



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 05/08/2020 | Report No: ESRSA00801



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Serbia	EUROPE AND CENTRAL ASIA	P173892	
Project Name	Serbia Emergency COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	5/8/2020	5/22/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Serbia	Ministry of Health		

Proposed Development Objective(s)

The Project Development Objective is to respond to the threat posed by COVID-19 and to strengthen the national health system for public health preparedness in Serbia.

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 PDO will be achieved through the implementation of activities that support further prevention of COVID-19 transmission combined with activities that strengthen the health system’s capacity for disease management. Both approaches are essential to the immediate response and will serve the dual purpose of simultaneously strengthening the health system beyond the current crisis for the medium term. Financing from this support is from the FTCF. The project will have two components:

- i). Emergency COVID-19 Response: procurement of essential protective equipment and other essential items to protect healthcare workers and patients; risk communication, community engagement and behavior change, including social distancing measures and associated mitigation strategies. Emergency Health System Capacity



Strengthening for COVID-19 Case Management: Strengthening the centralized and decentralized health system capabilities for disease surveillance, case management, and infection prevention and control (IPC).

ii). Implementation Management and Monitoring and Evaluation (M&E): Strengthening of public structures for the coordination and management of the project, including central and regional arrangements for coordination of activities, financial management, procurement, and social and environmental management.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social] Serbia is located in Central and Southeastern Europe on Balkan Peninsula with surface area of 88,499 km², border length of 2,026 km and population of approximately 7,2 million citizens. Serbia includes 30 districts with 198 municipalities.

Serbia is a landlocked country rapidly managing evolving political and economic background after having passed through dramatic transitions and is now a candidate country for accession to the European Union. Since 2016 there is a strong political will and commitment to reforms across the key sectors including health, yet the system experiences under-performance due to systemic weaknesses. Some of the country policy priorities are expanding access to health care for marginalized groups, reducing disparities and improving the quality of care and health outcomes, and reducing the fiscal risk related to personal spending on health.

Beginning March, Serbia was hit with the global pandemic of COVID-19. By April 23, 2020, the total number of registered cases in the country is 7276 with 139 associated deaths and 1063 recoveries. The greatest concentration of cases are in Belgrade (as of March 29, 2020). A number of cases registered are linked with contacts with infected persons from the other countries in the region, but also from the significant number of persons that were employed abroad who are now returning home. Containment measures include establishment of tents at border crossings for quarantine and mandatory self-isolation of those entering the country. However, non-compliance with the isolation measures is often noted. On March 15, the state of emergency was declared in Serbia and Non-Pharmaceutical interventions (NPIs) - such as physical distancing, etc- were applied progressively as of then which are expected to have a strong impact on bending the epidemic curve.

All project activities will be implemented countrywide (case detection, confirmation, contact tracing, physical distancing measures, health system strengthening such as development of strategies to increase hospital bed availability, establishment and refurbishment of specialized units in selected hospitals etc). At this time, neither the specific facilities nor their location to be supported are yet specified. The activities will serve the dual purpose of simultaneously strengthening the health system beyond the current crisis for the medium term complemented by adequate risk communication and community engagement, training and enhancement of emergency preparedness and response ability for this pandemic.

Activities such as strengthening of laboratories and intensive care units, as well as quarantine and isolation centers may have adverse environmental and social impacts, such as those related to medical and general waste disposal. There is also serious risk of infection to front line workers including medical staff, waste pickers, laboratory technicians and community social workers. Vulnerable groups (identified below) such as the elderly, immune



compromised and poor are seen as vulnerable due to the risk of them being more susceptible to infections but also unequal access to medical benefits.

No major civil works are expected under this project, however, works are expected on existing facilities, hospitals and clinical centers, to establish, upgrade or adapt isolation and care. No land other than within the grounds of existing facilities, or unencumbered public land, will be used, hence no land acquisition and involuntary resettlement impacts are expected.

The Stakeholder Engagement Plan (SEP) has identified primary stakeholders and will guide all outreach and communication for all project activities to target beneficiary groups, and will include a focus on ensuring vulnerable groups are included in project information.

All environmental and social risks such as medical waste, worker safety etc. will be addressed through the Environmental and Social Management Framework (ESMF) to be developed for the Project, which sets out environmental and social (E&S) risk assessment requirements of each activity (including all refurbishments and/or construction). It provides guidance on the preparation of site specific Environmental and Social Management Plans (ESMPs) as well as Infection Control and Medical Waste Management Plans (ICMWMPs) where needed. The ESMF will include Labor Management Procedures (LMP) with a section on Occupational Health and Safety (OHS) to be followed for project workers.

The ESMF will consider national and international protocols for infectious disease control and will include updated provisions on medical waste management. Healthcare Waste Management (HCWM) system was introduced in the Republic of Serbia since 2007 with the support of the European Union. Since then, the amounts of waste treated, prior to landfill, have steadily increased and more and more healthcare institutions adopted HCWM systems. In parallel large numbers of healthcare workers were trained in proper HCWM. Although there is a Rulebook on Medical Waste Management (OG No 48/2019) that regulates the manner and procedures of medical waste management as well as the contents of the plan of medical waste management from facilities where human health care is provided, still the whole HCWM system is not fully functional for all facilities and regions. Any identified gaps in the medical waste management system will be addressed through the ESMF and mainly through the Infection Control and Medical Waste Management Plan (ICMWMP).

D. 2. Borrower's Institutional Capacity

The Project will be implemented over a period of 3 years with the Ministry of Health (MOH) as the key implementing agency. MoH would be accountable for execution of project activities and would rely on its existing structure and the Project Coordination Unit (PCU) established to implement the World Bank supported Second Serbia Health Project SSHP (P129539) prepared under the WB Safeguard Policies which will assume the responsibility for project implementation. The Coordinator (Head) of the PCU will be the Project Director providing oversight, supporting and facilitating coordination of project implementation with relevant institutions, authorities including the national Emergency Response Teams.

The PCU is already staffed with a financial, management, procurement, grant, environmental, citizen engagement and Roma mediation specialist and a technical staff responsible for social protection and health yet additional staff will be brought aboard. The PCU currently has one part-time environmental specialist (working 2-5 days per month) mainly overseeing refurbishment works on radiotherapy facilities. Although there is institutional experience in implementing WB supported Projects, the SSHP was categorized as category 'C' (relevant to the environment and social OPs). The



performance of the E&S was rated by the World Bank systematically between Moderately Satisfactory and Satisfactory since 2017. The social performance was supervised largely in the area of Roma outreach and mediation and the environment performance has been based mainly on the supervision of safeguards associated with the civil works for radiotherapy centers.

The PCU capacity will therefore be expanded to take into account the substantial risk profile of the project, and expanded scope of the ESF. As per the Environmental and Social Commitment Plan (ESCP), MoH will ensure that one additional environmental specialist and one social specialist are appointed for the COVID 19 emergency operation, and that the citizen engagement and Roma mediation specialist are trained to implement the SEP. It is also expected that the enhanced oversight from the World Bank E&S Team will be required and further capacity assessment and rate of progress of implementation will identify where training and further capacity building will be needed.

The PCU will support relevant technical units in the Ministry, and directly implement certain technical activities, including procurement of medical supplies, equipment, communication and monitoring. Some other activities, such as training may be outsourced to third parties through contractual agreements acceptable to the WB. The PCU will report directly to the Minister of Health.

PCU will be responsible for carrying out stakeholder engagement activities, while working closely together with other entities, such as local government units, media outlets, health workers, etc. The nature of the project requires a partnership and coordination mechanisms between national, regional and local institutional stakeholders to implement behavior change communication activities. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

Public Disclosure

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

A. Environmental and Social Risk Classification (ESRC) Substantial

Environmental Risk Rating Substantial

The project will have long-term positive impacts, both socially (curbing the disease spread, improved COVID-19 surveillance, monitoring etc) and environmentally (improved medical waste management), but there is a number of substantial short-term risks that need to be considered.

The main environmental risks identified are: (i) occupational health and safety (OHS) for medical staff, laboratory staff and communities in the course of detection, transportation of patients/tests/chemicals and reagents, and treatment stages of the COVID-19 cycle; and (ii) risks related to collection, transportation and disposal of medical waste management.

To mitigate these risks the MoH will prepare an Environmental and Social Management Framework (ESMF) as the guiding instrument in addressing and mitigating community, environmental and OHS risks in Project implementation. The ESMF will include, but not be limited to (i) rules and procedures for safe collection, transport, storage and



disposal of contaminated and other medical waste; (ii) rules and procedures in line with the national regulation, international good practices and WHO standards on COVID-19 response on controlling viral contagion in healthcare facilities, (iii) procedures and measures addressing risks for planned civil works at healthcare facilities. Furthermore, the ESMF will also include a review of relevant parts of WHO COVID-19 quarantine guidelines and COVID-19 bio-safety guidelines to cover all relevant OHS and Community risks and measures.

In addition to the ESMF, the client will implement the activities listed in the ESCP. The project will support minor rehabilitation works (repair) of Intensive Care Unit (ICUs) in selected hospitals. The location of ICUs will be selected based on existing services and human resources capacities and expanding geographical access to health care services in order to ensure equitable access to highly specialist care across the country. All works will be interior and implemented within the existing footprint of the target facilities; thus, the environmental impacts are expected to be low in magnitude, reversible, predictable and temporary. As asbestos is widely used material in Western Balkans, the ESMF will include related mitigation measures for civil works as well as exclusion criteria for establishing medical units in asbestos-risk environment.

Social Risk Rating

Substantial

The social risks are considered Substantial. The risks and impacts are considered temporary, predictable and can be readily managed through the Project design features and instruments designed within the Project. In addition the Project will largely have long term positive social impacts insofar as it should improve COVID-19 detection, monitoring, treatment and containment. However without adequate controls and procedures project activities ranging from medical facility operation to on the ground public engagement exercises can add to the risk of transmission and spread from quarantined /hospitalized persons to medical and support staff.

Component 1 activities are the source of all social risks of the Project. The activities pose increased health and safety risks for project workers, particularly those working in medical, quarantine and laboratory facilities, stemming from improper disposal of medical waste, contacts with infected persons, and/or inadequate OHS measure. The risks of infection in addition to above groups pose a risk to the public at large as well. Access to Personal Protective Equipment (PPE), procedures around medical waste disposal, relevant OHS measures and clear communication of risks and prevention measures to all persons at risk is required.

Another central social risk is around vulnerable and disadvantaged groups (elderly, disabled, chronically diseased, people with no health insurance, migrants, single parent headed households, economically marginalized and disadvantaged groups especially residing in geographically challenging areas, Roma, residents of shelters/care facilities, prisoners) who could experience inequitable access to project supported facilities and services because of their qualifying characteristics which could lead to social unrest and tensions and possible increase of their vulnerabilities. The potential risk of contamination on waste pickers (secondary raw materials collectors) who are primarily Roma is present and will be addressed as described in ESS4 below. Targeted information sessions will be tailored for these groups on COVID-19 to inform them about the virus, the diseases it causes and how to protect themselves from infection with increased emphasis on hand and general hygiene, respiratory etiquette, and use of PPE.

GBV risk associated with this Project and in Serbia is assessed as low, yet the grievance redress mechanism (GRM) shall be strengthened with procedures to handle allegations of GBV/Sexual Exploitation and Abuse and Sexual Harassment violation risks. The ESMF shall incorporate the requirement for WHO Code of Ethics and Professional

Public Disclosure



Conduct for all workers, as well as provision of gender sensitive infrastructure and segregated toilets in workplaces, isolation/quarantine centers. The ESMF will have measures to ensure female front-line workers are kept safe and free from pressure in health facilities, and in designated quarantine locations. Health care workers shall be trained to properly identify GBV risks and cases and facilitate appropriate and timely referrals. The SEP has specific outreach techniques designed for elderly women.

Social risks associated with Component 1 will be addressed through the Project's ESMF which will incorporate the Labor Management Procedures (LMPS), SEP (including the GRM) in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response. The Borrower will commit to this through the Environmental and Social Commitment Plan (ESCP).

The Project incorporates budget for outreach activities and community engagement strategies in component 1, which will be guided by the SEP, and which will minimize the risk of exclusion of the vulnerable individuals and groups, both with regard to accessing project benefits but also to be included in the Project M & E.

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:

This standard is relevant. The Project is expected to have overall 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. Nonetheless, due to the dangerous nature of the pathogen and response activities that include management of chemicals, contaminated waste, and civil works, etc., there are wide-ranging environmental and social risks and impacts that will need to be assessed and managed through a risk-based approach.

To manage these risks and their related impacts, MOH PCU, in coordination with national and international partners, will develop and implement two major E&S instruments, the ESMF and SEP. Based on these instruments further tailored risk management plans and communications strategies to promote the Project objectives will be prepared, primarily site-specific ESMPs Checklists and Infection Control and Medical Waste Management Plan (ICMWMP).

The primary risk includes:

- (i) Occupational Health and Safety issues. Workers in healthcare facilities, quarantine centers and laboratories are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. Infections associated with the healthcare due to inadequate application of OHS standards can result in illness, including fatalities, as well as further spread of the disease in the community. A part of the further virus spread risk is management of medical waste generated in laboratories, intensive care, testing units and other facilities. If not adequately handled and treated, the waste can also become a vector in spread of COVID-19. To tackle these risks, the ESMF will include template for ICMWMP that will contain detailed procedures for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary personal protective equipment (PPE) based on WHO guidance as well as international good



practices in COVID-19 diagnostic testing and other response. Preparation of ICMWMP will build on existing national regulation (e.g. the Rulebook on Medical Waste Management (OG No 48/2019)) and medical waste management system. The ESMF will further include conditions in the form of exclusion list for laboratory and other facilities (e.g. intensive care units) ensuring adequate infrastructure and capacity is in place for implementation of sensitive Project activities.

(ii) Community health and safety related risks. All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The operation of laboratories and health centers have a high potential of infecting the community at large if they are not properly managed and controlled. The project's ESMF will outline procedures for each project activity commensurate to the risk.

(iii) Environmental risks related to minor civil works for establishment and refurbishment of specialized units in selected hospitals as well as works to accommodate new equipment. For these works ESMF will include templates for site-specific ESMP and ESMP Checklist as well as screening, preparation, review and consultation procedures with clearly distributed responsibilities. The envisaged work will be small-scale civil works (rehabilitation, adaptation, refurbishing) on interiors to accommodate new units and/or equipment. Expected impacts from these activities will be typical for small construction works, therefore predictable and readily mitigated, localized, impacts that include, but are not limited to: emission or dust, emission of noise, waste waters, construction waste and small quantities of hazardous waste and risks to workers (OHS) and users of facilities.

(iv) Possible risks around exclusion of Vulnerable Groups Access to Project supported Services and Facilities. A key social risk related to this kind of an operation is that marginalized and vulnerable social groups are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. Real or perceived inequities also have the potential to lead to conflicts and citizen unrest. To mitigate this risk the MOH, in the ESCP, will commit to the provision of services and supplies to all people, regardless of their social status based on the urgency of the need, in line with the latest data related to the prevalence of the cases. In addition, the SEP has identified specific vulnerable groups with regard to project activities and includes a strategy to target these groups to enhance their access to project benefits and inclusion in Project M & E.

(v) Gender risks. There is low risk associated with the Project and in the Country in relation to Sexual exploitation, Abuse (SEA) and Sexual Harassment yet promotion of avoidance of SEA relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities and provision of gender sensitive infrastructure and segregated toilets shall be included in the ESMF. Health care workers shall be trained to properly identify GBV risks and cases and facilitate appropriate and timely referrals.

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

ESS10 Stakeholder Engagement and Information Disclosure

This standard is relevant. The urgency of this project has allowed an initial SEP to be developed as the starting point of an iterative process to develop a more comprehensive SEP. It is expected to be updated 1 month after the project Effective date.



The project recognizes the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. The SEP serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities that serve as an effective communication tool for consultations and disclosure; (iii) outreach strategies to vulnerable groups; (iv) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the SEP; and (v) a grievance redress mechanism (GRM).

The SEP will be updated with more detailed mapping of stakeholders and refined consultation strategies and modalities with due consideration of non-pharmaceutical interventions (NPI's) in place at such time. The preliminary SEP identifies key stakeholders (i.e. affected parties, other interested parties and disadvantaged and vulnerable groups) 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. Direct beneficiaries have been identified as COVID-19 patients and their families, people in quarantine/isolation centers and their families, front line health workers and technicians in facilities, hospitals, laboratories, public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians, sanitary workers), and vulnerable groups as identified. Other interested parties such as media, NGOs etc. have also been mapped.

The project, through the SEP and communication strategy will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable groups are detailed in the SEP and include (a) ensuring community engagement teams are gender-balanced; (b) consider provisions for childcare, transport, and safety for women; (c) targeting measures to areas where Roma live to inform them about safety measures, benefits and potential risks and commensurate risk prevention measures to be considered during their waste picking activities; (d) education materials for pregnant women on Covid-19 prevention; (e) tailor messages to elderly (especially women) and those with medical risks including their target family members and health care providers; and (f) provide information for disabled in accessible formats, like braille, large print; text captioning; videos etc. Communication strategies have already been put in place targeting the vulnerable groups to understand their concerns and needs in terms of accessing information, medical facilities and services and other challenges they might face in their working or home environment.

Coordinated stakeholder engagement will not only help with the implementation of the community mobilization and behavioral change objectives of the project, but also help suppress false COVID-19 related information and ensure equitable access to services, and to counteract the isolation and uncertainty that comes from people being kept in quarantine. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in WHO guidance. The project will allocate a special fund for communication and engagement that will support the SEP implementation. The project implementation will be in compliance and fit to government actions and measures which are daily communicated through various channels of communication and disclosed. The plan will be disclosed on the PCU and MOH websites (<https://www.zdravlje.gov.rs>) and outreach media.



The client has developed and put in place under the exiting project (SSHP) a GRM and this will be tailored to meet the Project standards and to enable stakeholders to air their concerns/ comments/ suggestions. This will be managed from the PCU and information on access channels will be delivered as part of the SEP and communication outreach to all potential project beneficiaries. The GRM shall including adequately trained staff with GRM responsibilities, community awareness tools, grievance lodging tools, and investigation and feedback processes and will be operational within one month from the Effective date. The updated SEP will have details on the environmental and social risks associated with the Project activities and refined consultation strategies and modalities with due consideration of measures in place at such time and the appeal process for unresolved grievances before referring to legal recourse. The approach to stakeholder engagement shall guide all project activities including the process of updating the ESMF .

The final SEP (and GRM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). A dedicated hotline and email will be established for grievances and feedback.

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

This standard is relevant. The project workforce is expected to include i) direct workers including government staff and consultants engaged directly by the PCU, health care workers, and ii) contracted workers employed or engaged through third parties including to do the minor civil works.

Activities encompass thereby treatment of patients as well as assessment of samples, outreach activities and minor civil works. The key risk for the project workers is contamination with COVID-19 or other contagious disease which can compromise the health and lead to death. Risky environments include laboratories, hospitals and health care centers, isolation centers and interaction with the broader community where project workers may be exposed to the virus. Project workers are also at higher risk of psychological distress, fatigue and stigma due to the nature of their work. The Project will ensure the application of OHS measures as outlined in WHO guidelines captured in the ESMF. This encompasses procedures for entry into health care facilities, including minimizing visitors, undergoing stringent protocols for admittance and release of patients, ensure adequate and adequacy of PPP supply in line with general EHS Guidelines and building upon experience gained over time.

The civil works will be of minor scale, with no large scale labor influx, and thus pose limited risks from construction activities, but workers will have access to necessary safety equipment, PPE and hand washing stations at minimum.



The ESMF will include Labor Management Procedures (LMP) and sections on Environment Health and Safety (EHS) which (i) responds to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Health and safety issues associated with project financed activities will incorporate the WHO guidance tools for COVID-19 preparedness and healthcare facility management with the information, procedures, and tools required to safely and effectively work.

The necessary protocols for treating patients and handling medical waste, disinfectant protocols, regular testing of healthcare workers, requirements for proper disposal of sharps, along with the environmental health and safety guidelines for staff and necessary Personal Protective Equipment (PPE), will be included in Infection Control and Medical Waste Management Plan (ICMWMP) to be adopted by and then implemented by specific facilities and laboratories participating in the Project.

No child or forced labor is permitted under the Project.

ESS3 Resource Efficiency and Pollution Prevention and Management

This Standard is relevant. Pollution prevention and management – specifically medical waste management – will be a particularly important activity under the Project. Medical waste management will be particularly important under the Project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from beneficiary medical facilities will need to be safely and properly collected, stored, transported and disposed (both used goods as well as samples or expired medical goods). Serbia has a good waste management legal framework which covers all the measures regarding this kind of waste and its treatment, but it needs to be applied properly in every healthcare facility.

Following the requirements of ESMF to be prepared for the Project, WHO COVID-19 guidance documents, and other good international practices, every beneficiary medical facility will prepare and follow an ICWMP to prevent or minimize potential medical waste impacts. The ESMF should also contain details of potential small-scale rehabilitation activities and ensure that the site specific ESMPs will include procedures for construction waste management. For facilities with asbestos insulation, pipe lagging, etc. the ESMF will include related mitigation measures in the case of civil works as well as exclusion criteria for establishing medical units in asbestos-risk environment.

ESS4 Community Health and Safety

This Standard is relevant. In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID-19. Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a potential of carrying micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). Every beneficiary medical facility will thereby have to follow procedures detailed in the ESMF and ICMWMP (see ESS 3 above).



The project's ESMF will outline procedures for project activities commensurate to the risk including (i) how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines); (ii) measures in place to prevent or minimize the spread of infectious diseases; (iii) emergency preparedness measures. The operation of laboratories, health centers and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. There is also 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. The project ESMF and the Infection Control and Medical Waste Management Plan (ICMWMP) will include relevant procedures for the operation of these facilities.

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

It is unlikely that quarantine and isolation centers are to be protected by security personnel, but giving the State of Emergency declared in county it will be ensured that if security personnel are engaged they follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it. If Serbia's military or police forces are mobilized as part of the government's response to the emergency, the Project will take measures to ensure that, prior to deployment such personnel are: (i) screened to confirm they have not engaged in past unlawful or abusive behaviors, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in ESMF; and (iii) deployed in a manner consistent with applicable national law.

Roma population have a higher infection risk due to their living environment which is crowded and often lacks amenities like running water and waste disposal, thereby compromising hygiene. Specifically, their common engagement activities in the green economy such as collection of secondary raw materials (waste picking) may also expose them to the infection risks. This will be mitigated by providing active outreach and targeted information sessions for these groups on COVID-19, to inform them about the virus, the disease it causes and how to protect themselves from infection by use of PPE, increased emphasis on hand and general hygiene and respiratory etiquette. These measures shall be adequately detailed in the ESMF and SEP as appropriate.

Gender-based Violence. Serbia and project activities are assessed as low risk on Gender-based Violence. Some project activities may give rise to the risk of Sexual Harassment (SH) risks. In response, the GRM shall be strengthened to handle allegations of GBV/SEA/SH. The ESMF will include a GBV risk assessment and preventive measures, commensurate with the risk. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers, as well as the provision of gender-sensitive infrastructure and adequate lighting in isolation centers.



ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This Standard is currently not relevant. The Project is not expected to support construction or rehabilitation works of sizable extent beyond physical footprints of existing facilities. Minor works are expected to facilitate establishment segregation of isolation units or quarantine wings in hospitals from other units, or refurbishment and adaptation of non-medical facilities into ad-hoc quarantine/isolation facilities. These however will be within the existing right of way, on vacant state-owned land, without the need for land acquisition and involuntary resettlement impacts. The project’s ESMF will outline a screening, due diligence and public consultation process to ensure proposed project sites can be utilized for project supported civil works.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not currently relevant. The Project is not expected to support any significant construction activities that might jeopardize the integrity of biodiversity or living natural resources.

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

This standard is not relevant to the proposed project. Serbia does not have distinct social and cultural groups as defined by ESS7.

ESS8 Cultural Heritage

This Standard is not currently relevant. With regard to tangible heritage, there are no significant construction activities anticipated and any physical works will be limited to rehabilitation or upgrading of existing facilities, entirely within their existing footprint. Should any new activity arise, a Chance Finds procedures will be included in the ESMF. No activities with a likely impact on intangible cultural heritage are under consideration.

ESS9 Financial Intermediaries

This standard is not relevant. 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)

Public Disclosure



Public Disclosure

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
To address the Borrowers capacity related risk, the PCU shall appoint an Environmental and Social specialist on or about 1 month after the Effective date and before carrying out the relevant Project activities .	06/2020
Prepare a project ESMF Timeline: The ESMF will be finalized on or about 1 month after Effective date. Between Project approval and approval of the ESMF, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	
Updated Stakeholder Engagement Plan (SEP). The SEP will be updated and re-disclosed on or about 1 month from Effective date and continuously updated afterwards throughout Project implementation.	06/2020
Accessible grievance mechanisms as per SEP shall be operational and made publicly available to receive / facilitate resolution of concerns and grievances in relation to the Project. The GRM to be updated on or about 1 month from Effective date.	06/2020
ESS 2 Labor and Working Conditions	
Labor Management Procedures Timeline: The LMP as part of the ESMF will be finalized on or about 1 month form the Effective date. A worker`s GRM shall be established	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Relevant aspects of this standard shall be considered, as needed, under action 1.2 above, including, inter alia, measures to: manage health care wastes, and other types of hazardous and non-hazardous wastes.	05/2022
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered and incorporated into the ESMF.	06/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
Not Relevant	05/2022
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
Not relevant.	



ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
Not relevant.	
ESS 8 Cultural Heritage	
Not currently relevant.	
ESS 9 Financial Intermediaries	
Not Relevant.	

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:

N/A

IV. CONTACT POINTS

World Bank

Contact:	Gyorgy Bela Fritsche	Title:	Senior Health Specialist
Telephone No:	473-7203	Email:	gfritsche@worldbank.org

Borrower/Client/Recipient

Borrower: Republic of Serbia

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

Public Disclosure



The World Bank

Serbia Emergency COVID-19 Response Project (P173892)

The World Bank

1818 H Street, NW

Washington, D.C. 20433

Telephone: (202) 473-1000

Web: <http://www.worldbank.org/projects>



VI. APPROVAL



Task Team Leader(s):	Gyorgy Bela Fritsche
Practice Manager (ENR/Social)	Valerie Hickey Cleared on 08-May-2020 at 10:26:2 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 08-May-2020 at 15:15:28 EDT