



REPUBLIC OF TURKEY
MINISTRY OF HEALTH

TURKEY EMERGENCY COVID-19 HEALTH PROJECT (P173988)

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK

FINAL

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Background

An outbreak of Coronavirus Disease 2019 (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, when the first cases were diagnosed in Wuhan, Hubei Province, China. COVID-19 has been detected (as reported) in 223 countries to date.¹ On March 11, 2020, the World Health Organization (WHO) declared the rapidly spreading Coronavirus outbreak a pandemic, acknowledging what has seemed clear for some time-the virus will likely spread to all corners of the globe. As of January 27, 2022, the total number of COVID-19 cases detected world wide was 360.578.392, out of which there have been 5.620.865deaths.² The first case in Turkey was reported on March 11, 2020. As of January 27, 2022, the number of cases reported has reached 10.339.097, out of which there have been 84.445 deaths.³ For the period of January 8-14, 2022, newly reported cases per 100,000 are highest in northwest, north east and southern provinces of Turkey⁴ (Figure 1). For the same period, bed occupancy rate is 56.7 percent, Intensive Care Unit (ICU) occupancy rate is 70 percent and ventilator occupancy rate is 30.6.

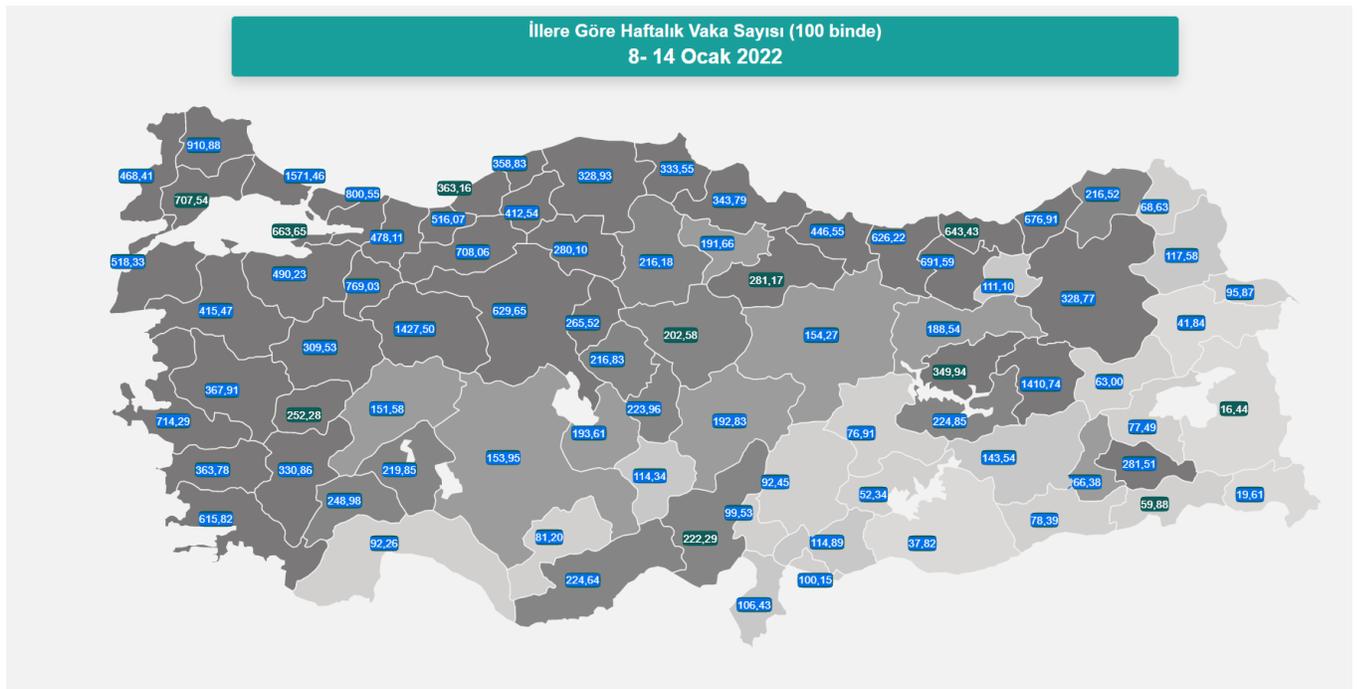


Figure 1: Weekly reported cases per 100,000 by province, January 8-14, 2022

COVID-19 is one of several emerging infectious diseases outbreaks in recent decades have begun with animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough and shortness of breath. In general,

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> accessed on April 6, 2021

² <https://covid19.who.int/> accessed on January 28, 2022

³ Ministry of Health, Republic of Turkey, <https://covid19.saglik.gov.tr/> accessed on January 28, 2022

⁴ Ministry of Health, Republic of Turkey, <https://covid19.saglik.gov.tr/> accessed on January 28, 2022

studies of hospitalized patients have found that about 83 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough and 11 percent to 44 percent develop fatigue or muscle aches.⁵ Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent of the people worldwide confirmed as having been infected have died, the WHO has been careful not to describe that as a mortality rate or death rate, because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact of this disease.

The Turkey Emergency COVID-19 Response Project (the Project) has been covered within the scope of the emergency response to the Republic of Turkey under COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) approved by the World Bank’s Board of Executive Directors on April 2, 2020, with an overall Program financing envelope from IDA and IBRD, and triggered paragraph 12 of the Investment Project Financing (IPF) Bank Policy. IPF projects under the Fast Track COVID-19 Facility (FTCF) do not need to process individual requests to take advantage of the flexibilities under paragraph 12 of Section III of the IPF Policy. This flexibility was granted to all IPF projects under the Facility through the Memorandum “Streamlining the processing of IPF operations financed under the Fast Track COVID-19 Facility”.

The Project, as a new investment lending, has been prepared under the global framework of the World Bank COVID-19 Response financed under the FTCF, with financing from Turkey’s IBRD allocation, together with the Ministry of Health of the Republic of Turkey (MoH), as the implementing agency.

The Project Development Objective (PDO) is to prevent, detect, and respond to the risk posed by COVID-19 in Turkey. The objectives are aligned to the results chain of the COVID-19 SPRP.

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 include: (i) Emergency COVID-19 Response (ii) Project Management, Monitoring and Evaluation.

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, through investments in the strengthening the capacity of intensive care units (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

⁵ Del Rio, C. and Malani, PN. 2020. “COVID-19—New Insights on a Rapidly Changing Epidemic.” JAMA, doi:10.1001/jama.2020.3072

the Government of Republic of Turkey to respond to the pandemic (as well as prepare for future pandemics) and, ultimately, decrease COVID19-related morbidity and mortality in Turkey.

The project activities are mostly confined to procuring goods and supplies (ventilation units, diagnostic equipment, test kits, reagents, and protective equipment such as googles, surgical masks, gloves, aprons, gowns) for health facilities and laboratories and will be implemented country wide. The specific locations and types of the relevant facilities to be benefitting from the Project are not identified at this stage but can only be known during implementation. Therefore, this ESMF has been prepared, which sets out the principles, rules, guidelines and procedures to assess the potential environmental and social risks and impacts in accordance with national legislation and the Environmental and Social Standards (ESSs) of the World Bank's ESF. Specifically, the ESMF:

- contains measures and plans to reduce, mitigate and/or offset adverse risks and impacts;
- establishes procedures for the E&S screening, review, approval, and implementation of activities;
- specifies institutional arrangements, responsibilities and capacity building needed to successfully implement the provisions of the ESMF;
- addresses mechanisms for public consultation and disclosure of project documents as well as stakeholder engagement; and
- covers labor management procedures addressing labor risks associated with the project including specific occupational health and safety for healthcare and other project workers to protect themselves and prevent infection while providing treatment in line with the WHO guidelines and worker's grievance mechanism.

It also comprises template for the Waste Management Plan for Hospitals (WMPH). The WMPH template focuses on the infection control and healthcare waste management practices during the operation of healthcare facilities and sets out appropriate measures therein.

According to the WB's E&S Policy, the Bank classifies all projects into one of four classifications as **High Risk**, **Substantial Risk**, **Moderate Risk** or **Low Risk** taking into account relevant potential risks and impacts, such as the type, location, sensitivity and scale of the project; the nature and magnitude of the potential E&S risks and impacts; the capacity and commitment of the Borrower; and other areas of risks that may be relevant to the delivery of E&S mitigation measures and outcomes.

The estimated overall environmental and social risk of the Project is rated "**Substantial**". The project may cause substantial environmental, health, and safety risks because of the dangerous nature of the pathogen and reagents and other materials to be used in the project-supported ICUs, laboratories, and quarantine facilities, if good international practices, such as WHO guidelines specified below in Section 3 and Annex III, are not followed. Key environmental and social risks are: (a) management of medical wastes and chemical wastes generated at health facilities and laboratories (b) labor risks, including occupational health and safety risks to health workers, (c) community health and safety issues related to potential spread of infection; (d) the access of vulnerable groups to health services; and (e) potential concerns about how the equipment will be distributed among the health care facilities and laboratories.

An Environment and Social Commitment Plan (ESCP) detailing material measures and action for the MoH to adopt, and a Stakeholder Engagement Plan (SEP) to illustrate engagement procedure and provision of grievance redress mechanism have already been prepared and disclosed.

1. Project Description

The Project consists of two components to support the Government of Republic of Turkey in curbing the spread of COVID-19 and strengthen the overall health system to detect and treat cases:

Component 1: Emergency COVID-19 Response

Subcomponent 1.1. Strengthening testing and medical surveillance systems and procurement of frontline equipment. This subcomponent will address the immediate health system needs for medical equipment, supplies and training to diagnose and triage cases affected by the COVID-19 emergency. The following key activities will be financed: (a) procurement, acquisition, and nationwide distribution of testing equipment and test kits; (b) goods and services to support scaling up laboratories and their testing/analysis capacities; (c) goods and services to increase and/or establish medical surveillance and monitoring⁶ capacity nationwide through various means for testing (facility testing, mobile outreach testing, drive-through testing, etc.); (d) goods and services for the development, training, and implementation of COVID-19 testing protocols; and (e) logistics support to enhance health care supply chain provision and management for timely and efficient delivery of testing supplies and equipment to priority locations and facilities, in collaboration with relevant public and private sector agencies.⁷

Subcomponent 1.2. Supporting disease management and treatment. This subcomponent will finance medical equipment and supplies required for diagnosis and treatment of COVID-19 patients in intensive care, as well as limited operating expenses. The hospitals in which ICUs to treat COVID-19 patients will be established have been identified on the basis of an assessment of existing service availability and the need to expand the availability of relevant specialist care in order to ensure equitable access. The following key activities will be financed under this subcomponent: (a) goods and equipment for regular and temporary field hospital facilities, including those located in areas/provinces heavily affected by the influx of people under temporary protection and those under international protection; (b) goods and equipment for clinical and intensive care units in selected hospitals and procurement of medical supplies and equipment, primarily ventilators; (c) procurement of PPE for health care personnel including masks, gloves, and garments, and provision of occupational health and safety training to health care personnel on COVID-19 clinical care protocols, as necessary.

Subcomponent 1.3. Enhancing public health awareness and behavioral change. This subcomponent will expand and enhance community engagement and outreach activities (including information and communication activities) to increase the commitment of Government, private sector, and civil society to build knowledge, confidence, and trust, promote behavior change, and ensure that the vulnerable are able to access services and support. This sub-component will also

⁶ “Medical surveillance and monitoring” under the Project refers to the Ministry of Health’s collection and tracking of COVID-19 confirmed cases to support the Government’s disease control and prevention efforts to reduce the impacts of COVID-19. The Project will ensure data are only used for legitimate and related purposes, no excess personal data are collected, and relevant data are stored for only a necessary period.

⁷ Key stakeholders include: Ministry of Health; Ministry of Industry and Technology; Turkish Institutes of Health (TÜSEB); Pharmaceuticals and Medical Devices Agency (TITCK); Academics; Private Sector Associations; International institutions (WHO, UN, EU, bilateral agencies and others).

support the Ministry of Health for a timely response to COVID-19 in terms of adaptation of the risk communication and community involvement strategies by integrating these into the relevant context.

- (i) Development of communication strategies and information tailored to different audiences and sectors (such as tourism, education, food and agriculture), and education and awareness building to ensure that culturally relevant information is disseminated to communities to properly sensitize them to the risks related to COVID-19, supported by tailored awareness raising on preventive actions and the Government's COVID-19 response. These flows of information will be designed to reach the vulnerable, including the elderly, who are most affected by COVID-19. Key activities to be financed include: (a) training of additional health care personnel throughout health and non-health care institutions (schools, municipal facilities); and (b) information and communication activities to increase the attention and commitment of stakeholders to raise awareness, knowledge, and understanding of key public health and behavioral interventions.
- (ii) A needs identification, priorities and feedback mechanism to enable community members (including vulnerable groups such as the elderly, disabled, large households) and community-based organizations to articulate local needs systematically and regularly. Over the course of the project, the focus of the feedback platform financed by the project will transition from quick online emergency health care needs and support for prevention, to participatory planning and prioritization of responses, to longer-term efforts to reestablish livelihoods.
- (iii) A participatory monitoring mechanism to enable community feedback on the COVID-19 response at the local level. Community members will be trained and supported with expert facilitation to monitor local action identifying any gaps emerging at the point of service delivery (e.g., information availability, access to testing, access to relevant care, cleanliness, equal treatment for all), any vulnerable groups that need specific targeting or any capture of the support provided.
- (iv) While community engagement processes ensure that communities are informed and can provide feedback and play a role in the monitoring of actions taken, the challenge of implementation lies in the social distancing policies that are vital to preventing an overload on health systems. To ensure that communities are engaged nevertheless, the component will support the development of an online platform for all stages of community feedback. The use of civic technology that is mobile-friendly, easily accessed, and can manage translations and outreach to rural and urban communities will be prioritized.

Subcomponent 1.4. Upgrading pandemic surveillance and response plans. This subcomponent will finance knowledge-exchange and capacity-building for enhancing the national pandemic preparedness and response plan to address potential cyclical future phases associated with COVID-19 or other pandemics. It will include data collection, analysis, and support for the establishment of a monitoring system to track the progress and outcomes of the Government's Pandemic Action Plan. This subcomponent will also finance technical assistance to strengthen the MoH's emergency response capacity (e.g. development of testing, treatment, referral, and

discharge protocols); and longer-term capacity building for pandemic and emergency preparedness for the health sector.

Component 2. Project Management, Monitoring, and Evaluation

This component will support the administrative and human resources needed to implement the project and monitor and evaluate progress. It will finance staff and consultant costs associated with project management, procurement, financial management (FM), environmental and social safeguards, monitoring and evaluation (M&E), reporting and stakeholder engagement; and operating and administrative costs.

The MPA will also include a monitoring and prospective evaluation framework for the overall facility and for operations at the country and sub-regional or regional levels. The approach will include baseline assessments, benchmarking, rapid learning, and multi-country analysis to inform tactical adaptations within and across countries. The monitoring and prospective evaluation framework will focus on: (a) strategic relevance to the near-term support for disease outbreak detection and response, with clarity of pathways from WBG contributions to the expected outcomes; (b) client responsiveness; (c) WBG capacity to sustain client efforts to prevent future outbreaks of emerging infectious diseases; and (d) timeliness and agility of co-convening functions with country policymakers and strategic partners that complement the WBG's comparative advantages.

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. All facilities/hospitals/laboratories/etc. benefitting from the Project will comply with World Bank's ESSs and other related documents prepared particularly for this Project such as ESMF, LMP and Waste Management Plan for Hospitals (WMPH).

2. Policy, Legal and Regulatory Framework

National Regulatory Framework for Environmental and Social Assessment

Constitution of the Republic of Turkey: It is stated in Article 56 of the Constitution that "Everyone has the right to live in a healthy, balanced environment. It is the duty of the state and citizens to improve the natural environment, and to prevent environmental pollution. To ensure that everyone leads their lives in conditions of physical and mental health and to secure cooperation in terms of human and material resources through economy and increased productivity, the state shall regulate central planning and functioning of the health services. The state shall fulfill this task by utilizing and supervising the health and social assistance institutions, in both public and private sectors. In order to establish widespread health services, general health insurance may be introduced by law".

Decree Law on Some Regulations in the Field of Health⁸:

The Decree was amended with the Presidential Decree on the Organization of the Presidency No. 30474 dated 10/7/2018. With this amendment, in Section 12 of the decree (Article 352), Duties of the Ministry of Health are as follows:

(1) In order to ensure that everyone can live in full physical, mental and social well-being, the duties and powers of the Ministry of Health are as follows: a) Carrying out activities to protect and improve public health, reduce and prevent disease risks, b) Conducting diagnostic, therapeutic and rehabilitative health services, c) Preventing public health risks of international importance from entering the country, ç) Improving health education and research activities, d) Carrying out activities for safe and high quality market release, public delivery and price setting of drugs used in health services, special products, substances subject to national and international control, agents and auxiliaries used in drug production, cosmetics and medical devices, e) Ensuring equal, high quality and efficient service delivery throughout the country by saving on manpower and material resources and increasing efficiency, ensuring a balanced distribution of health workforce throughout the country and cooperating among all stakeholders, f) Carrying out activities for the planning and dissemination of health institutions to be opened by public and private law legal entities and natural persons throughout the country, g) Performing other duties assigned by Laws and Presidential decrees;

(2) The principles and procedures for setting drug prices are established by the Presidency upon the proposal of the Ministry.

National Pandemic Plan: The National Pandemic Plan was published in 2006 as a part of the preparation for influenza pandemic in Turkey. The plan was molded into its final form as “The Pandemic Influenza National Preparedness Plan” after being updated in the light of experiences gained during the 2009 Influenza A pandemic along with the regulations and recommendations made by WHO during the process. The Pandemic Influenza National Preparedness Plan was prepared under the coordination of the Ministry of Health, General Directorate of Public Health in collaboration with other institutions and organizations. The Plan was published in the Official Gazette as the Presidency Circular 2019/5. The Pandemic Influenza National Preparedness Plan has been prepared to provide an outline of the minimum elements needed to be prepared, as well as to ensure optimal readiness. The plan aims to secure the continuity of public services and to reduce the transmission of the pandemic strain, number of patients related to the pandemic, hospitalization and deaths due to the disease, and the socioeconomic burden formed by the pandemic. Provinces were requested to generate “Provincial Pandemic Influenza Preparedness and Action Plans” in line with the Pandemic Influenza National Preparedness Plan. In compliance with this request, 81 Provincial Health Directorates prepared drafts of “Provincial Pandemic Influenza Preparedness and Action Plans”. The committee evaluated these plans, and provinces were asked to complete their preparations in accordance with the feedbacks given on a provincial basis. Even though the Pandemic Influenza National Preparedness Plan has been prepared for Pandemic

⁸ With the Article 25 of the Decree Law No. 703 dated 09.07.2018, the name of the Decree Law No. 663 was changed to "Decree Law on Some Regulations in the Field of Health".

Influenza, this plan is adaptable to the New Corona Virus Disease (COVID-19) caused by a virus that transmits via respiratory droplets, similar to Influenza.⁹

COVID-19 Risk Assessment and COVID-19 Guideline: Scientific Board for COVID-19 conducted the “COVID-19 Risk Assessment” on January 22, 2020. In addition, “COVID-19 Guideline and Case Report Form” was prepared in the same meeting. The “COVID-19 Disease Guideline” includes general information about the infection, case definitions and information on case management, infection control and isolation, patient care and treatment. The guideline also included information for the people who will be travelling to the countries with COVID-19 cases. This guidance has provided a standardized approach all over the country towards suspected cases. The first version of the guideline was published on January 24, 2020. Following the scientific developments and WHO guidance/recommendations, it is constantly updated and published on the website of the Ministry of Health together with COVID-19 posters, leaflets, frequently asked questions and algorithms.¹⁰ Last update of the guideline has been made on November 4, 2020 as of November 17, 2020.

Turkey’s COVID-19 Responsiveness Plans are in line with the WHO strategic action plan for pandemic influenza (WHO, 2007). The plan focuses on four main areas related to human health: (a) reduce high-risk behaviors associated with human infections; (b) improve the detection, investigation, and reporting of human cases; (c) strengthen the early warning system to contain an emerging pandemic virus; and (d) increase pandemic preparedness. The interventions to be supported within the scope of this project are in line with items (b), (c) and (d) of WHO’s action plan.

National Environmental Legislation: Turkish environmental regulations were developed in line with national and international initiatives and standards, and some of them have been revised recently to be harmonized with the EU Directives in the scope of pre-accession efforts of Turkey. The Ministry of Environment and Urbanization (MoEU) is the responsible organization for the implementation of policies adopted for protection and conservation of the environment, and for sustainable development and management of natural resources.

The Environmental Law (Law No: 2872; Date of Ratification: 1983), which came into force in 1983, addresses environmental issues on a very broad scope. According to the basic principles that govern the application of the Environmental Law, and as stated in the Constitution, citizens as well as the state bear responsibility for the protection of environment. Complementary to the Environmental Law and its regulations, other laws also govern the protection and conservation of the environment, resources and cultural and natural assets, the prevention and control of pollution, the implementation of measures for the prevention of pollution, health, and safety and labor issues (see Annex IV).

The Turkish Regulation on EIA: The Regulation on Environmental Impact Assessment (EIA) was put into force for the first time after being published in the Official Gazette numbered 21489 and dated on February 7, 1993. Since then, there had been several amendments in the first regulation and new EIA regulations were published in 2008 and 2013 repealing the former regulations in force. The latest EIA Regulation has been published in the Official Gazette dated

⁹ Turkish Journal of Medical Sciences, COVID-19 Outbreak Control, Example of Ministry of Health of Turkey, Demirbilek et al., accepted/published online: 18.04.2020

¹⁰ Turkish Journal of Medical Sciences, COVID-19 Outbreak Control, Example of Ministry of Health of Turkey, Demirbilek et al., accepted/published online: 18.04.2020

November 25, 2014 and numbered 29186, which repealed the 2013 EIA Regulation. The EIA Regulation is largely in line with the EU Directive on EIA. The key relevant steps of the Turkish EIA procedure are screening, public consultation, scoping, disclosure and supervision. The EIA Regulation classifies projects into two categories: (i) Annex I projects; those are projects that have significant potential impacts and require an EIA, and (ii) Annex II projects; those are projects that may or may not have significant effects on the environment.

Regulation on the Control of Medical Wastes:

The purpose of the Regulation on the Control of Medical Wastes is to prevent direct or indirect delivery to the receiving environment from generation of medical wastes to their disposal in a way that harms the environment and human health, to be collected separately at its source without harming the environment and human health, to be transported within the health institution, to its temporary storage, to its medical waste processing facility and its disposal, to regulate the principles, policies and programs as well as the procedures and principles regarding the determination and implementation of legal, administrative and technical principles. This regulation includes principles related to medical wastes generated as a result of the activities of healthcare organizations, as well as their separate collection at their source, transportation within the healthcare organization, temporary storage, transportation to medical waste treatment facility, and their disposal.

According to the regulation, medical wastes are identified as infectious wastes, pathological waste and sharps.

Infectious Wastes: refer to wastes which are known to carry infectious agents or are likely to carry infectious agents; all kinds of body fluids, particularly blood and blood products; human tissues, organs, anatomical parts, autopsy materials, placenta, fetus and other pathological materials; gloves, covers, sheets, bandages, plasters, tampons, swabs, etc. which are contaminated with such materials; body extractions of patients in quarantine; bacteria and virus-retentive air filters; laboratory cultures and culture stocks of infectious agents; all kinds of materials which come into contact with infected animals and their extractions; and wastes arising from veterinary services;

Pathological wastes: refer to tissues, organs, body parts, body fluids and the fetus which result from surgical interventions, autopsies, and anatomical or pathological procedures;

Sharps: refer to such wastes as syringes and all other needles used for medical intervention; lancets; capillary tubes; scalpels; knives; IV drip needles; surgical suture needles; biopsy needles; branules; broken glass, ampules, microscope slides and cover slips; broken glass tubes and petri dishes, which may be stung, may puncture or scratch, or may cause injury.

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 the Control of Medical Waste through the national **Regulation on Quality Improvement and Assessment in Healthcare** (lastly amended in 2015). 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.

Regulation of Waste Management: The purpose of the Waste Management Regulation is to ensure management without harming the environment and human health from the formation of waste to the disposal, to reduce waste generation, to reuse waste, to recycle, to reduce the use of natural resources and to provide waste management and to determine the general procedures and principles having certain criteria in terms of environment and human health regarding the production of the products covered by this Regulation and the market surveillance and control with basic conditions and features.

Circular 2020/12 of MoEU on COVID-19 Measures in the Management of Personal Hygiene Equipment (such as Single use Masks, Gloves) Wastes¹¹: This circular was published on April 07, 2020 and defines the minimum requirements to be considered in the accumulation, collection, transportation, temporary storage and delivery to waste processing facilities of personal hygiene equipment wastes. The circular clearly defines that waste generated from health facilities should be treated as “medical waste” and be managed accordingly. Also, the **waste management guidance of the MoH¹²** mentions that; (i) Wastes of a patient possibly or definitely diagnosed COVID-19 are recognized as infectious waste in hospital environment and disposed to medical waste box”, (ii) Wastes of a patient possibly or definitely diagnosed COVID-19 who is monitored at home should be collected separately through the protective preventions required, kept in double

¹¹ “Ministry of Environment and Urbanization’s Circular on COVID-19 Measures in the Waste Management of Personal Hygiene Materials such as Disposable Masks and Gloves” dated 07.04.2020 and Numbered 66745475-145.07-84334, Ministry of Environment and Urbanization,

¹² <https://webdosya.csb.gov.tr/db/cygm/icerikler/gng2020-16-cov-d-19-20200408101457.pdf>https://covid19bilgi.saglik.gov.tr/depo/afisler/Halk/COVID-19_ATIK_YONETIMI_AFIS_A4.pdf

bags and disposed to domestic waste box, (iii) The wastes of the contacted individuals (contacted with the patients who have possibly or definitely COVID-19, individuals coming from a country or province where the disease is common) who are observed in collective accommodation places (i.e. dormitory) for 14 days should be disposed to domestic waste bag, (iv) Disposable masks and gloves used for protection in the society should be disposed to domestic waste bag, (v) There is not any information about disposal of the wastes of COVID-19 patients following a certain waiting period in the guidelines of important healthcare organizations including WHO, CDC and ECDC.

National Laws on Social Impacts: Although the Turkish EIA Regulation does not entirely meet the requirements of international standards in terms of social impacts, there are various legal arrangements for managing several social impacts. The following are laws and regulations applicable to this project:

- Law on the Right to Information (No. 4982), published in the Official Gazette no. 25269 dated 24 October 2003
- Labor Law (No. 4857), published in the Official Gazette no. 25134 dated 10 June 2003
- Law on Occupational Health and Safety (No. 6331), published in the Official Gazette no. 28339 dated 30 June 2012
- Regulation on Contractors and Sub-contractors, published in the Official Gazette no. 27010 dated 27 September 2008

Occupational Health and Safety: In recent years, Turkey has undergone a reform to improve its national Occupational Health and Safety (OHS) system through adapting a set of international and regional standards into its national level requirements for the prevention occupational risks defined in the ILO Occupational Safety and Health Convention, 1981 (No. 155). The convention, along with the Occupational Health Services Convention, 1985 (No. 161) were both ratified by Turkey in 2005 who is also party to the Labor Inspection Convention, 1945 (No. 81) since 1951. In 2014, Turkey ratified the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187).

A stand-alone Law on OHS (No. 6331) was put into force on 20 June 2012. The OHS Law governs workplace environments and industries (both public and private) as well as virtually all classes of employees including part-time workers, interns, and apprentices. The legislation is comprehensive and is generally applicable across all sectors and many industries. Labor Inspectorate, which is a part of the Ministry of Labor, Family and Social Services, enforces labor and OHS laws, and conducts regular OHS and labor audits.

Labor and Working Conditions: Turkey is party to a multitude of ILO conventions, including but not limited to conventions on: equal treatment of employees, gender equality, child labor, forced labor, OHS, right of association and minimum wage. Accordingly, the current Turkish Labor Law (No.4857) is to a great extent consistent with international labor standards and the Bank's ESS2 requirements.

The Labor Law of 2003 covers all work relations in Turkey, with the exception of sea and air transport activities, enterprises carrying out agricultural and forestry work who employ 50 and less 50 employees, family-run construction work related to agriculture, works and handicrafts

performed in the home, domestic work, sportsmen, people in rehabilitation, apprentices, enterprises with three or less employees working as tradesmen or producing small handicraft.

Regulation on the Principles and Procedures for the Employment of Children and Young Persons 2004 (RPEC) Labor Law covers the principles and procedures regarding the works, which are not allowed for children and young workers below the age of 18, and works, at which young workers to have turned 15 but not 18, and the light works, at which children to have turned 14 and to have completed elementary education can be employed, and the working conditions.

Regulations on Overtime and Extra Hours (2004) - applies to all workers and works covered by the Labor Law (Art. 1). As per the Article 1, aim of the Regulation is to regulate the principles and procedures regarding extra work and overtime outside the normal weekly working hours specified in Article 63 of the Labor Law No.4857 due to reasons such as general benefits of the country or nature of the work or increase in production.

Regulations on Working Conditions at Night for Women Workers 2013 (RWCNW) - applies to all women older than 18 and working in nightshifts and spells out specific requirements and restrictions regarding night work by female workers (Art. 1, 2).

Law on the Work Permit for Foreigners 2003 (LWPF)¹³- Applies to foreigners working in Turkey and regulates the attribution of work permits (Art. 1, 2). Foreign workers must obtain a work permit to be legally employed (L WPF 4). Unless otherwise provided in the bilateral or multilateral agreements, to which Turkey is a party, foreigners are required to obtain permission before working dependently or independently in Turkey.

The Labor Law only applies to legally employed foreigners. Employers have to notify the Ministry of Family, Labor and Social Services of any foreigners they employ within 15 days of the beginning of employment (LWPF 18). Employers failing to declare foreign workers have to pay a fine. Where foreigners work without a valid work permit, both worker and employer may be fined (LWPF 21).

Law on the Right to Information (No. 4982): The purpose of this Law is to lay down the guidelines and procedures for individuals to exercise their right of information acquirement in accordance with the principles of equality, neutrality and openness which are the fundamentals of democratic and transparent administration. This Act is applicable to the activities of public institutions and organizations, and professional organizations which have the capacity of a public institution.

The World Bank Environmental and Social Standards

The World Bank's Environmental and Social Standards (ESSs) set the requirements to be met by Borrowers with respect to the identification and evaluation of social and environmental risks and impacts associated with projects supported by the WB through Investment Project Financing. The ten ESSs establish the standards that the Borrower and the project will meet through the project life cycle.

The project activities are mostly confined to procuring goods and supplies for health facilities and laboratories and the Project will not finance any new construction or even small refurbishment.

¹³ <https://www.mevzuat.gov.tr/MevzuatMetin/1.5.4817.pdf>

Based on the planned scope of the present project, the WB's ESSs relevant to the project are as follows:

- ESS1: Assessment and Management of Environmental and Social Risks and Impacts;
- ESS2: Labor and Working Conditions;
- ESS3: Resource Efficiency and Pollution Prevention and Management;
- ESS4: Community Health and Safety;
- ESS10: Stakeholder Engagement and Information Disclosure.

In accordance with the ESSs, the Project will also apply the relevant requirements of the World Bank Group's Environment, Health and Safety (EHS) Guidelines. When the Turkish requirements differ from the levels and measures presented in the EHS Guidelines, the more stringent one (such as the most stringent discharge and emission standards) will be applied in the project specifications.

The applicable EHS Guidelines for this project are as follows:

- World Bank Group's EHS General Guidelines;
- World Bank Group's EHS Guidelines for Health Care Facilities.

ESS1: 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, 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 an ESMF and an updated SEP have been prepared by the MoH. The ESMF includes (i) a Waste Management Plan for Hospitals (WMPH); (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 Grievance Redress Mechanism (GRM) to address concerns and complaints from all stakeholders.

The ESMF covers 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 also outlines the implementation arrangement to be put in place by MoH for environmental and social risk management training

programs to be delivered to health workers that 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 WMPH. The relevant part of the COVID-19 Quarantine Guideline and WHO COVID-19 bio-safety guidelines have been applied while preparing the WMPH to ensure an adequate coverage of all relevant risks and mitigation measures.

The ESMF will be disclosed both in country on the MoH website URL and on the World Bank website and will be consulted upon. Under the COVID-19 pandemic crisis, different engagement methods are proposed to cover different needs of the stakeholders as defined in the draft SEP. Since direct face-to-face consultation and interaction have to be avoided in favor of digital interaction, electronic media and print, virtual consultations will be carried out and incorporated into the final ESMF together with the final SEP.

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 contains 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, disinfection protocols, and regular testing of healthcare workers are 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.).

ESS2: Labor and Working Conditions

The project workers are i) direct workers who are civil servants of MoH in the Project Management Support Unit (PMSU), health and laboratory workers engaged directly 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 are 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 are captured in the Project's Labor Management Procedures (LMP) which is detailed in Annex VIII.

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 EHS Guidelines and industry specific EHS Guidelines 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 also has measures related to managing overtime work, prohibition on child or forced labor, and also a worker's GRM is 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 MoH. 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. MoH of Turkey has published relevant training materials and information on usage of PPEs in relation with COVID-19 health measures and COVID-19 Guidelines which were recently updated in April 14, 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 COVID-19 cases in health facilities at various levels.

Under the emergency health situation, the MoH has taken emergency measures on health workers by restricting right to resign and leave for a 3-month period. The LMP 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 includes 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 are documented in the LMP. Relevant national legislation, which are applied to both project and non-project workers in health care facilities and laboratories, are 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 face¹⁴. Turkey's Labor Law forbids the use of child labor. In accordance with ESS2 and Turkish Labor Law (No.4857) and Occupational Health and Safety Law (No.6331), due to the

¹⁴ Referred to in Article 9 of the Labor Law

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 laboratories, ICUs, quarantine facilities, and screening posts to be supported by the project by providing 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 can 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 Waste Management Plan for Hospitals (WMPH) to be prepared, addressing WHO COVID-19 guidance documents, and other good international practices to prevent or minimize potential adverse impacts. The WMPH will mandate that any waste associated with COVID-19 testing or treatment be incinerated or sterilized and then disposed in licensed, 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 WMPH also includes 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 WMPH 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.

ESS4: Community Health and Safety

Medical wastes and general waste from the laboratories, health care facilities have a real potential of carrying microorganisms 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., earthquakes). Laboratories, health care facilities, and screening posts, will thereby have to follow procedures to be detailed in the WMPH (see ESS3). 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 ESS1 and ESS2.

The project will also ensure via the mentioned 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 COVID-19 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.

ESS10: Stakeholder Engagement and Information Disclosure

A Stakeholder Engagement Plan (SEP) 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 sub-component 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.

MoH 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. MoH has 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) is provided in the updated SEP. 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.

International Agreements and Convention

Turkey is a signatory to a number of International Agreements and Conventions including Stockholm Convention on Persistent Organic Pollutants and Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal. Other relevant environmental, OHS and international labor agreements and conventions ratified by Turkey are given in Annex VI.

World Health Organization (WHO) Guidance

The WHO is maintaining a website specific to the COVID-19 pandemic with up-to-date country and technical guidance. 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. WHO resources include technical guidance on: (i) laboratory biosafety, (ii) infection prevention and control, (iii) rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, (iv) water, sanitation, hygiene and waste management, (v) quarantine of individuals, (vi) rational use of PPE, (vii) oxygen sources and distribution for COVID-19 treatment centers. Additional guidance is listed in Annex 5.

3. Status of COVID-19 Vaccination Program

Turkey was among the first countries in the region to launch COVID-19 vaccination in January 2021. The Government provides COVID-19 vaccines free of charge to all adults 12 years and older residing in Turkey. This includes 84 million nationals, 4.6 million Syrian refugees and 1.4 million other refugees. The MoH identified priority groups for access to COVID-19 vaccines, as per the MoH's National COVID-19 Vaccination Strategy and Program¹⁵ and by taking into consideration several factors including the degree of exposure to the disease, the risk of severe infection, the risk of high disease transmission, and the negative impact of the disease on the functioning of social life¹⁶. Identification of priority groups is also in line with the WHO's SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply¹⁷.

The first phase included healthcare workers, 65+ age group, and those with chronic diseases. The second phase targeted priority sector workers and people of age 50-64. The third phase include people with chronic diseases and people of age 15-49. Vaccination was gradually administered to lower age groups and by September 2021, the vaccination program was expanded to include adolescents above the age of 12. As of November 5, 2021, the administration of booster doses for mRNA vaccines have started¹⁸.

Turkey achieved high coverage rates compared to other countries in ECA albeit some regional variation. As of January 31, 2022, vaccination coverage is 92.51 percent for the first dose; 84.42 percent for the second dose and 40,31 percent for the third (booster) dose¹⁹. While this is a good overall figure, there are regional variations with most Southeastern and Eastern Anatolia provinces having rather low coverage rates. As Figure 2 shows, 65 out of 81 provinces have coverage rates above 75 percent, 10 provinces have a coverage between 65 and 75 percent, and the remaining 6 provinces have a coverage between 65 and 55 percent²⁰. Turkey aims to achieve an even higher vaccination rate by increasing access to booster shots and vaccination to younger age groups.

¹⁵ <https://covid19asi.saglik.gov.tr/TR-77706/covid-19-asisi-ulusal-uygulama-stratejisi.html>

¹⁶ <https://www.aa.com.tr/tr/koronavirus/kovid-19-asisinin-uygulanacagi-oncelikli-gruplar-belli-oldu/2109816>

¹⁷ <https://www.who.int/publications/i/item/who-sage-values-framework-for-the-allocation-and-prioritization-of-covid-19-vaccination>

¹⁸ <https://www.hurriyet.com.tr/galeri-adan-zye-3-doz-biontech-kim-ne-zaman-asilanacak-41932389/1>

¹⁹ <https://covid19asi.saglik.gov.tr/>

²⁰ <https://covid19asi.saglik.gov.tr/>

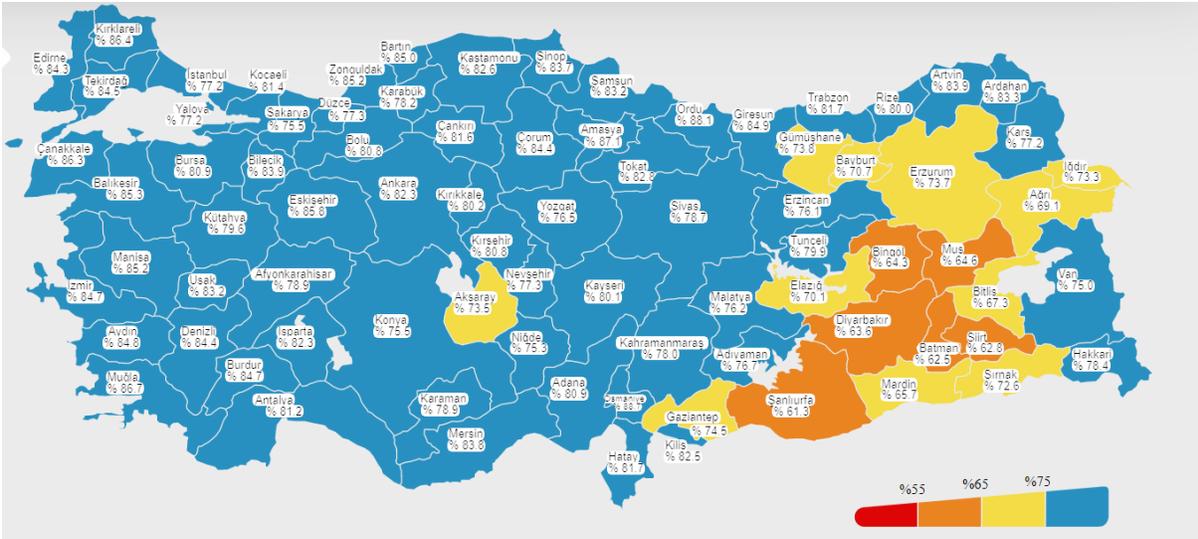


Figure 2: The Population (Ages 18 and Over), Who Has Been Vaccinated At Least Two Doses (%), January 31, 2022

Building on its strong health sector, Turkey succeeded in quickly mobilizing its resources to deploy vaccine doses to reach all regions. Vaccine deployment and delivery systems are working well, outperforming most other countries in the region. By June 2021, vaccination gained significant traction reaching 1.3 million doses administered per day. Although the demand for vaccination dropped significantly and the daily rate decreased and plateaued at around 150,000 in September 2021, vaccination gained pace in December, with the start of booster doses after 3 months of second dose (Figure 3).

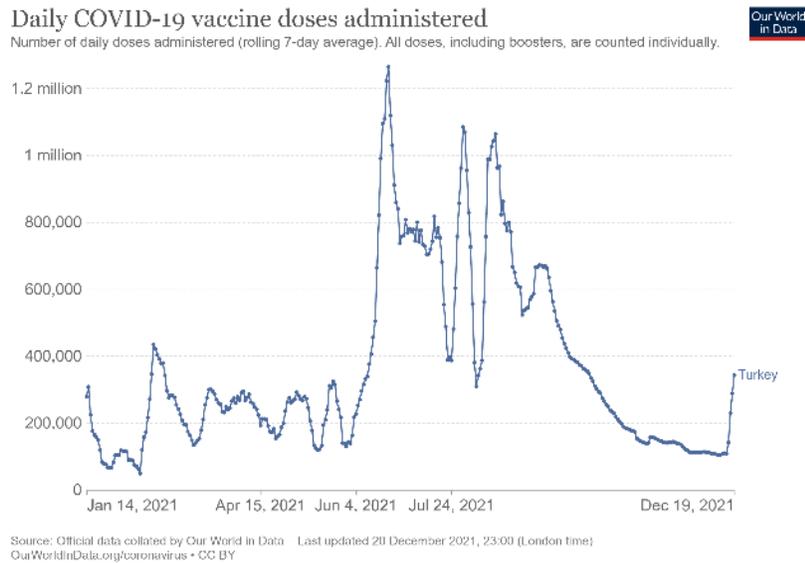


Figure 3: COVID-19 Vaccination Rates in Turkey

Vaccine Hesitancy

Actions Turkish Government are taking to address vaccine hesitancy

➤ **Internet, Social Media Platforms and Traditional Media**

1. A comprehensive website (COVID-19 Vaccine Information platform²¹) has been prepared by the General Directorate of Health Promotion (GDHP) to inform people. Content of FAQ and informative video sections particularly target people with vaccine hesitancy, by using a simple and clear language.
2. MoH has advertising agreements with Google, Facebook, Instagram and YouTube. With these agreements, when a search on vaccine is done on these platforms in Turkey, the ad of COVID-19 Vaccine Information platform appears in the results.
3. MoH and GDHP have accounts on Instagram, Facebook, YouTube and Twitter where they provide guidance to followers. Content related with vaccine hesitancy on these platforms are used as feedback for GDHP actions.
4. Some of the awareness raising features for vaccination used in social media platforms are: using specific profile picture frames (*Get Vaccinated frame*) in Facebook to raise/increase awareness for and to promote vaccination, live Q&A sessions and stories with Scientific Board members in Instagram, interview videos of Top Turkish YouTubers with the members of Turkey's Scientific Board (not yet published, upcoming).
5. As per the feedback of GDHP, the vaccine hesitancy is currently high among the young and the adolescent population. To effectively reach this age group, MoH/GDHP want to have an active presence in TikTok (where most users are young).
6. GDHP closely follows anti-vaccine accounts on social media and makes necessary complaints to social media platforms to suspend such accounts.
7. Messages encouraging vaccination are integrated in the scenarios of TV series, in TV programs and TV competition series. GDHP advises TV channels to invite only relevant subject matter experts to the COVID-19 related programs. Several Turkish celebrities (singers, actors, sports people, academicians etc) performed in the public service advertisements on TV and on the radio for COVID-19 vaccination campaign.

➤ **Health care delivery**

8. A *Vaccination Communication Guide* has been prepared for the healthcare workers to facilitate and improve the communication between the healthcare workers and the patients who have vaccine hesitancy.
9. Mobile teams are being deployed for remote vaccination outreach. When needed, these teams also try to convince people for vaccination.

➤ **Legislative measures**

10. Vaccine certificate or negative PCR test result is a requirement for the following mobility actions and social gatherings starting from September 6, 2021 (Ministry of Interior Circular on August 20, 2021²²):
 - Intercity travel via plane, bus or train: People who have not been vaccinated at least with two doses (with last dose given at least 2 weeks ago) or people who have not been

²¹ <https://covid19asi.saglik.gov.tr/>

²² <https://www.icisleri.gov.tr/bazi-faaliyetler-icin-pcr-testi-zorunlulugu-genelgesi-gonderildi>

recovered from COVID-19 will have to submit a negative PCR test taken no later than 48 hours before the intercity travel via plane, bus or train. Those who fail to submit a vaccine certification, or a negative PCR test result will not be allowed for intercity transportation. People traveling on private vehicles are excluded;

- Sport venues, theaters and concert areas: People will need to submit a vaccine certification or a negative PCR test result to enter such venues;
 - Authorization of governorships and district governorships: Upon the decision of the Provincial/District Hygiene Board, governorships and district governorships are authorized to introduce mandatory vaccine certification or negative PCR test result for citizens to benefit from social gathering activities in their provinces and districts.
11. Vaccine certificate or negative PCR test requirement by the Ministry of National Education (MoNE) (MoNE Guidelines on August 24, 2021²³): The Guidelines necessitate the submission of negative PCR test results from unvaccinated teachers and school personnel twice a week.
 12. Vaccine certificate or negative PCR test requirement in Ankara (Ankara Public Health Council decision on September 1, 2021²⁴): The province of Ankara mandated vaccination certificate or negative PCR test results for citizens aged 18 or over who wish to enter in venues such as concert halls, cinemas and theaters.
 13. Authorization of employers to ask for vaccine certificate or negative PCR test results (Ministry of Labor and Social Security Circular on September 3, 2021²⁵): Employers in all 81 provinces are authorized to ask once a week for negative PCR test results from their unvaccinated employees. The implementation came into effect on September 6, 2021.
 14. Expansion of the requirement for vaccine certificate or negative PCR test result by MoNE (Announcement on September 15, 2021²⁶): Negative PCR test results will be requested from the unvaccinated employees of special education schools, vocational education schools, secondary education private student dormitories and hostels.

Vaccine cold chain and logistics

MoH's existing infrastructure and vaccine tracking system meet the storage and cold chain requirements of COVID-19 vaccines. Facility storage and cold chain requirements for the COVID-19 mRNA vaccine has been explained in the COVID-19 mRNA Vaccination Administration Guidelines.

Vaccine tracking system (Asi Takip Sistemi ATS) is a real-time, uninterrupted, and regular monitoring system operating across Turkey for cold chain health care products such as vaccines and anti-serums. ATS is used at all points of the cold chain (warehouses, transportation vehicles, health facilities as points of vaccine administration). MoH's vaccine tracking system is considered an international best practice and MoH is often contacted by other countries for guidance and knowledge sharing on the implementation of ATS.

²³ <https://www.meb.gov.tr/salgin-doneminde-okullarda-alinmasi-gereken-onlemler/haber/23905/tr>

²⁴ http://www.ankara.gov.tr/kurumlar/ankara.gov.tr/Ankara2021/UHK-kararlari/UHK_2021_38.pdf

²⁵ <https://www.csgeb.gov.tr/duyurular/is-yerlerinde-covid-19-tedbirleri/>

²⁶ <https://www.cumhuriyet.com.tr/haber/son-dakika-milli-egitim-bakanligindan-yeni-pcr-testi-karari-1869102>

Turkey's ATS is among the first countries that developed a system that monitors both the temperature and the inventory through a web-based system using the QR code model.

ATS is composed of three main components: Temperature Monitoring System instantly monitors the temperature of the cold storage warehouses and refrigerators/freezers. In case the temperature measurements are outside the specified limits, the system immediately warns the related staff and authorities to take necessary actions. QR codes are used to track vaccine transport vehicles, vaccine product acceptance and vaccine administration. The users of the Inventory Tracking System are given instant access to reports on the status of their own vaccine inventory, vaccine storage temperature conditions and details on the transfer and product acceptance. While administering the vaccine, the QR code matches the serial number of the vaccine with the citizenship number of the person to be vaccinated. Finally, ATS has system integration features linking it to the information systems of health care service delivery units who administer vaccines (including Family Medicine Centers, public, private and university hospitals, mobile health care service teams and Community Health Centers). Through the ATS integration, the units can check whether the vaccines are in good condition before administering the vaccines and can update their own inventory levels after the vaccines are administered.

There are currently 12,102 temperature monitoring devices monitoring 13,055 stock units (refrigerator, cold storage warehouses) and 160 cold transport vehicles located in 9,954 different units throughout Turkey.

COVID-19 medical waste disposal instructions are being explained in the Guidelines for SOPs and Infection Control Measures in Health Institutions.

4. Environmental and Social Baseline

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. 93 percent of its population lives in urban areas²⁷ 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 Republic 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

²⁷ <https://tuikweb.tuik.gov.tr/PreHaberBultenleri.do?id=33705>

(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. 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. However, in order to provide primary health services (primarily preventive health services and health services related to combating infectious diseases) Foreign Nationals Polyclinics and Migrant Health Centers were established within Community Health Centers in areas that are densely populated by refugees. Within the context of combating COVID-19 pandemic, access of all individuals, regardless of whether they have social security or not, to personal protective equipment, diagnostic tools and medication was secured through a Presidential Decree no. 2399, published on Official Gazette on 14 April, 2020, as of which treatment of COVID-19 has officially obtained “urgent situation” status. This has greatly helped in preserving access of vulnerable refugee groups in accessing primary health services.

As part of the public communication strategy under the national pandemic plan, the Public Health DG of MoH has prepared all its communication and health guidelines related to COVID-19 in Turkish, English and Arabic. The Ministry of Health has been sharing information about the pandemic and the disease through a website on a regular basis, as well as sharing manuals and brochures about COVID-19 in English and Arabic languages as well. Besides, other ministries, the Ministry of Internal Affairs in particular, continue to share information about the current situation and the measures taken. During this process, ministries have supported refugees’ access to information and awareness about the pandemic. A recent research²⁸ conducted by a non-governmental organization working with refugees in Turkey show that almost all individuals are aware of the common symptoms of the disease and also aware of the public measures such as using masks, social isolation and disinfection methods.

Turkey has demonstrated significant progress in improving health outcomes and reducing infant and maternal mortality. For example, between 1980 and 2017, life expectancy at birth increased from 58.7 to 77.1 (an increase of 31.3 percent), a better performance than the global average (72.4 for 2017) and almost equal to the Europe and Central Asia (ECA) region performance (77.7 for 2017). Both the maternal mortality and infant mortality rates have also improved, with maternal mortality declining from 42 per 100,000 live births in 2000 to 17 in 2017²⁹, and infant mortality falling from 30.9 per 1000 live births in 2000 to 9.7 in 2017.

Improved health outcomes are resulting in demographic shifts, as Turkey’s elderly population grows. As of 2019 (most recent data), 9.1 percent of the population was aged 65 years and over, about 23.1 percent was younger than 15 years, and 67.8 percent was between 15 and 64 years. The proportion over 65 years is expected to rise to 16.3 percent in 2040 and 25.6 percent in 2080, according to population projections.

²⁸ <http://www.mudem.org/wp-content/uploads/2020/05/MUDEM-RSC-Situation-Analysis-of-Refugees-in-Turkey-During-COVID-19-Crisis.pdf>

²⁹ <http://wdi.worldbank.org/table/2.14>

Turkey's burden of disease is increasingly shifting from communicable to non-communicable diseases (NCDs). As of 2018, NCDs accounted for 89 percent of all deaths.³⁰ Urbanization has been increasing rapidly, which has brought changes in diets, types of employment, and levels of physical activity that have contributed to the shift towards NCDs. Underlying risk factors among adults for NCD-attributed mortality include relatively high rates of tobacco use (28 percent, nearly twice as high among males than females), raised blood pressure (20 percent), diabetes (raised blood glucose (13 percent) and obesity (32 percent; nearly twice as high among females than males)³¹.

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 Republic 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. According to the latest data, in Turkey, total number of MoH, university, private and other hospitals is 1.534 and the number of beds at the hospitals is over 231 thousand as of 2018. It is seen that the ratio of hospitals per 1000 persons in Turkey is 2.83. 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.

Since Turkey's first COVID-19 case was detected, on March 11, 2020, the Government has gradually introduced a range of public health measures in line with WHO guidance,³² moving from hygiene guidance to the closure of major events, social venues, schools, and all major commercial outlets, and recommending physical distancing to curb transmission. Most residents appear to have followed the Government's guidance, and major metropolitan areas are shut down. The Government has also announced an economic package totaling approximately TL 100 billion to stem the impact on firms and targeted households, including deferral of firms' social security and payroll tax, increasing the minimum pension, increased allocation for social assistance beneficiaries, and unspecified provisions for strengthening social services for older persons.

The Government of Republic of Turkey has mounted a comprehensive COVID-19 response strategy and Pandemic Action Plan that includes prevention, detection, and response measures. The MoH established a science committee that serves as an advisory body providing scientific evidence and guidance to the policy makers and is leading the Turkish Government's COVID-19 pandemic response for the health sector. The Ministry's Public Health General Directorate initiated the Pandemic Action Plan to respond to the COVID-19 outbreak. As part of Turkey's detection and response-related actions, on March 18, 2020, the MoH Emergency Health Services General Directorate put into practice the Implementing Regulation for Hospital Calamity and Emergency

³⁰ World Health Organization (2018). Turkey: World Health Organization Noncommunicable Diseases (NCD) Country Profiles, 2018. Geneva: World Health Organization. Most recent data.

³¹ https://www.who.int/nmh/countries/2018/tur_en.pdf?ua=1

³² World Bank unpublished preliminary note "Republic of Turkey's Health System Response to COVID-19", March 2020.

Action Plan, under which the General Directorate is responsible for conducting any type of emergency plan on behalf of the MoH. Similarly, Provincial Health Directorates are responsible for carrying out health services at the provincial level in case of disasters and emergency situations. If necessary, the provincial Health Calamity Coordination Center (SAKOM) can be used for coordination purposes in case of disasters and emergency situations. Under the plan, all public, private, municipality and university hospitals are empowered to take the necessary precautions to ensure they can be self-sufficient for 72 hours without the need for outside intervention. On March 20, 2020, all state and private health institutions meeting criteria set by the MoH were re-categorized as “Pandemic Hospitals”. To ramp up capacity to respond, any hospitals that have departments related to infectious diseases and microbiology, pulmonary diseases, and internal medicine related diseases, and that have at least two specialist physicians, were re-categorized to respond to COVID-19 under the Pandemic Action Plan, with implementation support from the Pandemic General Coordination team.

In the area of disease management, Turkey has approximately 17,000 ventilators and 25,000 adult ICU beds (spanning three categories of ICU beds in terms of capacity to handle complex conditions). Given the likely magnitude of Turkey’s disease burden, it is expected that this capacity will need to expand, and particularly that there will be a need to double the current ventilator capacity (depending on evolving clinical practice guidelines).

Municipalities are 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 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. Within the scope of quality standards, all public hospitals and city hospitals conduct medical waste management and have regular cross-controls by third parties on monitoring performance and risk management. Healthcare facility employees also receive regular trainings including waste management practices, as required by the Law.

Testing for COVID-19: The first sample in Turkey was analyzed at the Microbiology Reference Laboratories of General Directorate of Public Health (GDPH). Results of the samples tested using polymerase chain reaction (PCR) are shared in a timely manner. In order to ensure rapid operation, the respiratory samples are being analyzed not only at the central laboratory but also at the laboratories that are authorized by the central GDPH Microbiology Reference Laboratory in several provinces. In addition, rapid diagnostic kits, ELISA tests and cassette tests as antibody kits are being used. MoH provides all the materials required for sampling and diagnosing, at the central level and distribute them to the provinces.

Testing is important for an effective response to the COVID-19 outbreak as it provides policymakers with a better understanding of the extent of the disease to apply evidence-based measures to slow the spread. Testing for COVID-19 in the country began around 3,000 individuals in late March and increased to 50,000 individuals almost within a month. As of July 3, 2021, total

number of tested individuals reached to 61.455.218³³. Following this day, Turkish MoH discloses the total number of daily test numbers which has reached to 435.513 per day as of 31 January, 2022. As regards diagnostic capacity, Turkey currently (as of May 13, 2020) has 521 authorized diagnostic laboratories (across 81 provinces out of 81)³⁴.

Turkey was among the first countries in the region to launch COVID-19 vaccination in January 2021. The Government provides COVID-19 vaccines free of charge to all adults 12 years and older residing in Turkey. This includes 84 million nationals, 4.6 million Syrian refugees and 1.4 million other refugees. The MoH identified priority groups for access to COVID-19 vaccines, as per the MoH's National COVID-19 Vaccination Strategy and Program and by taking into consideration several factors including the degree of exposure to the disease, the risk of severe infection, the risk of high disease transmission, and the negative impact of the disease on the functioning of social life. Identification of priority groups is also in line with the WHO's SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply.

The first phase included healthcare workers, 65+ age group, and those with chronic diseases. The second phase targeted priority sector workers and people of age 50-64. The third phase include people with chronic diseases and people of age 15-49. Vaccination was gradually administered to lower age groups and by September 2021, the vaccination program was expanded to include adolescents above the age of 12. As of November 5, 2021, the administration of booster doses for mRNA vaccines have started.

Turkey achieved high coverage rates compared to other countries in ECA albeit some regional variation. As of January 27, 2022, vaccination coverage is 92.45 percent for the first dose; 84,32 percent for the second dose and 17.6 percent for the third (booster) dose. While this is a good overall figure, there are regional variations with most Southeastern and Eastern Anatolia provinces having rather low coverage rates.

5. Potential Environmental and Social Risks and Mitigation

Environmental Risks

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. These risks are covered by ESS1, ESS2, ESS3, ESS4, and ESS10 (see the World Bank Environmental and Social Standards section of Chapter 3). 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 COVID-19 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

³³ <https://covid19.saglik.gov.tr/>

³⁴ <https://hsgm.saglik.gov.tr/tr/haberler/yetkilendirilmis-covi-d-19-tani-laboratuvarlari.html>

handling of medical wastes at any stage of collection, transportation or disposal increases accordingly.

Social Risks

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 goggles, surgical masks, gloves, aprons, gowns) to health facilities and laboratories, (i) due to the high surge in confirmed COVID-19 cases and continuous 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 COVID-19 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 COVID-19 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 COVID-19; (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 health 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 Stakeholder Engagement Plan (SEP) prepared for the emergency project to engage citizens and for public information disclosure.

Social risks associated with the project are addressed through this ESMF, Stakeholder Engagement Plan (including a Grievance Redress Mechanism) and Labor Management Procedure (LMP), in line with the applicable ESS of the WB's ESF and the WHO COVID-19 guidance tools for COVID-19 preparedness and response.

Mitigation Measures (Operational Stage)

As the project activities are mostly confined to procuring goods and supplies for existing health facilities and laboratories, only the operational stage will be considered for mitigation measures. Each beneficiary medical facility/laboratory will fulfill the requirements of this ESMF and will be operated in accordance with the WMPH prepared for the facility/laboratory.

Procurement of goods and supplies: The Project will finance goods and supplies such as swabs, ventilation units (mid-level ventilators), drugs and supplies for ICUs of medical facilities, diagnostic equipment, test kits, rapid test kits, reagents, disinfectants/sanitizers, and protective equipment (protective suits/garments, protective goggles, surgical masks (3 layers), mask (N95), examination gloves, aprons, etc.). The Project Procurement Strategy for Development (PPSD) outlined the fit-for-purpose procurement arrangements that suit the COVID-19 emergency recovery situation and most efficiently meet the project development objective. Procurement implementation will be undertaken by the existing PMSU of the MoH and the participating General Directorates (GD) (Public Hospitals GD and Public Health GD) of MoH. The PMSU will oversee the procurements implemented by the GDs. Technical specifications should be prepared using GIIP and WHO guidelines (https://www.who.int/medical_devices/management_use/mde_tech_spec/en/).

Medical waste management and disposal: The details of the procedures to be implemented to manage infection control and waste management should be set out in the WMPH. Where existing facilities have similar procedures, these might need to be enhanced or strengthened to support mitigation measures to reduce or avoid cross-infection. Annex IV of ESMF sets out a template for the WMPH and specifies the issues to be considered and addressed under the Waste Management Plan for Hospitals (WMPH), as follows:

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

Social issues considered in the WMPH will be managed in accordance with national regulations including Regulation on Waste Management and Regulation on Control of Medical Waste and should include the following:

- OHS and labor and working conditions to be also in accordance with the Labor Management Procedures (LMP) provided in Annex VI of ESMF.
- Community health and safety.

The Ministry of Health will use the Waste Management Plans for Hospitals prepared within the context of Quality Standards in Healthcare Facilities, to ensure the following:

- Each beneficiary health care facility/laboratory is operated in accordance with the site-specific WMPH prepared for the facility/laboratory based on the template WMPH provided in Annex 2;
- Waste segregation, packaging, collection, storage disposal, and transport are conducted in compliance with the WMPH and WHO COVID-19 Guidelines:
 - Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the WMPH conducted on a weekly basis;
 - The Ministry of Environment and Urbanization will audit any off-site waste disposal required on a monthly basis and institute any remedial measures required to ensure compliance.
- Waste generation, minimization, reuse and recycling are practiced where practical in the COVID-19 context; All health care waste produced during the care of COVID 19 patients should be collected safely in designated containers and bags, treated, and then safely disposed of or treated, or both, preferably onsite. If waste is moved off-site, it is critical to understand where and how it will be treated and destroyed. All who handle health care waste should wear appropriate PPE (boots, apron, long-sleeved gown, thick gloves, mask, and goggles or a face shield) and perform hand hygiene after removing it.³⁵; and
- Contact details and information on available grievance mechanisms both for health care facility workers and external stakeholders.

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

Enhanced daily cleaning arrangements should be put in place, to include regular and deep cleaning using disinfectant of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, communal areas, including door handles, floors and all surfaces that are touched regularly (ensure cleaning staff have adequate PPE when cleaning consultation rooms and facilities used to treat infected patients). Medical staff should review and advise on the necessary cleaning arrangements, especially in areas used for isolation or treatment.

Cleaners should be trained on how to safely put on and use PPE by medical staff, in necessary hygiene (including hand washing) prior to, during and post cleaning duties, and in waste control (including for used PPE and cleaning materials). Cleaners working for Healthcare Facilities are protected by the government in terms of health security and all precautions are taken according to the risk level they come across. 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 (goggles or face screens); hand washing soap and sanitizer; and effective cleaning equipment, will be put in place. If relevant PPE cannot be obtained, viable alternatives, such as cloth masks, alcohol-based cleansers, hot water for cleaning and extra handwashing

³⁵ Interim Guidance: Water, Sanitation, Hygiene, and Water Management for the COVID-19 virus. WHO, UNICEF, March 19, 2020

facilities, until such time as the supplies are available, will be considered. Workers, including low-paid staff such as cleaners and kitchen staff shall quickly inform management of labor issues, such as a lack of PPE, unreasonable overtime, stress and any harassment (ie. physical, psychological and sexual abuse and exploitation) related issues at workplace via the MoH's workers' grievance mechanisms (Saglikta Bulusma Noktasi, Alo184, Provincial Health Directorates). This worker's GRM allows anonymous grievances.

Measures stated above are also valid for all workers including low-paid staff. All staff including cleaners should undergo temperature control as they enter the healthcare facilities.

Hand washing stations should be set up at key places throughout site, including at entrances/exits to work areas, wherever there is a toilet, canteen/food and drinking water, or sleeping accommodation, at waste stations, at stores and at communal facilities. Each should have a supply of clean water, liquid soap and paper towels, with a waste bin (for used paper towels) that is taken to an approved waste facility.

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

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

PMSU will review the health care facilities'/laboratories' protocols for protecting health care workers from infectious disease based on current WHO Guidelines for COVID-19 and the Infection and Prevention Protocol contained in Annex V. The PMSU and beneficiary health care facilities/laboratories will ensure the following:

- Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPEs, etc.;
- Ensure protocols for regular disinfection of public spaces, wards, ICUs, equipment, tools, and waste are in place and followed;
- Ensure hand washing and other sanitary stations are always supplied with clean water, soap, and disinfectant;
- Ensure equipment such as autoclaves/microwave equipment are in working order;
- Provide regular testing to healthcare workers routinely in contact with COVID-19 patients;
- Temporary housing for medical workers has proper water, sanitation and hygiene facility, and regular disinfecting in place; and

- Ensure healthcare workers have a right to register a complaint in MoH's worker's GRM (SBN-Saglikta Bulusma Noktasi or through its Ministerial level hotline Alo184), if they are pushed to work without proper PPEs and/or any other type of inappropriate working condition issues (such as inadequate resting hours, unreasonable overtime, violation of code of conduct, harassment including sexual exploitation and abuse/sexual harassment at work(SEA/SH)).

Containment of COVID-19: PMSU will also review the health care facilities'/laboratories' protocols for dealing with the general public based on current WHO Guidelines for COVID-19 and the Infection and Prevention Protocol contained in Annex V. The PMSU and beneficiary health care facilities/laboratories will ensure the following:

- Quarantine procedures for COVID-19 patients are maintained;
- Patients in quarantine are not discriminated due to socioeconomic status, level of education, gender, disabilities and any other vulnerabilities.
- When practical, COVID-19 patients are given access to phone or other means of contact with family and friends to lessen the isolation of quarantine;
- Patients in quarantine have access to development and project related information and should be able to take part in consultation through appropriate means;
- The public is regularly updated on the situation and reminded of protocols to prevent the spread of COVID-19; and
- Members of the general public (family and friends) who have been exposed to confirmed COVID-19 patients are tested when practical.

WHO quarantine guidelines can be found at:

<https://apps.who.int/iris/rest/bitstreams/1272428/retrieve>.

6. Procedures to Address Environmental and Social Issues

The MoH, as the implementing agency, is responsible for the overall implementation of the project through the PMSU. The PMSU will have day-to-day responsibility for project management and support, including ensuring that project implementation is compliant with the World Bank's ESF, particularly the relevant ESSs; the World Bank Group's EHS Guidelines; WHO COVID-19 Guidelines; and this ESMF. The PMSU will be adequately staffed to oversee the project's work nationally and ensure that each beneficiary health care facility/laboratory complies with all project procedures and receive professional implementation and project management support.

Each individual health care facility/laboratory undertaking activities financed by the project will assign one staff member who will be responsible for liaising with the PMSU on ESMF implementation throughout the life of the project at that specific health care facility/laboratory.

Implementation of this ESMF will include the following stages, to be undertaken by the PMSU working closely with the individual health care facilities/laboratories.

Screening:

All activities undertaken by the Project will be screened in relation to eligibility by the PMSU. The following types of activities will be excluded as ineligible for financing under the Project, as set out in the Environmental and Social Commitment Plan (ESCP) dated April 17, 2020:

- Activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) adverse impacts on the environment,
- Activities that may have significant adverse social impacts and may give rise to significant social conflict, and
- Activities that may involve resettlement or land acquisition/use restriction or adverse impacts on cultural heritage.

The project activities are mostly confined to procuring goods and supplies for existing health facilities and laboratories. The major planned procurements under the project are expected to include the following: (a) medical equipment, especially for artificial pulmonary ventilation, and drugs and supplies for ICUs of medical facilities; (b) PPE in facilities and triage; (c) testing equipment and test kits and their nationwide distribution; (d) medical/laboratory equipment and consumables; (e) equipment of medical facilities; (f) technical assistance for updating or reviewing national plans and costs; (g) human resources for response; (h) expertise for development and training of front-line responders; and (i) development of communication strategies, and community outreach. The Project will not finance any new construction or even small refurbishment.

Among these, E&S risk categorization of procuring goods and supplies such as medical supplies, medical/laboratory equipment, consumables/cleaning supplies, PPE, and diagnostic and test kits have been determined by the WB and the PMSU as "**Moderate to Low Risk**", whereas the rest of the procurements such as technical assistance, expertise, development of strategies and community outreach as "**Low to No Risk**". Annex III presents a generic screening form template which the PMSU might need to use to rate the risks of the activities other than those envisaged within the original scope.

Environmental and Social Assessment:

Each health care facility/laboratory benefitting from the goods and supplies provided by the Project and assigned a risk rating as “*Moderate to Low*” will prepare and implement an WMPH, based on the template provided in Annex IV, whereas those assigned a risk rating “*Low to No Risk*” will not require any further environmental assessments/documents other than compliance with the national legislation.

LMP and SEP already prepared for the Project will be applicable to all project financed activities. Individual beneficiary health care facilities/laboratories will follow the guidelines mentioned in the SEP to ensure patients and their families, local authorities, and the general public are aware of the pandemic situation and have access to community-based hotlines, GRMs, and other important information channels.

PMSU will perform an overall quality assurance function that the documents prepared meet the World Bank requirements. In reviewing a WMPH, PMSU will also confirm that it is clear, feasible and appropriate.

Should the project scope be expanded to accommodate activities other than those envisaged under the original project scope, site-specific Environmental and Social Management Plan might need to be prepared for sub-projects, as per the template presented in Annex III.

Consultation and Disclosure:

Given the need for social distancing during the COVID-19 pandemic, stakeholder consultations for the E&S instruments, will be conducted virtually whenever possible, as per instructions in the SEP. The SEP has identified key stakeholders and organized consultations for information exchange about the Project and its risks and impacts. All instruments will be disclosed on the PMSU website with print copies also available at their offices and preferably with the beneficiary health care facilities/laboratories. These will be disclosed on the WB website as well.

Review and Approval of E&S Plans:

The WB will provide prior review and approval to the first set (up to 5) of WMPHs. During the implementation of the Project, the Bank can mutually agree with PMSU that PMSU conducts prior review of the WMPHs and the World Bank conducts post review.

Implementation:

The individual health care facilities/laboratories will be responsible for the implementation of the instruments. The PMSU will provide implementation support and supervision.

Monitoring and Reporting:

The PMSU will be responsible for monitoring and evaluation (M&E) activities, overseeing progress related to project activities, outcomes, and results. Through the PMSU, the MoH will be responsible for: (a) collecting and consolidating all data related to their specific suite of indicators; (b) evaluating results; and (c) reporting results to the WB regularly and before each implementation support mission.

There will be two types of reports, monthly from the health care facilities/laboratories to the PMSU and quarterly from the PMSU to the Bank:

Monthly Reports. Individual health care facilities/laboratories will prepare and provide monthly reports to the PMSU on each activity being undertaken. These reports will include progress on and statistics related to the implementation of the WMPH, statistics related to local hotlines, any grievances received via the GRM and information on their resolution, and any other relevant information.

Quarterly Reports. The PMSU will submit an overall report of project implementation to the Bank as per commitment on the ESCP. These reports will include environmental, social, health and safety performance of the Project, including but not limited to a summary of activities for each health care facility/laboratory, stakeholder engagement activities and grievances log.

7. Public Consultation and Disclosure

Consistent with the requirements for stakeholder engagement and taking into account COVID-19 related quarantine and lockdown measures, this section describes the consultation process and how project-specific information will be disclosed in relation to this ESMF and each individual subproject. Consistent with the standalone SEP, the section describes how to achieve communication between the Project Implementation Unit (PIU) and the affected communities and stakeholders.

Due to the nature of COVID-19 outbreak and its diffusion mechanism, initial consultation has been limited to public authorities and national health experts, as well as international health organization representatives. As per the SEP, the project will adapt to different situation and requirements as they develop to disclose information regarding COVID-19 and other relevant issues. Information will build on national guidance provided by Ministry of Health on avoiding the spread of the virus and will focus specifically on risks associated with project activities.

The preliminary strategy for public consultation and disclosure has been defined under the disclosed SEP and will be followed throughout project implementation.

Further, following guidelines has been suggested by the WB for projects under preparation, to be adopted while conducting stakeholder consultation and engagement:

- Review the country COVID-19 spread in the project area, and the restrictions put in place by the government to contain virus spread;
- Review the SEP, particularly the approach, methods and forms of engagement proposed, and assess the associated potential risks of virus transmission in conducting various engagement activities;
- Be sure that all PMSU and Health Care Facility members articulate and express their understandings on social behavior and good hygiene practices, and that any stakeholder engagement events be preceded with the procedure of articulating such hygienic practices;
- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people;

- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings. If not permitted, make all reasonable efforts to conduct meetings through online channels, including WebEx, Zoom and Skype meetings;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, public announcements and mail) when stakeholders do not have access to online channels or do not use them frequently;
- Employ online communication tools to design virtual workshops in situations where large meetings and workshops are essential, given the preparatory stage of the project;
- In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, Twitter, WhatsApp groups, Project weblinks/ websites, and traditional means of communications (TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines. All channels of communication need to clearly specify how stakeholders can provide their feedback and suggestions.

8. Stakeholder Engagement

A standalone Stakeholder Engagement Plan (SEP) has been prepared for the project detailing stakeholder identification, method and subject of communication and grievance redress mechanism. The SEP is referred here for detail requirements on stakeholder engagement and GRM³⁶. The ESMF, SEP, LMP and ESCP were disclosed on PMSU webpage³⁷ on September 16, 2020 and ESMF and SEP documents revised accordingly with the feedbacks taken from consulted parties. Mentioned feedbacks and revisions are given in Section 3.1 and 3.2 of SEP. SEP will be upgraded periodically since it is a live document.

A new grievance mechanism is established particularly for this project. Since the Project includes whole provinces in Turkey, national mechanisms generated that are already in use are integrated to newly established Grievance Redress Mechanism (GRM). By providing necessary software integrations to new system, only Project related complaints are filtered in national systems and conveyed to Project specific grievance mechanism system. National systems that are integrated are SABIM and SBN systems. SABIM (MoH Communication Center) receives patient complaints, problems and suggestions either in person or anonymously which can be reached via phone (Alo 184) and also online. SBN is a separate GRM for health workers (Saglikta Bulusma Noktasi-Health Meeting Point) where they can both submit grievances and suggestions through online, email, and phone channels in person or anonymously. By integration national GRMs to Project specific GRM, it will be accessible for all stakeholders (internal and external).

There is also a third national GRM called “CIMER” which is “Presidential Communication Center”. CIMER conveys 99% of received complaints to related governmental institutions. Each

³⁶ A Template for ESS10: Stakeholder Engagement Plan For Projects in Response to COVID-19 and associated Tip Sheet are available on the COVID-19 operations intranet page at <http://covidoperations/> (WB intranet access only)

³⁷ <https://pydb.saglik.gov.tr/TR,65062/covid-19-saglikta-acil-durum-projesi.html>

grievance received via CIMER is already conveyed to SABIM therefore CIMER is already integrated into MoH system.

Another GRM system which is established in the scope of the Project is “Appeals Committee”. MoH is planning to assign **12** field coordinators actively working on site for “Health System Strengthening and Support Project” of World Bank Loan No. 8531.

The Turkish Government and MoH took several actions to promote vaccination, raising awareness for vaccination and address vaccine hesitancy through Internet, Social Media Platforms, and Traditional Media

A comprehensive website (COVID-19 Vaccine Information platform) has been prepared by the General Directorate of Health Promotion (GDHP) to inform people. Content of FAQ and informative video sections particularly target people with vaccine hesitancy, by using a simple and clear language.

MoH has advertising agreements with Google, Facebook, Instagram, and YouTube. With these agreements, when a search on vaccine is done on these platforms in Turkey, the ad of COVID-19 Vaccine Information platform appears in the results. MoH has accounts on Instagram, Facebook, YouTube, and Twitter where guidance to followers are provided. Content related with vaccine hesitancy on these platforms are used as feedback for MoH actions.

Some of the awareness raising features for vaccination used in social media platforms are using specific profile picture frames (Get Vaccinated frame) in Facebook to raise/increase awareness for and to promote vaccination, live Q&A sessions and stories with Scientific Board members in Instagram, interview videos of Top Turkish YouTubers with the members of Turkey’s Scientific Board. MoH closely follows anti-vaccine accounts on social media and makes necessary complaints to social media platforms to suspend such accounts.

Messages encouraging vaccination are integrated in the scenarios of TV series, in TV programs and TV competition series. GDHP advises TV channels to invite only relevant subject matter experts to the COVID-19 related programs. Several Turkish celebrities (singers, actors, sports people, academicians etc) performed in the public service advertisements on TV and on the radio for COVID-19 vaccination campaign.

A Vaccination Communication Guide has been prepared for the healthcare workers to facilitate and improve the communication between the healthcare workers and the patients who have vaccine hesitancy.

Mobile teams are being deployed for remote vaccination outreach. When needed, these teams also try to convince people for vaccination.

Vaccine certificate or negative PCR test result has become a requirement for the several mobility actions and social gatherings starting from September 6, 2021 (Ministry of Interior Circular on August 20, 2021).

Safety surveillance

MoH uses its own vaccine adverse event reporting system for COVID-19 vaccines. Monitoring System for Adverse Event Following Immunization (AEFI) is operational in Turkey since 2003. All health personnel taking part in vaccination within public and private health institutions can

report to this system. In addition, citizens can directly report their adverse effects from COVID-19 vaccine in the system via the mobile Life Fits Home (HES) application. The notified cases are regularly monitored and analyzed, and the findings are used to improve the vaccination program.

There are central and local Advisory Boards for AEFI within the MoH to examine the reasons for AEFI notifications.

Digital integration of the AEFI features for COVID-19 vaccine applications has been completed and the COVID-19 vaccine AEFI system is made operational in December 2020, before the COVID-19 vaccines arrived in Turkey.

9. Institutional Arrangements, Responsibilities and Capacity Building

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 that are based on stringent measures managed/overseen by the MoEU and Ministry of Family, Labor and Social Services. The local governmental authorities and MoH are responsible for implementation of the Regulation on Control of Medical Waste that 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 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 COVID-19, the Ministry has published a detailed guidance on PPEs for all types of workers handling cases with COVID-19 which is also in line with the WHO guidelines. However, the established capacity of the MoH is challenged by the exponential increase of COVID-19 cases, when the existing equipment, tools, medical staff and PPE might not be sufficient to respond efficiently.

The Project is being implemented by the MoH through the existing Project Management Support Unit (PMSU) that implements the ongoing World Bank-financed Health Systems Strengthening and Support Project (HSSSP). To address the need for complementary technical expertise to effectively implement the Turkey COVID-19 Emergency Health Project, the PMSU is being supported by technical specialists of the MoH and technical consultants. The participating GDs (GD of Public Health and GD of Public Hospitals) implements technical activities, including procurement of medical supplies and equipment for activities under Component 1. Selected activities, such as coordination, communication, and training may be outsourced to third parties through contract agreements, if needed. The PMSU will also oversee preparation of the consolidated annual work plan, procurement plan, and a consolidated activity and financial report for the project components and will assist the MoH in monitoring compliance with Bank environmental and social standards (ESS) and fiduciary policies. The PMSU will report regularly to the Vice Minister of Health in charge of this operation and the ongoing HSSSP.

The existing PMSU is adequately staffed to support this Project. It is currently staffed with 32 personnel (11 civil servants, and 21 individual consultants). The PMSU is composed of a project director, 1 deputy director, 7 project coordination experts, 4 procurement specialists and assistants, 3 FM specialists and assistants, 5 administrative personnel, 3 software-informatics specialists, 4 translators, 1 social expert and 1 environmental expert. The internal processes established for the HSSSP will be replicated for this Project to avoid delays in implementation and initial set-up. However, the COVID-19 procurement activities will add additional workload to procurement teams in MoH, and if the need arises, MoH will employ additional procurement and technical expertise.

It will be the Implementing Agency's first-time experience working under the World Bank's new ESF; therefore, it is expected that the new ESF requirements of the proposed emergency project will necessitate additional capacity by the Implementing Agency and support from the World Bank's environmental and social team. PMSU 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 is strengthened by hiring additional staff (one environmental specialist and one social specialist) for the implementation and monitoring of the E&S instruments.

The PMSU's responsibilities are as follows:

- screening all activities undertaken by the Project in relation to eligibility for financing under the Project
- to perform an overall quality assurance function that the documents prepared, particularly WMPH, meet the World Bank requirements and confirm that it is clear, feasible and appropriate
- to perform consultation and disclosure activities regarding ESMF, SEP and LMP
- to conduct prior review of the WMPHs if the Bank can mutually agree with PMSU during the implementation of the Project
- to provide implementation support and supervision to health care facilities/laboratories
- be responsible for monitoring and evaluation (M&E) activities, overseeing progress related to project activities, outcomes, and results
- to submit quarterly reports of project implementation to the Bank as per commitment on the ESCP
- conduct relevant stakeholder engagement activities including the functioning of the grievance redress mechanism.

The PMSU will ensure the following aspects are followed in the health care facilities/laboratories:

- Define roles and responsibilities along each link of the chain along the cradle-to-grave infection control and waste management process;

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

The training topics will include (for health workers, administrative and operational personnel and community in general):

- Use and disposal of PPE (for all)
- COVID-19 Infection Prevention and Control Recommendations (Health care workers)
- Laboratory biosafety guidance related to the COVID-19 (Laboratory personnel)
- Specimen collection and shipment (Laboratory personnel)
- Standard precautions for COVID-19 patients (Health care workers)
- Risk communication, prevention and community engagement (Administrative and operational personnel)
- WHO and CDC guidelines on quarantine including case management
- Waste disposal and management (Waste disposal staffs and healthcare personnel)

Annexes

- I. Abbreviations and Acronyms
- II. Screening Form for Potential Environmental and Social Issues
- III. Environmental and Social Management Plan (ESMP) template
- IV. Waste Management Plan for Hospitals(WMPH) Template
- V. Resource List: COVID-19 Guidance
- VI. National Environmental Legislation and International Agreements and Conventions
- VII. Infection and Prevention Control Protocol for Healthcare Settings
- VIII. Labor Management Procedures

I. Abbreviations and Acronyms

CDC	Centre for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
E&S	Environmental and Social
EIA	Environmental Impact Assessment
ESF	Environmental and Social Framework
ESIA	Environmental and Social Impact Assessment
EHS	Environmental, Health and Safety
ERP	Emergency Response Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standard
EU	European Union
FM	Financial Management
FTCF	Fast Track COVID-19 Facility
GBV	Gender Based Violence
GD	General Directorate
GIIP	Good International Industry Practice
GRM	Grievance Redress Mechanism
HCF	Healthcare Facility
HCW	Healthcare Waste
HVAC	Heating, Ventilation and Air Conditioning
ICU	Intensive Care Unit
WMPH	Infection Control and Waste Management Plan
IPF	Investment Project Financing
LMP	Labor Management Procedures
M&E	Monitoring and Evaluation
MAP	Multiphase Programmatic Approach
MoEU	Ministry of Environment and Urbanization
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
OHS	Occupational Health and Safety
PMSU	Project Management Support Unit
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development

QSHF	Quality Standards in Healthcare Facilities
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
TA	Technical Assistance
WB	World Bank
WHO	World Health Organization
WWTP	Wastewater Treatment Plant

II. Screening Form for Potential Environmental and Social Issues

Should the project scope be amended to accommodate activities other than those within the original project scope, the below generic form might need to be adjusted and used by the Project Management and Support Unit (PMSU) to screen for the potential environmental and social risks and impacts of a proposed subproject. It will help the PMSU in identifying the relevant Environmental and Social Standards (ESS), establishing an appropriate E&S risk rating and specifying the type of environmental and social assessment required, including specific instruments/plans. Use of this form will allow the PMSU 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.*

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

Questions	Answer		ESS relevance	Due diligence / Actions
	Yes	no		
Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities, vaccine cold storage units 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 of assets for quarantine, isolation or medical treatment purposes?			ESS5	
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
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 and related activities?			ESS4	ESIA/ESMP, SEP
Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESIA/ESMP, SEP
Are there any indigenous groups (meeting specified ESS7 criteria) present in the subproject area and are they likely to be affected by the proposed subproject negatively or positively?			ESS7	Indigenous Peoples Plan/other plan reflecting agreed terminology
Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	ESIA/ESMP, SEP
Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	ESIA/ESMP, SEP

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 international waterways ³⁸ ?			<i>OP7.50 Projects on International Waterways</i>	Notification (or exceptions)

Conclusions:

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

2. Proposed E&S Management Plans/ Instruments.

³⁸ 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.

III. Environmental and Social Management Plan (ESMP) Template

Introduction

In case the project scope is expanded to accommodate activities other than those envisaged under the original scope, there might be a need for the MOH to develop an Environmental and Social Management Plan (ESMP) or site-specific ESMPs, setting out how the environmental and social risks and impacts will be managed through the project lifecycle. This ESMP template is generic and 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 responses and experience of other Bank financed healthcare sector projects. The Borrower should review and add to them during the environmental and social assessment of a subproject.

The WBG EHS Guidelines, WHO technical guidance documents and other GIIPs set out in detail many mitigation measures and good practices and can be used by the MOH to develop the ESMP. The Waste Management Plan for Hospitals forms part of the ESMP.

Table 1 - Environmental and Social Risks and Mitigation Measures during Planning and Designing 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"> ➤ Estimate potential waste streams, including sharps and vaccine program wastes ➤ Consider the capacity of existing facilities, and plan to increase capacity, if necessary, through construction, expansion etc. 			

		<ul style="list-style-type: none"> ➤ Specify that the design of the facility considers the collection, segregation, transport and treatment of the anticipated volumes and types of healthcare wastes ➤ Require that receptacles for waste should be sized appropriately for the waste volumes generated, and color coded and labeled according to the types of waste to be deposited. Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance. Design training for staff in the segregation of wastes at the time of use 			
Identify needs for transboundary movement of samples, vaccines, specimen, reagent, and hazardous materials					
Identify needs for workforce and type of project workers		<ul style="list-style-type: none"> ➤ Identify numbers and types of workers ➤ Consider accommodation and measures to minimize cross infection ➤ Use the COVID-19 LMP template to identify possible mitigation measures 			
Identify needs for using security personnel during construction and/or operation of HCF					
HCF design – general	- Structural safety risk;				

	- Functional layout and engineering control for nosocomial infection				
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"> ➤ The design, set up and management of will take into account the advice provided by WHO guidance for Severe Acute Respiratory Infections Treatment Center. ➤ Hand washing facilities should be provided at the entrances to health care facilities in line with WHO Recommendations to Member States to Improve Hygiene Practices. ➤ Isolation rooms should be provided and used at medical facilities for patients with possible or confirmed COVID-19. ➤ Isolation rooms should: <ul style="list-style-type: none"> ✓ be single rooms with attached bathrooms (or with a dedicated commode); ✓ ideally be under negative pressure (neutral pressure may be used, but positive pressure rooms should be avoided) ✓ be sited away from busy areas or close to vulnerable or high-risk 			

		<p>patients, to minimize chances of infection spread;</p> <ul style="list-style-type: none"> ✓ have dedicated equipment (for example blood pressure machine, peak flow meter and stethoscope ✓ have signs on doors to control entry to the room, with the door kept closed; <p>have an ante-room for staff to put on and take off PPE and to wash/decontaminate before and after providing treatment.</p>			
Design to consider mortuary arrangements	Insufficient capacity Spread of infection	<ul style="list-style-type: none"> ➤ Include adequate mortuary arrangements in the design ➤ See WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19) 			
Identify the needs for an effective communication campaign on vaccination, including tailored outreach to different groups (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	<ul style="list-style-type: none"> ➤ Support the Borrower to design and establish or improve vaccine cold chain temperature monitoring plan. ➤ See WHO guidance on temperature monitoring³⁹ and CDC Vaccine 			

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https://apps.who.int/iris/bitstream/handle/10665/183583/WHO_IVB_15.04_eng.pdf;jsessionid=9F079AFFA760DBD35C08B13930268B01?sequence=1

	poor protection against disease	storage and Handling toolkit ⁴⁰			
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"> ➤ Support the Borrower to design and establish or improve surveillance system of AEFI. ➤ See WHO Global manual of surveillance of adverse events following immunization⁴¹. 			

⁴⁰ <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>

⁴¹ 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

Activities	Potential E&S Risks and Impacts	Proposed Mitigation Measures	Responsibilities	Timeline	Budget
Clearing of vegetation and trees; Construction activities near ecologically sensitive areas/spots	- Impacts on natural habitats, ecological resources and biodiversity				
General construction activities Foundation excavation; borehole digging	- Impacts on soils and groundwater; - Geological risks				
General construction activities	- Resource efficiency issues, including raw materials, water and energy use; - Materials supply				
General construction activities – general pollution management	- Construction solid waste; - Construction wastewater; - Noise; - Vibration; - Dust; - Air emissions from construction equipment				
General construction activities – hazardous waste management	- Fuel, oils, lubricant				
General construction activities – Labor issues	- Workers coming from infected areas - Co-workers becoming infected - Workers introducing infection into community/general public	- Refer to COVID-19 LMP if available. - Consider ways to minimize/control movement in and out of construction areas/site. - If workers are accommodated on site require them to minimize contact with people outside the construction area/site or prohibit			

		<p>them from leaving the area/site for the duration of their contract</p> <ul style="list-style-type: none"> - Implement procedures to confirm workers are fit for work before they start work, paying special attention to workers with underlying health issues or who may be otherwise at risk - Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering - Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures. - Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell - 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 - Preventing a sick worker from entering the construction area/site, referring them to local health 			
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		facilities if necessary or requiring them to isolate at home for 14 days			
General construction activities – Occupational Health and Safety (OHS)					
General construction activities – traffic and road safety					
General construction activities – security personnel					
General construction activities – land and asset	Acquisition of land and assets				
General construction activities	GBV/SEA issues				
General construction activities – cultural heritage	Cultural heritage	Chance-finds procedure			
General construction activities – emergency preparedness and response					
Construction activities related to <i>onsite</i> 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)					
<i>To be expanded</i>					

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"> - Physical hazards; - Electrical and explosive hazards; - Fire; - Chemical use; - Ergonomic hazard; - Radioactive hazard 				
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)					
HCF operation – cleaning		<ul style="list-style-type: none"> • Provide 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 cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, 			

		<p>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.</p> <ul style="list-style-type: none"> • Train 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). 			
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"> ➢ Where possible avoid the use of incinerators ➢ 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) 			

		<ul style="list-style-type: none"> ➤ Do not use single-chamber, drum and brick incinerators ➤ 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	<p>Technical specifications for procuring equipment should require good hygiene practices in line with WHO technical guidance to be observed when preparing the procured goods.</p> <p>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.</p>			
Transport of goods or supplies, including the delivery, storage and handling of vaccine, specimen, samples, reagents, pharmaceuticals and medical supplies	<p>COVID-19 is spread by drivers during the transport and distribution of goods or supplies.</p> <p>Traffic accidents occur during transportation of goods</p>	<p>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.</p> <p>Measures to minimize impacts during transportation, including hazardous materials can be found in the EHSGs.</p>			
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					
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"> - Spillage; - Occupational exposure to infectious disease; - Exposure to radiation; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities - Fire; - Other emergent events 	➤ Emergency Response Plan			

<p>Mortuary arrangements</p>	<ul style="list-style-type: none"> - Arrangements are insufficient - Processes are insufficient 	<ul style="list-style-type: none"> ➤ Implement good infection control practices (see WHO Infection Prevention and Control for the safe management of a dead body in the context of COVID-19) ➤ Use mortuaries and body bags, together with appropriate safeguards during funerals (see WHO Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19) 			
<p>Vaccination campaign - considerations for communication and outreach for disadvantaged or vulnerable groups</p>					
<p>Stakeholder engagement – considerations for simple, accurate, accessible and culturally appropriate information dissemination; combating misinformation; responding to grievances</p>					
<p>Targeting of beneficiaries is not done in a fair, equitable and inclusive manner</p>	<p>Lack of transparency about the vaccination program</p>	<p>Outreach/communication tools to make potential beneficiaries aware of the eligibility criteria, principles and methods used for targeting</p> <p>Ensure project includes a functional Grievance Mechanism</p>			

	Poorest / most needy households are left out	<p>See above. Clear, transparent and unambiguous eligibility criteria</p> <p>Use good quality Government data combined with geographical targeting Use local community structures to identify and select beneficiaries, based on inclusive consultations</p>			
	Lack of diversity and inclusion in vaccination program, resulting in inadequate benefits for other vulnerable groups	<p>Ensure women participate in the program and, where possible, give preference to women within households as transferees</p> <p>Work with community representatives/NGOs so that vulnerable groups such as unaccompanied children, 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>			
	SEA/SH increase in project area (e.g. requests for sexual favors to receive vaccinations)	<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	Responsible Party
Decommissioning of interim HCF			
Decommissioning of medical equipment			
Regular decommissioning			
<i>To be expanded</i>			

IV. Waste Management Plan for Hospitals (WMPH) Template

1. PURPOSE

To ensure the collection, transportation, temporary storage and delivery of wastes in accordance with the Regulation on Control of Medical Waste of the Ministry of Environment and Urbanization.

2. SCOPE

It covers hospital management, all its units, hospital staff and cleaning staff.

3. RESPONSIBLE PARTIES

Hospital management, all units, hospital staff and cleaning staff are responsible for the implementation of this instruction.

4. DEFINITIONS

According to the Regulation on Control of Medical Waste, wastes are classified under four main categories as domestic waste, medical waste, hazardous waste, and radioactive waste.

4.1. DOMESTIC WASTES

4.1.1. General waste: The waste in the places where healthy people are attending, the waste which is not contaminated by the patients or with their excretions, or with blood and bodily fluids, plasters with intact integrity and used for closed fractures, wastes in doctors' & nurses' rooms, wastes collected from administrative units, cleaning services, kitchens, gardens, warehouses, workshops, leftovers, tea etc. are collected separately from medical, hazardous and packaging wastes in black plastic bags. Domestic wastes collected separately are transported inside the unit, taken to the temporary waste storage and stored separately only by means of transportation vehicles reserved for this job. Domestic waste is not mixed with medical waste during their collection. If mixed, they should be treated as medical waste. Domestic waste collected should be transported and disposed of in accordance with the provisions of the Regulation on Control of Solid Waste.

4.1.2. Packaging Waste: It is a kind of waste which is uninfected and reusable such as recyclable papers, cardboards, paperboards, plastic, glass, metal waste generated by all administrative units, kitchens, warehouses, workshops etc. This waste is collected in blue plastic bags separately from other wastes, provided that the materials are not contaminated. Glass packaging waste such as serum and pharmaceutical vials is collected in the boxes for glass packaging on the condition that the materials are not contaminated, and in the case of the lack of boxes, they are collected in blue plastic bags together with other packaging wastes. Before the used serum bottles are collected separately, they are separated from the contaminated materials in contact with the patient such as plastics, hoses, needles. The contaminated materials are collected based on the provisions of

Article 13 along with the other medical waste. The collected packaging waste should be recycled in accordance with the provisions of the Regulation on Control of Packaging and Packaging Wastes.

4.2. MEDICAL WASTE: All wastes generated by healthcare facilities, research institutions and laboratories are medical waste. The waste is accumulated separately without being mixed with other wastes at its source while being generated by doctors, nurses, midwife, veterinarians, dentists, laboratories technical staff and the bags are filled at the most by $\frac{3}{4}$, and the bags should be tightly tied up. Collection equipment is located at the point closest to the source from which the waste is generated, according to the nature of the waste. Medical waste must not be mixed with domestic, packaging and hazardous wastes in no case.

4.2.1. Infectious Waste: This is the waste that requires special practice for transportation and disposal in order to prevent the spread of infectious agents. This includes laboratory waste, blood and blood products, objects contaminated with blood and blood products, used surgical clothes, dialysis waste, quarantine waste, air filters comprising bacteria and virus, infected experimental animal carcasses, organ parts, syringes (needle tip removed), intravenous catheters, foley catheters, nasogastric catheter, tracheostomy tubes, urine drainage bags and their attachments, waste of isolation wards, dressing materials, gloves, serum set, sponge, cotton and consumables, faeces container, urine containers, sputum containers, secretions and excretions.

4.2.2. Pathological Waste: This includes such waste as anatomical waste tissues organs and body parts as well as body fluids, placenta, cut limbs that come out during a surgery, autopsy, medical intervention, and carcasses of guinea pigs used in biological experiments.

4.2.3. Sharps waste: It includes waste that may cause stinging, piercing, abrasions, and injuries. Qualifying materials under this kind of wastes are as follows: syringe needles, branule needles, vials, other sharps including needles, lances, lamina, lamella, glass pasteur pipettes and other broken glass pieces. Plastic bags, with "CAUTION! SHARPS WASTE" statement and "International Biohazard" emblem, which are resistant to tear, puncture, blast, and water-proof and leak-proof, or boxes or containers made of laminated cardboard with the same characteristics as plastic bags should be used in the collection of wastes. These containers are filled at most by $\frac{3}{4}$, tied up or covered tightly and taped and placed into red plastic bags. When the sharps waste disposal containers are filled, they must never be compressed, opened, emptied, or recycled.

4.3. HAZARDOUS WASTE: This is a kind of waste that will be subject to special processing due to its physical and chemical properties or for legal reasons. Hazardous chemicals, amalgam wastes, genotoxic and cytotoxic wastes, pharmaceutical wastes, heavy metal wastes and pressured containers can be considered as hazardous waste. Hazardous waste should be collected separately from other waste. It should be treated based on the Regulation on Waste Management.

4.4. RADIOACTIVE WASTE: This kind of wastes should be collected and removed in accordance with the provisions of the legislation of Turkish Atomic Energy Authority.

5. DEVICES / MATERIALS USED

Cleaning Materials

Sharp Boxes

Waste Bags

Protective Aprons and Thick Gloves

Waste Containers

Hand Sanitizers

6. INSTRUCTION

6.1.1. Orientation training should be provided to staff working in waste collection, transportation and storage before they start to work.

6.1.2. On the job training is provided routinely twice a year and these training activities are repeated when necessary.

6.1.3. On the job training provided to cleaning staff is practically applied in the units with all the stages of the training involved after the training.

6.1.4. All the conducted training activities are kept under record.

6.2. The immunity of all staff in charge should be checked against hepatitis B infection, and sensitive personnel should be vaccinated. Tetanus vaccine should be given to staff working in medical waste transportation, storage, and field.

6.3. Doctors, nurses, cleaning staff and other staff should apply to the Hospital Infection Control Committee and the Staff Health Polyclinic in case of injuries due to sharp materials.

6.4. Wastes should be separated at the source. Everything disposed of as medical waste should be considered medical waste and should never be taken back. Therefore, it is very important to separate the waste at the source correctly.

6.5. Hospital staff should put the waste in the correct waste containers. While the medical waste is being collected by the cleaning staff, a patch with the waste source should be put on and the waste should be checked in terms of compatibility with the standards and delivered to the medical waste carrier staff with the 'Waste Tracking Form' under the control of the service nurse. Waste Tracking Form should be signed by the service nurse.

6.6. Medical wastes should be collected between the hours 14.30, 16.30 and 06.00, 07.00 from the services and units and between the hours 14.30 and 16.30 from the polyclinics and moved to the temporary waste storage. After medical wastes are collected from their source, they should never be accumulated or kept, and should be transported to the temporary waste storage immediately. If necessary, the transport time should be adjusted according to the time the waste is collected.

6.7. Wastes should be collected and transported by the personnel wearing ironed, clean and special clothes in orange with cap, mask, goggles, gloves, boots. The special clothes in question should only be worn during collection and transport of waste.

6.8. When medical waste bags and containers for the sharps are filled by $\frac{3}{4}$, the unit should be replaced immediately with the new one by the cleaning staff. It should be ensured that new bags and containers are kept ready at the source of or near the waste.

6.9. Red plastic bags with "CAUTION! MEDICAL WASTE" remark and "International Biohazard" emblem with minimum 10 kilogram carrying capacity, 100 micron double thickness, leak-proof, produced of original medium density polyethylene raw material and with double bottom stitch and without bellows, resistant to tear, puncture, blast and carriage should be used in the collection of wastes.

6.10. The bags should be filled at a maximum of $\frac{3}{4}$, they should not be filled to their opening and their openings should be tightly tied up, and if necessary, each bag should be placed in another bag with the same properties, and strict impermeability should be provided. These bags must never be recycled and reused. The contents of the medical waste bags must never be compressed, removed from the bag, emptied and transferred to another container.

6.11. Medical waste bags should be loaded on the waste transport vehicles with their openings tightened without being compressed and contact with the hand or body should be avoided during the collection and transportation process. Waste bags must never be carried by hand.

6.12. As soon as the waste is removed from the unit, where the waste is generated in the hospital, it should only be transported to the temporary waste storage by means of the elevator used to transport the waste. The waste transportation vehicle should be transported to the temporary waste storage at an area, where the human traffic is not heavy, using the route as far as possible from the areas, where the patients are treated, and other clean areas, areas heavily used by the visitors, hospital staff and patients, and should be delivered to the waste transportation officer and temporary waste storage officer with the 'Waste Tracking Form'.

6.13. Medical waste should only be transported within the unit with vehicles dedicated for this task, which are easy to load, unload, clean and disinfect, and made of stainless metal, plastic and similar material, with wheels, cover and without sharp edges that may cause damage or rupture of the bags during loading and unloading, by the personnel wearing ironed, clean and special clothes in orange with cap, mask, goggles, gloves, boots.

6.14. The vehicles used for the transport of medical waste inside the unit will be orange colored and marked with the "International Biohazard" emblem and "Caution! Medical Waste".

6.15. Waste transport vehicles are cleaned regularly every day and must be disinfected with water containing 10.000 ppm chlorine tablet.

6.16. If the bags are punctured, torn or spilled during transport, the wastes are collected safely, the ground and the vehicle are disinfected with water containing 10.000 ppm chlorine tablet.

6.17. Medical waste and domestic waste should not be loaded into the same vehicle and carried together.

6.18. Domestic waste should be transported to the household waste storage with single color vehicles marked with 'DOMESTIC WASTE'.

6.19. Temporary storages of medical waste consist of two parts: medical waste and domestic waste. Only the storage officers are allowed in the storage and doors should be kept locked at all times. Storage and its doors should be constructed to block the entrance of animals and insects.

6.20. Medical wastes brought from the units are checked and accepted by the medical waste storage officer with the Daily Medical Waste Tracking Form and checked for compliance with the conditions on the form. The 'Daily Medical Waste Tracking Form' received by the waste storage officer should be filed sequentially according to the delivery date and time and should be made available for inspection when requested by the authorities. The delivery of medical waste to the municipal official is performed by the medical waste storage officer in exchange for a receipt and these receipts should be kept in the same manner.

6.21. The volume of the temporary waste storage should be large enough to receive minimum two days of waste. The bottom and walls of the storage should be covered with a solid, leak-proof, microorganism and dirt retentive material, which is easy to clean and disinfect. There should be sufficient lighting and passive ventilation system in the storages and the storages should be specially cooled in hot areas.

6.22. Warehouse doors should be sliding or outward-opening. Doors should always be clean and painted. The door of the compartment, in which medical waste is placed, should be painted in orange and should be marked with the "International Biohazard" emblem in black and "Caution! Medical Waste" statement in black letters, which are visible.

6.23. The interior and doors of the temporary waste storage should be constructed in such a way that the staff in charge can easily work, the wastes can be easily emptied, stored and loaded.

6.24. Temporary waste storage should not be built near the places, where there is heavy human and patient traffic such as hospital entrance, exit and parking lot, and food storage, preparation and sales areas.

6.25. Cleaning and disinfection of the compartment where medical waste is placed should be done dry. Medical waste storage should be completely cleaned from wood shavings once a day and wiped with a mop soaked with a 10,000 ppm chlorine tablet. During this cleaning procedure, the ground should certainly not be left wet and should be made ready for use by replacing the wood shavings on the ground. The mop and trolley used for medical waste storage should only be used for cleaning of medical waste storage and should be kept clean, dry and ready for the next cleaning procedure. After the waste dumped as a result of tearing or puncturing of a bag which contains medical waste is collected and liquid waste spilled is absorbed with a proper absorbent material (wood shavings); it should be placed into a red plastic bag; the compartment, as well as the equipment used, should be immediately disinfected by mopping with water containing 10,000 ppm chlorine tablet; and should be made ready for use by replacing with dry wood shavings. The equipment used should be immediately disinfected after cleaning with water containing 10,000 ppm chlorine tablet, and kept clean, dry and ready for use.

- 6.26.** There should be a ‘DOMESTIC WASTE’ sign on the door of domestic waste storage, and the door should be painted and clean. In the compartment where domestic waste is placed, there should be a drainage system with a grill connected to sewage system and a pressurized water tap for easy cleaning of the compartment. The compartment should be cleaned with water and detergent after the waste is discharged.
- 6.27.** Cleaning equipment, protective clothing, waste bags and containers should be stored in places close to temporary waste storages.
- 6.28.** The staff members working in the temporary waste storage area should wear goggles, masks, caps, gloves, boots, and ironed and clean special clothes in orange while working, and should not use this cloth outside the working area.
- 6.29.** Domestic waste should be removed with the cooperation of the district municipality, and the municipality officers visit the hospital once or twice a day to collect domestic waste.
- 6.30.** Packaging waste should be removed from the hospital with the cooperation of the relevant company (paper products by the relevant company and glass products by the bottle & glass institution). In the hospital, glass products are collected together with packaging waste and removed with the cooperation of the district municipality.
- 6.31.** Medical waste should be removed with the cooperation of metropolitan municipality, the medical waste vehicle of metropolitan municipality visits the hospital twice a month to collect waste, and the waste is delivered to the municipal authorities in the temporary storage area with official reports being kept.
- 6.32.** Radioactive waste is removed in cooperation with the Turkish Atomic Energy Authority.
- 6.33.** Hazardous waste is removed in accordance with the Regulation on Waste Management.

V. Resource List: COVID-19 Guidance

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

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](#)

VI. National Environmental Legislation and International Agreements and Conventions

National Environmental Legislation

Complementary to the Environmental Law and its regulations, other laws also govern the protection and conservation of the environment, resources and cultural and natural assets, the prevention and control of pollution, the implementation of measures for the prevention of pollution, health, and safety and labor issues. Some of these laws are:

- Conservation of Cultural and Natural Assets Law (Law No: 2863, Date of Ratification: 1983)
- Energy Efficiency Law (Law No: 5627, Date of Ratification: 2007)
- Forestry Law (Law No: 6831, Date of Ratification: 1956)
- Groundwater Law (Law No: 167, Date of Ratification: 1960)
- Labor Law (Law No: 4857, Date of Ratification: 2003)
- Law on Soil Protection and Land Use (Law No: 5403; Date of Ratification 2005)
- Law on Soil Protection and Land Use (Law No: 5403; Date of Ratification 2005)
- Municipality Law (Law No: 5393, Date of Ratification: 2005)
- Metropolitan Municipality Law (Law No: 5216, Date of Ratification: 2004)
- National Parks Law (Law No: 2873, Date of Ratification: 1983)
- Occupational Health and Safety Law (Law No: 6331, Date of Ratification: 2012)
- Pastures Law (Law No: 4342, Date of Ratification: 1998)
- Public Health Law (Law No: 1593, Date of Ratification: 1930)
- Social Insurances and General Health Insurance Law (Law No: 5510, Date of Ratification: 2006)

In line with the Environmental Law and other supplementary laws, several regulations, communiqués and ordinances have been published since 1983. A comprehensive (though non exhaustive) list of these regulations, communiqués and ordinances is given below:

Air Quality Control and Management

- Regulation Concerning Follow up of Greenhouse Gas Emissions, Official Gazette date: May 31, 2014, No: 29003.

- Regulation on the Control of Air Pollution from Heating, Official Gazette date: January 13, 2005, No: 25699.
- Regulation on the Control of Exhaust Emissions, Official Gazette date: March 11, 2017, No: 30004.
- Industrial Air Pollution Control Regulation, Official Gazette date: December 20, 2009, No: 27277.
- Regulation on Assessment and Management of Air Quality, Official Gazette date: June 6, 2008, No: 26898.

Environmental Management, Permitting and Planning

- Environmental Auditing Regulation, Official Gazette date: November 21, 2008 and No: 27061.
- Environmental Impact Assessment Regulation, Official Gazette date: November 25, 2014 and No: 29186.
- Preparation of Spatial Plans Regulation, Official Gazette date: June 14, 2014 and No:29030.
- Regulation on Environmental Permit and Licenses, Official Gazette date: September 10, 2014, No: 29115.
- Regulation for Starting up and Operating a Work Place, Official Gazette date: August 10, 2005, No: 25902.

Health and Safety

- Communiqué on Hazard Classes List related to Occupational Health and Safety, Official Gazette date: December 26, 2012, No: 28509.
- First Aid Regulation, Official Gazette date: July 29, 2015, No: 29429.
- Health and Safety Signs Regulation, Official Gazette date: September 11, 2013, No: 28762 (based on EU Council Directive 92/58/EEC dated June 24, 1992).
- Regulation Concerning the Use of Personal Protection Equipment at Workplaces, Official Gazette date: July 2, 2013, No: 28695 (based on EU Council Directive 89/656/EEC dated November 30, 1989).
- Regulation on Health and Safety in Fixed Term and Temporary Employment, Official Gazette date August 23, 2013, No: 28744
- Regulation on Health and Safety Measures in the Use of Work Equipment, Official Gazette date: April 25, 2013, No: 28628.

- Regulation on Health and Safety Measures to be taken at Works Involving Chemicals, Official Gazette date: August 12, 2013, No: 28733.
- Regulation on Methods and Essentials of Work Health and Safety Training for Workers, Official Gazette date: May 15, 2013, No: 28648.
- Regulation on Occupational Health and Safety Services, Official Gazette date: December 29, 2012, No: 28512)
- Regulation on Radiation Safety, Official Gazette date: March 24, 2000, No: 23999.

Management of Chemicals and Other Dangerous Substances

- Regulation Concerning the Classification, Packaging, and Labeling of Dangerous Substances and Preparations, Official Gazette date: December 11, 2013, No: 28848, repeated.
- Regulation Concerning the Material Safety Data Sheets for the Dangerous Substances and Preparations, Official Gazette date: December 13, 2014, No: 29204.
- Regulation on Registration, Evaluation, Authorization and Restriction of Chemicals, Official Gazette date: June 23, 2017, No: 30115.

Nature Protection

- Regulation on Pastures, Official Gazette date: July 31, 1998, No: 23419.
- Regulation on the Protection of Wetlands, Official Gazette date: April 4, 2014, No: 28962.
- Regulation on Procedures and Principles Concerning the Protection of Game and Wild Animals and their Habitats and Combat with their Pests, Official Gazette date: October 24, 2005, No: 25976.

Noise Control and Management

- Regulation on the Assessment and Management of Environmental Noise, Official Gazette date: June 4, 2010, No: 27601.
- Regulation on the Environmental Noise Emission caused by Equipment used Outdoors, Official Gazette date: December 30, 2016, No: 26392.

Soil Quality Control and Management

- Implementing Regulation on Conservation, Use and Planning of Agricultural Land, Official Gazette date: December 9, 2017, No: 30265.

- Regulation on the Control of Soil Pollution and Polluted Areas by Point Sources, Official Gazette date: June 8, 2010, No: 27605.

Waste Management

- Regulation of Waste Management, Official Gazette date: April 2, 2015, No: 29314.
- Regulation Concerning the Landfill of Wastes, Official Gazette date: March 26, 2010, No: 27533.
- Regulation on the Control of Excavation Materials, Construction and Demolition Wastes, Official Gazette date: March 18, 2004, No: 25406.
- Regulation on the Control of Medical Wastes, Official Gazette date: January 25, 2017, No: 29959.
- Regulation on the Control of Packaging Wastes, Official Gazette date: December 27, 2017, No: 30283.
- Regulation on the Control of Waste Batteries and Accumulators, Official Gazette date: August 31, 2004, No: 25569.
- Regulation on Management of Waste Oils, Official Gazette date: December 21, 2019, No: 30985.
- Zero Waste Regulation, Official Gazette date: July 12, 2019, No: 30829.
- Regulation on the Control of Waste Tires, Official Gazette date: November 25, 2006, No: 26357.

Water Quality Control and Management

- Ordinance on Groundwater Resources, Official Gazette date: August 8, 1961, No: 10875.
- Regulation Concerning Protection of Ground Waters against Pollution and Deterioration, Official Gazette date: April 7, 2012, No: 28257.
- Regulation on the Quality and Treatment of Water Intended for Potable Water Supply, Official Gazette date: July 6, 2019, No: 30823.
- Regulation Concerning Water for Human Consumption, Official Gazette date: February 17, 2013, No: 25730.
- Regulation on the Control of Pollution Caused by Dangerous Substances in Water Environment, Official Gazette date: November 26, 2005, No: 26005.
- Regulation on Pit Opening Where Sewer System Construction is not Applicable, Official Gazette date: March 19, 1971, No: 13783.

- Regulation on Surface Water Quality, Official Gazette date: November 30, 2012, No: 28483.
- Urban Wastewater Treatment Regulation, Official Gazette date: January 8, 2006, No: 26047.
- Regulation Concerning Wastewater Collection and Disposal Systems, Official Gazette date: January 6, 2017, No: 29940.
- Water Pollution Control Regulation, Official Gazette date: December 31, 2004, No: 25687.

General

- Turkey Building Earthquake Regulation, Official Gazette date: March 18, 2018, No: 30364 (repeated).
- Regulation Concerning the Decrease of Ozone Depleting Substances, Official Gazette date: April 7, 2017, No: 30031.
- Regulation Concerning the Increase of Efficiency in the Usage of Energy and Energy Resources, Official Gazette date: October 27, 2011, No: 28097.
- Regulation on Preventing Large-Scale Industrial Accidents and Reducing Their Impacts
- Regulation on Control of Large-Scale Industrial Accidents, Official Gazette date: December 30, 2013, No: 28867.
- Regulation on the Implementation of the Law Concerning Private Security Services, Official Gazette date: October 7, 2004, No: 25606.

International Agreements and Convention

Turkish national policy on protection of environment, cultural heritage and conservation of biological resources has been formulated on the basis of relevant international agreements signed or ratified by Turkey. Relevant environmental, OHS and international labor agreements and conventions ratified by Turkey are listed below:

- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal
- Bern Convention on Protection of Europe's Wild Life and Living Environment
- Convention on International Trade in Endangered Species of Wild Flora and Fauna (CITES)
- Convention on Long-range Transboundary Air Pollution
- European Convention on the Protection of the Archaeological Heritage

- European Landscape Convention
- International Convention for the Protection of Birds
- Montreal Protocol on Substances that Deplete the Ozone Layer
- Paris Convention on the Protection of the World Cultural and Natural Heritage
- Ramsar Convention on Wetlands of International Importance Especially as Wildfowl Habitat
- Stockholm Convention on Persistent Organic Pollutants
- United Nations Convention to Combat Desertification in Countries Experiencing Serious Drought and/or Desertification, Particularly in Africa
- United Nations (UN) Framework Convention on Climate Change (Kyoto Protocol)
- UN (Rio) Convention on Biological Diversity
- Vienna Convention on the Protection of the Ozone Layer
- ILO Occupational Safety and Health Convention
- Occupational Health Services Convention
- Labor Inspection Convention
- Promotional Framework for Occupational Safety and Health Convention
- Worst Forms of Child Labor Convention

VII. Infection and Prevention Control Protocol for Healthcare Settings

(adapted from the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings)

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

- Ensure facility policies and practices are in place to minimize exposures to respiratory pathogens including SARS-CoV-2, and measures are covered and implemented before patient's arrival, upon arrival, throughout the duration of the patient's visit, and until the patient's room is clean and disinfected.
- Upon arrival, make sure; (i) patients and visitors entering the facility issue a cloth face covering or facemask before entering the building, and (ii) patients with symptoms of any respiratory infection are placed to a separate, isolated and well-ventilated section of the health care facility to wait.
- During the visit, make sure all patients adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures, and ensure rapid, safe triage and isolation of patients with symptoms of suspected COVID-19.
- Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms.
- Isolate patients as much as possible. Place a patient with known or suspected COVID-19 in a single-person room with the door closed, and to the extent possible, house in the same room for the duration of the stay. If separate rooms are not available, separate all patients by curtains. Only place together in the same room patients who are all definitively infected with COVID-19. No other patients can be placed in the same room.

2. Adhere to Standard Precautions

- Train all staff and volunteers to undertake standard precautions - assume everyone is potentially infected and behave accordingly.
- Minimize contact between patients and other persons in the health care facility: health care professionals should be the only persons having contact with patients and this should be restricted to essential personnel only.
- A decision to stop isolation precautions should be made on a case-by-case basis, in conjunction with local health authorities.
- Health care personnel who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.
- Health care facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.

- Health care personnel should be asked to regularly monitor themselves for fever and symptoms of COVID-19.

3. Training of Personnel

- Train all staff and volunteers in the symptoms of COVID-19, how it is spread and how to protect themselves. Train on correct use and disposal of personal protective equipment (PPE), including gloves, gowns, facemasks, eye protection and respirators (if available) and ensure that they understand.
- Provide job/task-specific training to health care personnel on preventing transmission of infectious agents. Provide refresher training.
- Train cleaning staff on the environmental cleaning and disinfection procedures such as use of cleaners and water to pre-clean surfaces prior to applying disinfectant to frequently touched surfaces or objects; use of a high-alcohol based cleaner to wipe down all surfaces; wash instruments with soap and water and then wipe down with high-alcohol based cleaner, etc.

4. Manage Visitor Access and Movement within the Facility

- Establish procedures for monitoring, managing and training all visitors (including (i) instruction to; wear a facemask or cloth face covering at all times in the facility, perform frequent hand hygiene, and restrict their visit to patient's room or other area designated by the facility, and (ii) informing visitors about appropriate PPE use).
- Limit visitors to the facility to only those essential for the patient's physical or emotional well-being and care while encourage use of alternative communications such as use of mobile phones or tablets.
- Limit points of entry to the facility and visitation hours, and assess all visitors for fever and COVID-19 symptoms upon entry.
- Visits should be scheduled and controlled particularly for visitation to patients with COVID-19. In case of visits of COVID-19 patients; (i) risk to health of the visitor and ability of visitors to comply with precautions should be evaluated, and (ii) clear instructions regarding hand hygiene, limiting surfaces touched and use of PPE should be provided.
- Visitors should be asked to watch out for symptoms and report signs of acute illness for at least 14 days.

VIII. Labor Management Procedures

Introduction

The primary objective of World Bank's Environmental and Social Standard -2 (ESS2) on 'Labor and Working Conditions' is to promote sound worker - management relationships and enhance the development benefits of a project by treating workers in the project fairly while also providing them with safe and healthy working conditions. Accordingly, the purpose of this Labor Management Procedure (LMP) is to facilitate the planning and implementation of the project by identifying the main labor requirements and the associated risks and determining the resources necessary to address the project-related labor issues. The LMP sets out general guidance relevant to different forms of labor but also issues and concerns that relate to COVID-19 considerations.

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 are 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 are 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. MoH of Turkey has published relevant training materials and information on usage of PPEs in relation with COVID 19 health measures and its national pandemic plan which was recently updated in April 14, 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 COVID 19 cases in health facilities at various levels.

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 Law (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.

Overview of Labor Use on the Project

In general, projects supporting COVID-19 response activities will include different categories of workers, some of whom will be engaged in activities that raise COVID-19 exposure concerns. As per ESS2, project workers are i) direct workers who are civil servants of MoH in the Project Management Support Unit (PMSU), health and laboratory workers engaged directly 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 exact 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 as well as migrant workers are not expected in this project. National workers are mostly considered with the LMP.

The Implementing Agency (IA) and the Project Implementation Unit (PIU)

The Ministry of Health (MoH) will be the Implementing Agency (IA) for the project. Project Implementation Unit (PIU) will be the existing PMSU with key professionals and staff to spearhead project implementation.

The PMSU staffing consisting 32 personnel (15 civil servants and 17 individual consultants) includes: a full-time Project Director (PD); a deputy PD(s); procurement expert; financial management expert; monitoring and evaluation expert; and technical experts with relevant technical qualification and experience. In addition, 1 social and 1 environmental expert are recruited by the MoH. The staff working for the PMSU will have specific terms of reference identified. Besides the PD and DPDs, who are Civil Servants, all other officials will be Contracted (Direct Workers).

Health Care Workers

Approximately 7000 health care workers will be engaged in the project as direct workers, as contracted workers (contractors, subcontractors), or civil servants. Health care workers may carry out a range of activities, for example, assessing, triaging and treating COVID-19 patients and workers; establishing public health reporting procedures of suspect and confirmed cases; providing or reinforcing accurate infection prevention and control and public health information, including for concerned workers.

Waste Management Workers

All care waste produced during the care of COVID-19 patients will be considered as infectious waste and will be collected in designated containers and bags, treated and safely disposed by incinerating or autoclaving according to the standard operation procedures on health care waste management for COVID-19. Waste management workers may be engaged in the project to support this activity. Most likely, these workers will include contractors, subcontractors and civil servants.

Other Contracted Workers

MoH may procure consulting services for activities under Component Subcomponent 1.3. Enhancing public health awareness and behavioral change and Component 2. Project Management, Monitoring, and Evaluation. Approximately, an estimate of 20 contracted workers will be utilized in order to realize these services under the components 1.3 and 2.

Timing of Labor Requirement

The additional staff required under the PMSU (Direct Workers) will be recruited within 30 days of Project effectiveness. The employment of Contractors' workers will be done after award of contract.

Characteristics of Labor Force

The PMSU workers, health care workers are Civil Servants whereas Medical waste management workers could be contracted workers. Most of the direct workers, involve skilled workers who are either Medical

professionals -Specialists or General Physicians. Nurses and laboratory technicians are also experienced in their respective fields.

COVID-19 CONSIDERATIONS:

Most of the categories of workers mentioned above will be engaged in activities that raise COVID-19 exposure concerns. Specific attention will be paid as listed below due to COVID-19 pandemic situation.

- Health Care Workers: Health care workers will carry out a range of activities, for example, assessing, triaging and treating COVID-19 patients and workers; establishing public health reporting procedures of suspect and confirmed cases; providing or reinforcing accurate infection prevention and control and public health information, including for concerned workers. The MoH guidelines (in line with WHO guidelines and also CDC guidelines) for health service providers dealing with COVID-19 illustrates various mitigation measures, protocols, policies and procedures which must be followed. This may be found at: <https://covid19bilgi.saglik.gov.tr/tr/enfeksiyon-kontrol-onlemleri>

Also, measures for health care workers during the normalization period could be found here: <https://covid19bilgi.saglik.gov.tr/tr/covid-19-pandemisinde-normallesme-doneminde-saglik-kurumlarinda-calisma-rehberi.html>

Assessment of Potential Labor Risks

The labor risks for the project can be defined based on the nature and location where project activities will be carried out. Labor risks, including COVID-19 specific risks, in relation to the activities being carried out by the workers, are described below:

Project Activity	Key Labor Risks
Procurement of essential protective equipment and other essential items to protect healthcare workers and patients	<ul style="list-style-type: none"> • Health and safety risks for frontline service providers, especially against COVID contamination • Suppliers as vectors of COVID-19 & hence risks HCWs and patients • Inability of benefit from procedures and mitigation measures to address risks relating to COVID-19 spread
Preparation and implementation of risk communication, community engagement and behavior change, including social distancing measures and associated mitigation strategies.	<ul style="list-style-type: none"> • Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. • Risks of contamination during community visits • Workers as vectors of COVID-19 and hence risks to community health and safety
Increasing laboratory and diagnostic capacity <ul style="list-style-type: none"> - Training to health workers and other frontline stakeholders - Increasing number of testing kits to be supplied for hospitals and laboratories - Transportation of samples - Certification of safety cabinets 	<ul style="list-style-type: none"> • Risks of pathogen exposure, infection and associated illness, death, for workers engaged in carrying out the testing, transporting samples, delivering training, etc • Stigma and passing on infections to family and community • Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. •
Containment and treatment efforts	<ul style="list-style-type: none"> • Untenable overtime, psychological distress, fatigue, occupational burnout, among health care workers

Project Activity	Key Labor Risks
<ul style="list-style-type: none"> - Establishment of local isolation units in hospitals - Intensified contact tracing of known cases. - Expansion of intensive care unit (ICU) capacity, including the establishment of additional ICU beds and the necessary equipment and supplies to make them functional. - Training on implementation guidelines and SOPs to frontline health workers, hotel and resort staff, airport personnel and other frontline stakeholders. 	<ul style="list-style-type: none"> • Risks of exposure while handling of medical specimens or treatment of COVID-19 patients • Stigma and passing on infections to family and community • Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.

Key Labor Legislation in Turkey

BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

Types of Employment Contracts

As per the Turkish Labor Law (4857: Law No), the main categories of employment contracts are: definite (fixed term) and indefinite (open-ended), full time and part time contracts, continuous and transitory contracts; seasonal; employment contracts with or without trial periods; provisional employment contracts and team employment contracts. Employment which lasts only up to 30 days is transitory; and employment which requires a longer period is continual. If employment is transitory, provisions of the Obligations Act shall apply on certain matters as defined by the Labor Law.

Article 5 of the Turkish Labor Law embraces the principle that all employees should be treated equally. Accordingly, employers cannot treat temporary and agency workers or part-time workers differently from the permanent employees unless justifiable grounds exist for the different treatment. According to the Labor Law Item 5 “Equal Treatment Principle”, any discrimination based on language, race, color, gender, disability, political opinion, philosophical belief, religion and sect and similar reasons can be made in the work relationship is strictly prohibited.

Wages and deductions

Article 32 of the Labor Law defines “wage” in general terms, as the amount of money to be paid in cash by an employer or by a third party to a person in return for work performed by him. Without discrimination, each employee has a right to demand remuneration for the work they conduct. The salary of an employee cannot be lower than the minimum wage amount which is determined by the state and redefined two times every year. There is a national minimum wage that applies to all employees in Turkey. Under Article 39 of the Labor Law (4857), the minimum wage is determined and revised by the related commission of the Ministry of Family, Labor and Social Services at least once every two years.

Pursuant to Article 34 of Law No: 4857 (Turkish Labor Law) Any worker whose wage is not paid within twenty days as of the date of wage payment except for a force major may abstain from fulfilling his/her working liability. Even if the non-fulfilment of working liabilities for this reason based on personal

decisions of workers gains a collective character numerically, this shall not be considered as a strike. The highest interest rate applied for deposits shall be applied for wages not paid on due date.

The labor contracts of such workers shall not be terminated, new workers shall not be admitted in their places and their works shall not be assigned to other persons for not working due to this reason.

Pursuant to Article 38 of Law No: 4857 (Turkish Labor Law) The employer shall not exercise wage deduction penalty for the worker for reasons other than those specified in the collective contract or labor contract.

The deductions to be made from worker's wages as penalties should be immediately informed to the worker along with reasons thereof. Such deductions from worker wages shall not exceed two daily wages in a month or two days' earning of the worker in wages paid per piece or per the amount of work performed.

Such deductions shall be deposited with the account of the Ministry of Family, Labor and Social Services within one month as of the deduction for utilization for the training and social services of the workers, in one of the banks established in Turkey and entitled to accept deposits, to be nominated by the Ministry. Every employer shall be obliged to keep a separate account of such deductions at the business.

Working hours

According to the Turkish Labor Law; the working period shall be maximum forty-five hours a week in general aspect. Unless otherwise agreed, such period shall be applied by equally assigning it to working days of the week.

The normal weekly working period may be differently assigned to working days of the week, on the condition that it does not exceed eleven hours a day, upon agreement of the parties. In this case, the average weekly working period of the worker shall not exceed normal weekly working period within a period of two months. The compensation period may be increased by up to four months through collective labor contracts (Article 63)

The workers shall be informed of the starting and ending times of daily working periods as well as of break times.

Starting and ending times of the working period may be arranged differently for workers, according to the nature of the work. (Article 67)

Periods reckoned as working period

According to the Turkish Labor Law; the following periods shall be reckoned with in the daily working period of the workers

a) The time required for employees employed in mines, stone quarries or any other underground or underwater work to descend into the pit or workings or to the actual workplace and to return there from to the surface.

b) The periods spent on the way, in cases where the workers are sent by the employer from their workplace to any other places to work.

c) Free periods of the worker spent at the workplace, being available for working at any moment but waiting for any possible work, without working.

d) Periods spent by the worker for being sent by the employer to another place, or being made occupied at the house or office of the employer or any place relating to the employer, without performing his/her main job.

e) The periods of breast-feeding female workers to be specified for breast feeding.

f) Periods elapsing for collective and regular transport of workers from and to their workplaces which are distant from their settlement area for any kind of work requiring collective transport such as construction, maintenance or repair and modification of railways, roads and bridges (Article 66).

Overtime hours and overtime payment

As per Article 41 of the Labor Law, works which exceed forty-five hours a week are defined as overtime. An employer may request employees to work overtime. The employee's consent shall be required for overtime work. Total overtime work shall not be more than two hundred and seventy hours in a year.

Employees under age of 18, pregnant women, and breastfeeding mother cannot be required to work overtime.

Weekly rest day and rest breaks

The employees are allowed to take a rest for a minimum of twenty-four hours (weekly rest day) without interruption within a seven-day time period, provided they have worked up to 45 hours on the days preceding the weekly rest day. By law, employers do not have the right to deduct this weekly rest from the employees' salaries. Additionally, Article 68 of the Labor Law states that employees are entitled to a rest break, the duration of which varies depending on the working hours. Each employee is entitled to 15 minutes of break for jobs lasting up to four hours; 30 minutes of break for jobs lasting up to 7.5 hours, and one hour of break for jobs lasting more than 7.5 hours. Arrangements for breaks will be made according to the local traditions and requirements of the work.

Such breaks shall be at minimum level, and applied uninterruptedly.

However, such periods may be applied intermittently by reaching an agreement, considering the climatic and seasonal conditions and local traditions as well as the nature of the work.

Breaks may be used by workers at the same time or at different times at a workplace.

Breaks shall not be reckoned with in working period. (Article 68)

Leaves

The minimum leave period according to the length of service of the employee has been set in the Labor Law as follows;

1 to 5 years (included) - 14 working days

5 to 15 years - 20 working days

15 years (included) or longer - 26 working days

The Law stipulates that paid annual leave may not be less than 20 days for employees under the age of 18 or over the age of 50. Employees are also provided to the right to take up to 4 days leave without pay, on the condition that the employee provides documentary evidence that s/he is spending his/her annual leave at a place other than where the workplace is located.

Employees engaged in seasonal or other occupations which, owing to their nature, last less than one year are not entitled to paid annual leave.

Paid leaves for civil servants have been defined in the Law (No:657) as; who have served for less than 10 years have 20 days of annual leaves and those who have served for more than 10 years have the right of 30 days annual leave.

Labor disputes

The Labor Law of Turkey includes provisions that allow workers to resolve disputes in cases where there is a disagreement between the employer and the employee over the essential terms and conditions of a labor agreement or other aspects of work. (Article 20 of Labor Law; Article 91 of Labor Law regulates “the application to The Ministry of Family, Labor and Social Services for workers’ rights arising from their debt owed. Article 50-51-52 of Law No. 6356 on Trade Unions and Collective Bargaining Agreements regulates “rights of application to the High Board of Arbitration and Private Arbitrator for workers labor disputes”; Article 3 of Law on Labor Courts numbered 7036 regulates “conciliation procedure”.

The employee who alleges that no reason was given for the termination of his employment contract or who considers that the reasons shown were not valid to justify the termination shall be entitled to lodge an appeal against that termination with the labor court within one month of receiving the notice of termination. If there is an arbitration clause in the collective agreement or if the parties so agree, the dispute may also be referred to private arbitration within the same period of time.

The burden of proving that the termination was based on a valid reason shall rest on the employer. However, the burden of proof shall be on the employee if he claims that the termination was based on a reason different from the one presented by the employer.

The court must apply fast-hearing procedures and conclude the case within two months. In the case the decision is appealed, the Court of Cassation must issue its definitive verdict within one month. (Article 20)

If the court or the arbitrator concludes that the termination is unjustified because no valid reason has been given or the alleged reason is invalid, the employer must re-engage the employee in work within one month. If, upon the application of the employee, the employer does not re-engage him in work, compensation to be not less than the employee’s four months’ wages and not more than his eight months’ wages shall be paid to him by the employer.

In its verdict ruling the termination invalid, the court shall also designate the amount of compensation to be paid to the employee in case he is not re-engaged in work.

The employee shall be paid up to four months’ total of his wages and other entitlements for the time he is not re-engaged in work until the finalization of the court’s verdict. If advance notice pay or severance pay has already been paid to the reinstated employee, it shall be deducted from the compensation computed in accordance with the above-stated subsections. If term of notice has not been given nor

advance notice pay paid, the wages corresponding to term of notice shall also be paid to the employee not re-engaged in work.

For re-engagement in work, the employee must make an application to the employer within ten working days of the date on which the finalized court verdict was communicated to him. If the employee does not apply within the said period of time, termination shall be deemed valid, in which case the employer shall be held liable only for the legal consequences of that termination (Article 21).

Termination of an employment contract: Under the Labor Law, employers can terminate contracts in two ways: (i) showing a valid reason (Art. 18-19) or (ii) breaking the contract for a just cause. Employees who have completed 6 months of employment in a workplace that has at least 30 workers, can benefit from certain protections under the Labor Law, protecting the worker from arbitrary termination of his/her contract. In order for the termination of an employment contract to be valid, a written notice must be given to the employee and legal notice periods must be respected. However, in certain cases, employers can terminate the employment relationship on the basis of a just cause (for reasons of health, for immoral, dishonorable or malicious conduct or other similar behavior, force majeure). In these cases, the employer is not obliged to comply with the legal notice periods and can terminate it immediately. For further details, please see, Labor Law, Art. 24-26.

Severance payment: Upon termination of the employment contract, employees are entitled to a severance payment on the condition that the employee has completed at least one year of continuous employment. This payment is calculated by multiplying the number of years of employment with the employee's monthly salary at termination. If the employer terminates the employment contract under just cause based on health reasons or force majeure, the employer must give severance pay to the employee, if applicable. However, if the employer terminates the employment contract under just cause on grounds of immoral and dishonorable acts of the employee, the employer is not liable to pay severance. If the employee terminates the employment contract for just cause, the employer must pay severance in all cases.

However, where the employee terminates the employment contract at will, without the presence of any cause set out under the Labor Law, the employer is not liable to pay severance to the employee.

BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY (OHS)

Legislative Framework

The Ministry of Family, Labour and Social Services is the main responsible organization in this field, in collaboration with other ministries and stakeholders, and is responsible for developing, implementing and enforcing legislation. The two most relevant units of the Ministry are the Directorate General of Occupational Safety and Health, and the Department of Guidance and Inspection. The Directorate General develops legislation of occupational safety and health in collaboration with other stakeholders, while Department of Guidance and Inspection perform inspections in terms of compliance with occupational safety and health legislation, and also for labour relations and management issues.

The occupational Safety and Health Law includes all workplaces and workers, including civil servants, workers at private enterprises and the self-employed workers; regardless of the number of employees or the kind of work. Providing occupational safety and health services is the responsibility of the employer. The employer, in accordance with legal requirements can provide the services by establishing an occupational safety and health unit in the workplace.

The education, training and placement of occupational physicians, OSE's and other health personnel is conducted under the authority of the Ministry of Family, Labour and Social Services, whereas the performance of certification exams was delegated to the Measuring, Selection and Placement Centre (ÖSYM).

The Occupational Safety and Health Law (No. 6331; 2012 (OSH Law)) was published in the Official Gazette in 2012. Before 2012, occupational safety and health issues were regulated in the Labour Law, related regulations and some other general laws. The OSH Law applies to all jobs and workplaces in both the public and private sector, regardless of their field of activities or number of workers, and covers all employees, interns, employers and their representatives.

The ultimate aim of the OHS Law is to prevent occupational diseases and accidents, and other physical and mental health problems of the workers related to work and the work environment. The OSH Law defines the main stakeholders namely employees, employers and the State, and their duties and responsibilities in working life. The Law also defines the basic terminology related to work life such as workplace, hazard, risk, occupational disease, occupational accident, prevention, safety and health unit, occupational safety and health professionals and their responsibilities. According to the OSH Law, the employer should perform risk assessment and has the responsibility of taking all necessary measures to ensure occupational safety and health.

Article 4 of the Law defines the duties, authority and responsibilities of the employer and workers. The employer has a duty to ensure the safety and health of workers in every aspect related to work. In this respect the employer shall take the measures necessary for safety and health protection of workers, including provision of necessary organization, designating safety and health staff, informing and training of workers, carrying out risk assessment, implementing measures related to occupational safety and health in accordance with the legislation, etc.

As indicated in Article 6 of the Law, in order to provide occupational safety and health services the employer shall designate workers as occupational safety expert, occupational physician and other health staff, meet the need for means of space and time to help designated people or organizations fulfil their duties, ensure cooperation and coordination among the occupational safety and health staff, etc. The OSH Law also regulates workers' right to abstain from work in cases of serious or imminent danger. The OSH Law refers to secondary legislation to for a description of further details to ensure an effective implementation of the Law.

Secondary Legislation

A series of secondary legislation have been adopted to explain the details of relevant laws. Relevant Ministries and organizations took part in the preparation of this legislation, and their opinions were taken into consideration.

“Regulation on Occupational Health and Safety In Construction Works” determines the framework for the minimum occupational health and safety requirements for construction works.

There are also more regulations such as on “noise control”, “dust control” or “control of chemicals” where the permissible limits were defined, and some organizational ones such as regulation on “shift work”, “occupational hygiene measurements, test and analysis”, etc.

Encountering a fatality or an accident with a serious injury

Pursuant to Article 14 of the Law on Occupational Health and Safety; the employer shall;

- keep a list of all occupational accidents and diseases suffered by his workers and draw up reports after required studies are carried out.
- investigate and draw up reports on incidents that might potentially harm the workers, work place or work equipment or have damaged the work place or equipment despite not resulting in injury or death.

The employer is obligated to notify the Social Security Institution of the following situations within a prescribed time as follows:

- Within three work days of the date of the accident.
- Within three work days after receiving the notification of an occupational disease from health care providers or occupational physicians.

Occupational physicians or health care providers shall refer workers who have been pre-diagnosed with an occupational disease to health care providers authorized by the Social Security Institution.

Occupational accidents referred to health care providers shall be notified to the Social Security Institution within ten days at most and authorized health care providers shall notify the Social Security Institution of the occupational diseases within the same period of time.

The procedures and principles as regards this article shall be defined by the Ministry following the receipt of approval from the Ministry of Health.

International Labor Conventions

Labor Law No. 4857 is to large extent consistent with the ESS 2. Turkey ratified all the four Core ILO Conventions and OHS ILO Conventions. The main gap with ESS 2 is related to the requirement for the grievance mechanism for workers. While the national legislation provides for Labor Courts to raise labor rights concerns, the Labor Law does not include specific requirements for workplace grievance mechanism. The Labor Law includes provisions to ensure contracted workers are paid, however, it does not include provisions regarding the selection, management and monitoring of contractors with regard to ESS2 requirements.

In addition, Turkey is also party to the International Covenant on Social and Cultural Rights, the European Social Charter, Bio-Medical Convention which also regulated health and safety conditions to be taken by employers and employee rights.

COVID-Specific Policies, Regulations and Procedures

In addition, there are several legislations/decrees published by the MoH relating to waste management, occupational health and safety, management of hospital facilities, that are relevant to the COVID-19 context and would also impact workers in specific activities. Some of these include:

- Emergency regulations: The Ministry of Health, with the three decrees on regulating personnel leave dated 27.03.2020 and 30.3.2020, have forbidden health workers to leave, change places, use leave for three months, except in some exceptional cases.
- National Pandemic Plan: The National Pandemic Plan was published in 2006 as a part of the preparation for influenza pandemic in Turkey. The plan was molded into its final form as “The Pandemic Influenza National Preparedness Plan” after being updated in the light of experiences gained during the 2009 Influenza A pandemic along with the regulations and recommendations made by WHO during the process. The Pandemic Influenza National Preparedness Plan was prepared under the coordination of the Ministry of Health, General Directorate of Public Health in collaboration with other institutions and organizations. The Plan was published in the Official Gazette as the Presidency Circular 2019/5. The Pandemic Influenza National Preparedness Plan has been prepared to provide an outline of the minimum elements needed to be prepared, as well as to ensure optimal readiness. The plan aims to secure the continuity of public services and to reduce the transmission of the pandemic strain, number of patients related to the pandemic, hospitalization and deaths due to the disease, and the socioeconomic burden formed by the pandemic. Provinces were requested to generate “Provincial Pandemic Influenza Preparedness and Action Plans” in line with the Pandemic Influenza National Preparedness Plan. In compliance with this request, 81 Provincial Health Directorates prepared drafts of “Provincial Pandemic Influenza Preparedness and Action Plans”. The committee evaluated these plans, and provinces were asked to complete their preparations in accordance with the feedbacks given on a provincial basis. Even though the Pandemic Influenza National Preparedness Plan has been prepared for Pandemic Influenza, this plan is adaptable to the New Corona Virus Disease (COVID-19) caused by a virus that transmits via respiratory droplets, similar to Influenza ⁴².
- COVID-19 Risk Assessment and COVID-19 Guideline: Scientific Board for COVID-19 conducted the “COVID-19 Risk Assessment” on January 22, 2020. In addition, “COVID-19 Guideline and Case Report Form” was prepared in the same meeting. The “COVID-19 Disease Guideline” includes general information about the infection, case definitions and information on case management, infection control and isolation, patient care and treatment. The guideline also included information for the people who will be travelling to the countries with COVID-19 cases. This guidance has provided a standardized approach all over the country towards suspected cases. The first version of the guideline was published on January 24, 2020. Following the scientific developments and WHO guidance/recommendations, it is constantly updated and published on the website of the Ministry of Health together with COVID-19 posters, leaflets, frequently asked questions and algorithms.⁴³ Last update of the guideline has been made on June 26, 2020 as of June 1, 2020.
- The Environmental Law (Law No: 2872; Date of Ratification: 1983), which came into force in 1983, addresses environmental issues on a very broad scope. According to the basic principles that govern the application of the Environmental Law, and as stated in the Constitution, citizens as

⁴² Turkish Journal of Medical Sciences, COVID-19 Outbreak Control, Example of Ministry of Health of Turkey, Demirbilek et al., accepted/published online: 18.04.2020

⁴³ Turkish Journal of Medical Sciences, COVID-19 Outbreak Control, Example of Ministry of Health of Turkey, Demirbilek et al., accepted/published online: 18.04.2020

well as the state bear responsibility for the protection of environment. Complementary to the Environmental Law and its regulations, other laws also govern the protection and conservation of the environment, resources and cultural and natural assets, the prevention and control of pollution, the implementation of measures for the prevention of pollution, health, and safety and labor issues (see Annex IV).

- National Environmental Legislation: Turkish environmental regulations were developed in line with national and international initiatives and standards, and some of them have been revised recently to be harmonized with the EU Directives in the scope of pre-accession efforts of Turkey. The Ministry of Environment and Urbanization (MoEU) is the responsible organization for the implementation of policies adopted for protection and conservation of the environment, and for sustainable development and management of natural resources.
- Regulation on the Control of Medical Wastes: The purpose of the Regulation on the Control of Medical Wastes is to prevent direct or indirect delivery to the receiving environment from generation of medical wastes to their disposal in a way that harms the environment and human health, to be collected separately at its source without harming the environment and human health, to be transported within the health institution, to its temporary storage, to its medical waste processing facility and its disposal, to regulate the principles, policies and programs as well as the procedures and principles regarding the determination and implementation of legal, administrative and technical principles. This regulation includes principles related to medical wastes generated as a result of the activities of healthcare organizations, as well as their separate collection at their source, transportation within the healthcare organization, temporary storage, transportation to medical waste treatment facility, and their disposal.

According to the regulation, medical wastes are identified as infectious wastes, pathological waste and sharps.

Infectious Wastes: refer to wastes which are known to carry infectious agents or are likely to carry infectious agents; all kinds of body fluids, particularly blood and blood products; human tissues, organs, anatomical parts, autopsy materials, placenta, fetus and other pathological materials; gloves, covers, sheets, bandages, plasters, tampons, swabs, etc. which are contaminated with such materials; body extractions of patients in quarantine; bacteria and virus-retentive air filters; laboratory cultures and culture stocks of infectious agents; all kinds of materials which come into contact with infected animals and their extractions; and wastes arising from veterinary services; Pathological wastes: refer to tissues, organs, body parts, body fluids and the fetus which result from surgical interventions, autopsies, and anatomical or pathological procedures;

Sharps: refer to such wastes as syringes and all other needles used for medical intervention; lancets; capillary tubes; scalpels; knives; IV drip needles; surgical suture needles; biopsy needles; branules; broken glass, ampules, microscope slides and cover slips; broken glass tubes and petri dishes, which may be stung, may puncture or scratch, or may cause injury.

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.

- Quality Standards in Healthcare Facilities: MoH developed Quality Standards in Healthcare Facilities (QSHF) including provisions regarding implementation of appropriate medical waste management practices in accordance with the Regulation on the Control of Medical Waste 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.
- Regulation of Waste Management: The purpose of the Waste Management Regulation is to ensure management without harming the environment and human health from the formation of waste to the disposal, to reduce waste generation, to reuse waste, to recycle, to reduce the use of natural resources and to provide waste management and to determine the general procedures and principles having certain criteria in terms of environment and human health regarding the production of the products covered by this Regulation and the market surveillance and control with basic conditions and features.
- Circular 2020/12 of MoEU on COVID-19 Measures in the Management of Personal Hygiene Equipment (such as Single use Masks, Gloves) Wastes⁴⁴: This circular was published on April 07, 2020 and defines the minimum requirements to be considered in the accumulation, collection, transportation, temporary storage and delivery to waste processing facilities of personal hygiene equipment wastes. The circular clearly defines that waste generated from health facilities should be treated as “medical waste” and be managed accordingly. Also, the waste management guidance of the MoH mentions that; (i) Wastes of a patient possibly or definitely diagnosed COVID-19 are recognized as infectious waste in hospital environment and disposed to medical waste box”, (ii) Wastes of a patient possibly or definitely diagnosed COVID-19 who is monitored at home should be collected separately through the protective preventions required, kept in double bags and disposed to domestic waste box, (iii) The wastes of the contacted individuals (contacted with the patients who have possibly or definitely COVID-19, individuals coming from a country or province where the disease is common) who are observed in collective accommodation places (i.e. dormitory) for 14 days should be disposed to domestic waste bag, (iv) Disposable masks and gloves used for protection in the society should be disposed to domestic waste bag, (v) There is not any information about disposal of the wastes of COVID-19 patients

⁴⁴ <https://webdosya.csb.gov.tr/db/cygm/icerikler/gng2020-16-cov-d-19-20200408101457.pdf> and

⁴⁴ https://covid19bilgi.saglik.gov.tr/depo/afisler/Halk/COVID-19_ATIK_YONETIMI_AFIS_A4.pdf

following a certain waiting period in the guidelines of important healthcare organizations including WHO, CDC and ECDC.

- National Laws on Social Impacts: Although the Turkish EIA Regulation does not entirely meet the requirements of international standards in terms of social impacts, there are various legal arrangements for managing several social impacts. The following are laws and regulations applicable to this project:
 - i. Law on the Right to Information (No. 4982), published in the Official Gazette no. 25269 dated 24 October 2003
 - ii. Labor Law (No. 4857), published in the Official Gazette no. 25134 dated 10 June 2003
 - iii. Law on Occupational Health and Safety (No. 6331), published in the Official Gazette no. 28339 dated 30 June 2012
 - iv. Regulation on Contractors and Sub-contractors, published in the Official Gazette no. 27010 dated 27 September 2008
- Occupational Health and Safety: In recent years, Turkey has undergone a reform to improve its national Occupational Health and Safety (OHS) system through adapting a set of international and regional standards into its national level requirements for the prevention occupational risks defined in the ILO Occupational Safety and Health Convention, 1981 (No. 155). The convention, along with the Occupational Health Services Convention, 1985 (No. 161) were both ratified by Turkey in 2005 who is also party to the Labor Inspection Convention, 1945 (No. 81) since 1951. In 2014, Turkey ratified the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187).

During 2012, a stand-alone Law on OHS (No. 6331) was put into force (20 June 2012). The OHS Law governs workplace environments and industries (both public and private) as well as virtually all classes of employees including part-time workers, interns, and apprentices. The legislation is comprehensive and is generally applicable across all sectors and many industries. Labor Inspectorate, which is a part of the Ministry of Labor, Family and Social Services, enforces labor and OHS laws, and conducts regular OHS and labor audits.

Relevant details on these laws and regulations are provided in Chapter 3, including the extent to which they are up-to-date and capture good international industry practice (GIIP). In addition, Chapter 3 of the ESMF as well as the WMPH provided in Annex 2 of the ESMF, also makes reference to the applicable international conventions, and directives for addressing health and safety issues relevant to COVID-19.

Responsible Staff

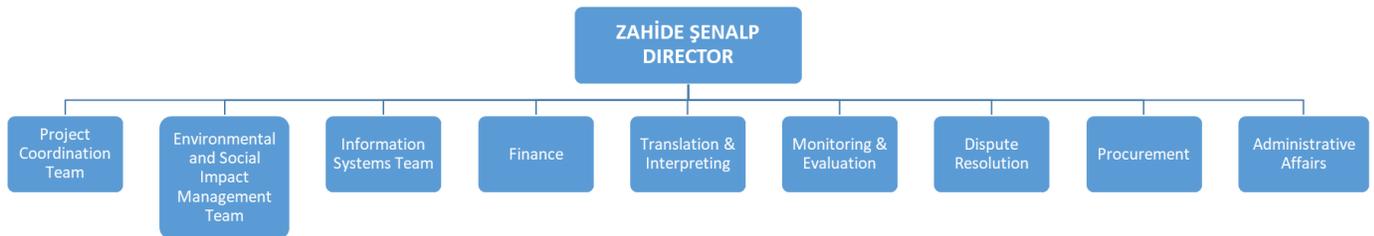
This section identifies the functions and/or individuals within the project who will be responsible for managing different issues relating to project workers. Since the project is meant to respond specifically to COVID-19, there will be specialized staff for enhanced monitoring and supervision, to conduct training of workers in mitigating the spread of COVID-19 and to treat patients and workers infected with COVID-19.

MoH will carry out implementation the Project through Project Management and Support Unit (PMSU), comprising of professional staff (as well as other relevant departments and general directorates of MoH) and consultants. The PMSU will be responsible for all day-to-day management and coordination needs of the project, including safeguards.

A social specialist experienced in labor and OHS issues, and World Bank ESF will be hired. Some of the technical staff required during the course of the Project will be assigned internally by MoH, either by

means of permanent or temporary basis until the completion of relevant tasks under the Project whilst they undertake their current responsibilities.

The draft organizational chart of the PMSU will be as in the following template:



Activity	Responsible staff/party
Engagement and management of project workers	Social Specialist, Project Director
Occupational health and safety (OHS)	Health care facilities (HCF), laboratories; Social Specialist, Environment Specialist, Project Director
Monitoring, supervising, and reporting on health and safety issues relating to COVID-19 (COVID-19 focal point)	HCFs, Social Specialist, Environment Specialist, Monitoring and Evaluation Specialist
Engagement and management of contractors/subcontractors, including coordination and reporting arrangements between contractors	Procurement Specialist, Project Director
Training of workers, including raising awareness and training of workers in mitigating the spread of COVID-19	Social Specialist, Environment Specialist, Project Director, Relevant Agency/consultancy
Assessment, triaging and treatment of patients and/or workers infected with COVID-19	HCFs
Reporting on worker grievances to WB every project progress period	Social Specialist, PMSU
Addressing worker grievances	Project Specific GRM, MoH's Grievance Mechanisms for Health Service Workers and Internal Stakeholders (Saglikta Bulusma Noktasi and Alo184)

MoH PMSU will be responsible for the following:

- Implement this labor management procedure to direct workers
- Maintain records of recruitment and employment process of direct workers
- Monitor implementation of labor management procedures

- Monitor that occupational health and safety standards are met at work places in line with national occupational health and safety legislation, ESS2
- Monitor training of the project workers on OHS, social induction, Gender Based Violence (GBV) awareness, Code of Conduct
- PMSU will ensure that the project workers within the HCFs benefitting from the activities of the Project have the ability to raise workplace issues and concerns. MoH has a workers' GM in place where workers can also anonymously submit grievances through MoH's following channels: online channel `Meeting Platform for Health` and through its Ministerial hotline Alo184. PMSU will not be the main body for addressing workers' grievances as Ministry has its mechanisms in place but will be responsible in recording and reporting these grievances to the WB every reporting period.

Policies and Procedures

Supporting health facilities: All workers

Plans/procedures will be in place to address the following issues:

- The characteristics of the workers will be assessed prior to engaging them in healthcare works, including those with underlying health issues or who may be otherwise at risk. This will be done by conducting pre-employment health checks.
- 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 (goggles or face screens); hand washing soap and sanitizer; and effective cleaning equipment, will be put in place. If relevant PPE cannot be obtained, 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, will be considered
- Work tasks will be rearranged or numbers of workers on the worksite will be reduced to allow social/physical distancing, or rotating workers through a 24-hour schedule
- Alternatives to direct contact, like tele-medicine appointments and live stream of instructions, will be put in place.
- Training will be provided to medical staff on the latest MoH and WHO advice and recommendations on the specifics of COVID-19
- 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, will be put in place
- Cleaning staff will be trained and provided with adequate PPE when cleaning consultation rooms and facilities used to treat infected patients
- Access to psychosocial support based on the needs and availability of such services
- 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, will be implemented.
- MoH will ensure (i) adequate rest and break times (ii) overtime pay (iii) rotational work modalities (iv) adequate PPE for workers in HCFs in order to manage the burden of overtime work which was introduced after the Emergency health measures of MoH's decrees dated 13th and 20th of March, which mainly restricted right to resign and leave for a 3-month period. Under normalization, restrictions were cancelled as of June 1, 2020. New measures for normalization are mentioned in

“Normalization Process and New Precautions for Covid-19” report that was published at MoH General Directorate of Health Service ⁴⁵ .

- Workers shall quickly inform management of labor issues, such as a lack of PPE, unreasonable overtime, stress and any harassment (ie.physical, psychological and sexual abuse and exploitation) related issues at workplace via the MoH’s workers’ grievance mechanisms (Saglikta Bulusma Noktasi, Alo184, Provincial Health Directorates). This worker's GRM allows anonymous grievances and has an appeal's process in place, as defined in Chapter 9 of this LMP.

While preparing the site specific WMPH plans, labor, OHS and community health and safety risks, will be used in line with the guidance materials from MoH and WHO guidelines.

AGE OF EMPLOYMENT

Turkish law prohibits anyone under 18 from performing arduous or dangerous work. Due to the health and safety risks of the Project and possible exposure to COVID-19 in health care facilities and medical waste treatment no workers under 18 years will be employed.

Any direct worker or contracted worker to be hired for the Project will be required to verify identify and age. This will require workers to provide official documentation, which could include a birth certificate, certificate based on the results of a medical examination, national identification card, passport.

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.

TERMS AND CONDITIONS

COVID-19 CONSIDERATIONS:

If specific legislation (for example emergency powers legislation) enacted in response to the health and safety issues posed by COVID-19 departs from the terms and conditions agreed for the project (or which would normally be agreed for a project of this type), this section should set out such details. For example, there may be situations where health care workers will be allowed (or required) to work longer hours than normal because of the COVID-19 emergency. If so, this should be documented together with an analysis of how this will apply in the Bank-supported project, and the additional mitigation measures being implemented to protect such workers (e.g. mandatory rest breaks, third party monitoring).

The terms and conditions applying to MoH personnel are set out in the 657- Law on Civil Servants, which provides for the rights of MoH employee. This Civil Servants Law will apply to MoH employees who are assigned to work specifically in relation to the project (direct workers). Terms and conditions of any consultants engaged by the MoH will be subject to the labor law requirements.

The work hours are 40 per week for direct workers who are MoH personnel.

The Labor Law prescribes for the work week of 45 hours and limits overtime work to 270 hours annually. Wages for each hour of overtime shall be remunerated at one and a half times the normal hourly rate. All

⁴⁵https://dosyamerkez.saglik.gov.tr/Eklenti/37462.covid-19-normallesmeustyazi5ebe9a5b-9c9a-4c93-888e-87f10ddb512apdf.pdf?0&_tag1=117A7B3480C90647D890CA9D1ADF65881B13A83F

project workers will receive at least one rest day (24 hours) after six consecutive days of work. This rest day will be paid.

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

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.

On May 15, 2020, the Ministry of Health published a 13-article Circular. It was stated in the Circular that the demands of the personnel who want to resign will not be accepted. According to Law No. 657 Civil Servants code, withdrawal is one of the rights of the personnel. Article 20 of the Law stipulates that civil servants may withdraw from civil service according to the principles specified in the Law. The necessary principles are determined in the articles 94 and 96 of the Law for resignation. According to this,

- There will be a written application for resignation,
- It will continue to perform until the appointment of the officer who wants to withdraw, or until the acceptance of the withdrawal request,
- If the appointed person does not come up to a month or a representative is not appointed, he / she will leave the job by informing her/his superior,

If the withdrawal request is based on an extraordinary excuse, a month will not be expected. If these conditions are met, the civil servant is deemed to have been duly taken. In case of improper withdrawal; the absence of a duty for 10 days without permission and excuse, the duty of the officers who are responsible for the transfer and delivery without quitting the transfer and delivery process, the acceptance of the withdrawal requests in cases of disaster, mobilization and war or in places that are exposed to disaster in general life, is to leave the task without waiting. Duly or irregular withdrawal cases are important in terms of the time to pass for reassignment to civil service under Article 92. If the personnel has been withdrawn duly, he may be re-appointed to the civil servant within the scope of Article 92 after 6 months, and if he has been withdrawn, a year later. In case of leaving office without complying with the transfer and delivery obligation, it is necessary to pass 3 years. However, if the withdrawal falls within the scope of Article 96, that is, if the war or the state of emergency and the general life occurred in places suffering disasters, it will not be possible to be re-appointed. As a result, the use of a right recognized by law is not repealed by circular decree. The institutions have the right to appreciate at the point of acceptance of resignation and the Ministry of Health uses its discretion to not accept the resignation. However, it is possible to leave the job by informing the supervisor one month after the date of the withdrawal request and in this case, the personnel will be deemed to have resigned in accordance with the procedure⁴⁶.

With the Presidency Circular No. 2020/4 published in the Official Gazette dated 22.03.2020 and numbered 31076 (repeated), Covid has provided flexible working opportunities to employees in public institutions and organizations, regardless of the form of employment, in order to reduce the spread of the outbreak,

⁴⁶ <https://www.mevzuat.gov.tr/MevzuatMetin/1.5.657.pdf>

and with employees who are flexible in terms of responsibility for the execution of the service. It is clearly stated that those who are deemed to have administrative leave will be deemed to have fulfilled their duties essential to their employment, their financial and social rights and benefits and other personal rights are reserved, and that they cannot leave their places of duty without the permission of their superiors and that they are required to return to their jobs when they are called for service. Therefore, those who are considered to be on administrative leave because those who are deemed to be on administrative leave because they are not at work due to alternating or distance work are the periods to be recorded as actually worked period and included in the weekly working period⁴⁷. These emergency measures were introduced during the peak time of the pandemic. Under normalization declared on 1st of June, 2020, mentioned flexibilities for employees were terminated and not valid anymore.

The Communiqué of the Ministry of Treasury and Finance on "Amendment to the Communiqué on the Principles and Procedures on Institutional Contribution in the Compulsory Financial Liability Insurance for Medical Malpractice" was published in the Official Gazette on 23 May 2020. All works and transactions within the scope of the assignments made for public and private health institutions and organizations and affiliated, related or related units of these institutions and organizations due to Covid-19 will be evaluated under the "Compulsory Financial Liability Insurance for Medical Malpractice" policy.

GRIEVANCE MECHANISM

This section sets out details of the grievance mechanism that will be provided for direct and contracted workers, and describes the way in which these workers will be made aware of the mechanism.

MoH, currently has two channels (Health Meeting Point and Alo184) to allow health workers' to apply for their grievances, requests, concerns and also to inquire for information. In addition, those who are Personnel, employed in all kinds of positions and status (including workers) who are subject to the Law no. 657 (as Civil Servants);

-Pursuant to Article 21 of Law No. 657 (Civil Servants Law); Civil servants have the right to file a complaint and file a lawsuit against their institutions. Appeals and complaints (letter of application, petition etc.) are made by submitting the complaints to the next superior in the hierarchy after the employee's direct superior. Applications and complaints are examined and notified to the relevant party as soon as possible. The complaint must be concluded within 30 days, from date of receipt of the first disciplinary supervisor authorized to decide. Civil Servants who exercise their right to complain cannot be fined for their complaints.

MoH's current platforms for workers will help them raise workplace issues and concerns. In other words; DG for Health Promotion, which is in charge of Health Meeting Point-Sağlıkta Buluşma Noktası will be the main body for receiving, recording and tracking resolution of grievances.

The workers' grievance mechanisms include:

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

⁴⁷ <https://www.resmigazete.gov.tr/eskiler/2020/03/20200322M1-1.pdf>

- a responsible department (DG for Health Promotion) to receive, record and track resolution of grievances:
- a procedure to report grievances related to harassment in the workplace, gender-based violence harassment

Health Meeting Point (Sağlıkta Buluşma Noktası-SBN) was launched in March. Healthcare workers can obtain information about issues such as current announcements about the Ministry, appointment rules, grievance applications, request for skill, promotion exams, etc., through the SBN system, as well as convey their problems in the field.

There are four sections on the SBN website that enable direct communication with health workers. These are categorized as "Ask Us", "I Have An Idea", "I'm Looking For A Solution" and "Contact Me". Incoming messages are evaluated by the page editors, responded in one day indicating that their complaint is received and registered; and answered for the solution within the framework of the legislation in maximum of 14 working days. and are directed to the existing contact points of the Ministry of Health in the Central Organization according to the subject. Replies are created at the contact points or the member is contacted when deemed necessary from the contact numbers in the profile information. Even the solution of complaint has to be resolved in 14 working days, most of the grievances are resolved within 3 days.

Further, considering that in the context of COVID-19, allowing workers to quickly report labor issues (ie lack of PPE, inadequate time for rest and breaks, unreasonable overtime etc), and allowing the project to respond and take necessary action immediately, would be important. Thus, the grievance raised will be recorded and acknowledged within the stipulated time which is 1 day. While the timeframe for redress will depend on the nature of the grievance, health and safety concerns in work environment or any other urgent issues will be addressed immediately.

MoH, with this LMP ensures that the workers' mechanism will be based on the following principles during project implementation:

- 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 of Health Facilities, the presence of "suggestion/complaint boxes", and other means as needed.

The grievance mechanism will be established by the beginning of the project implementation and will be maintained over the life of the project.

The Project workers' grievance mechanism will not prevent workers to use conciliation procedure (Law on Labor Courts, numbered 7036 published in the Official Gazette dated 25.10.2017- Article 3) provided in Turkish Labor Legislation.

In addition to the workers' grievance mechanism, MoH also has separate project grievance mechanism defined in its updated Stakeholder Engagement Plan for the wider public as per ESS10 requirements. Therefore, two separate grievance mechanisms will be implemented during the project.

Contractor Management

This section sets out references to the contractual provisions and measures and procedures that will be put in place by contractors to manage and monitor relevant health and safety issues. Measures required of Contractors will include, as necessary and relevant:

- As part of the bidding/tendering process, specific requirements for certain types of contractors, and specific selection criteria (e.g. for medical waste management, certifications, previous experience)
- Provision of medical insurance covering treatment for COVID-19, sick pay for workers who either contract the virus or are required to self-isolate due to close contact with infected workers and payment in the event of death
- Specific procedures relating to the workplace and the conduct of the work (e.g. creating at least 1.5 meters between workers by staging/staggering work, limiting the number of workers present)
- Specific procedures and measures dealing with specific risks. For example, for health care contractors: infection prevention and control (IPC) strategies, health workers exposure risk assessment and management, developing an emergency response plan, per MoH and WHO Guidelines
- Appointing a COVID-19 focal point with responsibility for monitoring and reporting on COVID-19 issues, and liaising with other relevant parties
- Including contractual provisions and procedures for managing and monitoring the performance of contractors, in light of changes in circumstances prompted by COVID-19

Annex 1: Workers' Application Form for Grievances, Suggestions and Information

Application Form for Workers		
Type of Application	Grievance	
	Suggestion	
	Information	
Province of Application		
Institution/Organization of the Application		
Subject of the Application		
Name-Surname <i>(For Anonymous applications, leave this section empty)</i>		
Preferred Tools to Contact and Contact Information <i>(Please choose at least one tool)</i>	Phone:	
	E-Mail	
	Mail:	
	Fax:	
Date of Application	<i>Day/Month/Year</i>	