors and suppliers, showing inclusion of provisions and terms reflecting ESS2.

The contracts with selected contractors will include provisions related to labor and occupational health and safety, as provided in the World Bank Standard Procurement Document (SPD) and Georgian law.

The Supervision Consultant will manage and monitor the performance of Contractors in relation to contracted workers, focusing on compliance by contractors with their contractual agreements (obligations, representations, and warranties). This may include periodic audits, inspections, and/or spot checks of project locations or work sites and/or of labor management records and reports compiled by contractors. Contractors' labor management records and reports may include: (a) a representative sample of employment contracts or arrangements between third parties and contracted workers; (b) records relating to grievances received and their resolution; (c) reports relating to safety inspections, including fatalities and incidents and implementation of corrective actions; (d) records relating to incidents of non-compliance with national law; and (e) records of training provided for contracted workers to explain labor and working conditions and OHS for the project.

The PIU through its relevant staff will ensure overall management and supervision Contractors' and Supervision Consultant's activities to ensure social compliance of the project.

## **11. Primary Supply Workers**

The primary suppliers may be both, national and international companies manufacturing goods and materials. Primary supply workers are the workers of companies involved in the provision of medical supplies, PPE, chemicals, reagents, disinfectants on the ongoing basis.

In instances where local suppliers would be engaged, contractors shall be required to carry out due diligence procedure to identify if there are significant risks that the suppliers are exploiting child or forced labor or exposing worker to serious safety issues. In instances where foreign suppliers would be contracted, contractors will be required to inquire during their procurement process whether the supplier has been accused or sanctioned for any of these issues and also their corporate requirements related to child labor, forced labor, and safety. If there are any risks related to child and forced labor, and safety identified, the PIU will prepare the procedures to address these risks.

## Annex VII. 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

- [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
- [General EHS Guidelines](#) most relevant to Georgia Emergency COVID-19 Response:
  - EHS 1.1 – Air Emissions and Ambient Air Quality;
  - EHS 1.3 – Wastewater and Ambient Water Quality;
  - EHS 1.5 – Hazardous Materials Management;
  - EHS 1.6 – Waste Management;
  - EHS 2.3 – Physical Hazards;
  - EHS 2.4 – Chemical Hazards;
  - EHS 2.5 – Biological Hazards;
  - EHS 2.6 – Radiological Hazards;
  - EHS 2.7 – Personal Protective Equipment;
  - EHS 2.8 – Special Hazard Environments;
  - EHS 3.5 – Transportation of Hazardous Materials;
  - EHS 3.6 – Disease Prevention;
  - EHS 4.1 – Environment; and
  - EHS 4.2 – Occupational Health and Safety

## 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. Minutes of Public Consultation Process

### 1. Minutes of ESMF Public Disclosure and consultations held on August 10, 2020

<b>Project:</b>	Georgia Emergency COVID-19 Response Project
<b>Topic:</b>	Environmental and Social Management Framework of the project
<b>Time and Date:</b>	14:00-16:00, August 10, 2020
<b>Location:</b>	MoILHSA Meeting Room F7, #144 A. Tsereteli Av. 0159 Tbilisi
<b>Meeting Format:</b>	Online, Webex
<b>Invitees:</b>	The invitations were sent to more than 60 interested parties, including the project beneficiary hospitals, different departments of the Ministry, interested NGOs and relevant LEPLs.
<b><u>Organization:</u></b>	
<p>ESMF both in English and Georgian was publicly available on MoILHSA web page for 10 days on the following link: <a href="https://www.moh.gov.ge/ka/announcements/275/COVID-19-is-winaaRmdeg-swrafi-reagirebis-proeqtis-bunebriv-da-socialur-garemoze-zemoqmedebis-marTvis-CarCo-dokumentis-sajaro-ganxilva-">https://www.moh.gov.ge/ka/announcements/275/COVID-19-is-winaaRmdeg-swrafi-reagirebis-proeqtis-bunebriv-da-socialur-garemoze-zemoqmedebis-marTvis-CarCo-dokumentis-sajaro-ganxilva-</a> .The documents have been officially submitted to the Governmental and non-governmental environmental and social organizations, for their review and comments, through different networks channels. Correspondence and notification related to ESMF disclosure are attached to these minutes of consultation, Attachment #1.</p> <p>Due to the pandemic situation and recent regulation in the country, the decision has been made to conduct the public discloser meeting online, via Webex online platform.</p> <p>The day before the public consultation meeting, all parties have been reminded regarding the meeting details, along with the corresponding link. Related notification and invitation are attached to these minutes of consultation, Attachment #2.</p>	
<b>Presenters:</b>	<ul style="list-style-type: none"> <li>• Ms. Nino Kvernadze, Project Manager, PIU</li> <li>• Mr. Giorgi Kobaladze, Environmental Standards Consultant, PIU</li> <li>• Ms. Nino Patarashvili, Social Standards Consultant, PIU</li> </ul>

#### **Minutes of Meeting:**

**Nino Kvernadze** made opening remarks, greeted the participants and stated objectives of the meeting. She informed participants briefly, that the project is implemented by the WB and AIIB financing. She explained the objectives and the scope of the Project, it's involved parties and components and importance of environmental and social regulations during the project implementation cycle.

**Giorgi Kobaladze** presented information about environmental and social risks of the project and key types of risks associated to the project activities. He briefly explained the nature of WB's ESMF and project applicable ESS instruments, also local environmental legislations, regulations and requirements. Within the presentation, he briefed WB's EHS guidelines relevant to the project together with GIIP and WHO guidelines what the project will also consider. In the end, he addressed risks mitigation measures which will be applied at the different project implementation phases.

**Nino Patarashvili** made an overview of local legislation and regulations on social and labor affairs in the country. She also addressed ILO fundamental, management and technical conventions and UNECE conventions on access to information, public participation in decision-making and access to justice on environmental matters. She finished the presentation with ES procedures' overview related to project ESMF

After the presentation, participants were given time for questions and comments. Questions mainly were provided from the MEPA and Georgian Solid Waste Company LLC on behalf of the MRDI.

Questions / Comments	Answers
Will the project develop waste management plans for the beneficiary healthcare facilities?	Following the local regulations, hospitals in Georgia should already have their own waste management plans- submitted and approved by the MEPA. If the waste management plan is not in place yet, then it will be prepared during the project.  The scope of the project in that regards is to consult and assist project beneficiaries preparing and updating their Infections Control and Waste Management Plans (ICWMP)
If the project is intending to procure and install X-ray or radiological medical diagnostic devices. It will require additional permissions	Agreed, the project is aware about necessary regulations and related institutional arrangements in that regards.  Prior to the procurement of any X-ray or radiological devices, ESMP will be prepared and necessary permissions will be acquired from the MEPA
Which hospitals will be financed under the project?	Central University Clinic; Regional Healthcare Center; Infectious Hospital; Sachkhere Hospital; Rukhi Hospital; Batumi Hospital. However, this is not the final list of the beneficiary clinics. Some changes might occur.
What were the selection criteria for beneficiary hospitals?	The decision about beneficiary healthcare facilities are made by the MoILHSA, which considers pandemic risks and spatial distribution of facilities throughout the country. In addition, all these clinics addressed the Ministry on their urgent needs for consideration.
When the project will start?	The project has already launched, however some of the project activities will start to perform after finalization of the Project Operation Manual, SEP, ESMF and other project documents (e.g. civil works)

At the end of the meeting, participants were told that final ESMF will be posted and publicly available on the MoILHSA web page.

As it was mentioned above, stakeholders were able to express their remarks on ESMF in written form. A table below lists the remarks received by e-mail and via Electronic Document System:

#	Type of Remark	Page	Content	Originator	Status
1	Comment	10 GV*	About one-off benefit giving rule. Benefit will be provided in both case: present or absent income declaration and registration status at revenue service	MoILSHA	Revised
2	Track Change	12 EV**	Description of Law of Georgia on Water	MEPA	Accepted
3	Track Change	12 GV	About construction process of hazardous landfill in Georgia	MEPA	Accepted
4	Track Change	14 EV	Description of Law of Georgia on Ambient Air Protection	MEPA	Accepted
5	Track Change	15 EV	enriching the list of technical regulation applicable for the project	MEPA	Accepted
6	Track Change	15-19 GV	About amendment dates in certain legislations	MoILSHA	Accepted
7	Track Change	17 EV	Name of the ministry	MEPA	Accepted
8	Comment	17 GV	About EIA exemption procedures for specific projects	MEPA	Considered
9	Track Change	19 GV	About waste management code of Georgia	MEPA	Accepted
10	Track Change	21 GV	About Law of Georgia on Nuclear and Radiation Safety	MEPA	Accepted
11	Track Change	24 GV	Enriching the list of technical regulation applicable for the project	MEPA	partially accepted***
12	Track Change	24 GV	Correction of name of laws	MoILSHA	Accepted
13	Track Change	26 GV	Enriching the list of technical regulation applicable for the project	MEPA	Accepted
14	Track Change	26 GV	About seasonal employment abroad	MoILSHA	Accepted
15	Track Change	28 EV	About sanitation in the country	MEPA	Accepted

16	Comment	28 EV	About wastewater treatment facilities in the country	MEPA	Considered
17	Comment	28 EV	About online registration platform and about SESA roles in eligibility determination for unemployment compensation	MoILSHA	Considered
18	Comment	29 EV	About footnote reference	MEPA	Considered
19	Comment	29-30 EV	Correction of information about number of the landfills in Georgia, number of landfills operated by SWMC, number of landfill holding EIA in Georgia	SWMC	Considered
20	Track Change	28-32 GV	About to widen description of MEPA and agencies and departments on behalf of it	MEPA	Rejected*** *
21	Comment	41 GV	To add description about “Stockholm” and “Rotterdam” Conventions	MEPA	Rejected*** **
22	Track Change	47 GV	About pension age for men and women	MoILSHA	Accepted
23	Track Change	48 GV	About new regulations for TSA	MoILSHA	Accepted
24	Comment	48 GV	Asking for references	MoILSHA	Requested for the WB with this document
25	Track Change	49 GV	Number of persons with disabilities	MoILSHA	Accepted
26	Track Change	51 GV	Inserting additional information about government’s effort against the pandemic	MoILSHA	Accepted
27	Comment	124 GV	About minimum wage defined by presidential decree	MoILSHA	Considered
28	Comment	124 GV	Corrected numeration of paragraph	MoILSHA	Considered

29	Comment	129 GV	Referencing collective dispute mechanisms from labor code 48 article	MoILSHA	Considered
30	Comment	134 GV	About list of specific jobs were pregnant and breastfeeding women are not allowed to work	MoILSHA	Considered
31	Comment	145 GV	Corrected number of days for isolation of suspected cases	MoILSHA	Considered
<b><u>All remarks and comments made in ESMF Georgian version suggesting better wording and translation will be fully accepted and considered</u></b>					

\* GV- Georgian version of ESMF Disclosed

\*\* EV - English version of ESMF Disclosed

\*\*\* Following to the project scope, not all the technical regulations of waste management system in the country is applicable for the project

\*\*\*\* Format of the ESMF is not suitable to fully describe functions, activities and performances of each ministry, departments and agencies

\*\*\*\*\*Neither “Rotterdam” nor “Stockholm” conventions are not applicable for the project

**Attachments:**

**Attachment #1, Correspondence and notification related to ESMF public disclosure:**



საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის,  
ჯანმრთელობისა და სოციალური დაცვის სამინისტრო  
Ministry of Internally Displaced Persons from the Occupied Territories,  
Labour, Health and Social Affairs of Georgia



KA030161307079720

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144 Aknertsis Ave., 0119, Tbilisi, Georgia; Tel: (+995 32) 251 00 11; Hot line: (+995 32) 251 00 26; 15 05; E-mail: info@moh.gov.ge

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საქართველოს გარემოს დაცვისა და სოფლის  
მეურნეობის სამინისტროს

საქართველოს ოკუპირებული ტერიტორიებიდან იძულებით გადაადგილებულ პირთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტრო სამინისტრო მსოფლიო ბანკის მხარდაჭერით ახორციელებს COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტს, რომელიც ხორციელდება მსოფლიო ბანკის პროცედურების შესაბამისად.

მემორანდუმულიდან გამომდინარე, განსახილველად გიგზავნით "ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარხო დოკუმენტს (ESMF)" ქართულ და ინგლისურ ენებზე.

ფართო საზოგადოების ინფორმირებისა და უკუკავშირის მიღების მიზნით, დოკუმენტი ასევე გამოქვეყნებულია სამინისტროს ოფიციალურ ვებ-გვერდზე:

<https://www.moh.gov.ge/ka/announcements/275/COVID-19-is-winaaRmdag-swrafi-reagirebis-proeqtis-bunebriv-da-socialur-garemoze-zemoqmedebis-mat/Tvis-CarCo-dokumentis-sajato-ganxilva>

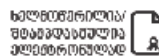
გთხოვთ, თქვენი კომპენტენციის ფარგლებში განიხილოთ წარმოდგენილი დოკუმენტი და მიმდინარე წლის 10 აგვისტომდე მოგვანდოთ თქვენი შენიშვნები და კომენტარები.

დამატებითი ინფორმაციისთვის შეგიძლიათ დაუკავშირდეთ:

ნინო პატარაშვილი, სოციალური სტანდარტების სპეციალისტი  
მობ: +995 577 382292  
ელ-ფოსტა: npatarashvili@moh.gov.ge

გიორგი კობალაძე - გარემოსდაცვითი სტანდარტების სპეციალისტი  
მობ: +995 599 6829834  
ელ-ფოსტა: gkobaladze@moh.gov.ge

მინისტრის პირველი მოადგილე



თამარ გაბუნია



KA030145299505720

№ 01-8284

03 / აგვისტო / 2020 წ.

პოლიტიკის დეპარტამენტს  
შრომის პირობების ინსპექტირების  
დეპარტამენტს  
შიდა აუდიტის დეპარტამენტს  
იურიდიულ დეპარტამენტს  
ადმინისტრაციას

როგორც მოგეხსენებათ, საქართველოს ოკუპირებული ტერიტორიებიდან იძულებით გადაადგილებულ პირთა, შრომის, განმრთვლებისა და სოციალური დაცვის სამინისტრო სამინისტრო მსოფლიო ბანკის მხარდაჭერით ახორციელებს COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტს, რომელიც სორციელდება მსოფლიო ბანკის პროცედურების შესაბამისად.

ზემოაღნიშნულიდან გამომდინარე, განსახილველად გიგზავნით "ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტს (ESMF)" ქართულ და ინგლისურ ენებზე.

ფართო სამოგადოების ინფორმირებისა და უკუკავშირის მიზების მიზნით, დოკუმენტი ასევე გამოქვეყნებულია სამინისტროს ოფიციალურ ვებ-გვერდზე:

<https://www.moh.gov.ge/ka/announcements/275/COVID-19-is-vijnaaRmdge-swrafi-reaqirebis-gnoentis-bunebriv-da-socialur-garemoze-zemoqmedebis-marTvis-CarCo-dokumentis-sajaro-ganxilva->

გთხოვთ, თქვენი კომპენტენციის ფარგლებში განიხილოთ წარმოდგენილი დოკუმენტი და მიმდინარე წლის 10 აგვისტომდე მოგვანოდოთ თქვენი შენიშვნები და კომენტარები.

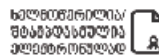
დამატებითი ინფორმაციისთვის შეგიძლიათ დაუკავშირდეთ:

ნინო პატარაშვილი - სოციალური სტანდარტების კონსულტანტი (მობ.: +995 577 382282; ელ-ფოსტა: npatarashvili@moh.gov.ge)

გიორგი კობალაძე - გარემოსდაცვითი სტანდარტების კონსულტანტი (მობ.: +995 599 6829834; ელ-ფოსტა: gkobaladze@moh.gov.ge)

დანართი: ESMF ქართულ და ინგლისურ ენებზე.

პროექტის განმახორციელებელი ერთეულის (PTU) პროექტის მენეჯერი



ნინო კვერნაძე

**From:** Giorgi Kobaladze  
**Sent:** Monday, August 3, 2020 11:17  
**To:** 'info@cenn.org'  
**Cc:** Nino Kvernadze; 'Nino Patarashvili'  
**Subject:** ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტი \_ ESMF

მოგესალმებით,

საქართველოს ოკუპირებული ტერიტორიებიდან იძულებით გადაადგილებულ პირთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტრო სამინისტრო მსოფლიო ბანკის მხარდაჭერით ახორციელებს COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტს, რომელიც ხორციელდება მსოფლიო ბანკის პროცედურების შესაბამისად.

აღნიშნული პროექტისათვის მომზადდა „ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტი (ESMF)“. ფართო საზოგადოების ინფორმირებისა და უკუკავშირის მიღების მიზნით, დოკუმენტი გამოქვეყნებულია სამინისტროს ოფიციალურ ვებ-გვერდზე: <https://www.moh.gov.ge/ka/announcements/275/COVID-19-is-winaaRmdse-swrafi-reacirebis-proetis-bunebriv-da-socialur-garemoze-zemoqmedebis-marTvis-CarCo-dokumentis-sajaro-ganxilva>

გთხოვთ, თქვენი ქსელის საშუალებით, გაავრცელოთ აღნიშნული ინფორმაცია, რათა ქსელის წევრმა გარემოსდაცვითი ორგანიზაციებმა შეძლონ დოკუმენტის გაგნობა და შესაბამისი კომენტარებისა და შენიშვნების მოწოდება

დამატებითი ინფორმაციისთვის შეგიძლიათ დაგვიკავშირდეთ:

1. ნინო პატარაშვილი, სოციალური სტანდარტების კონსულტანტი  
 მობ.: +995 577 382292  
 ელ-ფოსტა: [npatarashvili@moh.gov.ge](mailto:npatarashvili@moh.gov.ge)
2. გიორგი კობალაძე - გარემოსდაცვითი სტანდარტების კონსულტანტი  
 მობ: +995 599 689834  
 ელ-ფოსტა: [gbobaladze@moh.gov.ge](mailto:gbobaladze@moh.gov.ge)

პატივისცემით,  
გიორგი

**გიორგი კობალაძე**  
გარემოსდაცვითი სტანდარტების კონსულტანტი,  
მსოფლიო ბანკის COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტის განმხორციელებელი ჯგუფი (PIU),  
საქართველოს ოკუპირებული ტერიტორიებიდან იძულებითა, შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტრო  
[www.moh.gov.ge](http://www.moh.gov.ge)

Email: [gbobaladze@moh.gov.ge](mailto:gbobaladze@moh.gov.ge)  
Cell: +995 599 68 98 34

**From:** Giorgi Kobaladze  
**Sent:** Monday, August 3, 2020 11:16  
**To:** 'greenalt@greenalt.org'  
**Cc:** Nino Kvernadze; Giorgi Kobaladze  
**Subject:** ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტი \_ ESMF

მოგესალმებით,

საქართველოს ოკუპირებული ტერიტორიებიდან იძულებით გადაადგილებულ პირთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტრო სამინისტრო მსოფლიო ბანკის მხარდაჭერით ახორციელებს COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტს, რომელიც ხორციელდება მსოფლიო ბანკის პროცედურების შესაბამისად.

აღნიშნული პროექტისათვის მომზადდა „ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტი (ESMF)“. ფართო საზოგადოების ინფორმირებისა და უკუკავშირის მიღების მიზნით, დოკუმენტი გამოქვეყნებულია სამინისტროს ოფიციალურ ვებ-გვერდზე: <https://www.moh.gov.ge/ka/announcements/275/COVID-19-is-winaaRmdse-swrafi-reacirebis-proetis-bunebriv-da-socialur-garemoze-zemoqmedebis-marTvis-CarCo-dokumentis-sajaro-ganxilva>

გთხოვთ, თქვენი ქსელის საშუალებით, გაავრცელოთ აღნიშნული ინფორმაცია, რათა ქსელის წევრმა გარემოსდაცვითი ორგანიზაციებმა შეძლონ დოკუმენტის გაგნობა და შესაბამისი კომენტარებისა და შენიშვნების მოწოდება

დამატებითი ინფორმაციისთვის შეგიძლიათ დაგვიკავშირდეთ:

1. ნინო პატარაშვილი, სოციალური სტანდარტების კონსულტანტი  
 მობ.: +995 577 382292  
 ელ-ფოსტა: [npatarashvili@moh.gov.ge](mailto:npatarashvili@moh.gov.ge)
2. გიორგი კობალაძე - გარემოსდაცვითი სტანდარტების კონსულტანტი  
 მობ: +995 599 6829834  
 ელ-ფოსტა: [gbobaladze@moh.gov.ge](mailto:gbobaladze@moh.gov.ge)

პატივისცემით,  
გიორგი

**გიორგი კობალაძე**  
გარემოსდაცვითი სტანდარტების კონსულტანტი,  
მსოფლიო ბანკის COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტის განმხორციელებელი ჯგუფი (PIU),  
საქართველოს ოკუპირებული ტერიტორიებიდან იძულებითა, შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტრო  
[www.moh.gov.ge](http://www.moh.gov.ge)

Email: [gbobaladze@moh.gov.ge](mailto:gbobaladze@moh.gov.ge)  
Cell: +995 599 68 98 34



**From:** Giorgi Kobaladze  
**Sent:** Monday, August 3, 2020 11:18  
**To:** 'info@greens.ge'  
**Cc:** Nino Kvernadze; 'Nino Patarashvili'  
**Subject:** ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტი \_ ESMF

მოგესალმებით,

საქართველოს ოკუპირებული ტერიტორიებიდან იძულებით გადაადგილებულ პირთა, შრომის, უცხოეთში დასახლებისა და სოციალური დაცვის სამინისტრო სამინისტრო მსოფლიო ბანკის მხარდაჭერით ახორციელებს COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტს, რომელიც ხორციელდება მსოფლიო ბანკის პროცედურების შესაბამისად.

აღნიშნული პროექტისათვის მომზადდა „ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტი (ESMF)“. ფართო საზოგადოების ინფორმირებისა და უკუკავშირის მიზნების მიზნით, დოკუმენტი გამოქვეყნებულია სამინისტროს ოფიციალურ ვებ-გვერდზე: <https://www.moh.gov.ge/ka/announcements/275/COVID-19-is-winaaRmdag-swrafi-reagirebis-proectis-bunebriv-da-socialur-garemoze-zemoqmedebis-marTvis-CarCo-dokumentis-sajaro-ganxilva>

გთხოვთ, თქვენი ქსელის საშუალებით, გაავრცელოთ აღნიშნული ინფორმაცია, რათა ქსელის წევრმა გარემოსდაცვითი ორგანიზაციებმა შეძლონ დოკუმენტის გაგნობა და შესაბამისი კომენტარებისა და შენიშვნების მოწოდება

დამატებითი ინფორმაციისთვის შეგიძლიათ დაგვიკავშირდეთ:

1. ნინო პატარაშვილი, სოციალური სტანდარტების კონსულტანტი  
 მობ.: +995 577 382292  
 ელ-ფოსტა: [npatarashvili@moh.gov.ge](mailto:npatarashvili@moh.gov.ge)
2. გიორგი კობალაძე - გარემოსდაცვითი სტანდარტების კონსულტანტი  
 მობ.: +995 599 6829834  
 ელ-ფოსტა: [ekobaladze@moh.gov.ge](mailto:ekobaladze@moh.gov.ge)

პატივისცემით,  
გიორგი

**გიორგი კობალაძე**  
გარემოსდაცვითი სტანდარტების კონსულტანტი,  
მსოფლიო ბანკის COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტის განმახორციელებელი ჯგუფი (PIU),  
საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, უცხოეთში დასახლებისა და სოციალური დაცვის სამინისტრო  
[www.moh.gov.ge](http://www.moh.gov.ge)

**Email:** [ekobaladze@moh.gov.ge](mailto:ekobaladze@moh.gov.ge)  
**Cell:** +995 599 68 98 34

**From:** Nino Kvernadze  
**Sent:** Monday, August 3, 2020 13:15  
**To:** levaniratiiani@yahoo.com; irakli.gvazava@respublikuri.ge; sputkaradze@gmail.com; Tengiz Tsertsvadze; dostakari@gmail.com; n.bolkvadze@rhc.ge  
**Cc:** Lia Tavadze; Nino Patarashvili; Giorgi Kobaladze  
**Subject:** ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტი (ESMF)  
**Attachments:** ESMF including LMP & ICWMP\_30.07.2020\_ENG.DOCX; ESMF including LMP & ICWMP\_30.07.2020\_GEO.DOCX

მოგესალმებით,

როგორც მოგესტუმრებთ, საქართველოს ოკუპირებული ტერიტორიებიდან იძულებით გადაადგილებულ პირთა, შრომის, უცხოეთში დასახლებისა და სოციალური დაცვის სამინისტრო სამინისტრო მსოფლიო ბანკის მხარდაჭერით ახორციელებს COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტს, რომელიც ხორციელდება მსოფლიო ბანკის პროცედურების შესაბამისად.

ზემოაღნიშნულიდან გამომდინარე, როგორც პროექტის ბუნებრივ გარემოსდაცვით და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტი (ESMF) ქართულ და ინგლისურ ენებზე. აქვე განთავსებულია დოკუმენტის ორიგინალი ინგლისურა, შეიძლება ქართული არასათანადოდ გამართული მოგეგმვით გრამატიკულად, თუმცა ნუ მიაცვეთ ყურადღებას, დოკუმენტი ნელ ნელა დაიხვეწება. მთავარია მინარსობრივი ნაწილი.

დოკუმენტი ასევე გამოქვეყნებულია სამინისტროს ოფიციალურ ვებ-გვერდზე: <https://www.moh.gov.ge/ka/announcements/275/COVID-19-is-winaaRmdag-swrafi-reagirebis-proectis-bunebriv-da-socialur-garemoze-zemoqmedebis-marTvis-CarCo-dokumentis-sajaro-ganxilva>

გთხოვთ, თქვენი კომპანეის ფარგლებში განიხილოთ წარმოდგენილი დოკუმენტი და მიმდინარე წლის 10 აგვისტომდე მოგაწოდოთ თქვენი შენიშვნები და კომენტარები. ჩვენი რეკომენდაციაა დოკუმენტის განხილვამ ჩართოთ შრომის უსაფრთხოება, ეთარი და პიარი.

ასევე გთხოვთ რომ პროექტის ფარგლებში კიდევ მზადდება ორი დოკუმენტი, რომელსაც მალე გაგიზიარებთ.

წინასწარ დიდი მადლობა თანამშრომლობისთვის!

დამატებითი ინფორმაციისთვის შეგიძლიათ დაუკავშირდეთ:  
ნინო პატარაშვილი, სოციალური სტანდარტების სპეციალისტი  
მობ.: +995 577 382292

ელ-ფოსტა: [npatarashvili@moh.gov.ge](mailto:npatarashvili@moh.gov.ge)  
გიორგი კობალაძე - გარემოსდაცვითი სტანდარტების სპეციალისტი  
მობ.: +995 599 6829834  
ელ-ფოსტა: [ekobaladze@moh.gov.ge](mailto:ekobaladze@moh.gov.ge)

პატივისცემით,

ნინო კვრნაძე  
პროექტის მენეჯერი,

Attachment # 2, Reminder and Invitation to the online consultation meeting

**From:** Giorgi Kobaladze  
**Sent:** Sunday, August 9, 2020 22:11  
**To:** Nino Patarashvili  
**Cc:** Nino Kvernadze  
**Subject:** ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტის საჯარო განხილვა  
**Attachments:** ESMF including LMP & ICWMP\_ 30.07.2020\_ENG.PDF; ESMF including LMP & ICWMP\_ 30.07.2020\_GEO.PDF

მოგესალმებით,

საქართველოს ოკუპირებული ტერიტორიებიდან იძულებით გადაადგილებულ პირთა, შრომის, უანმრთელობისა და სოციალური დავეის სამინისტრო სამინისტრო მსოფლიო ბანკის მხარდაჭერით ამორცილებს COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტს, რომელიც ზორციელდება მსოფლიო ბანკის პროცედურების შესაბამისად.

აღნიშნული პროექტისათვის მომზადდა „ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტი (ESMF)“. ფართო საზოგადოების ინფორმირებისა და უკავშირის მიღების მიზნით, დოკუმენტი გამოქვეყნებულია სამინისტროს ოფიციალურ ვებ-გვერდზე: <https://www.moh.gov.ge/ka/announcements/275/COVID-19-is-winaaRmdce-svrafi-reagirebis-proectis-bunebriv-da-socialur-garemoze-zemoqmedebis-marTvis-CarCo-dokumentis-sajaro-ganxilva>.

გარდა ამისა, დოკუმენტი გავრცელდა სხვადასხვა გარემოსდაცვითი არასამთავრობო ორგანიზაციების ქსელებში და დაეკავა სახელმწიფო უწყებებში.

ხვალ, **10 აგვისტოს 14:00 საათზე** იგეგმება ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტის საჯარო განხილვა, რომელიც გაიმართება ონლაინ მუხვედრების პლატფორმაზე, რომლის ლინკსაც გამოგიგზავნი ხვალ.

გთხოვთ, ყურადღება მიუქცეოთ შეტყობინებას, რომელსაც ხვალ მიიღებთ და ველოლებით თქვენ დასწრებას და ჩართულობას მუხვედრაში.

დამატებითი ინფორმაციისთვის შეგიძლიათ დაგვიკავშირდეთ:

1. ნინო პატარაშვილი, სოციალური სტანდარტების კონსულტანტი  
 მობ.: +995 577 382292  
 ელ-ფოსტა: [npatarashvili@moh.gov.ge](mailto:npatarashvili@moh.gov.ge)
2. გიორგი კობალაძე - გარემოსდაცვითი სტანდარტების კონსულტანტი  
 მობ.: +995 599 689834  
 ელ-ფოსტა: [ekobaladze@moh.gov.ge](mailto:ekobaladze@moh.gov.ge)

ესარგებლობ შეუძლებელია გიგზავნი ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტის ქართულ და ინგლისურ ვერსიებს. სამწუხაროდ, ვერ მოესწრო დოკუმენტის ქართული თარგმანის გასწორება და გთხოვთ, შესაძლებლობის შემთხვევაში იხელმძღვანელოთ ინგლისური ვერსიით

პატივისცემით,

**From:** Nino Patarashvili  
**Sent:** Monday, August 10, 2020 12:38  
**To:** MoLHSA webex  
**Cc:** Giorgi Kobaladze; Lia Tavadze; Nino Kvernadze  
**Subject:** საჯარო კონსულტაცია ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტთან (ESMF) დაკავშირებით

ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტის (ESMF) საჯარო კონსულტაციის ონლაინ ფორმატი ორგანიზების მიზნით; გიგზავნი მუხვედრე ინფორმაციას:

1. მუხვედრის თემა

საქართველოს ოკუპირებული ტერიტორიებიდან იძულებით გადაადგილებულ პირთა, შრომის, უანმრთელობისა და სოციალური დავეის სამინისტრო სამინისტრო მსოფლიო ბანკის მხარდაჭერით ამორცილებს COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტს, რომელიც ზორციელდება მსოფლიო ბანკის პროცედურების შესაბამისად. აღნიშნული პროექტისათვის მომზადდა „ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტი (ESMF)“. ფართო საზოგადოების ინფორმირებისა და უკავშირის მიღების მიზნით, დოკუმენტი გამოქვეყნებულია სამინისტროს ოფიციალურ ვებ-გვერდზე: <https://www.moh.gov.ge/ka/announcements/275/COVID-19-is-winaaRmdce-svrafi-reagirebis-proectis-bunebriv-da-socialur-garemoze-zemoqmedebis-marTvis-CarCo-dokumentis-sajaro-ganxilva>. დაინტერესებულ მხარეებს 10 აგვისტოს 12:00 საათამდე შესაძლებლობა ექნებათ წერილობით წარმოედინათ საკუთარი შენიშვნები და კომენტარები.

**10 აგვისტოს 14:00 საათზე** დაგეგმილია ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტის საჯარო განხილვა, რომელიც გაიმართება ონლაინ მუხვედრების პლატფორმაზე. შესაბამისად, დოკუმენტის განხილვაში მონაწილეობის მისაღებად, გთხოვთ ეწიოთ მუხვედრე ბმულს:

დამატებითი კითხვების შემთხვევაში, შეგიძლიათ დაგვიკავშირდეთ:

1. ნინო პატარაშვილი, სოციალური სტანდარტების კონსულტანტი  
 მობ.: +995 577 382292  
 ელ-ფოსტა: [npatarashvili@moh.gov.ge](mailto:npatarashvili@moh.gov.ge)
2. გიორგი კობალაძე - გარემოსდაცვითი სტანდარტების კონსულტანტი  
 მობ.: +995 599 689834  
 ელ-ფოსტა: [ekobaladze@moh.gov.ge](mailto:ekobaladze@moh.gov.ge)

2. მუხვედრის თარიღი და ზუსტი დრო - 10.08.2020; 14:00

3. მონაწილეობა ელექტრონული მისამართები რომლებმაც მოწყვეა (ლინკი) უნდა მიიღო აღნიშნულ ვიდეო ჩართვისათვის

# Attachment #3, Power Point Presentation



## საქართველო COVID-19-ის წინააღმდეგ სწრაფი რეაგირების პროექტი

ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო

საჯარო განხილვა

თბილისი,  
10 აგვისტო, 2020



### პროექტის მიზანი:

COVID-19- ის პანდემიით გამოწვეული საფრთხეების თავიდან აცილება, გამოვლენა და მათზე რეაგირება და საზოგადოებრივი ჯანდაცვის მზადყოფნისთვის ეროვნული სისტემების გაძლიერება



### პროექტი შედგება სამი კომპონენტისგან:

- კომპონენტი 1 - COVID-19-ზე საგანგებო რეაგირება
  - ქვეკომპონენტი 1.1: დაავადების მუხიმუხების გამოვლენა და დადასტურება
  - ქვეკომპონენტი 1.2: კანდიდატების სისტემის გაძლიერება დაავადების მუხიმუხების საბრძოლველად
- კომპონენტი 2 - COVID-19-ის ავადობების შეკავების მიზნით ჯანმრთელობის დაცვის ზომების გატარება და რისკის მართვა
  - ქვეკომპონენტი 2.1: „ბიომედიკალინური სოციალური პრეგნანსი“ გაერთიანება უკიდურესად დარბილ მონაცემებისთვის
  - ქვეკომპონენტი 2.2: დროებითი ფიზიკური მუშაობები არაფორმალურად დასაქმებულ პირებისთვის
  - ქვეკომპონენტი 2.3: დროებითი უზრუნველყოფის დაკავშირებული მუშაობები ფორმალურად დასაქმებულ პირებისთვის
- კომპონენტი 3 - პროექტის მართვა და მონიტორინგი



### პროექტში მინაწილე მხარეები:

- საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტრო
  - FIU
  - სოციალური მომსახურების სააგენტო
  - დასახლების მუდმივების სახელმწიფო სააგენტო
- სხვადასხვა სახელმწიფო და საკომერციული დაწესებულებები
- პროექტის ბუნებრივი მხარეების საზოგადოება



### პროექტთან დაკავშირებული გარემოსდაცვითი და სოციალური რისკები:

- არსებული საბუნებრივი დასახლებების რეაბილიტაცია (სუღნ);
- რადიოლოგიური საბუნებრივი აფორიზაციის რისკები;
- საბუნებრივი ნარჩენების მართვა და განთავსება;
- ინფექციის გავრცელება საბუნებრივი პურსონალთა შორის;
- COVID-19-ის გავრცელება მოსახლეობაში;
- მოსახლეობის შესაძლო არათანაბარი წვდომა პროექტის ბუნებრივებზე და მათი ჩართულობა სოციალური დაცვის დონის დაცვაში.



### პროექტის რისკებზე რეაგირების მექანიზმები

მსოფლიო ბანკის გარემოსდაცვითი და სოციალური სტანდარტები

- გარემოსდაცვითი და სოციალური სტანდარტი 1 (ESS 1) - გარემოსდაცვითი და სოციალური რისკებისა და ზემოქმედებების მუდმივობა და მართვა
- გარემოსდაცვითი და სოციალური სტანდარტი 2 (ESS 2) - შრომისა და საზოგადოებრივი
- გარემოსდაცვითი და სოციალური სტანდარტი 3 (ESS 3) - რესურსების და დამატებითი დახმარების პროექტის და მართვა
- გარემოსდაცვითი და სოციალური სტანდარტი 4 (ESS 4) - საზოგადოების გამართულობა და უსაფრთხოება
- გარემოსდაცვითი და სოციალური სტანდარტი 10 (ESS 10) - დასახლებული მხარეების ჩართულობა და ინფორმაციის საჯაროობა



### ადგილობრივი გარემოსდაცვითი კანონმდებლობა:

- გარემოსდაცვითი მუდმივების კოდექსი
- კანონი გარემოს დაცვის შესახებ
- ნარჩენების მართვის კოდექსი
- კანონი წყლის შესახებ
- საქართველოს კანონი ნიადაგის დაცვის შესახებ
- საქართველოს კანონი ატმოსფერული ჰაერის დაცვის შესახებ
- საქართველოს კანონი ბირთვული და რადიაციული უსაფრთხოების შესახებ
- სხვადასხვა ტექნიკური რეგულაციები
- სხვადასხვა საერთაშორისო შეთანხმებებით გათვალისწინებული მოთხოვნები



### დამატებითი სტანდარტები

- სანიმუში საერთაშორისო სამრეწველო პრაქტიკა (GIIP)
- მსოფლიო ჯანდაცვის ორგანიზაციის (WHO) სახელმძღვანელო:
  - ✓ ინფექციების კონტროლი,
  - ✓ პირადი დაცვის საშუალებები,
  - ✓ სახელმწიფო ნარჩენების განკარგვა



საქართველოს ეკონომიკის და მდგრადი განვითარების მინისტრის განყოფილება

MINISTRY OF INTERNALLY DISPLACED PERSONS FROM THE OCCUPIED TERRITORIES, LABOUR, HEALTH AND SOCIAL AFFAIRS OF GEORGIA



საქართველოს ეკონომიკის და მდგრადი განვითარების მინისტრის განყოფილება

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ჯანმრთელობისა და შრომის უსაფრთხოების სახელმძღვანელო მითითებები:

- EHS 1.1 – ჰაერში ემისია და ატმოსფერული ჰაერის ზარისხი;
- EHS 1.5 – საფრთხის შემცველი მასალების მართვა;
- EHS 1.3 – არჩეული წყლები და წყლის ზარისხი;
- EHS 1.6 – ნარჩენების მართვა;
- EHS 2.4 – ქიმიური საფრთხეები;
- EHS 2.5 – ბიოლოგიური საფრთხეები;
- EHS 2.6 – რადიოლოგიური საფრთხეები;
- EHS 2.7 – პირადი დაცვის აღჭურვილობა;
- EHS 2.8 – განსაკუთრებული საფრთხის შემცველი გარემო;
- EHS 3.5 – საფრთხის შემცველი მასალების ტრანსპორტირება; და
- EHS 3.6 – დაავადებების პრევენცია;
- EHS 4.1 – გარემო; და
- EHS 4.2 – შრომის უსაფრთხოება და ჯანმრთელობა

რისკების შემცირება და შესაბამისი ღონისძიებების დაგეგმვა:

- ქვეპროექტების გარემოსდაცვითი და სოციალური სკრინინგი, მსოფლიო ბანკის მოთხოვნებთან მათი შესაბამისობის დადგენისა და კონკრეტულ ობიექტთან დაკავშირებული რისკების გამოვლენის მიზნით.
- სამედიცინო ნარჩენების მართვა და განკარგვა.
- საქონლის შესყიდვა და შესაბამისი მარაგების უზრუნველყოფა.
- ჯანდაცვის პერსონალის დაცვა, პირადი დაცვის საშუალებების უზრუნველყოფით.



საქართველოს ეკონომიკის და მდგრადი განვითარების მინისტრის განყოფილება

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საქართველოს ეკონომიკის და მდგრადი განვითარების მინისტრის განყოფილება

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სხვა რისკები:

- რისკების შერბილება მუშელობის ეტაპზე
- რისკების შემცირება ექსპლუატაციის ეტაპზე
- რისკების შემცირება ექსპლუატაციიდან გამოყვანის ეტაპზე

ადგილობრივი სოციალური, ქონებრივი და შრომითი კანონმდებლობა:

- საქართველოს კონსტიტუცია
- სამოქალაქო კოდექსი
- საქართველოს კანონი სოციალური დახმარების შესახებ
- ორგანული კანონი შრომის უსაფრთხოების შესახებ
- შრომის კოდექსი
- ზოგადი ადმინისტრაციული კოდექსი
- საქართველოს მთავრობის დადგენილება სოციალური პაკეტის განსაზღვრის შესახებ
- საქართველოს მთავრობის დადგენილება (No.41, 2014 წ.) მუშაზე მუშაობის შესაძლებლობის მქონე პირებისათვის სიღრმის მოწყობისა და არქონდენტურული და გემარბებითი ელემენტების ტექნიკური რეგულაციების დამტკიცების თაობაზე



საქართველოს ეკონომიკის და მდგრადი განვითარების მინისტრის განყოფილება

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საქართველოს ეკონომიკის და მდგრადი განვითარების მინისტრის განყოფილება

MINISTRY OF INTERNALLY DISPLACED PERSONS FROM THE OCCUPIED TERRITORIES, LABOUR, HEALTH AND SOCIAL AFFAIRS OF GEORGIA



დამატებითი სტანდარტები

- ორჰუსის კონვენცია გარემოსდაცვითი საკითხებთან დაკავშირებული ინფორმაციის ხელმისაწვდომობის, გადაწყვეტილებების მიღების პროცესში საზოგადოების მონაწილეობისა და ამ სფეროში მართლმსაჯულების საკითხებზე ხელმისაწვდომობის შესახებ
- შრომის საერთაშორისო ორგანიზაციის (ILO) ფუნდამენტური, მმართველობითი და ტექნიკური კონვენციები

პროექტში ბუნებრივ და სოციალურ გარემოზე ზემოქმედებასთან დაკავშირებული პროცედურები:

- რეგულაორული სკრინინგი
- გარემოსდაცვითი და სოციალური აუდიტირება
- გარემოსდაცვითი და სოციალური ინსტრუმენტები
  - ბუნებრივი და სოციალურ გარემოზე ზემოქმედების მართვის გეგმა;
  - ინფექციის კონტროლისა და ნარჩენების მართვის გეგმა;
  - შრომის მართვის პრაქტიკები (LMP)
  - ჯანმრთელობისა და შრომის უსაფრთხოება
  - დაინტერესებული მხარეების ჩართულობის გეგმა (SEP)
  - საჩივრებზე რეაგირების მექანიზმი (GRM)
- მუდმივი კომსულტაციები და ინფორმაციის გავრცელება
- მონიტორინგი და ანგარიშგება



საქართველოს ეკონომიკის და მდგრადი განვითარების მინისტრის განყოფილება

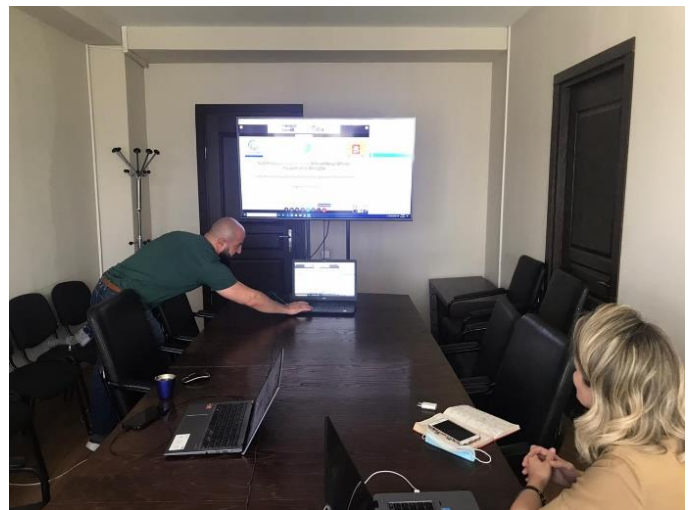
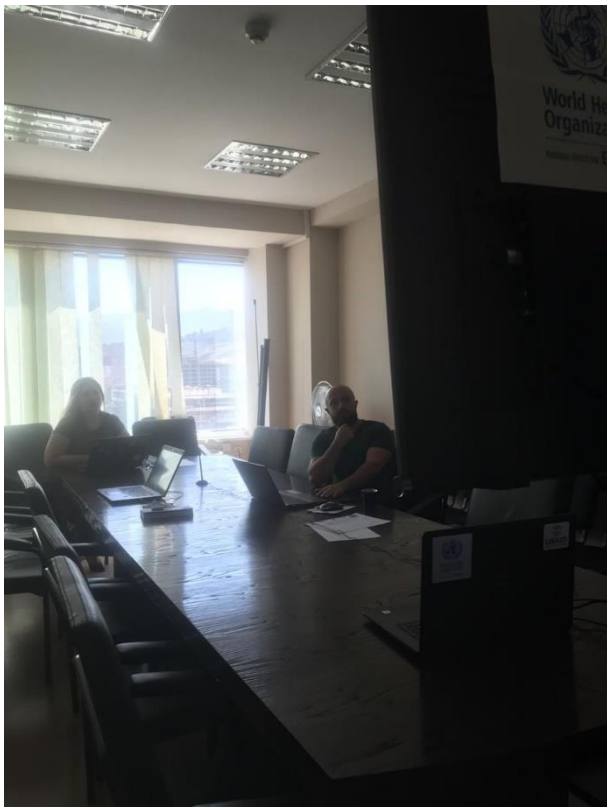
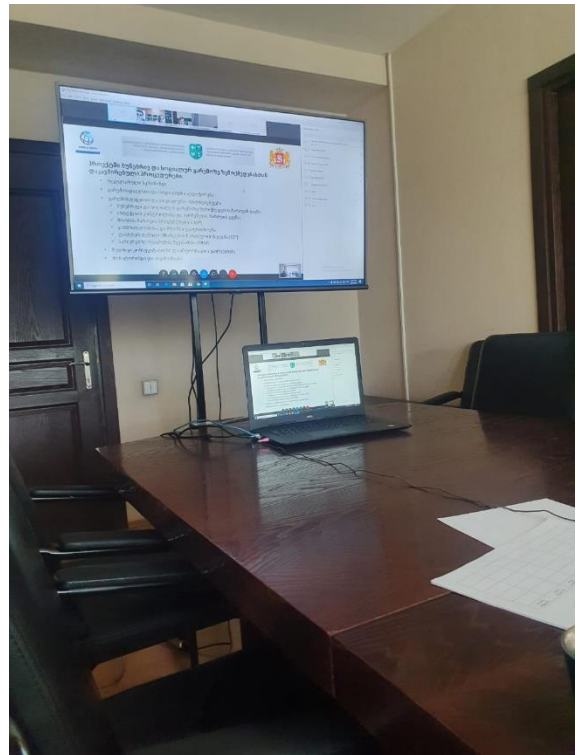
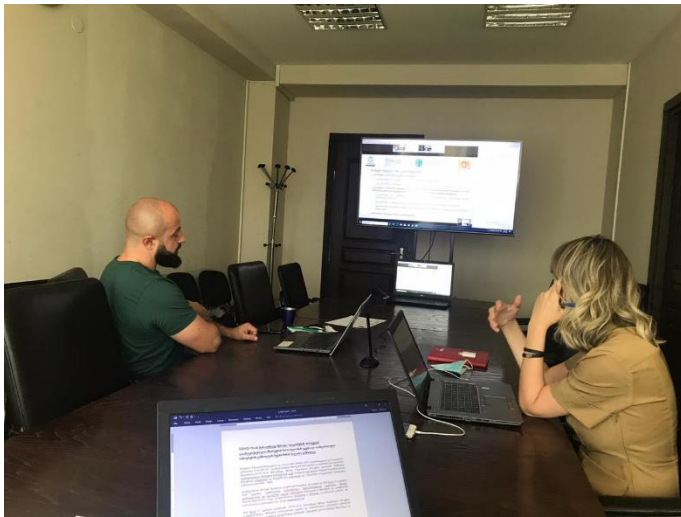
MINISTRY OF INTERNALLY DISPLACED PERSONS FROM THE OCCUPIED TERRITORIES, LABOUR, HEALTH AND SOCIAL AFFAIRS OF GEORGIA



გმადლობთ ყურადღებისთვის!

პროექტის ბუნებრივ და სოციალურ საკითხებზე პასუხისმგებელი და საკონტაქტო პირები:  
 ენინა ჯაგარაძე, სოციალური სტანდარტების კომპლექტური მენეჯერი  
 მობ. - 995 577 382292  
 ელ-ფოსტა: [spatarashvili@smok.gov.ge](mailto:spatarashvili@smok.gov.ge)  
 ვიორჯი კობალაძე - გარემოსდაცვითი სტანდარტების კომპლექტური მენეჯერი  
 მობ. - 995 599 689834  
 ელ-ფოსტა: [ekobaladze@smok.gov.ge](mailto:ekobaladze@smok.gov.ge)

**Attachment #4, Photo Illustrations**



**Attachment #5, Stakeholder Feedback on the Draft ESMF**



KA030161113312920

№ 01-8454

06 / აგვისტო / 2020 წ.


პროექტის განმახორციელებელი ერთეულის (PIU)  
პროექტის მენეჯერს ქ-ნ ნინო კვერნაძეს

**ქალბატონო ნინო,**

მოგახსენებთ, რომ თქვენს მიერ 2020 წლის 03 აგვისტოს №01-8284 წერილით განსახილველად წარმოდგენილ "ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტთან (ESMF)" დაკავშირებით შენიშვნები არ გაგვაჩნია.

**პატივისცემით,**

საქმისწარმოების სამმართველოს უფროსი,  
მეორადი სტრუქტურული ერთეულის  
ხელმძღვანელი

სამონიტორინგო  
შტაბის მენეჯერი  
ელენე ბროწიანი 

ნანი ალაღია



საქართველოს ოკუპირებულ ტერიტორიებთან დაკავშირებული შრომის, ჯანმრთელობისა და სოციალური  
დაცვის სამინისტრო  
MINISTRY OF INTERNALLY DISPLACED PERSONS FROM THE OCCUPIED TERRITORIES, LABOUR, HEALTH AND SOCIAL  
AFFAIRS OF GEORGIA

სსიპ სამედიცინო და ფარმაცევტული საქმიანობის რეგულირების სააგენტო  
LEPL REGULATION AGENCY FOR MEDICAL AND PHARMACEUTICAL ACTIVITIES



KA030250959640320

საქართველო, თბილისი 0119, ა.გ. წერეთლის გამზ. 144, ტელ: (+995 32) 2 72 53 84  
144 AK. TSERETELI AVE, 0119, TBILISI, GEORGIA, TEL: (+995 32) 2 72 53 84

№ 02/10348

12 / აგვისტო / 2020 წ.

საქართველოს ოკუპირებული ტერიტორიებიდან  
დევნილთა, შრომის, ჯანმრთელობისა და  
სოციალური დაცვის სამინისტროს პროექტის  
განმახორციელებელი ერთეულის (PEU)  
პროექტის მენეჯერს, ქალბატონ ნინო კვერცხაძეს

ქალბატონო ნინო,

სსიპ - სამედიცინო და ფარმაცევტული საქმიანობის რეგულირების სააგენტოს განსახილველად  
გადმოგზავნა (N01/9021 03.08.20წ) „ბუნებრივ და სოციალურ გარემოზე შემოქმედების მართვის ჩარჩო  
დოკუმენტი (ESMF)“ ქართულ და ინგლისურ ენებზე.

გაცნობებთ, რომ აღნიშნულ დოკუმენტთან დაკავშირებით, შენიშვნები და წინადადებები არ გავგანია.

პატივისცემით.

დირექტორი

ხელმოწერილია/  
შტამპდასტურია  
ელექტრონულად

ზაალ კაპანაძე

საჯარო სამართლის  
იურიდიული პირი  
სოციალური მომსახურების  
სააგენტო  
ს/კ 202178927



Legal Entity of Public Law

SOCIAL SERVICE  
AGENCY



KA030440624715420

საქართველო, თბილისი 0119, აკ.წერეთლის გამზ. 144; ტელ.: (+995 32) 510 047; 510 048; 510 049  
144 Ak.Tsereteli ave., 0119, Tbilisi, Georgia; Tel.: (+995 32) 510 047; 510 048; 510 049

№ 04/17974

11 / აგვისტო / 2020 წ.

საქართველოს ოკუპირებული ტერიტორიებიდან  
დევნილთა, შრომის, ჯანმრთელობისა და სოციალური  
დაცვის სამინისტრო  
COVID-19-ის წინააღმდეგ სწრაფი რეაგირების  
პროექტის განმახორციელებელი ერთეულის (PIU)  
პროექტის მენეჯერს ქალბატონ ნინო კვერნაძეს

პასუხი თქვენს 2020 წლის 3 აგვისტოს

№ 01/9021 წერილზე

ქალბატონო ნინო,

სსიპ-სოციალური მომსახურების სააგენტოს კომპეტენციის ფარგლებში, გაცნობებთ, რომ  
„ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტის (ESMF)“ მიმართ  
სსიპ-სოციალური მომსახურების სააგენტოს არსებითი ხასიათის სამართლებრივი შენიშვნები და  
განსხვავებული მოსაზრებები არ გააჩნია.

პატივისცემით.

სსიპ – სოციალური მომსახურების სააგენტოს  
დირექტორის მოვალეობის შემსრულებელი

ხელმოწერა/  
ფტანგრაფიკული  
ელმტრონული



გიორგი ნონკოლაური





KA030105390992020

№ 01-8564

11 / აგვისტო / 2020 წ.

საქართველოს ოკუპირებული ტერიტორიებიდან დევნილთა, შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტროში მსოფლიო ბანკის (IBRD, IDB) სესხის ფარგლებში, პროექტის განმახორციელებელ ერთეულის (PIU) პროექტის მენეჯერს ქალბატონ ნინო კვერნაძეს

ქალბატონო ნინო,

თქვენი 2020 წლის 03 აგვისტოს N01-8284 წერილთა დაკავშირებით, რომელიც შეეხება ბუნებრივ და სოციალურ გარემოზე ზემოქმედების მართვის ჩარჩო დოკუმენტს გაცნობებთ, რომ სამინისტროს სახელმწიფო შესყიდვების სამმართველოს თავისი კომპეტენციის ფარგლებში შენიშვნები არ გააჩნია.

პატივისცემით,

სახელმწიფო შესყიდვების სამმართველოს უფროსი, მეორადი ხტრუქტურული ერთეულის ხელმძღვანელის მოვალეობის შემსრულებელი

ბაღდათიანი  
შინაბაძე  
თინათინა



თამარი შალამბერიძე

## 2. Minutes of ESMF Public Consultations Held on May 7, 2021

<b>Project:</b>	Georgia Emergency COVID-19 Response Project
<b>Topic:</b>	Environmental and Social Management Framework of the project
<b>Time and Date:</b>	15:00-16:00, May 7, 2021
<b>Location:</b>	MoILHSA Meeting Room F7, #144 A. Tsereteli Av. 0159 Tbilisi
<b>Meeting Format:</b>	Online, Webex
<b>Invitees:</b>	The invitations were sent to more than 80 interested parties, including the project beneficiary hospitals, different departments of the Ministry, interested NGOs and relevant entities.
<b><u>Organization:</u></b>	<p>Updated drafts of ESMF and SEP both in English and Georgian were publicly available on MoILHSA web page for 10 days on the following link: <a href="https://www.moh.gov.ge/en/announcements/486/Public-Consultation-Meeting-on-Updated-Drafts-of-Environmental-and-Social-Management-Framework-%28ESMF%29-and-Stakeholder-Engagement-Plan-%28SEP%29-Developed-for-the-Emergency-COVID-19-Response-Project">https://www.moh.gov.ge/en/announcements/486/Public-Consultation-Meeting-on-Updated-Drafts-of-Environmental-and-Social-Management-Framework-%28ESMF%29-and-Stakeholder-Engagement-Plan-%28SEP%29-Developed-for-the-Emergency-COVID-19-Response-Project</a>. In addition, the updated documents have shared with different Governmental and non-governmental, environmental and social organizations, for their review and comments, via email. The stakeholder invited by email were given additional time for documents review and comments.</p> <p>Due to the pandemic conditions and recent regulation in the country, second public consultation meeting on updated ESMF and SEP was conducted in an online format, via Webex online platform.</p> <p>The day before the public consultation meeting, all invited parties have been reminded regarding the meeting details, along with the corresponding link. Related notification and invitation are attached to these minutes of consultation, Attachment #1.</p>
<b>Presenters:</b>	<ul style="list-style-type: none"> <li>• Ms. Nino Kvernadze, Project Manager, PIU</li> <li>• Mr. Giorgi Kobaladze, Environmental Standards Consultant, PIU</li> <li>• Ms. Nino Patarashvili, Social Standards Consultant, PIU</li> </ul>

### **Minutes of Meeting:**

**Nino Patarashvili** opened the meeting and aftergreeting of the participants and stated discussed the objectives of the meeting. She informed the participants briefly, that the project implemented by the WB and AIIB financing received additional financing for vaccine procurement and deployment and for this Bank requested update of finalized and already disclosed ESMF and SEP of Georgia Emergency COVID-19 Response Project in accordance with environmental and social risks and aspects related to the Covid-19 vaccination.

**Giorgi Kobaladze** presented information about environmental and social risks of the project and key types of risks associated to the project activities, focusing on vaccine procurement and deployment subcomponent of the Project. He briefly discussed ESS instruments of WB applicable to the project and local environmental legislations, regulations and requirements which are harmonized under the presented ESMF. He discussed WB's EHS guidelines relevant to the project together with GIIP and WHO guidelines what the project will also consider. In the end, using practical examples, he addressed E&S risks and applicable mitigation measures for the different project implementation phases.

Nino Kvernadze briefed progress of the project and upcoming activities under it.

**Nino Patarashvili** made an overview of local legislation and regulations on social and labor affairs in the country. She discussed requirements of Labour Management Procedures (LMP) which is integrated in ESMF and Grievance Redress Mechanism (GRM) for project workers. During overview of ES procedures required by ESMF she underlined ESS10: Stakeholder Engagement and Information Disclosure and continued presentation with next topics on Stakeholder Engagement Plan (SEP) and stakeholders' communication program and addressed to GRM which gives the opportunity to the all stakeholders and persons affected or considering that they are influenced by the project to address their complaints to the relevant entities at any level and phase of project implementation. She briefed the additional requirements for vaccines procurement and deployment subcomponent included in SEP and GRM. Communication Action Plan for Introduction of COVID-19 Vaccine in Georgia was made part of current SEP and stakeholders under the vaccine introduction and targeted groups under COVID-19 Vaccine National Deployment Plan are incorporated as stakeholders of the project and all procedures under SEP and GRM are available for them as well. The important attention was driven to include SEA/SH issues in GRM and existing GRM was strengthened with procedures to handle allegations of SEA/SH violations during project implementation.

After the presentation, participants were given time for questions and comments.

Questions / Comments	Answers
Will beneficiary healthcare facilities be supported be the project in developing of waste management plans?	According to the local regulations, the hospitals in Georgia are obliged to have their own waste management plans-approved by the MEPA on place. If the waste management plan is not elaborated yet or needs to be updated , then project will support HCFs in preparation/update of such plans. In addition, the project will assist the project beneficiary HCF in preparing and updating of their Infections Control and Waste Management Plans (ICWMP)
When the rehabilitation of HC facilities will start?	Consultant is already hired for review of existing designs of HC facilities subject to rehabilitation and supervision of rehabilitation activities. Work for finalization of designs is in progress and as they will be complete tender for CWC selection will be announced. We assume to start rehabilitation activities in the 3 <sup>rd</sup> Quarter of this year.

At the end of the meeting, participants were told that final versions of updated ESMF and SEP will be posted and publicly available on the MoILHSA web page.

Photos of the meeting

