Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/16/2020 | Report No: ESRSA00722

BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Turkey	EUROPE AND CENTRAL ASIA	P173988	
Project Name	Turkey Emergency COVID-19 Health Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/13/2020	4/21/2020
Borrower(s)	Implementing Agency(ies)		
Ministry of Treasury and Finance	Ministry of Health		

Proposed Development Objective(s)

The Project development objective is to prevent, detect, and respond to the threat posed by COVID-19 in Turkey.

Financing (in USD Million)	Amount
Total Project Cost	100.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The Project consists of two components to support the government to curb the spread of COVID-19 pandemic and strengthen health system to detect and treat cases. Components will include: (i) Emergency COVID-19 Response (indicatively, US$98M) and (ii) Project Management, Monitoring and Evaluation (indicatively, US$2M).

The project has been designed based on a theory of change that links access to essential services and information to clinical and behavioral change needed to stem the tide of infection and enhance resilience. At the facility level, through investments in the strengthening the capacity of ICUs and laboratories, and the provision of basic equipment and medical inputs (e.g. test kits, personal protective equipment (PPE)), as well as training of facility personnel in COVID-19 prevention and treatment protocols, the Project will strengthen the health system's capacity to respond to

the surge in the number of COVID-19 cases, which will lead to an increase in the utilization of testing and treatment services. By investing in the development of risk communications materials, the Project will increase the level of information disseminated to the population at risk. Together, these investments will increase the capacity of the Government of Turkey to respond to the pandemic (as well as prepare for future pandemics) and, ultimately, decrease COVID19-related morbidity and mortality.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

The Turkey Emergency COVID-19 Response Project, emergency operation has been prepared as a new stand-alone project together with Ministry of Health of the Republic of Turkey. The project will be implemented country-wide and will contribute to COVID-19 surveillance and response, together with strengthening the capacity of the health system and enhancing preparedness of future pandemics. At the facility level, provision of basic equipment and medical inputs (e.g. test kits, personal protective equipment (PPE)), as well as training of facility personnel in COVID-19 prevention and treatment protocols, the Project will strengthen the health system's capacity to respond to the surge in the number of COVID-19 cases, which will lead to an increase in the utilization of testing and treatment services. By investing in the development of risk communications materials, the Project will increase the level of information disseminated to the population at risk.

Turkey is geographically located between Asia and Europe, a cross-road of the Balkans, Caucasus, Middle East, and eastern Mediterranean with a population of 83 million. 75 percent of its population lives in urban areas and they are all divided into 81 provinces across the country. Turkey is an upper-middle income country, with the world's 19th largest economy with a Gross Domestic Production that reached US$753.7 billion in 2019 according to the TurkStat. Since August 2018, the economy has shown some vulnerabilities due to structural challenges in output growth, unemployment in the recent years. After 2011 with the refugee crisis outbreak in Syria, Turkey has become both a transit and target country for migrants and refugees. Today, the country hosts the highest number of refugees, more than 3.6 million Syrians under temporary protection, and an estimated 400,000 asylum seekers and refugees from other nationalities. Prior to the COVID 19 outbreak, nearly four million refugees and asylum-seekers were receiving health services largely through donor-financed health facilities. There are approximately 64,000 refugees who are accommodated in temporary accommodation centers (refugee camps), who require special assistance (disability, elderly care). Syrians have access to health care, with the MoH overseeing provision of services through public hospitals, Migrant Health Centers (providing primary health services) and units operating under community health centers. Syrians who are not registered with the Government of Turkey have limited access to primary or referral health care but are provided with emergency care and essential public health services free-of charge, and then referred for registration. The Turkish Red Crescent (Kizilay) is also supporting and facilitating access to health services for refugees to address COVID-19, as well as psychosocial support, livelihoods support and social cohesion activities. Tents and common areas at Temporary Accommodation Centers have been disinfected and refugees are being informed about the Covid-19 regularly. However, due to the rising burden on health care facilities to deal with COVID 19 cases, this may create challenges for the refugees in the country, including those under temporary protection, in accessing available health care services like in the pre-COVID 19 period.

Over the last decade, Turkey has significantly improved the supply of services under the Health Transformation Program , referred as the health reform of Government of Turkey, between 2003 and 2013. The improved provision

of health services is reflected in improved health outcomes and increased health utilization rates, as well as changes of trends in health financing. While Turkey has largely achieved universal health coverage for basic primary care services, there are gaps due to high uncertainty with regard to COVID and its health system to address heightened population and demographic vulnerabilities. The most recent data in Turkey as of 2018 show that Turkey has a total of 1,534 inpatient medical institutions (hospital and other inpatient facilities) and over 231 thousand hospital beds, for a ratio of 2.83 hospital beds per 1,000 population. For the same period, there are 536 persons per physician, with a total of over 153 thousand physicians nationwide. The MoH Strategic Plan emphasizes the importance of increasing the number of the primary health care (PHC) workforce and sets higher targets for 2030. Ministry of Health has been a long-standing partner of the World Bank in Turkey for more than 15 years, also has received financial support from IFC and MIGA for expanding city hospitals and has built strong capacity in managing large scale projects. The Ministry has a national pandemic preparedness plan and will strengthen it with this project to respond to future pandemics. The national system of medical waste management is advanced, following WHO protocols and guidelines and the capacity of sterilization and incineration facilities for management of medical wastes is also sufficient in Turkey. Public hospitals and city hospitals are all performed under quality standards and have regular cross-controls by third parties on monitoring performance and risk management.

The project will be carried out in existing health care facilities, including regular and temporary field hospitals, laboratories and government structures. Project activities will mainly support (i) procuring medical equipment for diagnosis and treatment of COVID19, supplies, medicine, testing kits, (ii) logistics support for the supply chain provision, (iii) PPEs for health workers, (iv) training for health workers and most likely (v) awareness raising activities to a limited extent. The project will not finance any construction or refurbishments only will procure goods and most likely training in mid-term. The Environmental and Social Management Framework (ESMF) will be prepared for the project within 30 days after the Effective Date. The ESMF will consider international protocols for infectious disease control and will include updated provisions on medical waste management. The project will not impact natural habitats or cultural sites.

D. 2. Borrower's Institutional Capacity

The Ministry of Health (MoH) of the Republic of Turkey has prior working experience with the World Bank for more than fifteen years through the Health System Strengthening and Support (P152799), Avian Influenza & Human Pandemic Preparedness & Response APL 2 (P096262) and Health Transition (P074053) projects. Through this long partnership with the Bank, the MoH has built strong in-house capacity in project operations. The Ministry has upgraded the health care quality standards through integration of proper medical waste management and occupational health and safety practices through establishment of relevant regulations which are based on stringent measures managed/overseen by the Ministry of Environment and Urbanization (MoEU) and Ministry of Labor and Social Security. The local governmental authorities and MoH are responsible for implementation of the Regulation on Medical Waste Management which includes provisions based on international good practices. The MoH also has quality standards for monitoring the performance of the healthcare facilities and audits undertaken both internally and third parties. Health sector workplaces are classified as "highly hazardous" according to the national OHS Law.

MoH also has stringent measures in place for personal protective equipment (PPE) usage, regulating working hours and improving working conditions in line with international standards. As part of COVID19, the Ministry has published a detailed guidance on PPEs for all types of workers handling cases with COVID19 which is also in line with the WHO guidelines. However, the established capacity of the MoH is challenged by the exponential increase of COVID19 cases, when the existing equipment, tools, medical staff and PPE might not be sufficient to respond efficiently.

It will be the Borrower's first-time experience working under the World Bank's new Environmental and Social Framework (ESF); therefore, it is expected that the new ESF requirements of the proposed emergency project will necessitate additional capacity by the borrower and support from the World Bank's environmental and social team. The Project Management Support Unit (PMSU) that implements the ongoing World Bank-financed Turkey Health System Strengthening Project (P152799) has improved in implementing beneficiary satisfaction surveys and citizen engagement in its World Bank financed projects in health service delivery. In the new operation, the PMSU will be strengthened by hiring additional staff (one environmental specialist and one social specialist) for the implementation and monitoring of the E&S instruments, including ESMF covering the Infection Control and Medical Waste Management Plans and Labor Management Procedures, Stakeholder Engagement Plan for the proposed project, within 30 days after the Project Effective Date.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC) — Substantial

Environmental Risk Rating — Substantial

The Environmental risk is rated as Substantial. Major environmental concerns associated with the project are related to risks of contamination from patients, handling tests, managing medical wastes. These include: (a) occupational health and safety for medical staff, laboratory staff and communities in due course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages of the COVID-19 cycle; and (b) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. No construction or minor refurbishment are supported by the project. These risks are covered by ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10. As described in section D.2 above, the capacity of MoH to handle medical waste and implement OHS practices, including PPE for health workers, has been established in accordance with good international practices and respective WHO guidelines, and found sufficient for regular (non-pandemic) circumstances. However, with the increasing pressure of COVID19 on the health facilities and medical staff, the risk of infections being spread to health workers, laboratory staff and population due to potential inadequate adherence to occupational health and safety standards, lack of PPE or improper handling of medical wastes at any stage of collection, transportation or disposal increases accordingly.

Social Risk Rating — Substantial

The Social Risk is assessed as Substantial. The Project's social impacts are overall positive as it will strengthen the country's treatment capacity for the patients who suffer from COVID 19 as well as the potential cases. However, due to the fact that the Turkish health system is not sufficiently equipped to contain the spread of disease and provide the necessary treatment without additional support, there is a serious health risk for both health workers and community at large. Although the Project activities are mostly confined to procuring goods and supplies (ventilation units, diagnostic equipment, test kits, reagents, protective equipment such as googles, surgical masks, gloves, aprons, gowns) to health facilities and laboratories, (i) due to the high surge in confirmed COVID19 cases and continious change in public health risk situation poses serious health and safety challenges for health workers and to the health system. Spread of the virus among health care workers who have to deal with positive COVID19 cases; potential inadequate adherence to OHS standards and lack of available protective equipment is already creating serious discontent and stress for health workers under these pandemic emergency conditions; (ii) community health and

safety risks related to the handling, transportation and disposal of healthcare waste may exacerbate; if the regulations and mechanisms which are in place cannot be managed properly (iii) the increased burden of COVID19 is leading to challenges for vulnerable groups, such as the poor, elderly, those with disabilities and refugees in accessing adequate health services including for the treatment of COVID19; (iv) lastly, there is a medium-to low probability that may affect the impacts of project which is whether the procured items needed to prevent, detect and clinically manage COVID-19 are distributed in an equitable manner to heath care facilities and laboratories. The Project will not finance any new construction or even small refurbishment. The Project will not cause any land acquisition or physical and economic displacement, nor any impacts on cultural heritage or sensitive habitats as The Project will take place in existing health care facilities, laboratories and also in temporary hospital field facilities.

To mitigate these risks, the MoH, will commit to share the number of services and supplies procured under the project based on the urgency of the need of health care facilities and laboratories in line with the latest data related to the prevalence of the cases. MoH will also use the preliminary Stakeholder Engagement Plan (SEP) prepared for the emergency project to engage citizens and for public information disclosure.

Social risks associated with the project will be addressed through the project's ESMF, Stakeholder Engagement Plan (SEP) (including a Grievance Redress Mechanism - GRM) and Labor Management Procedure (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF and the WHO COVID-19 guidance tools for COVID-19 preparedness and response. Within 30 days of the project effectiveness, the Project will have an ESMF and LMP in place.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

The Project will have positive environmental and social impacts as it should improve COVID-19 surveillance, support disease management and treatment, and enhance public health awareness and behavioral change. However, the project could also cause substantial environmental, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported ICUs, laboratories, and quarantine facilities, if the good international practices such as respective WHO guidelines are not followed. To manage these risks, the MOH will prepare, within 30 days after the Project Effective Date, an Environmental and Social Management Framework (ESMF) and an updated Stakholder Engagment Plan (SEP). The ESMF will include (i) an Infection Control and Waste Management Plan (ICWMP); (ii) Labor management procedures (LMP) addressing labor risks associated with the project including specific occupational health and safety (OHS) for healthcare and other project workers to protect themselves and prevent infection while providing treatment in line with the World Health Organization (WHO) guidelines; (iii) mitigation measures during collection of samples and laboratory testing for COVID-19 or during the transport of potentially affected samples or persons in line with WHO guidance (iv) mitigation measures for water, sanitation, hygiene and waste management for COVID-19 in line with WHO guidance; (v) measures to prevent the wider community to be exposed to the virus, with a particular focus on high-risk individuals

(elderly, individuals with underlying medical conditions, pregnant women); and (vi) a dedicated Grievance Redress Mechanism (GRM) to address concerns and complaints from all stakeholders.

The ESMF will cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. It will also clearly outline the implementation arrangement to be put in place by MOH for environmental and social risk management training programs to be delivered to health workers will focus on COVID-19 laboratory bio-safety, operation of quarantine and isolation centers and screening posts, as well as compliance monitoring and reporting requirements, including on waste management based on the ICWMP. The relevant part of the COVID-19 Quarantine Guideline and WHO COVID-19 bio-safety guidelines will be applied while preparing the ICWMP so that all relevant risks and mitigation measures are covered.

The ESMF will be prepared to a standard acceptable to the World Bank and disclosed both in country on the MOH website URL and on the World Bank website URL within 30 days after the Project Effective Date.

Workers in healthcare facilities are particularly vulnerable to COVID-19. Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness and death among health and laboratory workers as well as the wider spreading of the disease within communities. The ESMF being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary PPE. Proper disposal of sharps, disinfectant protocols, and regular testing of healthcare workers will be included.

The SEP will be a key instrument for outreach to the community at large on issues related to social distancing, higher risk demographics, self-quarantine, and quarantine, and citizen participation. It is critical that these messages be widely disseminated, repeated often, and clearly understood. Each ICU, laboratory, and quarantine facility will apply infection control and waste management planning following the requirements of the relevant guidelines (World Health Organization (WHO), Good International Industry Practice (GIIP), etc.).

This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility.

ESS10 Stakeholder Engagement and Information Disclosure

A preliminary draft of Stakeholder Engagement Plan has been prepared to ensure a meaningful two-way engagement with project affected parties and other parties under the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine. Meaningful consultation , and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental, economic, and medical/ health. In this backdrop, the project has prepared a SEP which serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and

(iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM). The project has also included a subcomponent committed to broader stakeholder engagement beyond the project's E&S impacts, and focused on COVID-19 and the Government's overall response.

Project preparation has included a detailed mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified such as COVID-19 infected people in hospitals and their families & relatives, people in quarantine/isolation centers and their families & relatives, workers in quarantine/isolation facilities, hospitals, diagnostic laboratories, public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff) and emergency personnel, staff at medical and testing facilities, and public health agencies engaged in the response, among others. Direct beneficiaries/ Project Affected Parties also include vulnerable groups who are at risk of contracting COVID-19 but have limited access to health services such as poor, elderly, refugees and migrants at temporary accommodation centers (refugee camps) and in densely populated urban areas, where COVID 19 infected cases surge in numbers.

Ministry of Health in Turkey has a free hotline, Alo 184 managed through a call center which is 7/24 available and accessible from everywhere in the country. The client has also been using this as a Grievance redress mechanism for people to raise concerns, requests related. It serves both the health workers as well as the wider public on questions, health emergency situation, grievances and other requests related with health services. The hotline also provides translation support in 6 languages (English, German, French, Arabic, Russian, and also includes specialized services for disabled under the "Unimpeded Health Communication Center (ESIM)". The ESIM provides services 7/24 in sign language in order to ensure access of the disabled citizens to the health services. Available free of charge on the mobile phones, ESIM offers live interpreting services for the persons with hearing disorder while calling 112 ambulance center, getting appointment from the Central Appointment System and during medical examinations.

Grievances received by MoH's GRM system, ALO 184, are resolved no later than 14 days which is dictated under the Law of Right to Information No 4982. However, the resolution time has been reduced to 2-3 days now after the COVID 19 Pandemic situation.

The requests/inquiries/grievances directly related to the Project activities, meaning activities taking place in the health facilities and laboratories where goods and supplies are procured, training etc are held under Bank financing, will be tracked under a separate IT module which will be developed as part of this project under this existing GRM and reported every quarter to the World Bank during implementation. A more elaborate explanation of the GRM and an analysis of its functionality (accessibility, anonymity and appeals process) will be provided once SEP is updated within 30 days after the Project Effective Date. The project will have a webpage under the MoH website and will share information regularly on the activities and results. It will also have an online feedback box inserted into the webpage in addition to the GRM numbers.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

The project workers are i) direct workers who are civil servants of Ministry of Health in the PMSU, health and laboratory workers engaged directly to to perform work related functions of the Project and ii) contracted workers hired by the MoH to provide consultancy and training services. At this stage the number of workers required in each group is unclear. The project will not support refurbishment or any civil works to contractors and does not include community workers.

While the health workers employed in public hospitals and laboratories, are not strictly considered direct or contracted workers under ESS 2 definition, due to occupational health and safety risks they can be exposed to during COVID-19 pandemic, they will be included in the labor management procedures as project workers to ensure that their labor rights are protected. The key risk for the project workers (primarily direct and contracted healthcare workers) is contamination with COVID-19 or other contagious illnesses which can lead to illness and death of workers. Risky environments include laboratories, hospitals and health care centers, isolation centers and the broader community where project workers may be exposed to the virus. Project workers are also at more serious risk of psychological distress, fatigue and stigma due to the nature of their work.Labor influx is not a risk in this Project.

Subcomponent 1.2 of the project will finance protective equipment (facemask, gowns, gloves), supplies, garments etc, and providing training to health care personnel on COVID-19 clinical care protocols as necessary. The project will ensure the application of OHS measures for health workers and those working in laboratories as outlined in WHO guidelines which will be captured in the Project's Labor Management Procedures (LMP).

The MoH, in the ESCP, has committed to the preparation of Labor Management Procedures (LMP) as part of the ESMF. The LMP encompasses procedures that focus on occupational health and safety, including entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and personal protective equipment (PPE); ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSGs and industry specific EHSGs and follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally. The LMP will also have measures related to managing overtime work, prohibition on child or forced labor, and also a worker's GRM will be detailed out. As a worker's GRM, MoH has already in place a specialized hotline and online feedback mechanism established for health workers only to allow workers to quickly inform management of labor issues, such as a lack of PPE, unreasonable overtime, stress and any SEA/SH related issues at workplace via the Ministry of Health. This worker's GRM allows anonymous grievances and has an appeal's process in place. Additional adjustments will be made in the worker's GRM as needed during implementation. Ministry of Health of Turkey has published relevant training materials and information on usage of PPEs in relation with COVID19 health measures and its national pandemic plan which was recently updated in April, 2, 2020. These detailed guidelines are in line with WHO guidelines and covers all health staff and other workers (drivers, cleaning people etc) who deals with COVID19 cases in health facilities at various levels.

Under the emergency health situation, the MoH in Turkey has taken emergency measures on health workers by restricting right to resign and leave for a 3-month period. The LMP to be prepared by MoH will ensure that health workers involved in the project implementation will have adequate rest time and receive overtime, in line with the national legislations for health workers, and it will include measures and guidance from WHO on use of PPE and work place protective measures. Under the emergency measures of MoH, minimum rest periods, breaks during overtime hours, rotational work modalities of health workers and overtime pay are already in effect and these will be documented in the LMP. Relevant national legislation, which are applied to both project and non-project workers in health care facilities and laboratories, will be documented in the LMP, together with the above-mentioned measures in place to safeguard health workers, including adequate rest time, breaks and overtime pay.

The Turkish OHS Law classifies health sector work as 'highly hazardous' due to the physical, chemical, biological, ergonomic, security and psycho-social risks of the working conditions that health workers face. Turkey's Labor Law forbids the use of child labor. In accordance with ESS2 and Turkish Labor Code (No.4857) and Occupational Health and Safety Law (No.6331), due to the hazardous nature of work, persons under the age of 18 will not be allowed to work in project activities.

ESS3 Resource Efficiency and Pollution Prevention and Management

Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, ICUs, quarantine facilities, and screening posts to be supported (drugs, supplies and medical equipment) can have a substantial impact on the environment and human health, if not appropriately collected, treated and disposed of. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment as well as used PPEs of the healthcare workers.

Each beneficiary medical facility/lab will follow the requirements of the ICMWP to be prepared as a part of the ESMF, addressing WHO COVID-19 guidance documents, and other good international practices to prevent or minimize potential adverse impacts. The ICWMP will mandate that any waste associated with COVID-19 testing or treatment be incinerated or sterilized and then disposed in licesned, appropriate off-site facilities. It will also contain strict protocols for disinfecting and packing such waste for transportation to the nearest approved medical waste incinerator/sterilization facility. The ICWMP will also include guidance related to transportation and management of samples and medical goods or expired chemical products. Resources (water, air, etc.) used in health care and quarantine facilities and labs will follow standards and measures in line with MOH and WHO environmental infection control guidelines for medical facilities. The ICWMP will assess and integrate the measures set forth with the respective regulations, guidelines, and practices for management of medical wastes, by the relevant ministries including MoEU and MoH in Turkey.

According to the national Regulation on Medical Waste Management, the medical wastes are identified as infectious wastes, pathological waste and sharps. The regulation outlines the responsibilities of the municipalities as being the

governing authorities for medical waste management including establishment of medical waste management plans and medical waste processing facilities, transportation of medical wastes from the healthcare facilities and safe disposal of the wastes, at the provincial level. The health care facility level requirements are extending from waste minimization and segregation at the source, safe collection and temporary storage of the medical wastes on site and having agreements for safe collection, transport and disposal of the medical wastes as well as preparation of medical waste management plans. The technical properties, utilization and disposal of the medical waste storage bags and containers are also defined in the regulation. Off-site transportation details are also clearly described including licensing, specifications and requirements with respect to vehicles and drivers. Medical waste processing and disposal techniques are addressed including sterilization (and respective validation) and incineration. The residual waste from sterilization are disposed to type II landfills in accordance with national regulation on landfilling of wastes. The waste management plan prepared by the healthcare facilities should include: 1. Waste minimization applications, 2. Waste segregation principles at the source including details of the containers and equipment to collect wastes, 3. details on equipment and vehicles that will be used for on-site transportation, 4. Locations for the collection equipment, schedule for collection and route, 5. Temporary storage location and properties on site 6. disinfection means for the vehicles and equipment used for collection and on-site transportation, 7. precautions to be taken against incidents, 8. Personnel responsible for collection and on-site transportation of medical wastes, 9. Off-site transportation of medical waste to sterilization/incineration facilities, 10. Properties of the specific sterilization/incineration facility, and 11.

Recording and reporting requirements. MoH has also developed Quality Standards in Healthcare Facilities (QSHF) including provisions regarding implementation of appropriate medical waste management practices in accordance with the Regulation on Medical Waste Management through the national Regulation on Improvement and Assessment of Healthcare Services (lastly amended in 2017). MoH and the provincial directorates periodically implement performance assessment based on the QSHF. Healthcare facility employees also receive regular trainings including waste management practices, as required by the Law. The medical wastes in Turkey are managed through sterilization and incineration facilities with sufficient capacity, as MoH confirms.

ESS4 Community Health and Safety

Medical wastes and general waste from the labs, health care facilities have a real potential of carrying micro-organisms that can infect the community at large if they are is not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., earthquakes). Laboratories, health care facilities, and screening posts, will thereby have to follow procedures detailed in the ICWMP (see ESS 3 above). The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international good practice as outlined in WHO guidance for COVID-19 response as above under ESS 1 and ESS 2.

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

Moreover through the implementation of the SEP, the project will actively promote sound community health and safety practices in the management of COVID-19 through MoH's guidelines which are in line with WHO guidelines for identification, prevention and control of COVID-19.

In terms of gender based violence and sexual exploitation and abuse, the risks associated directly with project activities are deemed low. Project activities do not involve civil works and will not lead to labor influx, nor does the project directly support quarantine or hiring workers, security personnel or even supporting their salaries.

The Project will not support any security personnel, hence risks associated with the use of security personnel by the Borrower/health facilities are deemed to be low. All hospitals hire their own security personnel and are deployed in line with national police law which also includes screening on engagement of unlawful or abusive behavior.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not considered Relevant. Project activities are not expected to involve land acquisition, physical or economic displacement, or restriction of access to natural resources. There will be no construction or refurbishment works supported under the project.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

All works will be conducted within the existing footprint of facilities; hence, this standard is not relevant to the proposed project interventions.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is considered Not Relevant as there are no people in Turkey meeting the criteria in ESS7 for IP/SSAHUTLC.

ESS8 Cultural Heritage

This standard is not Relevant. The project is not expected to support any construction or rehabilitation activities that would involve activities that could have an impact on tangible or intangible cultural heritage.

ESS9 Financial Intermediaries

This standard is Not Relevant to the proposed project interventions, as no financial intermediaries will be used.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways	No

OP 7.60 Projects in Disputed Areas No

III. BORROWER'S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
Maintain a Project Management Support Unit (PMSU) with qualified staff and resources to support management of ESHS risks and impacts of the Project, including one environmental and one social specialist	05/2020
Prepare, disclose, adopt, maintain and implement an Environmental and Social Management Framework (ESMF), in a manner acceptable to the Bank	05/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Update, disclose, adopt and implement a Stakeholder Engagement Plan (SEP)	05/2020
Maintain and operate a grievance mechanism, as described in the SEP.	05/2020
ESS 2 Labor and Working Conditions	
Prepare, disclose, adopt and implement a Labor Management Plan (LMP), as part of ESMF, with worker's GRM, in a manner acceptable to the Bank	05/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Prepare, disclose, adopt and implement the Infection Control and Waste Management Plan (ISWMP) as part of ESMF, in a manner acceptable to the Bank	05/2020
ESS 4 Community Health and Safety	
No specific deliverable; addressed under ESMF	05/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

B.3. Reliance on Borrower's policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where "Use of Borrower Framework" is being considered:

NA

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Ministry of Treasury and Finance

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

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