**Annex 6**

MINISTRY OF HEALTH OF UKRAINE

PROJECTS:

UKRAINE EMERGENCY COVID-19 RESPONSE AND VACCINATION PROJECT

ADDITIONAL FINANCING TO UKRAINE EMERGENCY COVID-19 RESPONSE AND VACCINATION PROJECT and

SECOND ADDITIONAL FINANCING TO UKRAINE EMERGENCY COVID-19 RESPONSE AND VACCINATION PROJECT

Environmental and Social Management Framework (ESMF)

Kyiv, September 2023

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# Introduction

This Environmental and Social Management Framework (hereinafter referred to as ESMF) is prepared to assist the Borrower through the Ministry of Health of Ukraine (hereinafter referred to as MoH) with environmental and social management of ‘Ukraine Emergency Covid-19 Response and Vaccination Project’ as well as first and second additional financing projects (hereinafter referred to as the Project) following national regulations and Environmental and Social Standards (hereinafter referred to as ESS) of the World Bank (hereinafter referred to as WB). The ESMF covers all applicable provisions of the relevant WB ESSs.

The Project Development Objective is to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ukraine.

The main purpose of the ESMF is to manage the process of environmental and social assessment by MoH aimed at avoiding, minimizing and mitigating potential adverse environmental and social risks and impacts of the Project that may be primarily caused by:

* inadequate medical waste management during and after testing and vaccinating against COVID-19;
* improper occupational health and safety for medical staff and laboratory staff when testing and vaccinating against COVID-19;
* improper provision of occupational health and safety procedures for medical and laboratory workers, as well as patients during the operation of medical equipment that emits ionizing radiation
* improper occupational health and safety related to collection, transportation and disposal of medical waste;
* use of inappropriate refrigeration equipment (may contain refrigerants (ODS) which do not conform to the requirements of the Montreal Protocol);
* natural disasters such as landslide, flooding, windstorm, abnormal hot weather and other climate change-related risks that may cause unstable power supply and affect safe delivery and distribution of vaccines;
* military actions and consequences of military actions in connection with the full-scale military invasion of the territory of Ukraine by the Russian Federation;
* obstacles for vulnerable and disadvantaged groups to access facilities and services provided by the project activities;
* social strains on the health and safety of the population caused by possible negative consequences of vaccination (especially related to post-vaccination complications).

To mitigate these risks and impacts MoH prepared the present ESMF that contains provisions, procedures, tools, templates that are available in the Annexes to the ESMF. Overall, the ESMF provides guidelines for the development of appropriate prevention and mitigation measures for adverse impacts that might result from the Projects activities. Also attached is a template for emergency preparedness for the large-scale military invasion of Ukraine by the Russian Federation (Annex 5)

The ESMF is a manual for environmental and social management within the Projects implementation, one of several environmental and social instruments developed by MoH for the Projects as required by WB Environmental and Social Framework (hereinafter referred to as ESF). Labor Management Procedures (hereinafter referred to as LMP) are an integral part of this ESMF. The LMP covers requirements for ensuring health and safety of Projects workers, and aims at consolidation of mitigation measures to address possible risks and consequences of labor management.

One more instrument developed by MoH for the Projects according to the ESF is Stakeholder Engagement Plan (hereinafter referred to as SEP). The SEP is a stand-alone document to which this ESMF refers in summary form. The updated SEP was already disclosed on the official MoH website. In the meantime, the SEP is a ‘living document’ that may be updated and modified in the course of the Projects implementation to ensure effective communication and engagement of stakeholders and communities.

Healthcare facilities benefitting from the Projects (hereinafter referred to as HCF) will be responsible for measures to prevent the spread of COVID-19 and ensureg proper management of medical waste at all stages of Projects implementation. The main instrument for reporting on medical waste management is the Infection Control and Waste Management Plan (hereinafter referred to as ICWMP). Beneficiary healthcare facilities should prepare ICWMP based on the recommendations of Annex 2. Basic provisions for infection control and medical waste management are included into this ESMF.

The Projects will not finance any construction work. If minor repairs related to Projects implementation are deemed necessary, these works will be funded by HCFs and/or state budget. Environmental and social impacts caused by such works, as well as mitigation measures will be detailed in the Environmental and Social Management Plan (hereinafter referred to as ESMP).

MoH will ensure compliance with provisions of the ESMF. The Project Consultancy Support Unit (hereinafter referred to as PCSU) will be responsible for monitoring of project activities and supervision of the implementation of ESMF provisions by HCF involved in the projects. Implementation of the Projects is planned throughout the country.

Types of environmental and social instruments and timing of their development and implementation are determined in the Environmental and Social Commitment Plan (hereinafter referred to as ESCP).

The ESMF prepared based on a model acceptable to the WB was disclosed on official MoH and WB websites.

The ESMF is assumed to be a ‘living document’ that will be updated in case of any comments or recommendations from stakeholders. In addition, the document may be modified periodically if changes are made to the current legislation.

# Background

An outbreak of coronavirus disease (COVID-19) caused by the novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. During first weeks of March 2020, the number of cases outside China has increased thirteen fold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spread across the world.

COVID-19 is one of several infectious zoonotic diseases in recent decades, whose outbreak continues to have significant health and economic impacts on countries around the world. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Even though the world is now much more prepared to face such challenges than in the past, on the other hand, a significant difference today is that countries are much more interconnected. It should also be noted that chronic diseases in most people are risk factors of COVID-19; the older age groups are also more vulnerable to disease as older people have a greater risk of severe complications and mortality from COVID-19. Watching the course of COVID-19, scientists are still trying to understand the full picture of symptoms and severity of the disease. Symptoms in patients range from mild to severe, and can include fever, cough and shortness of breath. In general, studies of hospitalized patients have found that about 83-98 percent of patients develop a fever, 76-82 percent develop a dry cough and 11-44 percent develop fatigue or muscle aches. Other symptoms have been reported, including headache, sore throat, abdominal pain, and diarrhea, but are less common. The actual prevalence of COVID-19 infection remains unknown in most countries, creating unprecedented challenges to the control and mitigation of the disease. These issues reinforce the need for COVID-19 rapid response in all countries involved in International Development Association/International Bank for Reconstruction and Development (IDA/IBRD) activities to minimize the global risk and impact of the disease.

Since the beginning of pandemic, the Government of Ukraine has taken a number of measures to prevent the spread of 2019-nCoV coronavirus infection:

* 11 March 2020 the Cabinet of Ministers of Ukraine (hereinafter - CMU) issued Resolution No 211 ‘On the prevention of the spread of coronavirus COVID-19 on the territory of Ukraine’.
* 12 March 2020, a three-week nationwide quarantine was imposed and mass events involving more than 200 people were prohibited.
* 17 March 2020, all schools, educational institutions, cafes, restaurants, gyms, shopping malls and entertainment venues were closed. Most public transport was also stopped. Grocery stores, pharmacies, banks and gas stations remained open. Gatherings of over 10 people were also prohibited.
* 25 March 2020, the quarantine was extended until 24 April 2020, and 22 April 2020 the Government of Ukraine announced its further extension until 11 May 2020.
* 4 May 2020, the Prime Minister announced easing of containment measures as of 11 May 2020 but the extension of quarantine until 22 May 2020, whereby some enterprises were to remain closed and did not function, namely, most public transport, intercity and foreign travel by train and air, indoor cafes and restaurants, schools and universities.
* Since 22 May 2020, Ukraine was at the stage of the ’adaptive quarantine’, which means that most of the restrictions were lifted, but in the areas with high infection rate all quarantine restrictions to be further maintained. Decisions on easing of or return to confinement measures in cities or regions had to be taken by local and regional authorities.
* 26 August 2020, the Government of Ukraine extended the COVID-19 ‘adaptive quarantine’ until 31 October 2020 due to the worsening of the disease dynamics in the country.
* 31 October 2020, the government extended the COVID-19 ‘adaptive quarantine’ until 31 December 2020.
* 11 November 2020, the Government of Ukraine introduced a weekend lockdown.
* Starting from 13 November 2020 all non-essential commerce was prohibited, and obligation to wear a mask was imposed, as well as to have an ID in public spaces and transport, limitations referred to public transport, gyms, cinemas, religious and cultural events.
* 9 December 2020, by CMU Resolution No 1236 the quarantine was extended until 28 February 2021. Following the Resolution, starting from 8 January 2021 to 24 January 2021 a strict quarantine regime was introduced in Ukraine. All public events were banned; cinemas, fitness clubs, gyms, non-food stores, theatres and shopping centers were closed, while cafes, restaurants and bars could only deliver their products. All educational institutions, except for kindergartens, also did not work. Subsequently, the Government of Ukraine extended the adaptive quarantine several times, and the last time it was extended until April 30, 2023.

One of the most important measures undertaken to combat the pandemic in Ukraine was approval of the Roadmap for the introduction of vaccine against the acute respiratory disease COVID-19 caused by novel coronavirus SARS-CoV-2, and implementation of mass vaccination in response to the COVID-19 pandemic in Ukraine for 2021–2022 (hereinafter - the Roadmap) by MoH Order (dated December 24, 2020 No 3018). In addition, in 12 April 2021, CMU Order No 340-r ‘On approval of the National Vaccine Prophylaxis Plan against acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2, for the period up to 31 December 2021’ was issued. See more information on the Roadmap and the National Vaccine Prophylaxis Plan in Section 5 hereof.

The MoH is working out mechanisms to address issues aimed at overcoming Covid-19 and it proposed to raise borrowed funds from WB for the implementation of the Projects, which will focus on activities to bring the pandemic under control in Ukraine. The Projects will include emergency response to COVID-19, which provide for continued support of the Government of Ukraine, and a set of measures, including, in addition to planning and vaccination, measures necessary for vaccination monitoring and quality implementation. The use of results-based financing mechanisms (hereinafter referred to as PBC) to address investment priorities in response to COVID-19 pandemic has been recognized as an effective tool for optimizing the use of WB resources and their better aligning with the country's priorities. At present, Ukraine has a positive experience in projects implementation using the WB-supported PBC mechanism.

The Projects will support the implementation of the Roadmap, complement current government programs that support access to COVID-19 vaccines, and support the activities of other development partners.

The main assignments of the Projects include:

* Support of priority response to COVID-19 pandemic in Ukraine in terms of further increase of the number of SARS-CoV-2 tests, improve case reporting and tracking of infected persons;
* Support for the financing of a set of measures that accompany preparation for vaccination and the vaccination, including financing of vaccines, logistics (vaccine transportation and storage in compliance with the manufacturer's requirements), related services and activities (information and analytical system, information and communication campaign, staff training), materials and equipment that ensure quality vaccination and improvement of medical waste management practices;
* Support to the health care system and involved service providers in terms of vaccination against COVID-19 for persons at risk.

# Ukraine Emergency COVID-19 Response and Vaccination Project Description

Ukraine Emergency COVID-19 and Vaccination Project is structured to support the health system preparedness for the rollout of COVID-19 vaccination to priority populations. It consists of two components:

# *3.1 Component 1: Strengthen public health system for COVID-19 response.*

This component covers:

* COVID-19 vaccine procurement for at least two million people and any associated costs not covered by COVAX—storage, in-country logistics at the regional and sub-regional levels.
* Procurement of goods to prepare the health system for COVID-19 vaccination deployment—cold chain, storage, logistics, medical waste management.
* Elements of vaccination campaigns, and development of essential vaccine management information systems and laboratory testing. It will also support activities to strengthen further testing capacity.

**Subcomponent 1.1 COVID-19 vaccination support** will finance procurement and delivery of COVID-19 vaccines that satisfy the World Bank’s VAC for safety and effectiveness. In addition, any COVID-19 vaccines benefitting from World Bank financing – deployed using World Bank-financed capacity building and training/logistics, etc. – must also meet these same WB VAC thresholds, even if the vaccine purchase is not directly financed by the Project.[[1]](#footnote-2) These requirements have been discussed with and accepted by MoH and Ministry of Finance.

**The Project will finance the procurement of vaccines for four percent or more of the population beyond the amount that will be fully subsidized by COVAX, as well as the cost of logistics.** The vaccine will be purchased either through COVAX at the negotiated prices or using direct procurements, depending on pricing and availability. The Project provides for retroactive reimbursement of vaccine procurement expenditures by the Government of Ukraine.

**Since COVID-19 is a novel infection, there is still no conclusive evidence of the length of immunity that vaccines will produce**. While some evidence indicate a strong immune response, this will probably be known after clinical trials on human subjects for several years. Therefore, this Project will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. If revaccination is required, priority populations such as health workers and the elderly will need to be targeted for revaccination given vaccine production capacity constraints and equity considerations—tradeoffs between broader population coverage and re-vaccination. As a prudent and contingent measure, funding was retained for revaccination of this population subgroup, as appropriate

**This subcomponent will also finance investments in vaccine readiness to address gaps identified in the VRAF**. Based on the current assessment, the following investments are expected to be supported: cold chain modernization and waste management, vaccination campaign components, development of information systems and IT equipment for vaccine management. Procurement criteria that require or promote use of highly energy-efficient devices/equipment or low-carbon technology will be applied. The Project will, however, flexibly respond to evolving needs, including understanding of specific vaccines, epidemiological conditions, and needs assessment.

**Cold chain.** The rapid assessment of the available cold chain suggests that there are sufficient resources in the public system to ensure storage of 11,900,000 doses of vaccines that require refrigeration at temperatures between 2°C and 8°C at the national level and 6,877,697 doses—assuming that storage of 1 dose of vaccine takes 80 cm3—at the regional level, which should be sufficient. In addition, this assumes that two million doses for up to five percent of population (2,000,000 doses) can be stored simultaneously in various storage facilities throughout the country, if received through COVAX.[[2]](#footnote-3) At the same time, refrigerators currently used for vaccine transportation are either not safe, as they cannot be opened from inside, or outdated and may need replacement. Depending on the availability of vaccines from different providers, Ukraine may use available capacities for regular temperature vaccines or engage private providers for transportation and storage of vaccines requiring ultra-cold chain logistics. The relevant costs will be supported through Project resources. A detailed assessment of cold chain needs, facilitated by UNICEF, was conducted in January 2021. One of the key gaps identified by the assessment is the need to replace refrigerators available at the service delivery sites, as many HCFs are using outdated refrigerators that are not certified for vaccine storage.

**Safe medical waste management.** Project activities will contribute to ensuring safe medical waste management systems. To this end, the project envisages training (trainings) in medical waste management for persons in charge of medical waste management in healthcare facilities and for infectious disease control specialists of the Centers for Disease Control and Prevention. The training will be devoted, in particular, to the practical implementation of the updated requirements of the State Sanitary and Anti-Epidemic Rules and Regulations for Medical Waste Management, approved by MoH Order dated June 8, 2015 No. 325 (as amended by MoH Order dated September 6, 2022 No. 1602) at all stages of medical waste management in healthcare facilities. The project aims to improve the theoretical and practical skills of medical waste management professionals. Also attached is the TERMS OF REFERENCE for provision of consultancy services Trainings on medical waste management (Annex 6). In addition, as part of the implementation of the Project, a procurement was made for healthcare facilities identified to provide vaccination against COVID-19 and healthcare facilities providing inpatient medical assistance to patients with COVID-19 of containers for the storage of epidemic-hazardous medical waste, which will allow HCF to comply with the requirements for safe storage of epidemic hazardous medical waste. At the same time, under the Project, equipment for decontamination of medical waste (a set of sterilizer, air compressor and process water treatment plant) is being purchased for health care facilities. With the help of the above-mentioned equipment, health care facilities will be able to treat epidemic-hazardous medical waste with a view to its further selling to business entities engaged in collection and recycling of such waste. Healthcare facilities applying for such equipment must prepare the premises. The Ministry of Health of Ukraine has formed specific requirements for such premises and disseminated them by sending a letter No. 26/4816/2-23 dated 24.02.2023 to the regional / Kyiv city military administrations. Healthcare facilities complete the Checklist Template (Annex No. 7) to the ESMF to inform the Ministry of Health of the current status of facility preparation.

Also, within the framework of the Project, it is planned to organize a reporting process on the volume of medical waste generated and transferred to business entities that have a license to handle hazardous waste. For example, work is under way to develop a MedData module within the State Information and Analysis System that will allow healthcare facilities to record data on the volume of medical waste generated and transferred.

**Communication campaign**. The Project will continue to support the COVID-19 hotline launched under the COVID-19 Component of the SPIH Project to provide information and support to people inquiring about the COVID-19 vaccination campaign. Information packages for the COVID-19 hotline operators will be developed by MoH with UNICEF support to advise on COVID-19 vaccination, and to address other communication needs around COVID-19 vaccination including vaccine hesitancy, eligibility, and the voluntary nature of participation in the COVID-19 vaccination program. The hotline will continue to operate for free for users calling from mobile and landline telephones; it is convenient for users who may have mobility barriers, cannot access information via Internet, or have no or have limited digital skills to navigate the information on vaccination process through the phone without assistance. Messages on COVID-19 vaccination will be aimed at adapting to needs of certain population subgroups, such as the elderly, patients with comorbidities, and gender approach to avoid any errors or confusions that may impair vaccination coverage.

**IT systems**. The Government has already launched the electronic registration system for people receiving COVID-19 vaccinations. The system was developed in consultation with the World Bank and includes all necessary parameters to track individual-level information, vaccine administered, and other data elements. The Project will use the existing system or will help to upgrade it if additional needs arise. To track COVID-19 vaccine stocks, vaccination coverage of target populations, COVID-19 vaccine safety monitoring and tracking of adverse effects, available modules in the eHealth system will be upgraded or developed with the Project support, as appropriate. A reliable registration system for people receiving COVID-19 vaccines is an important element of the Project and will need to be strengthened to keep track of individual level data and the brand name of the administered vaccine. The Project will support increasing server capacity and improving IT systems to ensure that these systems are cyber secure, resilient to power outage and recovery, and follow good practices for data protection and confidentiality.

**Subcomponent 1.2 COVID-19 testing**  Due to the spread of new strains of SARS-CoV-2 virus, in particular the genetic variant of coronavirus - B.1.617.2 (Delta) characterized by increased contagiousness (rapid spread), complicated by COVID-19 (increasing number of hospitalizations), causing the increase in mortality, and the high probability of the rapid spread of the above strain across the territory of Ukraine, there is an urgent need to provide medical service providers conducting preliminary diagnosis of COVID-19 with rapid tests to the SARS-CoV-2 antigen. The Project will facilitate COVID-19 testing coverage at the level of COVID-19 pre-diagnosis service providers, including primary care with rapid tests to the SARS-CoV-2 antigen.

With additional financing to the Project, Component 1 will be adjusted to raise USD 150 million for additional vaccine purchases, which will allow the Government to cover the objectives of the National Vaccine Prophylaxis Plan, as well as the costs of vaccine logistics.

# *3.2 Component 2: Service delivery support*

It is envisaged that the Government of Ukraine will finance the delivery of COVID-19 vaccines to eligible populations by including a separate COVID-19 vaccination package into the Program of Medical Guarantees implemented by NHSU. This package will provide resources to cover the additional costs associated with the rollout of the COVID-19 vaccination program, including ‘surge staffing’—additional staff time or additional staff needed to provide COVID-19 vaccination, hazard pay, additional PPEs, fuel, and small consumables. Selected public providers of COVID-19 vaccination services will be contracted by NHSU based on criteria agreed with the World Bank and will be paid an agreed service fee. The NHSU will modify existing contracts to include provisions agreed with the World Bank for contracting of providers. This component will reimburse providers’ costs for COVID-19 vaccination of individuals from priority populations. Financing of these payments will depend on the achievement of the agreed PBCs under the Project provide vaccines to people from priority groups. Additionally, vaccines administered to people from priority groups supported by the Project must meet the WB vaccine eligibility criteria. Deployment of COVID-19 vaccines is not expected to impact the provision of basic health services, as COVID-19 vaccination will be organized in separate premises and managed by additional staff (or additional paid working hours will be provided) so as to minimize conflict with other essential services provided at the primary care level.

The Project will support implementation measures for the selection of priority populations identified in the COVID-19 Vaccine Deployment Roadmap.In agreement with MoH and Ministry of Finance, these populations include **HCF** medical and non-medical staff, social workers, residents and staff of long-term care facilities, people aged 60 years and older, teachers and education workers, and adults with comorbidities.[[3]](#footnote-4) Stages of vaccine rollout for these groups are finalized and will be provided in the updated National COVID-19 Vaccination Roadmap. The software used for tracking vaccines administered to eligible groups will also track individual-level data, such as age, sex, specific type of vaccine, number of doses received by each individual, place and date of vaccination, and other attributes agreed with the Government of Ukraine.

The Project provides replenishment of the State Budget of Ukraine as a refund of NHSU payments under the COVID-19 vaccination package after achievement of PBCs. The PBCs are linked to the vaccination coverage of priority groups in accordance with procedures specified in the Operations Manual by NHSU-contracted facilities for service provision under the Program of Medical Guarantees for the package ‘Vaccination against acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2’. The NHSU and the World Bank will jointly review the terms and conditions for the procurement of these medical services, including anticorruption issues. These terms and conditions will be used as part of contracts with service providers, the standard form of which is approved by CMU Resolution of 15 April 2018 No 410 ‘On contracts for public health care under the health guarantee program’. IT systems for recording information on vaccinated people. The PBC results will be disaggregated by age and sex after notification to MoH. The PBCs are also linked to PDO indicator 3 (Number of individuals from a baseline of 0 from priority populations that have received full COVID-19 vaccination from selected health care providers following the agreed procedures specified in the Operations Manual The targets of each PBC are cumulative, such that the Project will support deployment of vaccines for a total of 10 million people.[[4]](#footnote-5)

Additional financing to the Project of USD 150 million should close the critical financial gaps that the Government is facing and allow scaling up vaccine funding. It is expected that USD 110 million, with proposed additional funding, will be used to provide retroactive financing of vaccines, for which a contract has been signed and is being implemented to provide 20 million doses of vaccines in 2021. The remaining USD 40 million will finance future vaccine purchases under contracts expected in 2022.

Second additional financing to the Project of USD 91.39 million should close the critical financial gaps that the Government is facing and allow scaling up vaccine funding. It is expected that additional financing will be channeled to retroactive funding for vaccines, for which a contract has been signed and is being implemented.

**List of restrictions:**

The Projects do not envisage activity with potentially high indicators of environmental and social risks, as follows:

* Activity that will lead to forced land acquisition, resettlement of households, loss of income or other livelihoods, and preventing household from using land and livelihoods.
* Activity that will directly or indirectly cause any significant loss or degradation of important habitats.
* Activity that will affect cultural heritage located in different regions of the country.

# *3.3 Beneficiaries of Ukraine Emergency COVID-19 Response and Vaccination Project*

The expected Projects beneficiaries will be at least 20 percent of Ukraine’s population and the population at large given the nature of the disease. There are direct benefits from COVID-19 vaccination for individuals in the priority groups that will receive COVID-19 vaccination, including HCF medical and non-medical staff, social workers, residents and staff of long-term care facilities, people aged 60 years and older, teachers and education workers, and adults with comorbidities. As the Projects will invest in the preparation of the health system to deployment of COVID-19 vaccination, other eligible individuals for COVID-19 vaccination will also directly benefit from project investments. The population at large would also benefit from investments in strengthening COVID-19 testing and potential slowdown in transmission due to the reduction of cases among vaccinated individuals. The reduction of cases will potentially free up resources for prevention—for example, COVID-19 testing—and treatment of COVID-19 cases among the non-vaccinated population. In addition, investments in COVID-19 vaccination readiness will prepare the health system to reach the strategic goal of vaccinating 50 percent of the population set out in the National COVID-19 Vaccination Deployment Roadmap.

# 4. Policy, Legal and Regulatory Framework

## 4.1. Overview of National Environmental Legislation Relevant for the Projects

The Ukrainian legislation governing environmental issues is quite extensive and complex. It consists of international conventions, agreements, protocols and treaties ratified by the Verkhovna Rada; laws; CMU resolutions and orders; ministerial orders.

The main laws regulating environmental and social aspects of Projects include:

- The Law of Ukraine ‘On Environmental Protection’ (1991). This Law contains general provisions on environmental protection, safety of human health and the environment.

- The Law of Ukraine ‘On the basic principles (strategy) of the state environmental policy of Ukraine for the period until 2030’;

- The Law of Ukraine ‘On Labor Protection’ (1992) defines the basic provisions for the implementation of the constitutional right of employees for protection of their lives and health in the course of work, to appropriate, safe and healthy working conditions.

- The Law of Ukraine ‘On ensuring the sanitary and epidemiological well-being of the population’ (1994) regulating public relations arising in the sphere of ensuring sanitary and epidemiological well-being establishes the procedure for organizing the state sanitary and epidemiological service and carrying out state sanitary and epidemiological supervision in Ukraine. As of October 1, 2023, the law will expire, instead, the Law of Ukraine ‘On the Public Health System’ of September 6, 2022 will enter into force.

* Law on Waste Management dated June 20, 2022. This Law defines legal, organizational, and economic measures for waste prevention, reduces the volume of waste generation, reduces the negative consequences of waste management activities, promotes the preparation of waste for reuse, recycling, and recovery in order to prevent their negative impact on human health and the environment.

In the event that the decision is made to install incinerators within the framework of the Projects implementation, the following laws will apply:

* The Law of Ukraine ‘On Environmental Impact Assessment’ (2017). The law establishes the legal and organizational framework for environmental impact assessment, aimed at preventing environmental harm, ensuring environmental safety and environmental protection, sustainable management and reproduction of natural resources in decision-making on carrying out economic activities that may have a significant impact on the environment, taking into account state, public and private interests. It should be noted that this Law applies only to those activities that require the development of EIA.

- The Law of Ukraine ‘On ratification of Convention on access to information, public participation in the decision-making process and access to justice in environmental matters’ (1999).

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- - The Code of Civil Protection of Ukraine (2012) regulates relations related to the protection of the population, territories, natural environment and property from emergency situations, response to them, the functioning of the unified state system of civil protection, and determines the powers of state authorities, the Council of Ministers of the Autonomous of the Republic of Crimea, local self-governments, the rights and obligations of Ukrainian citizens, foreigners and stateless persons, enterprises, institutions and organizations, regardless of the form of ownership.

- The Law of Ukraine ‘On Air Protection’ (1992). This Law is aimed at preserving and restoring the natural state of the atmosphere, creating favorable conditions for life, ensuring environmental safety and preventing the harmful effects of the atmosphere on human health and the environment.

- Land Code of Ukraine (2001). The task of land legislation is to regulate land matters in order to create conditions for rational use and protection of land, equal development of all forms of land ownership and management, preservation and reproduction of soil fertility, improvement of the environment, protection of the rights of citizens, enterprises, institutions and organizations to land.

- Water Code of Ukraine (1995). The Water Code, in combination with measures of organizational, legal, economic and educational impact, contributes to the formation of the water and environmental law and order and to ensuring the environmental safety of the population of Ukraine, as well as more efficient, scientifically sound use of water and its protection from pollution, clogging and depletion.

The Civil Code of Ukraine, the Water Code of Ukraine, the Land Code of Ukraine, the Code of Administrative Offenses and the Criminal Code of Ukraine regulate the prosecution of offenders and the imposition of penalties for violations of environmental law.

Main regulatory legal acts regulating occupational health and safety issues and will be applied in the implementation of the projects, include:

* The Labor Code of Ukraine (1972).
* The Law of Ukraine ‘On Labor Protection’ (1992).
* The Law of Ukraine ‘On Remuneration of Labor’ No 108/95-VR dated 24.03.1995.The Law of Ukraine "On Human Protection from the Effects of Ionizing Radiation" (1998), which is aimed at ensuring the protection of life, health and property of people from the negative effects of ionizing radiation caused by practical activities, as well as in cases of radiation accidents, through the implementation of preventive and rescue measures and compensation for damage.CMU Resolution ‘On remuneration of employees on the basis of the Unified Salary Scale of grades and rates for the remuneration of employees of institutions, establishments and organizations of individual branches of the budgetary sphere’ No 1298 dated 30.08.2002.
* CMU Resolution ‘On remuneration of employees of institutions, establishments and organizations of individual branches of the budgetary sphere’ No 1037 of 28.12.2016.
* CMU Resolution ‘Some issues of remuneration of medical and other workers directly engaged in the elimination of acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2’ No 246 dated 23.03.2020.
* CMU Resolution ‘Some issues of remuneration of medical and other health workers’ No 610 dated 19.06.2020.
* Resolution of the Chief State Sanitary Doctor of Ukraine – First Deputy Minister of Health of Ukraine "On Enactment of State Hygienic Standards "Radiation Safety Standards of Ukraine (NRBU-97)" No. 62 dated 01.12.1997.
* Decree of the Ministry of Health of Ukraine No. 54 of 02.02.2005 "On Approval of State Sanitary Rules "Basic Sanitary Rules for Radiation Safety of Ukraine"
* Order of the Ministry of Health of Ukraine No. 294 of 04.06.2007 "On Approval of the State Sanitary Rules and Norms "Hygienic Requirements for the Arrangement and Operation of X-ray Rooms and X-Ray Procedures";
* Joint Order of the State Nuclear Regulatory Inspectorate of Ukraine and the Ministry of Health of Ukraine No. 51/151 dated 16.02.2017 "On Approval of the General Rules for Radiation Safety of the Use of Ionizing Radiation Sources in Medicine".
* Order of the Ministry of Labor and Social Policy and the Ministry of Health ‘On regulating the remuneration of employees of health care and social protection institutions’ No 308/519 dated October 5, 2005.
* Order of the Ministry of Labor and Social Policy ‘On the conditions of remuneration of medical and other workers for the period of epidemics and outbreaks of infectious diseases, as well as in hot spots of particularly dangerous and dangerous infectious diseases’ No 145 dated 02.06.2003.
* MoH Order ‘On approval of Methodological Guidelines for medical staff of immunization rooms (points), field (temporary) and mobile vaccination teams’ No 212 dated 18.04.2008.
* MoH Order ‘Issues of organization of immunization rooms operation’ No 1095 dated 31.12.2009.
* MoH Order dated March 28, 2020 No. 722 ‘Organization of medical care for patients with the coronavirus disease (COVID-19)’.
* ‘Regulations on the organization and conduct of preventive vaccinations’, approved by MoH Order No 595, dated 16.09.2011 (as amended by MoH Order dated August 11, 2014 No 551), registered with the Ministry of Justice of Ukraine on October 13, 2014 under No. 1238/26015.
* Instruction on the introduction of hand hygiene improvement in health care facilities and institutions/ institutions providing social services/ social protection of the population, approved by Order of MoH of Ukraine dated 03.08.2021 No 1614 ‘On the organization of prevention of infections and infection control in health care facilities and institutions/ institutions of social services/ social protection of the population’, registered with the Ministry of Justice of Ukraine on October 11, 2021 under No. 1321/36943.
* DSTU EN 14126:2008 Protective clothing. Protection against infectious agents. Performance requirements and test methods (EN 14126:2003, IDT).
* DSTU EN 13034:2017 Protective clothing. Protection against liquid chemicals. Performance requirements for protective clothing for limited protection against liquid chemicals (types 6 and RV [6]) (EN 13034: 2005 + A1:2009, IDT).
* DSTU EN 14683:2014 Surgical masks. Requirements and test methods (EN 14683: 2005, IDT).
* DSTU EN 149:2017 Respiratory protective devices. Filter half masks for protection against aerosols. Requirements, tests, markings (EN 149: 2001 + A1:2009, IDT).
* DSTU EN 166:2017 Personal eye-protection. Technical conditions (EN 166: 2001, IDT).

The regulatory legal framework for infectious disease control and medical waste management to be applied in the implementation of the Projects:

* The Law of Ukraine ‘On waste’ (1998) defines the legal, organizational and economic framework for activities related to the prevention or reduction of waste generation, collection, transportation, storage, sorting, treatment, recycling and disposal, decontamination and burial, as well as prevention of negative impact of waste on the natural environment and human health on the territory of Ukraine. As of July 9, 2023 the Law will cease to have effect based on the Law of Ukraine ‘On Waste Management’.
* CMU Decree ‘On approval of the National Waste Management Strategy in Ukraine until 2030’ dated November 8, 2017 No. 820. The Strategy defines the main directions of state regulation of waste management in the coming decades, taking into account European approaches to waste management;
* CMU Decree ‘On approval of the National Waste Management Plan until 2030’ dated February 20, 2019 No. 117;
* MoH Order ‘On approval of the rules for disposal and destruction of medicines’ No 242 dated April 24, 2015, registered with the Ministry of Justice of Ukraine on May 18, 2015 No. 550/26995;
* MoH Order ‘On Approval of the State Sanitary and Anti-Epidemic Rules and Regulations for Medical Waste Management’ No 325 dated June 8, 2015, registered with the Ministry of Justice of Ukraine 09/06/2022 No. 1602;
* Resolution of the Ministry of Health, Chief State Sanitary Doctor of Ukraine ‘On approval of the anti-epidemic measures for the treatment of medical waste generated as a result of the mass vaccination campaign of the population against coronavirus disease (COVID-19) dated February 10, 2022 No. 14;
* MoH Order ‘On the organization of infection prevention and control in health care facilities and institutions/ institutions providing social services/ social protection of the population’ dated August 3, 2021 No.1614, registered with the Ministry of Justice of Ukraine on October 11, 2021 under No. 1318/36940;
* MoH Order ‘On approval of the Standard of infection control for health care facilities providing care to patients with tuberculosis’ No. 287 dated 01.02.2019;
* MoH Order ‘On amendments to the List of particularly dangerous, dangerous infectious and parasitic human diseases and carriers of pathogens of these diseases’ No 521 dated February 25, 2020;
* MoH Order ‘On approval of Measures and Means to prevent infection in patient care’ No. 1777 dated August 3, 2020, registered with the Ministry of Justice of Ukraine on 10.11.2020 No. 1110/35393;

Regarding cold chain management, the Projects will focus on:

- MoH Order No. 595 dated September 16, 2011 ‘On the procedure for preventive vaccination in Ukraine and quality control and circulation of medical immunobiological preparations’.

## Institutional Framework for Environmental Management

The environmental policy at the national level is formulated by the Ministry of Environmental Protection and Natural Resources of Ukraine (MEPNR). At the strategic level, the environmental policy priorities are defined in the Basic principles (strategy) of the state environmental policy of Ukraine for the period until 2030, approved by the Law of Ukraine dated February 28, 2019 No. 2697-VIII and the Strategy for Environmental Safety and Adaptation to Climate Change by 2030, approved by CMU Edict of October 20, 2021 No. 1363-r.

The Ministry of Environmental Protection and Natural Resources of Ukraine shall formulate and implement state policy in the field of environmental protection, environmental and radiation safety, biological and genetic safety, fisheries and fishing industry, protection, use and reproduction of aquatic bioresources, regulation of fishing and safety of navigation.

State Environmental Inspectorate of Ukraine (Derzhekoinspektsiya) is a central executive body whose activities are directed and coordinated by the CMU through the Ministry of Environmental Protection and Natural Resources of Ukraine and who implements state policy on the state supervision (control) in the field of environmental protection, sustainable use, reproduction and protection of natural resources. Among the main tasks of Derzhekoinspektsiya is to exercise, within the powers provided by law, state supervision (control) of compliance with requirements of the legislation, in particular, on the management of wastes, hazardous chemicals, pesticides and agrochemicals.

## 4.3. International Conventions Ratified by Ukraine

 Herein below is the List of international conventions governing the environmental aspects of the Projects:

*The Vienna Convention* *for protection of ozone layer and the Montreal Protocol* on ozone-depleting substances is an international treaty to eliminate the use of ozone-depleting substances (ODS). This is the first international convention of the type to achieve universal ratification. This Convention and its Protocol are relevant for procurements in the field of health care and medical waste management, since a number of ODS are still manufactured and used in laboratories and pharmaceutical industries, for example cold stores for vaccines, refrigeration equipment for cold stores, etc. Therefore, it is important to first make sure that there are non-ODS alternatives available for purchase, or that waste containing these substances is properly treated and disposed of. The Vienna Convention was ratified by Ukraine on June 18, 1986.

*The Basel Convention* on the control of transboundary transportation of hazardous wastes and their disposal aims to protect human health and environment from the negative effects of hazardous wastes. This Convention is relevant for procurements in the field of health care and medical waste management, as it aims to reduce waste generation, promote environmentally sound waste management practices, and restrict the transboundary transportation of hazardous wastes. The Convention defines four streams of hazardous medical waste and determines how should be treated and disposed of. It was ratified by Ukraine on October 8, 1999; and entered into force on January 6, 2000.

*The Stockholm Convention* on persistent organic pollutants (POPs) aims to protect human health and environment from the harmful effects of POPs by eliminating and/or controlling production, trade, use and release of POPs. This Convention applies to procurements in the field of health care and medical waste management, as unintentional POPs (uPOPs) may be generated during medical waste incineration. To avoid POPs generation, the Convention recommends the use of non-incineration technologies or having incinerators of appropriate quality meeting national and international standards for uPOPs emissions. It was ratified by Ukraine on September 25, 2007 and entered into force on December 24, 2007.

*The Rotterdam Convention* on the prior informed consent procedure for certain hazardous chemicals and pesticides in the international trade, promotes the shared responsibility of exporting and importing countries to protect human health and the environment from the harmful effects of certain hazardous chemicals and pesticides and provides for the exchange of information on such chemicals. Although the Convention does not cover pharmaceuticals and medical waste, some of the pesticides listed in the annexes are still procured in some cases by international health organizations. The Convention was ratified by Ukraine on December 6, 2002.

*The Minamata Convention on Mercury* is the latest international treaty aimed to protect human health and environment from anthropogenic and mercury emissions. This Convention applies to procurements in the field of health care and medical waste management, as the health sector is one of the main sources of mercury emissions from medical waste incineration. The Convention calls for the procurement of mercury-free alternatives in health care and implementation of appropriate solutions in the field of waste management. MEPNR has prepared a draft Law of Ukraine ‘On Ukraine's accession to the Minamata Convention on Mercury’, which was submitted for approval to the relevant central executive authorities.

In addition to the above five international environmental conventions, within the framework of the Projects, it is possible to refer to:

*Aarhus Convention*on access to information, public participation in decision-makingand access to justice on environmental issues. The goal of the Convention is to help member countries to establish the rights of citizens (individuals and their associations) to receive environmental information (‘access to environmental information’). This may include information on the state of the environment, policies or measures taken, as well as on the health and safety of people when this may be affected by the state of the environment. In addition, public authorities are obliged, under the Convention, to actively disseminate environmental information they possess. Upon ratification of the Convention, the county undertook to ensure citizens’ access to justice on environmental issues. The commitment provides for a package of guarantees that allows citizens to turn to a national court with a request to check whether the public authority has complied with the law and the relevant legislative requirements. The Convention was ratified by Ukraine on July 6, 1999.

## World Bank’s Environmental and Social Standards Relevant for the Projects

Activities under these Projects, as well as under all other WB Projects launched after October 1, 2018 are implemented in accordance with the new Environmental and Social Protection Policy based on the new WB Environmental and Social Standards (ESS) of the World Bank.

One of the Bank’s priorities is to support Borrowers in the development and implementation of environmentally and socially sustainable projects, as well as to improve the environmental and social sustainability of Borrowers in the assessment and management of environmental and social risks and projects impacts. To this end, the Bank defined specific ESS that aimed to avoid, minimize, reduce or mitigate the adverse risks and impacts of projects implementation. Projects supported by the Bank must comply with the ESS.

The Table below gives an overview of the ESS and their application to the Projects:

**Table 2: ESS relevant to the Projects**

|  |  |
| --- | --- |
| **Environmental and Social Standards (ESS)** | **Applicable to the Project** |
| ESS1 | Assessment and Management of Environmental and Social Risks and Impacts | **Yes** |
| ESS2 | Labor and Working Conditions | **Yes** |
| ESS3 | Resource Efficiency and Pollution Prevention and Management | **Yes** |
| ESS4 | Community Health and Safety | **Yes** |
| ESS5 | Land Acquisition, Restrictions on Land Use and Involuntary Resettlement | No |
| ESS6 | Biodiversity Conservation and Sustainable Management of Living Natural Resources | No |
| ESS7 | Indigenous People | No |
| ESS8 | Cultural Heritage | No |
| ESS9 | Financial Intermediaries  | No |
| ESS10 | Stakeholder Engagement and Information Disclosure | **Yes** |

As can be seen from Table 2, five out of ten ESS are related to the Projects. In accordance with these standards, the Projects should be implemented, and MoH will comply with throughout the entire period of Projects implementation, namely:

**ESS 1 – *Assessment and Management of E&S Risks and Impacts*** is applied to all projects supported by WB. This standard manages the risks associated with each phase of the project to achieve results consistent with WB and national legislation.

This ESMF is prepared for the Projects in accordance with provisions of ESS1.

One of the instruments envisaged by the ESMF is environmental and social screening (assessment) as envisaged at an early stage of the Projects implementation.

**ESS 2 – *Labor and Working Conditions***. ESS2 regulates working conditions, and the scope of their application depending on the type of labor relations. The Projects shall be carried out in accordance with the requirements of ESS 2, in a manner acceptable to WB, including through the introduction of adequate occupational health and safety measures (including emergency preparedness and response measures), handling complaints for employees and enforcement of employee requirements.

The LMP are prepared for the Projects in accodance with provisions of ESS2. The LMP is an integral part of this ESMF. According to LMP, each person involved into the Project shall be officially employed or shall have a valid contract concluded. It is also important that each employee or consultant is aware of the GRM and has the opportunity to file a complaint, if necessary.

**ESS 3 – *Resource Efficiency and Pollution Prevention and Management***. ESS 3 recognizes that economic activity and urbanization often create air, water and soil pollution, and consume limited resources that may threaten people, ecosystems and the environment at the local, regional, and global levels. ESS 3 sets out the requirements to address resource efficiency and pollution prevention and management during the entire life cycle of projects in accordance with Good International Industry Practice (hereinafter referred to as GIIP).

In accordance with provisions of ESS3, Annex 2 to this ESMF presents recommendations for the development of ICWMP for HCFs-beneficiaries of the Projects.

**ESS 4 –** ***Community Health and Safety***. ESS 4 addresses risks and impacts on effected community health and safety and the responsibility to avoid or minimize such risks and impacts, focusing on particularly vulnerable populations.

In accordance with provisions of ESS4, the public, according to GRM described in the SEP and this ESMF, can file complaints throughout the live of the Projects.

**ESS 10 –** ***Stakeholder Engagement and Information Disclosure***. ESS 10 recognizes the importance of open and transparent engagement with project stakeholders as an important element of good international practice. Effective stakeholder engagement can improve environmental and social sustainability of projects, improve the perception of the projects and make a significant contribution to successful project planning and implementation.

Consultations with stakeholders were held within the framework of the projects.

SEP was prepared and disclosed on MoH website for this Project, as stipulated by ESS10.

## The World Bank Environmental, Health and Safety Guidelines

The WB Environmental, Health and Safety (hereinafter referred to as EHS) Guidelines[[5]](#footnote-6) are technical reference documents with general and industry-specific examples of GIIP, as defined in ESF (WB). The EHS Guidelines contain standards and performance indicators that are generally acceptable to WBG, and that are generally considered achievable in new facilities, taking into account both the price range and the appropriate technologies.

WBG requires borrowers to apply the appropriate standards and/or measures specified in the EHS Guidelines. When the rules of the host country differ from the standards and measures presented in the EHS Guidelines, projects will be guided by more stringent requirements. The EHS Guidelines applied to the Project are listed below:

EHS 1.5 – Hazardous Materials Management;

EHS 1.6 – Waste Management;

EHS 2.7 – Personal Protective Equipment;

EHS 3.3 – Life and Fire Safety;

HCFs should comply with the recommendations on GPN-LFS[[6]](#footnote-7).

EHS 3.5 – Transportation of Hazardous Materials;

EHS 3.6 – Disease Prevention;

EHS 4.1 – Environment;

EHS 4.2 – Occupational Health and Safety.

The EHS Guidelines include information with regard to EHS management in HCF, namely: in general hospitals, small inpatient primary care hospitals, outpatient clinics, centers for the elderly and hospices. Ancillary facilities may include medical laboratories and research institutions, morgues, blood banks and collection services.

## WHO Guidelines

The WHO COVID-19 pandemic website contains country-specific updates and general technical guidance[[7]](#footnote-8). As the situation remains fragile, it is essential that both national response and program responsible officers and individual health care facilities are aware of WHO guidelines and keep pace with other international best practices. Current technical guidance presented by WHO includes the following regularly updated topics:

* + Critical preparedness, readiness and response actions for COVID-19;
	+ Surveillance, rapid response teams, and case investigation;
	+ National laboratories;
	+ Country-level coordination, planning, and monitoring;
	+ Clinical care;
	+ Infection prevention and control
	+ Serology and early investigation protocols;
	+ Essential resource planning;
	+ Guidance for schools, workplaces & institutions;
	+ Risk communication and community engagement;
	+ Virus origin / reducing animal-human transmission;
	+ Points of entry / mass gatherings;
	+ Naming the coronavirus disease (COVID-19);
	+ Humanitarian operations, camps, refugees/migrants in non-camps and other fragile settings;
	+ Health workers;
	+ Maintaining Essential Health Services and Systems.

In addition to recommendations to Governments and States, WHO also encourages citizens to comply with safety measures at home, in public and in the workplace. Those recommendations include the use of PPE, disinfectants and proposed safe and healthy lifestyle models.

Even before the adoption by WHO of specific guidelines and recommendations for COVID-19, which are constantly amended and approved, this major global health authority already had well-designed guidelines and standard requirements for the preparation and management of pandemic situations worldwide, including specific sections on the control, transmission and prevention of communicable diseases. Among those directly related to the Projects are the following guidelines:

* ‘Safe management of waste from health-care activities’[[8]](#footnote-9). These guidelines have been developed for public institutions, health care facilities, health workers and waste carriers to advise them on the safe management of medical waste. The guidelines aim to address potential health risks, as the provision of health services necessarily involves waste generation that may themselves be hazardous to health. Waste generated by the provision of health services has a greater potential for infection and injury than any other type of waste. Safe and reliable waste management is therefore required whenever waste is generated. Improper handling of waste generated in healthcare facilities can have serious consequences for public health and a significant impact on the environment. Consequently, the sound management of health-care waste is an essential component of health and environmental protection.
* ‘Management of wastes from immunization campaign’[[9]](#footnote-10).

Inadequate management of immunization-related waste, such as acute and infectious non-acute wastes, can have direct negative impacts on the health of the community and personnel working during and after the campaign. In addition, pollution from improper treatment and disposal of these wastes can cause indirect effects on public health and the environment.

This document contains practical recommendations for planners, health managers or mobile vaccination team leaders to improve planning and coordination at the central level, as well as waste management practices at the local level, where immunization activities are conducted.

* ‘Infection prevention and control guidelines’ (IPC)[[10]](#footnote-11). IPC standards and guidelines provide guidance on the effective application of IPC programs, injection safety, adequate infrastructure and resources to achieve appropriate IPC standards, including such actions as hand hygiene at the point of delivery of health services. Based on systematic reviews, as well as country case studies, the common expert advice developed by WHO suggests that countries and health facilities may give priority to practical action to improve their performance. The IPC Guidelines include recommendations on:
	+ - Hand hygiene;
		- Injection safety;
		- Antimicrobial resistance (AMR);
		- Surgical site infections;
		- Device-associated infectious diseases related to provision of health care;
		- Core components of IPC and other interventions.
* ‘Personal Protective Equipment’. PPE is an element of preventing the transmission of infectious diseases not only in hospitals, but also in various tasks related to the provision of health services: cleaning, waste management and community medical and social assistance related to the outbreak of the disease and the pandemic. In that regard, WHO is establishing standard requirements and recommendations for PPE[[11]](#footnote-12) and their rational use[[12]](#footnote-13).

# Environmental and Social Baseline

## 5.1. Roadmap for the introduction of COVID-19 vaccine and the National COVID-19 Preventive Vaccination Plan

It should be primarily noted that the Roadmap for the introduction of COVID-19 vaccine and the National COVID-19 Preventive Vaccination Plan were approved before the Projects implementation in Ukraine, which will be discusses further.

The Roadmap was developed by MoH in cooperation with national and international partners in the field of public health and immunization, the National Technical Group of Experts on Immunoprophylaxis and government authorities to ensure proper and equal access to an effective vaccine against COVID-19 for the population of Ukraine.

Mass Vaccination Centers (Platform 3). In order to accelerate the rate of vaccination of the general population (with priority over 60) coronavirus disease COVID-19 vaccination centers are formed with the support of local executive bodies or local governments.

This strategic document describes the main components of the COVID-19 vaccination deployment plan. The Roadmap for vaccination against COVID-19 in Ukraine provides for the vaccination of at least 50 percent of the population (20,866,390), starting with the priority groups identified therein. The document explains the purpose and objectives of vaccination against COVID-19, criteria for the selection of priority groups and coverage targets, vaccination campaign steps and process, cold chain capacity and logistics scenarios, pharmacovigilance, vaccination monitoring approach, training and communication campaign. According to the updated version the Roadmap date 12 July 2021, MoH developed general organizational and logistical scenarios of vaccination against COVID-19.

In health care facilities based on vaccination points (Platform 1). For coronavirus disease COVID-19 vaccination, the estimated total number of equipped HCF-based vaccination points is up to 4,250. The total number of vaccination points will depend on the size of the target group to be vaccinated on this platform.

Mobile immunization teams (Platform 2). Mobile teams are formed in each region to carry out vaccination among organized groups whose access to HCFs (vaccination points) is difficult or impossible, consisting of at least one doctor, two mid-level medical workers and a driver, who will have a reserve staff (one doctor and one mid-level medical worker) for force majeure. It is estimated that 72 mobile teams (23 regions on average) will be required for vaccination against coronavirus disease COVID-19. The total number of mobile teams will depend on the size of the target group to be vaccinated on this platform.

Mass Vaccination Centers (platform 3). In order to accelerate the rate of vaccination of the general population (above 60 years of age) against coronavirus disease COVID-19, vaccination centers are established with the support of local executive bodies or local self-governments.

On October 27, 2021 MoH Order No. 2362 amended the Roadmap for the introduction of the vaccine against acute respiratory disease COVID-19 caused by the coronavirus SARS-CoV-2, and mass vaccination in response to the pandemic COVID-19 in Ukraine in 2021-2022.

The Roadmap will be updated regularly once COVID-19 vaccination plans have been developed and improved.

Coordination of the COVID-19 coronavirus vaccine and the vaccination campaign implementation process is carried out by the MoH operational headquarters to respond to the spread of vaccine-preventable infectious diseases, the composition and provisions of which have been approved by MoH Order No 1319 dated 07 June 2019 (in edition of MoH Order No 2784 dated 02 December 2020).

The operational headquarters is headed by the Minister of Health of Ukraine. The operational headquarters consists of representatives of the Ministry of Health of Ukraine, the Ministry of Internal Affairs of Ukraine, the Armed Forces of Ukraine, the National Health Service of Ukraine, the State Service of Ukraine for Medicines and Drug Control, SE ‘Center for Public Health of MoH of Ukraine’ (hereinafter – CPH), SE ‘State Expert Center of MoH of Ukraine’, representatives of higher medical education institutions, representatives of the WHO Office in Ukraine, UNICEF, the US Centers for Disease Control and Prevention, etc.

Work on the preparation of COVID-19 coronavirus vaccination campaign began in September 2020. A working expert group of national experts and representatives of the WHO Office in Ukraine, UNICEF, the US Centers for Disease Control and Prevention, etc. was assembled on the basis of CPH on behalf of the Deputy Minister of Health - Chief State Sanitary Doctor of Ukraine to develop practical recommendations for the preparation of a COVID-19 coronavirus vaccination campaign in Ukraine. Members of the National Technical Group of Experts on Immunoprophylaxis (hereinafter - NTGEI) were also involved in the work. Based on joint work, NTGEI and the expert community developed recommendations on the criteria of priority groups for immunization against coronavirus disease COVID-19 in Ukraine.

At the regional level, COVID-19 coronavirus immunoprophylaxis measures will be coordinated by regional coordinators designated in each oblast and in Kyiv at MoH’s request. The list of regional coordinators was approved by MoH Order No 99 of 21 January 2021.

In order to effectively coordinate the process of distribution and use of vaccines at the regional level, payment and weekly delivery officers will be identified and will work closely with CPH representatives. In this case, the algorithm of vaccine distribution will be as follows:

In the first stage, CPH prepares proposals for distribution and coordinates them with regional health units, which should provide evidence of willingness to accept the vaccine and information regarding a regionally defined single vaccine recipient institution. The agreed distribution is submitted for approval to MoH and approved by the corresponding order. Based on MoH Order, a preliminary delivery schedule is formed on a weekly basis and submitted to the logistics company.

Every week, the regional health units submit applications to CPH for deliveries until full use in accordance with the quantities specified by MoH Order. CPH verifies the submitted applications and submits the final delivery requests to the logistics company on a weekly basis until full use in accordance with the quantities specified by MoH order.

A similar algorithm is used to distribute vaccines at the regional level. Based on an approved MoH order, health units approve regional distribution orders and distribute vaccines on a weekly basis in accordance with verified applications.

Immunization of the population with a safe and effective COVID-19 vaccine is an essential component of the Government of Ukraine strategy to address the acute phase of the COVID-19 pandemic. The general objective of mass vaccination of the population is to stop the spread of coronavirus disease (COVID-19) in Ukraine. The Roadmap aims to reduce the number of deaths due to COVID-19; reduce the risk of complications to human health due to COVID-19.

According to the Roadmap, assessments have identified issues that require further attention and improvement to ensure an effective mass vaccination process in Ukraine:

* The existing equipment at the regional and district levels makes it virtually impossible to maintain low-temperature vaccines (-20 ° C and -70 ° C), hence, the recommendation to store the bulk of these vaccines at the national level (for vaccines with a storage mode from -60 °C to -80 °C it is planned to involve a private company with appropriate capacities, and vaccines with a temperature regime of -20 °C are planned to be stored at the capacities of SE ‘Ukrvaktsina’);
* Some of the existing cold-chain equipment at the regional and district levels needs to be upgraded and retrofitted;
* Insufficient equipment for regional and district temperature monitoring;
* No systematic supply of safe injection devices (automatic deactivation syringes (AD)) and safety boxes for on-site disposal of sharp objects;
* Need for comprehensive additional training on the subject of ‘cold chain’ transport and storage (especially for vaccine to be stored at ultra-low temperatures), management of vaccine residues and supplies;
* Need for training on the disposal of used syringes and needles in order to minimize the risks to health workers (occupational risks), as well as to strengthen the knowledge of personnel on vaccine management. Additional purchase of syringes and boxes for safe disposal is planned with funds from the state budget as well as donor funds.

As regards disposal of medical waste, the Roadmap notes the following. The issue of the disposal of unused vaccines in cases of the impossibility of using the vaccine (in particular, due to errors in preparing the vaccine for use, violation of storage conditions in the ‘cold chain’, etc.) in Ukraine is regulated by the Rules for Disposal and Destruction of Medicines, approved by MoH Order No. 242 dated April 24, 2015. Medical waste handling in Ukraine is regulated by the State Sanitary and Epidemiological Rules and Standards for Medical Waste Management, approved by MoH Order No. 325 dated June 8, 2015 (in the wording of MoH Order[**No. 1602**](https://zakon.rada.gov.ua/laws/show/z1387-22#n20) **dated September 6, 2022**). To ensure a safe vaccination process, safe disposal boxes will be used.

On April 12, 2021, the Cabinet of Ministers of Ukraine issued CMU Order No 340-r ‘On approval of the National plan for vaccine prophylaxis of acute respiratory disease COVID-19, caused by coronavirus SARS-CoV-2, for the period up to December 31, 2021’. According to amendments made, the plan was extended until December 31, 2022.

The plan notes that phases of the vaccination campaign are determined in accordance with the Roadmap for the introduction of CODID-19 vaccine, earlier approved by MoH. MoH should take measures to supply COVID-19-specific vaccines to Ukraine, carry out monthly revisions of the National Plan, taking into account its actual state of implementation and signing of new supply contracts. Together with the Ministry of Culture and Information Policy, MoH should ensure effective information and awareness-raising for vaccination of the population.

The Government of Ukraine obliged the Ministry of Foreign Affairs to take measures aimed at increasing the effectiveness of cooperation with foreign states and international organizations on delivery of coronavirus vaccines to Ukraine. Regional and Kyiv state administrations are responsible for local vaccinations.

On February 2, 2022, the Government of Ukraine adopted the national plan for vaccine prophylaxis of acute respiratory disease COVID-19 for 2022. The national vaccination plan envisages that the overall vaccination strategy against COVID-19 will provide for booster vaccination of those who have already received basic vaccination in 2021; vaccination of those who have not received a single dose; vaccination of children and adolescents aged 12 to 18 years. By the end of 2022, regional and Kyiv city state administrations must ensure the vaccination of minors and at least 70% of the adult population, including 80% of people aged 60+. This is particularly true for those at risk.

***5.2.***  ***Waste Management***

November 8, 2017 the Cabinet of Ministers of Ukraine approved the Ukrainian National Waste Management Strategy until 2030, providing for the development of regional waste management plans, an integrated and adequate network of waste disposal facilities that will enable the state or region to manage and dispose of its own waste.

The strategy provides for the introduction of circular economy principles and increased producer responsibility to encourage businesses to minimize and recycle waste, as well as the establishment of a five-tier waste hierarchy implemented in the European Union. First, it means the prevention of waste generation and, in some cases, disposal of waste.

The high level of waste generation and the low rate of its use as recycled materials have led to the situation in which Ukraine annually accumulates significant volumes of solid waste from the industrial and municipal sectors, and only a small part of the waste is recycled, the rest goes to the landfills.

Compared to other developed countries, the waste situation in Ukraine is characterized by the generation of large volumes of waste and the lack of infrastructure for waste management.

In general, the waste management system in Ukraine is determined by the following trends: accumulation of waste in both the industrial and domestic sectors, which has an adverse impact on the environment and human health; improper treatment and disposal of hazardous waste; storage of household waste without regard to possible hazardous effects; misuse of waste as a secondary raw material.

Medical waste is one of the most dangerous type of wastes, as it contains pathogens and toxic substances, causes direct or indirect pollution of the environment and infectious and non-communicable diseases. The risk of medical waste depends on its chemical composition and the concentration of components that can cause toxic, carcinogenic, mutagenic, allergenic effects, change the organoleptic properties of water, air, and cause imbalance of ecosystems.

At the same time, the cost of decontamination is several times higher than the cost of solid household waste processing.

The main challenges in medical waste management are:

• Low level of medical waste management in healthcare facilities;

• Lack of the necessary means and facilities for the collection, transfer within the territory of health care facilities and safe temporary storage of infectious waste;

• Lack of refrigeration equipment to store waste at low temperatures;

• Lack of appropriate containers and packages;

• Financing of medical waste management by residual principle;

• Limited opportunities to acquire high-quality medical waste treatment equipment.

At the same time, the infrastructure for the disposal of medical waste is not sufficiently developed in Ukraine.

In quarantine conditions, the volume of medical waste generated has almost doubled, but safe disposal, such as burning of sealed waste in sealed containers in special furnaces, takes only half of what hospitals produce; other medical waste is taken to landfills and unauthorized landfills due to the irresponsibility of medical workers in health care facilities.

Very low fines for violating medical waste disposal rules do not solve the problem.

In Ukraine, the requirements for medical waste management (sorting, neutralization or deactivation, collection labeling, transfer to temporary storage places, treatment decontamination, transportation to waste management facilities) in HCFs are defined State Sanitary and Anti-Epidemic Rules and Regulations for Medical Waste Management, approved by MoH Order No 325 dated June 8, 2015‘On Approval of the State Sanitary and Anti-Epidemic Rules and Regulations for Medical Waste Management’ (in the wording of MoH Order No.1602 dated September 6, 2022).

According to the State Sanitary and Anti-Epidemic Rules and Regulations for Medical Waste Management, medical waste is divided into the following categories:

Category A - Epidemically non-hazardous medical waste, including:

- Food waste;

- Wastes that have not been in contact with biological fluids;

- Primary packaging of medicinal products, except for the primary packaging of medicinal products, as defined in the List of Poisonous Medicines by International Generic or Common Names, approved by MoH Order dated August 17, 2007 No. 490, registered with the Ministry of Justice of Ukraine on September 3, 2007 under No. 1007/14274, and the List of Potent Medicines by International Generic or Common Names, approved by MoH Order dated August 17, 2007 No. 490, registered with the Ministry of Justice of Ukraine on September 3, 2007 under No. 1008/14275;

- Household waste (solid, large-sized, repair), which have not been in contact with biological fluids, of all departments of the facility.

- Large-sized household waste in contact with biological fluids after cleaning and disinfection by wiping surfaces.

Category B - Epidemically hazardous medical waste, including:

- Used hazardously sharp objects and medical products (e.g., needles, needle-bearing syringes, scalpels and their blades, broken glassware, intravenous catheters, blood sampling lancets) are contaminated with biological fluids;

- Immunobiological medicinal products, with the primary packaging of the medicinal product, which has not lost its integrity:

- Expired;

- Stored with violation of the cold chain;

- With changed visual characteristics that are not defined in the manufacturer's instructions (e.g., presence of sediment and/or extraneous substances, change in color and transparency);

- Medical products and items contaminated with immunobiological drugs, blood and/or other biological fluids (e.g., oxygen masks, needle-free syringes, PPE), other than wastes referred to in subparagraph 5, paragraph 1, section IV of these Regulations;

- Organ waste and infected experimental animals (tissues, organs, body parts, placenta, embryos, etc.);

- Waste from medical laboratories (microbiological cultures and strains containing any living pathogens, artificially grown in significant quantities; live vaccines, unusable; and laboratory cups and equipment for their transfer; residues of culture media, inoculations, mixing of microbiological cultures of pathogens of infectious diseases);

- Blood products and biological fluids (liquid biological waste), including liquid biological waste of vivaria, obtained from patients with particularly dangerous or dangerous infectious diseases.

Category C - Toxicologically hazardous medical waste:

* + - Wastes contaminated with cytostatics and genotoxic medicinal and diagnostic agents;

- Primary packaging of medicinal products, as defined in the List of Poisonous Medicines by International Generic or Common Names, approved by MoH Order dated August 17, 2007 No. 490, registered with the Ministry of Justice of Ukraine on September 3, 2007 under No. 1007/14274, and the List of Potent Medicines by International Generic or Common Names, approved by MoH Order dated August 17, 2007 No. 490, registered with the Ministry of Justice of Ukraine on September 3, 2007 under No. 1008/14275;

- Dental amalgam.

Category D - Radiologically hazardous medical waste, including:

• All materials produced by the use of radioisotopes for medical and / or scientific purposes in any aggregate state above the threshold levels established by radiation safety standards.

The Projects will generate Category A and Category B medical waste.

1. Category A:

Wastes that have not been in contact / are not contaminated with biological fluids or immunobiologicals (e.g., secondary packaging of a vaccine);

Waste generated during vaccination by mobile teams in households other than mentioned in paragraph 2;

1. Category B (epidemic (infectious) hazardous waste) - wastes contacting / contaminated with biological fluids or immunobiologicals

Hazardously sharp objects;

Hazardous waste (e.g., blood-contaminated wipes);

Vaccine residues/ spoiled vaccine and primary packaging;

Primary packaging of vaccine solvent (e.g., vials).

Category B medical waste requires special handling and cannot simply be taken to a landfill and buried together with ordinary household waste, as it contains hazardous chemicals and microorganisms that pose an epidemiological threat. Such waste must first be neutralized by incineration or cremation. Waste that can be used as secondary raw materials (e.g., medical products made of polypropylene, polyvinyl chloride, glass) may be treated for further sale/transfer of such waste to business entities, collecting and recycling such waste.

Currently, in order to transfer medical waste to a licensed company, the vast majority of medical institutions treat infectious waste with chemical disinfectants, as they do not have waste treatment equipment such as incinerators or autoclaves. The chemical method of decontamination is time-consuming and resource-intensive, does not allow proper waste treatment and poses risks to the environment and medical personnel involved in the process.

Since hospitals are usually located in densely populated areas, it is not possible to accommodate incinerators on their territory. To date, some healthcare facilities have installed specialized medical waste incinerators and furnaces, but they do not meet modern environmental requirements, and therefore are not used. Only one health care facility, according to the Ministry of Environmental Protection (as of January 6, 2020), namely, the Municipal Non-Profit Enterprise ‘Khmelnytsky Regional Anti-TB Dispensary’ has received a license for decontamination (incineration) of medical waste, while others enter into agreements with legal entities and private entrepreneurs licensed to handle hazardous medical waste.

Installation of incinerators requires appropriate engineering and organizational solutions, such as allocation of a plot of land or premises within the industrial zone or outside the settlement, preparation of the site for installation (connection of relevant communications, in particular gas, water, electricity), organization of logistics (transportation of medical waste), obtaining relevant operating permits (permit to use gas equipment, sanitary and hygienic report, environmental expert report, obtaining a license for transportation and disposal of hazardous waste, permit for emissions of pollutants into atmospheric air) and personnel training. This process usually takes about 12-18 months.

The safest and economically justifiable method is sterilization of waste with steam under pressure (autoclaving) followed by grinding.

Medical waste decontamination equipment (autoclaves) does not require a large list of additional requirements for their installation and operation, including training of personnel. Autoclaving followed by grinding reduces the amount of waste to 80% and makes it impossible to reuse this waste. For waste decontamination by steam treatment under pressure, the humidity of the waste does not matter, which is very important for medical waste contaminated with biological fluids.

State Sanitary and Anti-Epidemic Rules and Regulations State Sanitary and Anti-Epidemic Rules and Regulations State Sanitary and Anti-Epidemic Rules and Regulations State Sanitary and Anti-Epidemic Rules and Regulations

***5.4. Gender focus within the framework of the Projects***

**Gender**. Globally and in Ukraine, the health and economic consequences of the COVID-19 crisis are not gender neutral. Gender differences are related to differences in the prevalence of health-related risk factors, differences in life expectancy, differences in occupations and employment patterns, and differences in behavior. In general, women are at higher risk of contracting COVID-19 because they predominate in ‘frontline’ professions today. This includes not only health workers, but also teachers, office workers, cleaners and cooks. However, after infection, men are at a higher risk of worsening clinical outcomes and death than women. This is due to higher incidence of common morbidities, including hypertension, in men (18.5 percent of men in the 60-69 age group compared to 17.7 percent of women), and because the fact that men, as a rule, tend to seek healthcare less frequently and later in the course of disease progression than women (for example, in 2019, only 39 percent of adult men reported having preventive electrocardiography examination compared to 48.7 percent of women). At that, turning to the situation in Ukraine, there are also some diseases among women that give significant complications due to COVID-19, among them diabetes (10 percent of men versus 18.8 percent of women). At the same time, at the population level, taking into account the life expectancy of women and men in Ukraine, the general statistical gap between them is 10 years (66.3 years for men and 76.3 years for women), and taking into account that older persons are more vulnerable to the disease and may have more severe consequences of COVID-19, and more frequent mortality than other age categories, the total number of women infected with COVID-19 may well exceed the number of infected men. In addition, there is some evidence that the economic impact of the COVID-19 pandemic is also not gender neutral. The October 2020 World Economic Outlook showed that, globally, women, more than men, are adversely affected by the economic downturn caused by the COVID-19 pandemic, and the most recent projections of the world economy showed that women’s employment declined more men’s. At the same time, the opposite is observed in Ukraine: unemployment among men rose from 8.4 percent in March 2020 to 9.6 percent in September 2020, while unemployment among women rose from 8.7 to 8.9. Women bear a heavier burden of supervision and care of children who study at home during quarantine and school closures at COVID-19 lockdowns (for example, during quarantine from 8 to 24 January 2021).

The approach to COVID-19 vaccination within the framework of the Projects will be gender specific and take into account the above differences. The vaccination of health workers, who are predominantly women, will be the main priority of the Project. Another priority group would be school teachers, who were also predominantly women. Vaccination will help to eliminate the increased risk of infection by women who are most at risk of COVID-19 in these positions. The priority group for vaccination under the Projects will also be older persons, who, due to the above gender differences in life expectancy, are predominantly women, thus providing protection for older women. Among young people, the Projects give preference to those who have comorbidities, thus reducing the potential gender differences in severe COVID-19m mortality will be reduced. The gender and characteristics of the population specifics will also be taken into account in the communication campaign to support the introduction of COVID-19 vaccination, adapting information on potential vaccine hesitancy, and focusing on men and women. Workers who are at risk of COVID-19 infection will also be trained to handle gender issues with caution. Taking into account the economic component, the effective introduction of COVID-19 vaccination that will allow businesses and the economy to fully earn again, children return to school, and adults to work, will help to address the gender inequalities in unemployment and the disproportionate burden of school closures on women. The PDO indicator related to vaccination will be disaggregated by sex, as will the intermediate indicators. In addition, when reporting on the number of fully vaccinated people (PBC achievements), MoH will provide figures on the persons involved, disaggregated by sex.

# Potential Environmental and Social Risks and their Mitigation

## 6.1. Environmental and Social Risks of the Projects

The anticipated overall environmental and social risks are Substantial.

The main environmental and social risks identified at the initial stage are:

* Generation and management of medical waste;
* Occupational safety issues related to the testing, vaccination and handling of vaccine stocks during vaccination;
* Рroblem of labor protection related to the operation of ionizing equipment;
* Logistical problems related to transportation of vaccines throughout the country in compliance with recommended temperature requirements;
* Public health and safety issues related to the unpredicted consequences of vaccination, as well as handling, transport and disposal of hazardous and infectious medical waste.

The issue of medical waste management will also be addressed in UNICEF and UNDP training. UNICEF trainings will include information on the management of post-vaccination medical waste, and UNDP trainings will cover the management of post-vaccination medical waste and UNDP trainings will cover the management of waste resulting from the treatment of COVID-19 patients. Various videos, instructions and posters will be prepared for the training. The trainings will cover different groups of medical workers.

Within the framework of the Projects, based on the recommendations presented in Annex 2 of ESMF, HCFs prepare the ICWMP. Each HCF will comply with provisions of approved ICWMP to avoid contamination of air, water and soil with medical waste generated after testing and vaccination.

The social risks of the Projects are assessed as significant, as there may be gaps in the program coverage and support for the most vulnerable and disadvantaged. Other social risks are related to health and safety of the population, in particular to the vaccination effects. Other potential risks include poor organization of work, inadequate working conditions, sexual violence/harassment and lack of adequate support. The Projects will need to take measures to reduce the risk of exclusion of groups or persons in need of vaccination. With the assistance of donor partners, including WB, The Government of Ukraine prepared a draft vaccination readiness assessment system and developed a Roadmap (referred to in para 5.1 above) for mass COVID-19 vaccination, which sets out detailed vaccination procedures and protocols for the introduction of COVID-19 vaccination and proposes measures for the effective vaccination of the population, and will be regularly updated. The WB will also continue to provide technical support to the Projects to reduce the risk of restricted access for priority groups. This risk will also be mitigated through citizen engagement and stakeholder consultation.

The main sources of ionizing radiation in modern medicine are X-ray and radio diagnostics, X-ray and radiotherapy, as well as X-ray preventive examinations. In addition, new highly sensitive methods of X-ray examinations are used in modern medical and diagnostic practice – X-ray computed tomography, angiography, etc.

Categories of persons exposed to radiation:

* persons who work directly or temporarily with sources of ionizing radiation.
* persons who are not directly engaged in work with radiation sources, but due to the location of workplaces in premises and industrial sites with facilities related to radiation and nuclear technologies, may receive additional exposure.
* the entire population.

In case of involvement of the Borrower’s military or security forces (security personnel) in the implementation of the Projects' activities and/or to ensure the safety of the Projects’ employees, facilities and/or assets, MoH in coordination with other state bodies, as appropriate, will use such activities:

a) Assess the risks and consequences of employing security personnel and take measures to manage such risks and consequences as described in paragraph 1.2 above, guided by the principles of proportionality and GIIP, as well as applicable legislation on recruitment, conduct, training, equipment and monitoring of such personnel.

b) Ensure that stakeholder engagement activities within the Stakeholder Engagement Plan (SIP) include a communications strategy for engagement of security personnel under the Projects;

c) Ensure that any issues or complaints regarding the conduct of security personnel are received, investigated, documented (with confidentiality protection), resolved through the project grievance mechanism and reported to the Bank no later than 5 days after receipt;

d) Ensure that (i) standards, protocols and codes of conduct are followed in the selection and use of security personnel, and that such personnel are screened to ensure that they have not engaged in unlawful or abusive conduct, including sexual exploitation and abuse and sexual harassment or excessive use of force; and (ii) that such personnel are properly instructed and trained on a regular basis on the use of force and appropriate behavior (including sexual exploitation and abuse and sexual harassment).

To comply with provisions of ESS1, ESS2, ESS3, ESS4 and ESS10, the above risks will be managed by this ESMF, and relevant management plans developed on its basis, such as ICWMP, LMP, as well as separately developed Stakeholder Engagement Plan (SEP).

The project activities will not affect the country’s biodiversity.

There are no risks of forced labor, child labor, and other forms of exploitation in the framework of the Projects. LMP (Appendix 3) provides more detailed information on this issue.

Implementation of the Projects will not include cross-border movement. Samples or hazardous material will be transported only within the country.

The Projects will not affect the cultural heritage of the country.

The Projects will have long-term positive environmental and social consequences, as they should strengthen the overall health care system in general and, in particular, improve control, monitoring, prevention and containment of the spread of COVID-19.

In general, the Projects aim to achieve long-term protection of public health through vaccination.

The following are the largest environmental and social risks that have been highlighted at the Project planning stage:

* **Risks related to medical waste**

Waste generated by healthcare facilities poses the risk of chemical, toxic, carcinogenic, mutagenic and radiation effects on the human body, the risk of injuries and infections. Inadequate and improper management of medical waste can have serious consequences for public health, both through direct impact thereon and through negative effects on the environment. Thus, the sound and safe management, transport and disposal of medical waste is an important component of occupational health, infection control and secure environment protection.

*Risk of improper medical waste management*

By performing the functions of diagnosing and treating patients, preventing disease and addressing potential health risks, the health system simultaneously produces a huge amount of waste, including hazardous waste. And under quarantine conditions, the amount of medical waste has almost doubled.

*Risk of injury and infection with medical waste*

Health-care waste is a source of potentially hazardous microorganisms that can infect hospital patients, personnel and the general public. There are many different ways of injury and infection: due to damage to the skin (cut, shot), contact with the skin or mucous membranes, inhalation or ingestion.

Infection of health workers is not uncommon during injections. Therefore, the management of the facility must develop and implement a package of measures to prevent cuts and needle shots of nurses.

Needles that contain pathogenic microorganisms, are considered the most hazardous medical waste.

Pathogens have limited ability to survive in the environment. Survival, and therefore potential infection, depends on each specific microorganism and environmental conditions (temperature, humidity, solar radiation, organic substrate, disinfectants, etc.). In the environment, bacteria are less resistant than viruses.

With reference to Covid-19 virus, it can remain viable on surfaces from 3 hours to several days. The specific timing depends on a number of conditions. For example, type of surface, temperature and humidity of the environment. Therefore, it is important to disinfect surfaces, door handles, machinery, etc.

*Risks of exposure to chemicals*

A large number of products of chemical and pharmaceutical companies are used in HCFs. Most of them cause health risks due to their properties (toxic, carcinogenic, mutagenic, reprotoxic, irritant, corrosive, sensitizing, explosive, flammable, etc.). Contact with these substances is possible due to inhalation of gas, steam or drops, contact with skin or mucous membranes, ingestion.

Some substances (e.g. chlorine and acids) are incompatible and can generate toxic gases when mixed.

*Risks associated with waste incineration*

When incinerating wastes at low temperature (less than 800°C) or when burning plastics containing polyvinyl chloride (PVC), pollutants such as hydrochloric acid (causing acid rain), dioxins, furans and other toxic substances are formed. They are found in the emissions themselves, in residual air ash, and in the flue gases exiting the chimneys. Exposure to dioxins, furans and other polychlorinated biphenyls can have adverse health effects. These substances are stable, their molecules are not destroyed in the environment and accumulate in the food chain. Significant effects of dioxins, furans and polychlorinated biphenyl on humans occur through eating. Even in high-temperature incinerators (incineration at a temperature of 800°C) at the beginning or at end of the incineration process a cooling process occurs, during which dioxins and furans can be formed. Optimization of the process can reduce formation of these substances, for example, when incineration is achieved at a temperature of more than 800°C.

*Environmental risks from improper medical waste management*

Currently in Ukraine, a significant part of medical waste is transported to refuse dumps and unauthorized landfills due to the irresponsible approach of HCF to this issue, inadequate condition and inaccessibility of treatment and recycling facilities for medical waste.

Medical waste is one of the most dangerous: it contains pathogens and toxic substances, causes direct or indirect pollution, causes various infectious and non-communicable diseases. Disposal of medical waste in Ukraine in violation of current legislation provides for administrative and criminal liability.

The dumping and disposal of wastes in uncontrolled locations can have a direct impact on the environment in terms of soil and water pollution.

* **Risks of improper compliance with Occupational Health and Safety (OHS) requirements**

The risks of improper OHS under the Projects may relate to both medical staff and consultants (PISU staff).

It is anticipated that the consultants of the Projects will perform mainly office work, with the exception of occasional periodic visits to HCFs operating under the Projects. Risks to the health and safety of consultants are assessed as low. Risks such as excessive overtime, irregular salary payments, and unofficial tasks are not expected.

Healthcare professionals may experience occupational risks in the context of responding to COVID-19, leading to illness, injury and even death. Such risks include the possibility of infection of COVID-19 at the place of professional activity; all kinds of skin injuries from long-term use of PPE; exposure to toxins due to increased use of disinfectants; psychological stress; chronic fatigue; and discrimination, physical and psychological violence and harassment. Mitigating these risks and protecting the health, safety and well-being of healthcare professionals requires concerted and comprehensive action to prevent and combat infection, occupational health and safety, health management and psychological support. Inadequate occupational health measures can increase of the incidence of diseases among health workers, decrease of their productivity and quality of medical services.

*Risk of SARS-CoV-2 infection in the workplace*

The risk for health workers’ occupational exposure to SARS-CoV-2 can be determined by the likelihood of direct, indirect or close contact with a person infected with the virus. This includes direct physical contact or care, contact with contaminated surfaces and objects provided that the PPE is not used and the rules and practices of hand hygiene or working with infected people are not followed.

*Risks associated with the continued use of PPE*

In general, PPE is intended to be used for a short period of time, but during a COVID-19 pandemic, when health workers deal with high workloads, significant patient flows, and PPE deficiency, there can be long-term PPE wearing.

Long-term use of PPE for respiratory and eye protection (masks, respirators and goggles) can also cause skin damage: itching, rash, acne, pressure injury, contact dermatitis, urticaria and exacerbation of pre-existing skin diseases. To reduce the risk of skin damage, health workers should be provided with properly fitted PPE; workers should apply moisturizing creams or gels before wearing face protection equipment to lubricate and reduce the friction of masks or goggles in the skin and avoid using too tight goggles, which can damage the skin and cause fogging.

Long-term use of PPE, such as gowns, masks, overalls retards heat and sweat, limits thermal regulation and can lead to heat stroke.

*Risks associated with the use of disinfectants*

Increased uses of disinfectants in health facilities can have toxic effects on health workers: nose and eye irritation, chest compression, wheezing, difficulty breathing and skin irritation.

*Workload risks*

During the COVID-19 pandemic, health workers can work overtime without time for rest and recuperation. Such conditions can lead to chronic fatigue energy shortages, reduced vigilance, efficiency and reduced coordination.

*Risks associated with insults, aggression, discrimination, and social exclusion*

During the COVID-19 pandemic, the number of cases of abuse, aggression, discrimination and social exclusion of health workers increases. Among the most common reasons for insulting health care workers are long patient waiting, stress and fatigue, crowding, dissemination of negative information, COVID-19 specific prevention and control measures, contact tracing, preventing access to the bodies of diseased loved ones. All this can lead to additional aggression and insults against medical personnel.

Because of their proximity to potentially infected people, health workers can also be seen as a threat of infection within society and thus face social exclusion and discrimination. The wearing of work clothes or other characteristics that make it easy to identify health workers can increase the risk of social exclusion, discrimination, insults and aggression by society.

Insults and aggression in the workplace have a negative impact on the quality of health care and the mental and physical well-being of health workers. Paramedics, emergency medical personnel and doctors working overtime or night shifts, are likely to face such risks. Men who provide health services are more likely to be victims of physical violence, while women are more likely to be at risk of sexual harassment and sexual violence. Insults and aggression are more common among ethnic health workers.

*Risks for mental health*

In addition to the pressure mentioned above, health workers’ mental health and well-being can be affected during COVID-19 period, which may be due to contact with infected patients, conscious obstacles to doing work, insufficient organizational support, forced redeployment to high-risk work, lack of confidence in protective measures.

Personal risk factors for the mental health of health workers include inappropriate training, little clinical experience, part-time work, social isolation, young age, comorbidities, effects of the pandemic on personal lifestyles etc.

Mental health problems can contribute to reduced ability to work, staff layoffs, reduced efficiency and increased opportunities for human error, which can pose a threat to both health workers and patients.

Please see Annex 3 (LMP) for further information on labor protection.

* **Risk of non-compliance with cold chain requirements**

According to MoH Order dated 16.09.2011 No 595, the cold chain is a continuously functioning system that provides optimal temperature storage and transportation at all stages of movement of vaccines from the producer to the consumer in order to preserve their properties from influence of negative factors.

The main risks associated with the cold chain can include:

- Insufficient supply of equipment (refrigerators, thermal containers, data loggers, etc.);

- Cold chain disruption, leading to the unsuitability of the vaccine (such violations may include staff errors, equipment failures, etc.);

- Low quality of vaccine distribution planning;

- Insufficient training of personnel involved in the vaccination process.

In addition to the need for rapid distribution and timely delivery of vaccines to storage and vaccination sites, maintaining the integrity of the cold chain and temperature monitoring to ensure the quality of the vaccine, which is administered to the consumer at the point of vaccination.

In this context, the Pfizer/BioNTech vaccine, which should be kept at -70 °C, after thawing – to be kept at 2-8 °C for 5 days, attracts the most attention, and after moving out of the refrigerator under room temperature conditions should be used for 6 hours.

Cold chain compliance is a particularly important at the level of district storage points, vaccination points and mobile vaccination teams, where the greatest risk of non-compliance with the requirements of transportation and storage of the vaccine may arise. This issue is particularly acute when delivering the Pfizer/BioNTech vaccine and requires additional involvement of private sector entities.

## 6.2 Minimizing risks and meeting the Projects requirements

* + 1. **Minimizing** risks **associated with medical waste**

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| **Risks and impacts** | **Significant amounts of medical waste generation**  |
| **Mitigation/Risk minimization** | Health care facilities should apply practices and procedures to minimize waste generation while not reducing the requirements for patient hygiene and safety as well as waste reuse. At the same time, HCFs should move towards the safe disposal of medical waste, provide for the reduction of waste, their sorting and treatment. To this end, health care facilities must ensure: 1. Separate collection of category A waste and transfer of resource-valuable waste for reuse or alternative use;
2. Separate collection, treatment of category B waste (in cases provided for by law and if possible) and their transfer for recycling;
3. Keeping records of medical waste;
4. Entering data into MedData information and analytical system on the amounts of generated and transferred medical waste to business entities licensed to handle hazardous waste and the corresponding material and technical base (after the implementation of the Module);
5. Provision of statistical reporting in order to generate data on the amounts of generated and disposed medical waste.

In order to mitigate the risks of medical waste management on the ground, their transportation and disposal, it is envisaged that the Projects will invest in the purchase of medical equipment for the disposal of COVID-19-related waste, namely in the purchase of equipment for decontamination of medical waste. Equipment distribution will be based on the assessment of medical waste management needs. In addition, under the Project, work is underway to create, within the framework of the state information and analytical system MedData, a module that will allow HCFs to enter daily data on the amounts of generated and transferred medical waste. |
| **Risks and impacts** | **Risk of injury and infection with medical waste**  |
| **Goal/standard** | **ESS4** Community Health and Safety |
| **Mitigation/Risk minimization** | In order to avoid injury and infection with medical waste, health care facilities must ensure that employees involved in the process of handling medical waste comply with anti-epidemic management of medical waste generated by mass vaccination campaign or treatment of the population against coronavirus disease (COVID-19). To this end, the head of the health care facility must:1. Designate the person responsible for the handling of medical waste and daily monitoring in HCF;
2. Provide premises for temporary storage and handling of medical waste and bring them in compliance with the requirements of the State Sanitary and Anti-Epidemic Rules and Regulations for Medical Waste Management, approved by MoH Order dated June 8, 2015 No. 325 (as amended by MoH Order dated September 6, 2022 No. 1602);
3. Approve standard operating procedures and waste management templates and require strict compliance;
4. Provide HCFs with sufficient containers for medical waste storage, safe disposal boxes (SDB), bags, packages, etc.

Medical waste in HCFs is managed according to model waste management scheme. HCFs ensure proper sorting; collection; packaging; labeling; transportation to the premises for temporary storage of medical waste, treatment of waste (if possible) and transportation of waste to waste management facilities. Health care workers must undergo training (scheduled at least once a year and unscheduled if necessary (introduction of a new standard operating procedure (SOP) in the facility, occurrence of emergency situations) on safe handling of medical waste. Training should cover at least the following issues: classification of medical waste, Medical Waste Separation and Collection Rules, medical waste container filling algorithm, emergency response algorithm. Workers involved in the transportation and transfer of hazardous medical waste to a specialized organization, should be trained, prepared and tested before being admitted to work on the wearing, carrying, removing and handling of personal protective equipment; hand hygiene; algorithm for traumatic injuries by sharp objects; algorithm of action in waste handling; algorithm for transferring hazardous medical waste to a specialized organization, including a transfer schedule; algorithm of actions in emergency situations (for example, overturning of the trolley).Waste collection should be carried out as close as possible to the places of their generation in separate containers (containers, bags/packages), visually clearly distinguished by color and/or marking.Filled containers (containers/bags/packages) of primary packaging after collection should be tightly closed, marked with a label for marking (if necessary), and placed in containers (containers/bags/packages) of secondary packaging for storage and/or transportation.During vaccination, exclusively used syringes with needles should be collected in SDB, including for vaccine dilution, primary packaging of the vaccine (for example, vials), primary packaging of the vaccine solvent (for example, ampoules), used alcohol wipes, contaminated. It is strictly forbidden to disassemble syringes with needles (disconnect the needle from the syringe, remove the plunger from the syringe) and put the cap on the needle. Other waste (used PPE, secondary vaccine packaging waste, household waste) is collected separately in bags.SDB is allowed to be filled for no more than 3 days (SDB is marked with the start date of use). But in any case, SDB is filled to no more than 75% of their volume.After filling/3 days of use, SDBs are closed tightly, placed in a secondary packaging container (bag or container resistant to mechanical damage and disinfection chemicals). Secondary packaging containers are marked with a label. The SDB is moved to a temporary storage room.In order to avoid injury and infection with medical waste, it is strictly forbidden to reuse SDB; open SDB after filling; dispose of SDBs and their contents in household waste collection containers.Employees involved in transportation and transfer to the business entity engaged in activities related to hazardous waste management shall be provided with:1) protective shoes (for example, rubber boots);2) personal protective equipment in accordance with the risk assessment of waste hazard, but minimally:medical (surgical) mask (in an amount of one medical (surgical) mask for 2-3 hours of work;a protective apron against infectious agents (for example, cellophane) disposable (in an amount of two aprons per working shift);nitrile medical gloves without talc (in an amount of five pairs per working shift);protective gloves against traumatic injuries (for example, Kevlar) (one pair per facility);2) consumables and materials:alcohol-containing antiseptic for hands;disinfection chemical agent with an ethyl alcohol content of at least 70%;a detergent;disposable rags;polyethylene bags, resistant to mechanical damage and disinfection chemicals.In order to mitigate the risks associated with medical waste management in HCFs, the Projects purchased containers for the storage of epidemic-hazardous medical waste for HCFs, which are identified to ensure vaccination against COVID-19 and HCFs providing medical assistance to patients with COVID-19 in inpatient settings, which will allow HCFs to comply with the requirements of safe storage of epidemic hazardous medical waste. In addition, the Project provides for training (trainings) in medical waste management for persons responsible for medical waste management in HCFs and for infectious disease control specialists in CDC. The training will be devoted, in particular, to the practical implementation of the updated requirements of the State Sanitary and Anti-Epidemic Rules and Regulations for Medical Waste Management, approved by MoH Order dated June 8, 2015 No. 325 (as amended by MoH Order dated September 6, 2022 No. 1602) at all stages of medical waste management in HCFs. The project aims to improve the theoretical and practical skills of medical waste management professionals. |

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| **Risks and impacts** | **Environmental pollution with potentially hazardous waste** |
| **Goal/standard** | **ESS3** **Resource Efficiency and Pollution Prevention and Management**  |
| **Mitigation/Risk minimization** | To minimize the risks associated with environmental pollution with potentially hazardous waste, HCFs must comply with the requirements of the current legislation of Ukraine in terms of hazardous waste management. HCFs shall:- ensure the transfer of epidemic (infectious) hazardous waste exclusively to specialized organizations licensed to carry out hazardous waste management activities and equipped with appropriate equipment for the subsequent disposal of such waste by incineration, or- where possible, subject contaminated or potentially contaminated waste generated after the use of medical products made of polypropylene, polyvinyl chloride, glass (for example, oxygen masks, syringes without needles) to treatment for subsequent transfer to recycling.At the same time, HCFs must ensure sustainable financing of the medical waste management system. Medical waste budgets for each year should be carefully planned. In addition, seek additional funding if there is no sufficient budget to ensure proper management of medical waste. |

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| --- | --- |
| **Risks and impacts** | **Risks associated with waste incineration** |
| **Goal/standard** | **ESS3 Resource Efficiency and Pollution Prevention and Management** |
| **Mitigation/Risk minimization** | Health care facilities must comply with the requirements of the current legislation of Ukraine with regard to hazardous waste management. HCFs should ensure the transfer of epidemic (infectious) hazardous waste exclusively to specialized organizations licensed to carry out hazardous waste management activities and equipped with appropriate equipment that ensures waste incineration at temperatures above 800°C, which in turn will comply with international standards for emissions of dioxins and furans.To this end, HCF must have implemented policies for the procurement of medical waste management services, taking into account the impact of these wastes on the environment and human health. In the transfer of hazardous wastes, HCF shall draw up the waste transfer note and notify, by means of an electronic communication network, the territorial body of the central executive authority which exercises state supervision (control) of compliance with the requirements of the legislation on waste management, on the transfer of waste by business entities licensed to hazardous waste management no later than 12 hours before transfer. |

|  |  |
| --- | --- |
|  | **Risks of exposure to chemicals** |
| **Goal/standard** | **ESS4** **Community Health and Safety** |
| **Mitigation/Risk minimization** | The head of HCF shall take all precautions to ensure the safety and health of workers in work involving hazardous chemicals. Hazards to the health and safety of workers when handling hazardous chemicals should be eliminated or minimized by:1) Establishment and organization of safety systems in the workplace;2) Provision of the necessary equipment for work with chemicals and methods of work that ensure the health and safety of workers during work;3) Minimizing the number of workers exposed or may be exposed to chemicals;4) Minimizing the duration and intensity of chemical;5) Appropriate hygiene measures;6) Minimizing the amount of chemicals needed in the workplace to perform a certain type of work;7) Selection of work procedures involving devices for the safe handling, storage and movement within the workplace of hazardous chemicals and waste containing such substances;8) Applying appropriate means of collective protection.Disinfectants should be prepared and used in accordance with the manufacturer's recommendations in well-ventilated areas, and mixing of various disinfectants should be avoided.Medical personnel involved in the preparation and application of disinfectants should not have any medical contraindications, they should be trained in the safe use of disinfectants, provided with appropriate PPE and instructed on their proper use. Under no circumstances does WHO recommend that people be sprayed with disinfectants. |
| **Risks and impacts****Objective/Standard****Mitigation Measures/Risk Minimization** | Risks of exposure to ionizing radiationECC4 Public Health and SafetyThe main measures aimed at preventing the negative impact of various sources of negative impact of various sources of ionizing radiation are based on the requirements of the Law of Ukraine "On Human Protection from the Effects of Ionizing Radiation". In addition, an important place in the complex of measures aimed at ensuring radiation protection belongs to the regulatory provisions described in the State Hygienic Standards "Radiation Safety Standards of Ukraine – 97". Measures for the implementation of radiation protection are written in the "Basic Sanitary Rules for Radiation Safety of Ukraine", which were approved by the Order of the Ministry of Health of Ukraine No. 54 dated 02.02.2005. These issues are also regulated by the "State Sanitary Rules and Norms "Hygienic Requirements for the Arrangement and Operation of X-ray Rooms and X-Ray Procedures", approved by the Order of the Ministry of Health of Ukraine No. 294 dated 04.06.2007; General Rules for Radiation Safety of the Use of Ionizing Radiation Sources in Medicine", approved by the joint order of the State Nuclear Regulatory Inspectorate of Ukraine and the Ministry of Health of Ukraine No. 51/151 dated 16.02.2017. |

* + 1. **Minimizing risks of poor compliance with Occupational Health and Safety (OHS) requirements**

***Minimizing the risk of SARS-CoV-2 infection in the workplace***

Mitigating the risk of SARS-CoV-2 infection in the workplace also requires appropriate steps in waste management procedures. Vaccination workers must prepare a sufficient number of boxes per day for safe disposal; put a needle syringe in the safe disposal box immediately after vaccination without separating them; vials, used alcohol wipes. When the safe disposal box is filled at ¾ (75%), it should be carefully closed. The safe disposal box is placed in a secondary packaging container marked with a label. All other waste is collected separately.

Medical waste handlers are required to ensure that the waste is properly packaged, labelled and stored. It is also within their responsibility to ensure that there is no waste around vaccination and storage sites. Mitigation measures should be sought by putting on protective clothing (minimum: gloves, shoes, trousers or apron), washing hands with soap before and at the end of the day.

With reference to waste management, the following should be ensured:

* + Garbage/buckets and special carts for medical waste management should be made of materials, resistant to cleaning and disinfection.
	+ Waste containers and polyethylene bags with ties for the packaging and disposal of non-sharp hazardous waste.
	+ Disinfectants containing alcohol 70-90% and detergents.
	+ Adhesive tape, disposable bedding and wet wipes.

Medical waste handlers should be aware of medical waste management protocols, ways of dressing/removing and using PPE, etc.

Employers, with the participation and support of occupational health and safety experts, should regularly update the SARS-CoV-2 workplace risk assessment, and plan and implement adequate measures to prevent and mitigate risks to health workers.

When conducting SARS-CoV-2 workplace infection rapid assessments, employers and occupational health departments can differentiate the following risk levels:

1. Low risk − tasks that do not require close contact with other patients, visitors, suppliers and colleagues, including those who suspect SARS-CoV-2.

2. Medium risk – performance of tasks involving close, frequent contact with patients, visitors, suppliers and colleagues who, in turn, have no contact with SARS-CoV-2 carriers.

3. High risk − performance of tasks involving close contact with people infected with SARS-CoV-2 or suspected on SARS-CoV-2, or if there is contact with objects and surfaces with a high probability of infected virus.

4. Very high risk − performance of tasks that involve working in closed overcrowded places, with infected people, without proper PPE.

Risk levels in the same workplace may vary depending on the tasks and roles of health workers. The workplace risk assessment should therefore be tailored to each specific location, role, task or set of tasks.

Risk assessment should include prevention and mitigation measures to avoid further impacts, taking into account the epidemiological situation, the specificity of the working mode and tasks, the hierarchy of control and the level of compliance with preventive measures.

Some health workers may be at greater risk of developing severe COVID-19 disease due to and aggravated history. Such workers should not be required to perform high or very high-risk tasks in accordance with WHO recommendations.

Health workers should be encouraged to report if they have had occupational or non-occupational contact with COVID-19 carriers without using PPE.

***Minimizing the risks of other occupational infections***

While providing care to COVID-19 patients and generally by providing the necessary health services, health workers may be exposed to other infectious hazards. During the COVID-19 pandemic, health workers should continue receiving vaccination advice and, when giving informed consent, be vaccinated in accordance with national immunization program and WHO recommendations. The WHO also recommends encouraging health workers to take seasonal influenza vaccines.

***Minimizing the risks from long-term use of PPE***

Time spent in a complete set of PPE should be limited.

In medicine, PPE is used to protect mucosa, airways, skin and clothing from contact with infectious agents. Suits, gowns, masks, respirators, goggles, shields and gloves must comply with state standards:

*- Biosafety suit*

Must be soft and light, with taped or sealed seams, with knitted cuffs on the sleeves or finger loops, antistatic finish. The suit should be compatible with other PPE. It should also be waterproof, light color, with long sleeves and ankle length.

It is worn with bakhills to protect the patient's skin and clothing from the biological secretions during aerosol generation procedures, disinfection, or in case of close contact with a person with a suspected or confirmed case of COVID-19. The suit must meet the requirements of DSTU EN 14126: 2008 and DSTU EN 13034: 2017, DSTU EN 14605: 2017.

*- Disposable insulating medical dressing gown*

Soft and light, with taped or welded (hermetic) seams, with knitted cuffs on the sleeves or finger loops, antistatic finish and can be combined with other types of PPE. The gown should be waterproof, light color, with long sleeves and mid-calf length, with straps fixed on the waist and neck. Like a suit, the gown is worn to protect the patient's skin and clothing from biological secretions during aerosol-generating procedures, disinfection, or when in close contact with a person with a suspected or confirmed case of COVID-19. The gown must meet the requirements of DSTU EN 14126: 2008 and DSTU EN 13034: 2017, DSTU EN 14605: 2017.

*- Surgical masks*

Made of hypoallergenic odorless non-woven material. The outer and inner surfaces shall be of different colors, on elastic bands, with the nose retainer. Masks must not prevent free breathing. Surgical masks must meet the requirements of DSTU EN 14683: 2014.

*- Respirators of protection class FFP2 and above*

The respirator is designed to protect against fine aerosols. Maximum protection against solid and liquid aerosols at concentrations of up to 12 MAC for FFP2 and up to 50 MAC for FFP3. The respirator shall be made of a non-woven filter material, equipped with a nose clip (nasal clip) and a nose piece. The inside of the respirator should be made of a soft hypoallergenic non-woven material. The respirator must meet the requirements of DSTU EN 149: 2017.

- *Safety goggles*

Safety goggles must have indirect ventilation, transparent plastic lenses with anti-fog coating and scratch protection, adjustable straps provide a firm grip. Alternatively, there may be a flexible frame that ca ne easily adapted to all facial contours and placed at a uniform pressure. Protective safety goggles for repeated use should be resistant to cleaning and disinfection. Safety goggles must meet the requirements of DSTU EN 166: 2017.

- *Protective shield*

Shall cover the face completely, in particular, on the sides and along the length. Shall be made of transparent plastic material with an anti-fogging and anti-scratch coating. The adjustable strap is required for tight fit to the head and comfortable wearing. The protective shield should be resistant to cleaning and disinfection.

The protective shield must comply with DSTU EN 166: 2017.

- *Gloves not powdered with nitrile*

Must have a long cuff, be free of talc. It should be universal nitrile, elastic gloves for disposable use. Compliance with DSTU EN 455-1: 2014, DSTU EN 16523-1: 2018.

***Minimizing the risks associated with the use of disinfectants***

Disinfectants must be prepared and used according to the manufacturer’s recommendations in well-ventilated areas, avoiding mixing of different disinfectants.

Health workers involved in the preparation and use of disinfectants should not have any medical contraindications, they should be trained in the safe use of disinfectants, provided with appropriate PPE and instructed in their proper use. Under no circumstances does WHO recommend that individuals be sprayed with disinfectants.

***Minimization of workload risks***

To ensure equitable distribution of workload and management of working time, as well as the organization of work, it is necessary to provide support to health care workers.

In the case of an emergency, such as the COVID-19 pandemic, exceptions to regular working hours should be allowed only temporarily in accordance with ILO recommendations. Measures should be taken for optimal organization of working hours, shifts and rest, as is practicable in the light of the local situation.

***Minimizing the risks associated with insults, aggression, discrimination and social exclusion***

Insults, aggression, discrimination and social exclusion of health workers should be prevented as much as possible. Some countries have enacted specific legislation criminalizing such actions and providing regulatory protection for health workers. State and local governments may adopt initiatives to engage communities and discuss norms of behavior to prevent social exclusion of health workers in the workplace and in society thus promoting public respect for health workers and recognition of their role.

***Minimizing mental health risks***

The WHO guidance ‘Health workforce policy and management in the context of the COVID-19 pandemic Response’ dated 3 December 2020, identifies interventions to support health workers’ mental health at the individual level. According to WHO international recommendations, the following additional measures are considered among others to protect mental health in the workplace:

• Implement surveillance measures to identify critical cases and mitigate their impact on the mental health of health workers.

• Ensure that quality communication and information updates are provided to all health workers, and transfer workers from higher-stress to lower-stress workplaces.

• Ensure confidentiality of access to mental health services for health workers, including distance-based services.

• Provide mechanisms for early and confidential identification and treatment of anxiety, depression and other mental health conditions, and initiate psychosocial support strategy.

• Promote a mental health prevention culture among health workers.

***Sanitation, hygiene and recreation***

Hand hygiene products should be provided to all health workers in designated areas where PPE are worn or removed; in toilets and personal hygiene rooms, and in medical waste disposal sites. Also, clean running water, liquid soap, disposable paper towels should be provided for medical professionals. Antiseptics containing 60−80% alcohol should be available at all care points.

Access to recreation rooms, safe drinking water, toilets, personal hygiene facilities should be available during work shifts. All such places shall be properly ventilated. On a daily basis, records should be kept of surface cleaning and disinfection, waste disposal and disinfection of garbage bins.

There should be Facilities should be a dressing room for medical personnel in the workplace.

* + 1. **Minimizing risks of non-compliance with the cold chain**

The organization of receipt to the national stock and distribution of vaccines to the warehouses of the regional level is carried out using SE ‘Ukrvaktsina’ refrigerators. From the regional level regional vaccines are distributed by vehicles, which mainly belong to health care facilities, and to the vaccination points they will be delivered directly by primary health care facilities where the vaccination points are located (if necessary or at least once a month) using thermal containers.

There is a need to upgrade the existing refrigeration equipment in HCFs, including 2,583 pre-2000 refrigerators and 6,393 2000-2010 refrigerators, which, in turn, require depreciation upgrades.

Insufficient volumes of oblast level warehouses in 4 oblasts (Poltava, Ternopil, Kharkiv and Chernihiv) when using a vaccine with storage conditions of +2 - + 8 °С and equipment shortage were determined in 18 oblasts and in the national warehouse when using a vaccine with storage conditions of -20 °C. Only 6 oblasts have sufficient capacity to receive such vaccine (Zhytomyr, Zaporizhzhia, Kherson, Khmelnytskyi, Cherkasy, Chernivtsi) and Kyiv.

There is a need to purchase refrigeration equipment used to store COVID-19 vaccines, anatoxins and TB allergen at the 3rd and 4th levels of the ‘cold chain’. In HCFs to which MoH will purchase new refrigerators for the transport and storage of vaccines, old cold storage equipment containing ozone-depleting substances must be disposed of safely in accordance with pertinent national regulations and international requirements.

## 6.3. Monitoring and reporting under the Projects

MoH through PCSU is responsible for overall implementation of the Projects, ensuring that the Projects implementation is compliant with the World Bank’s ESF, in particular, with the relevant ESSs; the World Bank Group’s EHS Guidelines; WHO COVID-19 Guidelines; and this ESMF. The PCSU will be adequately staffed and maintained throughout the Projects life.

Within the framework of the Projects, the PCSU will be responsible for monitoring the implementation of environmental and social management tools.

PCSU will provide materials to HCFs support the development of environmental and social tools, in particular, ICWMP, as well as advise on LMP, GRM, and OHS procedures and the Code of Conduct under the ESS and ESMF of the Projects.

* The ICWMP - each beneficiary medical institution will prepare the ICWMP based on the recommendations provided in Annex 2. The ICWMP will include information on the provision of appropriate hand-washing facilities, clean-up and decontamination procedures, the use of PPE and medical waste management. The development of ICWMP will take into account the WHO guidelines on the rational use of PPE during the COVID-19 pandemic, which focuses on the challenges arising from the global PPE deficiency.

The ICWMP should include the relevant elements of occupational health and safety management, as described in the WB OHS Guidelines.

* PCSU will monitor, as appropriate, that, in accordance with the Labor Management Procedures (LMP), each person performing work under the Projects or providing consultancy services, is officially employed or has a contract in force; each employee or consultant has been familiarized with the Projects GRM and has the opportunity to express concerns or file a complaint.
* SEP – MoH has prepared a Stakeholders Engagement Plan (SEP) for all activities financed by the Projects. This document aims to achieve interaction with stakeholders of the Projects, communicate with them, inform the public about the Projects. The document contains a reference to GRM and information channels.

*Consultation and disclosure*. Given the need for social distance during the COVID-19 pandemic, stakeholder consultations on environmental and social tools are conducted remotely when required. The PCSU and beneficiary health-care providers will identify and consult with key stakeholders through virtual platforms and e-mail, as required, as well as small meetings for healthcare workers, not more than ten people at a time. All tools will be made available on the web pages of the Ministry of Health and the beneficiary health care institutions, if such web pages exist, and printed versions of these documents will also be available and made available upon request. The documents will also be published on the World Bank's web page.

*Review and approval*. Environmental and social management tools are prepared by the beneficiary health care institutions with the support of the Ministry of Health, and then reviewed by the Ministry of Health and agreed to by the WB.

*Implementation*. Health-care beneficiary institutions are responsible for the implementation of environmental and social management tools. The PCSU will support and monitor the implementation of the Projects.

*Monitoring and reporting*. During the implementation of the Projects, the Environmental and Social Сonsultant (PCSU) will provide WB, on a quarterly basis, with information on environmental and social management; generalized information on complaints received and their resolution.

## WB risk minimization and impact mitigation tools under the Projects

All environmental and social risks existing or identified during the implementation of the Projects will be mitigated by the relevant WB ESSs. The PCSU will monitor the compliance of the activities of the involved health institutions with environmental and social standards. ESS1, ESS2, ESS3, ESS4 and ESS10, as identified by the respective Projects, will be applied to avoid, minimize or mitigate environmental and social risks. In accordance with these ESSs, PCSU has developed the following environmental and social management tools:

* ЕSS1 - Assessment and Management of Environmental and Social Risks and Impacts.

ESS1 regulates preparation of the following main instrument of environmental and social management:

The ESMF is a manual that includes templates for the development and processing of social and environmental documents by health institutions to support the best international practices under the Projects.

* ESS2 – Labor and working conditions.

ESS2 – The Projects will be implemented in accordance with the current requirements of ESS2 in a manner acceptable to the WB, including, inter alia, the introduction of adequate occupational health and safety measures (including emergency preparedness and response measures), working with the grievance redress mechanism for Project workers, and incorporating labor requirements into the ESHS specifications.

The Project is expected to encompass the following categories of labor resources: independent consultants who will directly provide services for implementation of the Projects, and medical staff who will work under an employment agreement or under a contract.

In accordance with ESS2, the LMP was prepared as an integral part of the ESMF, and presented in the Annex 3 to this ESMF. It is designed to respond to specific occupational safety issues related to COVID-19; and to protect employees' rights, as set out in ESS2.

* ЕSS3 - Resource and Efficiency, Pollution Prevention and Management.

Medical wastes can have a potential impact on the environment and human health.

Each health care facility/lab that will participate in the Projects following the requirements of the ESMF, the WHO COVID-19 Guidelines and other best international practices, will prepare and implement an ICWMP to prevent or minimize adverse impacts associated with the generation of medical waste. ICWMP will contain clear precautions for packaging such wastes before they are shipped by licensed companies.

* ЕSS4 – Community Health and Safety.

Medical waste generated in laboratories, health centers, quarantine and isolation centers have a high potential for the spread of micro-organisms that can infect a large part of the population if not properly managed. Infectious microorganism may be released into the environment if not properly disposed of in a laboratory or in case of accidents/ emergencies, such as fires or natural disasters (e.g., seismic waves).

HCF should be operated in such a way that staff work and patients and the general public are served in line with international best practice, as outlined in the WHO COVID-19 Guidelines.

The Projects will address the risks of sexual exploitation and abuse by applying the WHO Code of Ethics and Professional Conduct to all health care workers, and will focus on gender-sensitive infrastructure, such as separate toilets for men and women, adequate lighting of medical centers, etc.

The Stakeholder Engagement Plan (SEP) also provides for wider engagement of public to disseminate health and safety information.

* ЕSS10 – Stakeholder Engagement and Information Disclosure.

The Projects recognize the need for effective and comprehensive engagement with all stakeholders and the population at large. Considering the serious challenges associated with COVID-19, the dissemination of vaccination information is essential.

In accordance with ESS10, the Stakeholder Engagement Plan (SEP) was prepared, which identifies and analyzes key stakeholders and describes the process and methods of exchanging information on project activities, includes comments from Project parties, provides for reporting and disclosure of Project documents. The SEP is intended not only to assist in the implementation of the objectives of the Public Mobilization and Project Attitude Projects, but also to curb dissemination of false information related to COVID-19 and vaccination, and to ensure equal access to services. The document was reviewed, adopted by the WB and published on the official website of the Ministry of Health.

Stakeholders were involved at the initial phase of the Projects: For more information on the consultations, see SEP Part 3.4.

No activities that exceed anticipated environmental and social risks will be supported by the Projects.

In general, the Projects are anticipated to have positive environmental and social impacts.

# Public Consultations and Disclosure

According to WB environmental and social policies, the Borrower through the Project Implementation Unit should ensure open dialogue, public consultation, timely and full access by all stakeholders to information related to project activities.

Accordingly, draft ESMF for the Projects were disclosed on MoH website both in Ukrainian and English to obtain feedback from stakeholders/individuals, public organizations, health and safety organizations and environmental professionals through various communication channels, including e-mail.

Upon disclosure of the draft ESMF, public consultations were held with stakeholder. Due to quarantine restrictions set by the Government of Ukraine to prevent the spread of acute respiratory disease COVID-19, the events were held remotely.

*First round of discussions on ESMF*

The first discussions on ESMF took place on 16 June 2021.

In total, 17 participants took part in the discussions.

Among other things, the following were brought to the attention of those present:

* Environmental and Social Standards of the World Bank;
* Current Ukrainian legislation on environmental and social issues;
* Existing problems related to waste management, including medical waste in Ukraine;
* Recommendations for the development of environmental and social reporting as part of Ukraine Emergency COVID-19 Response and Vaccination Project were prepared and included in ESMF;
* Main environmental and social risks of the said Project;
* Grievance Redress Mechanism under the Project.

During the discussions of the Project, feedback from participants focused on important aspects of the Grievance Redress Mechanism (GRM) and on raising awareness of the Project. The Ministry of Health noted its already developed mechanisms of cooperation, which can be found in the Stakeholder Engagement Plan (SEP) published on the website of the Ministry of Health.

*Second round of discussions on ESMF*

The discussions on ESMF took place on 9 November 2021.

In total, 19 participants took part in the discussions.

During the discussion, it was noted that the ‘Additional Financing to Ukraine Emergency COVID-19 Response and Vaccination Project (hereinafter - AF Project) will not increase the environmental and social risks of the main Project.

Participants’ attention was drawn to the sample ‘Infection Prevention and Control Action Plan, Including Medical Waste Management’ (IPCAP) added to AF Project.

At the same time, issues of risk avoidance and minimization were discussed within the framework of AF Project, such as:

• Improper handling of medical waste;

• Non-compliance with occupational health and safety requirements by medical personnel when vaccinating against COVID-19.

During the discussions, participants were briefed on:

* The existence of major violations of MoH Order No. 325 in health care institutions, including violations related to waste from COVID-19 vaccination and occupational health and safety during vaccination;
* Methods for handling category A and B wastes that were generated after vaccination; amendments to the State Sanitary and Anti-Epidemic Rules and Regulations for medical waste management, as set out in the Draft Order of the Ministry of Health dated October 1, 2021.

Following the presentation of the information on the agenda, all participants were invited to participate in the discussion of the items included in the agenda.

Participants agreed on the need to improve their knowledge and skills in the medical waste management and occupational health and safety.

They also discussed the advisability of appointing representatives of engineering specialties and specialists in occupational health to the positions of those responsible for waste management. While some participants noted that, in their opinion, it would be more appropriate to appoint health professionals, such as chief nurses, specialist in nosocomial infections and antibiotic resistance of the Antibiotic Resistance and Infection Control Department (CPH) gave a reasonable response in defense of representatives of engineering specialties.

Participants also raised the issues of difficulties in transferring waste to licensed companies; touched upon the issue of reporting on waste management. These issues are clearly regulated by the new draft order of the Ministry of Health, which provides for the amendments to the State Sanitary and Anti-Epidemic Rules and Regulations for medical waste management.

The discussion was also actively joined by representatives of public organizations, who confirmed the need to familiarize representatives of health care institutions with the current legislation on the management of medical waste.

Analysis of the feedback received during the discussions June 16, 2021 and November 9, 2021 led to the conclusion that there were general agreement among the participants on the need to improve knowledge and skills in medical waste management and development of relevant plans.

The participants noted that such meetings are very important for them, as they provide an opportunity to receive a lot of useful information, express their vision and expectations on the implementation of projects, and provide recommendations on ways to improve certain project directions.

The Ministry of Health encouraged the participants to communicate actively at all stages of the Project and AF Project, and reiterated that all comments/recommendations/suggestions from stakeholders will be taken into account and included in the Stakeholder Engagement Plan (SEP) and Environmental and Social Management Framework (ESMF), which will remain ‘living’ documents.

# Grievance Redress Mechanism (GRM)

## 8.1. Definition of the GRM

Transparency and accountability are core elements of the Projects. For this purpose, the Projects will include a GRM. The goal of the GRM is to strengthen accountability to beneficiaries and to provide channels for Project stakeholders to provide comments and observations and/or lodge complaints on project supported activities. The GRM is a tool to identify and solve problems affecting the Projects. By increasing transparency and accountability, the GRM seeks to reduce the risk that the Projects will impact citizens/beneficiaries and is an important feedback and learning mechanism that can help improve the impact of Projects. The mechanism focuses not only on receiving and recording complaints but also on their resolution. While comments and observations should be considered at the level closest to the situation that gave rise to the complaint, all complaints including anonymous ones, should be registered in an appropriate grievance log and considered in accordance with the basic procedures set out in this section.

An accessible grievance redress mechanism should be prepared, made public and filled in a transparent manner that is culturally appropriate and easily accessible to all parties to the Projects, free of charge and without remuneration, including claims and complaints, filed anonymously, according to ESS10. The grievance redress mechanism should receive, register and address issues and complaints related to sexual exploitation and abuse, sexual harassment in a safe and confidential manner, including by referring victims to gender-based violence eservice providers.

GRM is a process for receiving, evaluating, and addressing project-related complaints from citizens and stakeholders at the level of the Projects.

## GRM Scope and Use

*SCOPE:* GRM will be available for Projects stakeholders and other interested parties to file questions, comments, suggestions and/or complaints, or provide any form of comments and feedback, including anonymous ones on all project-funded activities.

*GRM users:* Project beneficiaries, Project affected people (i.e. those who will be and/or are likely to be directly or indirectly affected, positively or negatively, by the Projects), as well as the broader citizenry can use the GRM for the above purposes.

*GRM management*: The GRM is managed by the PCSU (MoH) under the direct responsibility of PCSU Head.

*Submission of complaints:* Complaints can be made at any time throughout Project implementation.

## Procedures and Channels for Filing Complaints

The GRM for the Projects will be available to Project stakeholders, including those who believe that the Projects have negative affect on them, to submit questions, comments, suggestions and/or complaints and to provide any form of feedback on all project-funded activities. The GRM will also operate in all beneficiary health care facilities, where project activities, including COVID-19 activities, are implemented, which are accessible to the local population and the staff of beneficiary health care facilities.

GRM shall establish mechanisms and procedures for:

* Channel(s) for making complaints;
* Registration of complaints and keeping the logbook;
* Research of the event(s) and their consequences;
* Responses to the complainant;
* The complainant’s right to appeal.

Project stakeholders will be able to submit questions, complaints and comments /suggestions through the GRM, without disclosing the identify if so wished (anonymous requests). The GRM will focus not only on receiving and registering feedback, questions and complaints but also on how they are considered and resolved.

The complainant can submit a complaint to PCSU at the address:

*Ministry of Health of Ukraine*

*Ukraine Emergency COVID-19 Response and Vaccination Project*

*Additional Financing to Ukraine Emergency COVID-19 Response and Vaccination Project*

*Second Additional Financing to Ukraine Emergency COVID-19 Response and Vaccination Project*

*Hrushevskoho Street 7*

*01601, Kyiv*

*Email: moz@moz.gov.ua;* *zurab.m.moz@gmail.com.*

Citizens’ appeals, complaints and recommendations procedure is specified in the Law of Ukraine ‘On Citizens’ Appeals’ and amendments to the 2015 Electronic Communications and Petition Amendment.

In accordance with the said Law and Article 40 of the Constitution, the Projects offer channels through which citizens, beneficiaries and PAPs may complain about project-funded activities:

1. By MoH hotline number: 0-800-60-2019
2. By e-mail: moz@moz.gov.ua; zurab.m.moz@gmail.com
3. In writing to MoH
4. In person: to the above addresses or to the addresses of the delegated person
5. Box for complaints in health care facilities with contact information for feedback (full name, contact telephone number, e-mail address).
6. Other: Written complaints to Project Unit (at the Project meetings)

The Projects will ensure flexibility in the available channels for complaints, as well as access to contact information for complainants.

To this end, in addition to the grievance log provided by the Projects, (see Annex 1 to SEP), citizens can also file their applications in accordance with Article 5 of the Law of Ukraine ‘On Citizens’ Appeals’. In the latter case, the applications filed by citizens should contain full name, place of residence, the subject, comment, application, claim, statement, request or requirement. The written application should be signed and dated by the applicant(s). The application sent via e-mail to MoH referred to above should contain an e-mail address or a postal address or any other means of communication to respond to the communication. The use of an electronic signature is not required for applications sent via e-mail.

Confidentiality would be ensured in all cases, particularly when the complainant was known. Several complaint channels had therefore been established and the possibility of conflict of interest would be eliminated. People who are affected by the Projects can also file complaints anonymously.

To initiate a complaint investigation process, data on the complaint are entered into the Grievance Log.

According to Article 20 of *the Law of Ukraine on Citizens’ Appeals,* appeals are considered and resolved within no more than one month from the date of their receipt, and those that do not require additional study - immediately, but not later than 15 days from the date of their receipt. If it is not possible to resolve issues raised in the appeal within one month, the head of the relevant body, enterprise, institution, organization, or his deputy shall establish the necessary period for its consideration, which shall be communicated to the applicant. However, the entire time limit for resolving the issues raised in the appeal may not exceed forty-five days.

To deal with the complaint, the person responsible for investigating the complaint collects the facts in order to form a clear understanding of the circumstances surrounding the complaint. The investigation/follow-up may include site visits, document review and meetings with those who can resolve the problem.

The deadline for consideration of the complaint may be extended for 30 working days by the Project Coordinator, and the complainant shall be informed that:

1. Further consultations are needed to respond to the complaint;
2. Complaint relates to a large amount of information, and it is necessary to examine additional materials for a response.

## Tasks and responsibilities of the PCSU team on the GRM

The Project Coordinator will assign responsibilities to the PCSU staff.

* Overall management of the GRM system
* Development and maintenance of awareness raising measures
* Receipt of complaints
* Registration of complaints
* Report to the complainant on the receipt and timelines for its consideration
* Sorting/categorization of complaints
* Careful examination of issues, including the causal link between the Project activities and the reported harm/damage/sensitive fact
* Decision-making based on such verification
* Processing complaints or communicating regularly with complainants to resolve issues amicably
* Organization and implementation of information materials and information campaigns
* Reporting and receiving comments on GRM results.

## Grievance Logs

Complaints Coordinator maintains local grievance logs to ensure that each complaint has a unique reference number and is properly tracked, and that the actions recorded are followed up. When receiving comments and observations, including complaints, the following shall be determined:

- Type of application;

- Category of application;

- Persons responsible for examining and resolving the complaint;

- Duration of resolving the complaint; and agreed action plan

The Complaints Coordinator ensures that each complaint has an individual reference number and is properly tracked, and the actions recorded are followed up. The log should contain the following information:

* Name of the PAP, his/her whereabouts and details of his / her complaint;
* Date of complaint;
* Date when the Grievance Log was uploaded into the Project database;
* Details of proposed corrective actions, name of the authority responsible for approval;
* Date when the proposed corrective action was sent to the complainant (if appropriate);
* Details of the Complaints Committee meeting (if appropriate);
* Date when the complaint was closed out; and
* Date when the reply was sent to the complainant.

## Monitoring and Reporting

PCSU will conduct a quarterly assessment of the GRM in order to:

* Provide a monthly/quarterly snapshot of GRM results, including any suggestions and questions.
* Analyze the status of all submitted complaints, including anonymous ones to follow up on outstanding complaints and propose any necessary remedial measures.

The Project Team will discuss and analyze the effectiveness and application of the GRM during the quarterly PCSU meetings and will collect proposals for its improvement.

PCSU will inform the Bank of the following:

* Current situation with the GRM;
* Quantitative data on complaints received, number of complaints determined and number of complaints resolved;
* Qualitative data on the type of complaints filed and answers provided, outstanding issues;
* Time spent on resolving complaints;
* Number of complaints resolved at the lowest level, as well as referred to higher levels of resolution;
* Any problems encountered;
* Any corrective measures taken.

# Annexes

## Annex 1. Abbreviations and Acronyms

|  |  |
| --- | --- |
| AF | Additional Financing |
| SAF | Second Additional Financing |
| CMU  | Cabinet of Ministers of Ukraine |
| COVAX  | COVID-19 Vaccines Global Access Facility |
| COVID-19 | Coronavirus Disease 2019 |
| EHS | Environmental, Health and Safety |
| EIA | Environmental Impact Assessment |
| EPRP | Emergency Preparedness and Response Plan |
| ESCP | Environmental and Social Commitment Plan |
| ESF | Environmental and Social Framework |
| ESHS | Environmental, Social, Health and Safety |
| ESIA | Environmental and Social Impact Assessment |
| ESMF | Environmental and Social Management Framework |
| ESMP | Environmental and Social Management Plan |
| ESS | Environmental and Social Standards |
| GBV | Gender based violence |
| GIIP | Good International Industry Practice |
| GRM | Grievance Redress Mechanism |
| HCF | Health Care Facility |
| HIV | Human immunodeficiency virus |
| IBRD | International Bank for Reconstruction and Development  |
| IDA | International Development Association |
| ICWMP | Infection Control and Waste Management Plan |
| IFC  | International Financial Corporation  |
| ILO  | International Labor Organization |
| IPC | Infection prevention and control |
| Labor Code | Labor Code of Ukraine |
| LMP | Labor Management Procedures |
| MoH | Ministry of Health of Ukraine  |
| MS | Minimum Salary  |
| MWM  | Medical Waste Management |
| NPP | Nuclear Power Plant |
| NSHU  | National Health Service of Ukraine |
| NTGEI | National technical group of experts on immunization |
| ODS | Ozone-depleting substances |
| OHS | Occupational Health and Safety |
| PBCs | Performance Based Conditions |
| CPH | Center for Public Health of MoH of Ukraine |
| PCSU | Project Consultancy Support Unit |
| POPs  | Persistent organic pollutants |
| PPE | Personal Protection Equipment |
| Project | Ukraine Emergency COVID-19 Response and Vaccination Project |
| Projects | Ukraine Emergency COVID-19 Response and Vaccination ProjectAdditional Financing to Ukraine Emergency COVID-19 Response and Vaccination ProjectSecond Additional Financing to Ukraine Emergency COVID-19 Response and Vaccination Project |
| Roadmap | Roadmap for the introduction of the vaccine against acute respiratory disease COVID-19 caused by the coronavirus SARS-CoV-2, and mass vaccination in response to the pandemic COVID-19 in Ukraine in 2021-2022 |
| SARS-CoV-2 | Severe Acute Respiratory Syndrome – Coronavirus disease  |
| SEA | Sexual Exploitation and Abuse |
| SEP | Stakeholder Engagement Plan |
| SES | State Sanitary and Epidemiological Service of Ukraine |
| UN  | United Nations |
| UNDP | United Nations Development Program |
| UNICEF | United Nations Children’s Fund |
| USAID | United States Agency for International Development |
| UTN | Unified Tariff Net |
| VRAF | Vaccine Readiness Assessment Framework (WB) |
| WB | World Bank |
| WBG | World Bank Group |
| WHO  | World Health Organization  |
| WTF | Water Treatment Facility |

## Annex 2. Recommendations for preparation of Infection Control and Waste Management Plan (ICWMP)

The Infection Control and Waste Management Plan, including medical waste management (ICWMP) is one of the components of HCF reporting for the implementation of this Project.

ICWMP will describe the handling of different categories of medical waste by HCF, as well as measures to introduce infection control and should contain the following information:

1. **Introduction**
2. Health care facility (HCF) information: name, location, ownership, profile, level of care, total number of beds, number of patients, etc.
3. Equipment (medical device, medicines, goods) received as part of the Project.
4. **Infection Control**

**2.1** Description of infection control management in HCF:

2.1.1. Describe the institutional structure, roles and responsibilities in HCF for infection control.

2.1.2. Describe efficiencies and/or standards related to infection control.

**2.2** Infection control measures:

2.2.1. Describe the infection control measures already in place in HCF.

2.2.2. Describe the infection control procedures followed by the medical staff of the facility:

- use of PPE;

- hand hygiene;

- use of devices and equipment (such as safety boxes), etc.

2.2.3. Describe measures taken by HCF for patients’ protection:

- availability of a separate entrance for infected patients;

- availability of safe travel routes (tapes);

- hand hygiene, etc.

1. **Waste Management**
	1. General information on medical waste management in HCFs:

3.1.1. Category, type, source and volume of medical waste (by category and type) (MW) generated in HCFs, including solid, liquid and atmospheric emissions (if their volume is significant);

3.1.2. Describe the institutional structure, roles and responsibilities in HCF for MW management along each link of the waste management cycle. Provide general information about the person responsible for medical waste management and daily control in HCF (position, job duties);

3.1.3. Description of the procedure for personnel training and knowledge assessment on medical waste management and medical examination of employees involved in medical waste management in the HCF;

3.1.4. Information on the availability of premises for temporary storage and management of medical waste in the HCF (add a photo of the premises);

3.1.5. Description of the procedure for the removal of medical waste (provide a schedule for the removal of medical waste);

3.1.6. Information on the provision of personal protective equipment to persons working with medical waste;

3.1.7. Description of the procedure for the procurement of medical waste management services and requirements for bidders (by what criteria the supplier is selected, whether the HCF has rules for the procurement of medical waste management services regarding their impact on the environment and health, how much it costs to handle safe and hazardous waste), as well as the conclusion of contracts with them (attach copies of contracts);

3.1.8. Information on the financing of the medical waste management system in the HCF (how much per year does it cost for the HCF to manage waste (safe and hazardous, how the budget is planned for each year, information on the security of the planned budget);

3.1.9. Provide a typical medical waste management scheme and standard operating procedures for HCFs.

3.2 Medical waste management procedure:

3.2.1. Description of measures aimed at waste minimization without reducing the requirements for patient hygiene and safety, reuse and recycling of waste;

3.2.2. Description of the procedure for separate collection of hazardous medical waste, their packaging and labeling;

3.2.3. Description of the procedure for transportation of properly packed and labeled waste to temporary storage and waste management facilities;

3.2.4. Description of the procedure for waste storage at special sites (category A waste) and in premises for temporary storage and management of medical waste (category B waste);

3.2.5. Description of the procedure for treatment of category B waste. Waste treatment on the territory of the HCF (for example, use of equipment for decontamination of medical waste, incinerators) (if any) or transfer of category B waste for treatment to another HCF (a business entity engaged in this type of activity).

3.2.6. Description of the procedure for transportation of medical waste to waste management facilities for their subsequent disposal.

3.2.7. Wastewater treatment: HCF wastewater is a matter related to hazardous waste management practices. Proper waste sorting and treatment should be carried out to minimize the discharge of solid waste into wastewater. In the case of wastewater discharge into the municipal sewage system, the HCF must ensure that the wastewater meets all applicable permits and standards, and the municipal wastewater treatment plant is capable of treating this type of discharged wastewater. In cases where there is no municipal sewage system, the HCF should provide for its arrangement and properly carry out primary and secondary wastewater treatment, including disinfection. Sewage residues such as sludge must also be properly disposed of. There are also cases when HCF wastewater is transported by trucks to the municipal wastewater treatment plant for treatment. At that, it is necessary to comply with the requirements for safe transportation.

1. **Emergency Preparedness and Response**

Description of the types of emergency situations in HCF and the procedure for responding to them.

Emergency incidents in HCF may include injury with a used syringe, spillage, occupational exposure to infectious agents or radiation, accidental release of infectious or hazardous substances into the environment, medical equipment failure, failure of solid waste and wastewater treatment plants, and fires. These emergencies are likely to seriously affect medical workers, communities, HCF operations in general and the environment, etc.

It is therefore recommended that an Emergency Response Plan (ERP) be developed that is consistent with risk levels. The key elements of the ERP are defined in ESS 4 Community Health and Safety (para. 21). It is also recommended to develop the Emergency Preparedness Plan to respond to the Russian Federation’s large-scale military invasion of Ukraine, the template of which is provided in Annex 5 to the ESMF.

1. **Reporting**

Description of the procedure for keeping records of medical waste, formation and submission of internal and external reporting, notification and management of information in HCF.

It is also recommended to take into account the following Model Standards for Operating Procedures:

Model Standards for Operating Procedures

‘Management of medical waste generated during vaccination campaign’\*

‘\_\_\_’ \_\_\_\_\_\_\_\_\_, (year)\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Position | Name | Signature |
| Developed |  |  |  |
| Agreed |  |  |  |
| Approved | Head of HCF/SWF (Social Welfare Facility) |  |  |

Algorithm for medical waste transportation to temporary storage and

transfer to a specialized organization\*\*

| **#** | **Transport modalities and rules** | **Transport operation algorithm and clarifications** | **Regulatory instrument** |
| --- | --- | --- | --- |
| 1. | Modalities to be met | 1. Temporary storage site meets the following requirements:1) the floor of the premises has a sealed base with proper sewage features, which is cleaned and disinfected;2) wall decoration is resistant to washing and disinfection at all heights;3) the premises are easily accessible to employees who are responsible for waste disposal;4) lock in place to prevent access by unauthorized persons;5) it is recommended that a special trolley(s) be provided for waste transportation, made of materials resistant to cleaning and disinfection.2. The following consumables and means are available:1) containers for hazardous acute category B medical waste in two sizes, with the larger container accommodating the smaller one;2) containers or plastic bags resistant to damage with strings (hereinafter - the bag) for category B medical waste;3) bags;4) disinfectant containing 70-90% alcohol (hereinafter – the disinfectant) and detergent;5) alcohol-based hand antiseptic 6) disposable rags;7) bucket with a pedal for solid household waste/category A medical waste (hereinafter – the bucket). | State Sanitary and Anti-Epidemic Rules and Regulations for Medical Waste Management, approved by MoH Order No. 325 of June 8, 2015 (as amended by MoH Order dated September 6, 2022 No. 1602) registered with MoJ on August 7, 2015 at No. 59/27404;Anti-epidemic measures for handling medical waste generated from the mass vaccination campaign against coronavirus disease (COVID-19), approved by the Resolution of the Chief State Sanitary Doctor of Ukraine dated February 10, 2022 No. 14. |
| 2. | Medical waste classification | 1. Category A medical waste:1) PPE in which waste is transported, except for PPE contaminated with biological fluids or immunobiologicals;2) rags;3) disposable wipes impregnated with alcohol;4) package of medical devices and consumables free of contamination with biological fluids and immunobiologicals.2. Category B medical waste:1) dangerous sharp objects - needles and other sharp objects contaminated with biological fluids or immunobiologicals;2) hazardous medical waste - any medical waste contaminated with biological fluids or immunobiologicals. | State Sanitary and Anti-Epidemic Rules and Regulations for Medical Waste Management, approved by MoH Order No. 325 of June 8, 2015 (as amended by MoH Order dated September 6, 2022 No. 1602) registered with the Ministry of Justice on August 7, 2015 at No. 59/27404. |
| 3. | Modalities to be met as regards designated responsible employees | 1. Employees provided with the following PPE:1) medical (surgical) mask (in an amount of one medical (surgical) mask for 2-3 hours of work);2) disposable protective apron against infectious agents (e.g., cellophane) (in an amount of two aprons per working shift);3) nitrile medical gloves without talc (in an amount of five pairs per working shift);4) protective gloves against traumatic injuries (for example, Kevlar) (one pair per facility).2. Employees trained, which is confirmed by documentary evidence on:1) PPE putting, wearing, removing and using in HCF waste management;2) hand hygiene;3) acute object trauma algorithm;4) medical waste handling algorithm;5) algorithm for hazardous medical waste transfer to a specialized organization, including the transfer schedule;6) algorithm of actions in emergency situations (for example, container/bag damage, trolley overturning). | Anti-epidemic measures for handling medical waste generated from the mass vaccination campaign against coronavirus disease (COVID-19), approved by the Resolution of the Chief State Sanitary Doctor of Ukraine dated February 10, 2022 No. 14.Measures and means of infection prevention during patient care, approved by MoH Order of August 3, 2020, registered with MoJ on November 10, 2020 at No. 1110/35393.The procedure for emergency post-exposure prophylaxis of HIV infection in employees in the exercise of an occupational activity, approved by MoH Order No. 955 of November 5, 2013 registered with MoJ on November 20, 2013 at No. 1980/24512.State Sanitary and Anti-Epidemic Rules and Regulations for Medical Waste Management, approved by MoH Order No. 325 of June 8, 2015 (as amended by MoH Order dated September 6, 2022 No. 1602) registered with MoJ on August 7, 2015 at No. 59/27404. |
| 4. | PPE putting on/removal algorithm | PPE putting on algorithm:1) perform hygienic treatment of hands;2) put on the apron;3) wear a medical (surgical) mask;4) put on medical gloves.PPE removal algorithm:1) remove medical gloves;2) remove the apron;3) remove the medical (surgical) mask;4) perform hygienic treatment of hands. |
| 5. | Algorithm for transportation of hazardous medical waste  | Algorithm:1. Put on PPE;2. Make sure the container is tightly closed and its walls are not damaged;3. Treat the outer surfaces of the container with a cloth soaked in disinfectant;4. Allow exposure time of 60 seconds;5. Put the container in a bag and tie it up;6. Put the bag with the container on the trolley (if any) and/or transport it to temporary storage;7. Treat the surfaces of the trolley (if any) with disinfectant;8. Remove PPE and put them in the bucket;9. Perform hand hygiene. |
| 6. | Algorithm for transportation of dangerous acute medical waste in case of container damage | Algorithm:1. Put on PPE;2. Make sure the container is damaged;3. Place the container in the larger container for dangerous sharp objects and close it tightly;4. If at that sharp objects are dropped out of the damaged container on the floor or other surfaces, an employee must follow the following sequence of actions:1) remove medical gloves and throw them into the bucket;2) perform hygienic treatment of hands;3) wear Kevlar gloves;4) wear medical gloves;5) carefully collect sharp objects in the container;6) tightly close the container;7) treat medical gloves with disinfectant and allow exposure time of 60 seconds;4. Treat the outer surfaces of the container with a cloth soaked in disinfectant;5. Allow exposure time of 60 seconds;6. Put the container in a bag and tie it up;7. Put the bag with the container on the trolley (if any) and/or transport it to temporary storage;8. Treat surfaces of the trolley (if any) with disinfectant;9. Remove PPE and put them in a bag and tie it up (further handling according to category B medical waste handling and transportation algorithms);10. Perform hand hygiene.After transportation of the damaged container, the premises where it was located are thoroughly cleaned.  |
| 7. | Algorithm for transportation of category B medical waste  | Algorithm:1. Put on PPE;2. Make sure the container or bag is tightly closed/tied and its walls are not damaged;3. Treat the outer surfaces of the container/bag with a cloth soaked in disinfectant;4. Allow exposure time of 60 seconds;5. Put the container/bag in the bag and tie it up;6. Put the bag with the container/bag on the trolley (if any) and/or transport it to temporary storage;7. Treat the surface of the trolley (if any) with disinfectant;8. Remove PPE and put them into the bucket;9. Perform hand hygiene. |
| 8. | Algorithm for transportation of category B medical waste in case of container/bag damage | Algorithm:1. Put on PPE;2. Make sure the container/bag is damaged;3. Put the container/bag in the bag and tie it up;4. If at that the contents are dropped out of the damaged container/bag on the floor or other surfaces, an employee must follow the following sequence of actions:1) Carefully collect the contents in the bag;2) Tie the bag up;3) Treat medical gloves with disinfectant and allow exposure time of 60 seconds;4. Treat the outer surfaces of the container with a cloth soaked in disinfectant;5. Allow exposure time of 60 seconds;6. Put the container/bag in the bag and tie it up;7. Put the bag with the container on the trolley (if any) and/or transport it to temporary storage;8. Treat the surfaces of the trolley (if any) with disinfectant;9. Remove PPE and put them in the bag and tie it up (further handling in accordance with category B medical waste handling and transportation algorithms);10. Perform hand hygiene.After transportation of the damaged container, the premises where it was located are thoroughly cleaned.  |
| 9. | Algorithm for medical waste transfer from the temporary storage to a specialized organization | Algorithm:1. Put on PPE;2. Make sure the containers and bags are tightly closed/tied and their walls are not damaged;3. Treat the outer surfaces of containers/bags with a cloth soaked in disinfectant;4. Allow exposure time of 60 seconds. 5. Put containers and bags on the trolley (if any); 6. Transfer containers/bags to a representative of a specialized organization (place in a specialized transport);7. Remove PPE and put them in the bucket;8. Perform hand hygiene.If the containers or bags are damaged, the algorithm specified in paragraph 5 or 7 of this operating procedure standard shall be followed.After containers and bags have been removed from the temporary storage, it is thoroughly cleaned. |

\* Template used to develop standard operating procedures.

\*\* ‘Specialized organization’ means an organization that has been licensed to handle hazardous waste in accordance with the law and has waste incineration capacities.

## Annex 3. Labor Management Procedures

***Introduction***

The Labor Management Procedures is aimed at summarizing mitigation measures that will be adopted by the Projects to address the risks related to labor management, including those relating to responding to the specific risks to workers posed by COVID-19.

The Projects will be carried out in accordance with the applicable requirements of ESS2, in a manner acceptable to the Bank. This will include, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures), setting out grievance arrangements for Project workers, and incorporating labor requirements into the ESHS specifications of the procurement documents.

The Projects are expected to cover the following categories of labor resources: independent consultants who will directly provide services for the implementation of the Projects (hereinafter - direct consultants), and health workers who will work under a labor agreement or contract (hereinafter – hired employees).

PCSU includes the above consultants. Under the Projects, PCSU consultants will mainly perform office work, with the exception of periodic visits to HCFs. Therefore, the risks to health and safety of these individuals are assessed as low. Risks such as overtime, irregular remuneration for services rendered and informal tasks are not expected.

Hired employees who will work under a labor agreement or under a contract include medical staff. The expected risks faced by medical staff include exposure to the SARS-CoV2 and infectious disease caused by the virus COVID-19 with potential to grave outcomes including fatal illness and death, physical and mental exhaustion, occupational burnout, stigma and transmission of infection to family members and local communities, long shifts with little or no break and deprivation of sleep.

Information on the GRM for direct consultants and employees will be provided at PCSU office and in each specific HCF.

*Number of Labor Resources within the framework of the Projects*

Direct Consultants. Initially, at the beginning of the Projects, the total number of consultants engaged for the Projects is 20, but this figure may be updated in the implementation of the Projects.

Employees. The number of workers employed for the implementation of the Projects at the beginning of the Projects is unknown. This information will be continuously sought and updated as the Projects proceed.

Community workers: These Projects are not expected to involve any community workers.

Assessment of Key Potential Labor Risks

Project activities may cause potential labor risks primarily for medical staff at vaccination.

The Projects will support the increase of testing capacity in the country since even with the initiation of vaccine deployment, the incidence of new COVID-19 cases will not fall substantially in the short term.

Testing may also cause labor risks. Strong testing is essential for vaccine surveillance to monitor the vaccine-induced immunity with testing on a population level and the real-world effectiveness of COVID-19 vaccines and variations across different locations and populations. Further, testing is an essential part of prevention, which will remain critical given that vaccine coverage will be incomplete and focused on priority populations for some time due to global supply limitations.

*Key Labor Risks*

The key labor risks related to the occupational and health safety relate to the above-mentioned vaccination and testing. It is estimated that the risks would include, but not be limited to the following:

* risk of infection with COVID-19 at the place of professional activity;
* various skin lesions from prolonged use of PPE;
* exposure to toxins due to increased use of disinfectants;
* psychological stress;
* chronic fatigue;
* and discrimination, physical and psychological violence and harassment

Brief overview of labor legislation

Labor legislation consists of the Labor Code of Ukraine and other laws or resolutions of the Government.

Warning! Herein below are acts of legislation in force in peacetime. At the same time, on March 15, 2022, the Law of Ukraine “On the Organization of Labor Relations under Martial Law” was adopted, the provisions of which are valid during the period of martial law introduced in accordance with the Law of Ukraine “On the Legal Regime of Martial Law”. Thus, during the period of martial law, a number of features of the organization of labor relations are allowed.

* *Wages and deductions*

Medical workers are paid, in particular, in accordance with the following norms:

* Article 98 of the Labor Code of Ukraine (Labor Code);
* Articles 8 and 13 of the Law of Ukraine ‘On Labor Remuneration’;
* Resolution of the CMU dated 30.08.2002 No 1298 ‘On remuneration of employees on the basis of the Unified Salary Scale of Grades and Coefficients for remuneration of employees of institutions, establishments and organizations of individual branches of the budget sphere’;
* Resolution of the CMU dated 28.12.2016 № 1037 ‘On remuneration for employees of institutions, establishments and organizations of individual branches of the budget sphere’ ;
* Order of the Ministry of Social Policy and the Ministry of Health ‘On streamlining of the remuneration of employees of health care institutions and social protection institutions’ dated 05.10.2005 No 308/519 (hereinafter - Order No 308/519 ; Terms No 308/519).

Employees are paid for time actually worked, based on their salary (tariff rate), or depending on the production standards and piecemeal rates, taking into account increases, surcharges and allowances provided by applicable law. There is no ceiling on the employee's salary. Specific amounts of surcharges, allowances and other payments are determined by the head of the institution, from and within the salary fund.

The salary of a particular employee is determined by multiplying the salary of an employee of the first tariff category by the corresponding tariff coefficient specified in the Unified Salary Scale (USS). The minimum salary (tariff rate) of an employee is set at no less than the subsistence minimum established for able-bodies persons on 1 January of the calendar year, which is stipulated by clause 6 of the Law of Ukraine ‘On Labor Remuneration’ and clause 96 of the Labor Code. Since the subsistence minimum from October 1, 2022 is UAH 2684, employers determine the size of employees’ official salaries by multiplying 2684 by the corresponding USS tariff rate.

In addition to the basic wage, there is a legally defined concept of additional wages. This is remuneration for work in excess of the established norms, for work success and ingenuity and for special working conditions. It includes surcharges, allowances, guarantees and compensation payments provided for in the current legislation; bonuses related to the performance of production tasks and functions.

For example, legislation provides for bonuses for the lengths works (from 20% to 80%), for honorary titles, etc.

In particular, legislation on labor remuneration of medical workers provides for guarantees relating to the minimum wage (MW), in particular:

• If the employee has fully completed the monthly working time and the salary is below the minimum wage, the employer shall make an additional payment up to the MW level;

• If the employee has worked part-time (part-time) monthly working hours, the MW is calculated and paid in proportion to the hours worked;

• The minimum wage includes salary, supplemental payments, allowances, bonuses;

• Certain types of payments are not included in the MW.

For the period from October 1, 2022 to December 31, 2023 the Government of Ukraine has established a guaranteed minimum wage of UAH 40.46 per hour or UAH 6700 per month.

Usually, employers automatically deduct payroll income tax and health and social insurance contributions and transfer them to the relevant fiscal, health and social protection authorities. Total contribution may not exceed 50 percent of the wage paid to the employee.

* *Supplemental payment for COVID-19 treatment*

In 2020, a new type of health-care supplement was introduced in response to the COVID-19 pandemic. Currently, there are several regulations that provide for coronavirus supplements:

• Order of the Ministry of Labor and Social Policy of Ukraine dated June 2, 2003 No 145 ‘On the conditions of remuneration of medical and other workers for the period of work on the elimination of epidemics and outbreaks of infectious diseases, as well as in hot spots of especially dangerous and dangerous infectious diseases’, registered with the Ministry Justice of Ukraine June 27, 2003 No 523/7844;

• Resolution of the Cabinet of Ministers of Ukraine dated March 23, 2020 No 246 ‘Some issues of remuneration of medical and other workers directly engaged in the elimination of acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2’;

• Resolution of the Cabinet of Ministers of Ukraine dated June 19, 2020 No 610 ‘Some issues of remuneration of medical and other employees of health care facilities";

Surcharges defined by these regulations vary in size, calculation and sources of funding.

* *Working Hours*

According to Article 50 of the Labor Code of Ukraine (Labor Code), the normal working hours of employees may not exceed 40 hours per week. Enterprises and organizations may establish a shorter standard of working hours when concluding a collective agreement. With a six-day working week, the duration of daily work may not exceed 7 hours at a weekly rate of 40 hours. The legislation sets shorter working hours for certain categories of employees (including medical employees). For night duty, additional payment is made in the amounts specified in paragraph 3.2 of the ‘Terms of remuneration for employees of health care and social protection institutions’. Employees of health care institutions and social protection institutions may, with their consent, have the working day with the distribution of shifts (with a break of more than 2 hours) provided that the total length of work does not exceed the established norm of working hours (article 60 of the Labor Code).

* *Rest Breaks*

Employees are given a rest and meal break for no more than two hours. The break is not included into working hours. A break for rest and meals should be provided, as a rule, four hours after the start of work. The start and end time of the break shall be determined by the internal labor regulations. The duration of the weekly uninterrupted rest may not be less than forty-two hours. Work on a day off may be compensated, with the consent of the parties, by providing another day off or payment in double amount. Remuneration for work on the day off is calculated according to the rules of article 107 of the Labor Code.

*Vacations*

Workers who are in employment relations with enterprises, institutions, organizations, regardless of ownership, type of activity and industry affiliation, as well as working under an employment contract with a natural person, are granted annual (basic and supplementary) leave with preservation of employment and salary. Annual basic leave is granted to employees for at least 24 calendar days for the completed working year, which is calculated from the date of conclusion of the employment contract. It does not include days of temporary incapacity for work of the employee, as well as maternity leave. Holidays and non-working days are not taken into account when determining duration of annual leave. The procedure and terms for granting annual leave are regulated by article 79 of the Labor Code. State guarantees of the right to leave are established by the Law of Ukraine ‘On Vacations’ (1997).

* *Overtime Work*

Overtime is considered to be overtime work. As a rule, overtime work is not permitted, except in exceptional cases determined by law and in part 3 of article 62 of the Labor Code.

It is prohibited to engage in overtime work:

• Pregnant women and women with children under the age of three (article 176 of the Labor Code);

• Persons under the age of eighteen (article 192 of the Labor Code);

Women who have children between the ages of three and fourteen or a child with a disability may be engaged in overtime work only with their consent (article 177 of the Labor Code).

The legislation may provide for other categories of employees who are prohibited from engagement in overtime work.

The rules for overtime pay are set out in article 106 of the Labor Code. Medical workers in budgetary institutions in case of overtime work are paid above the minimum wage. Overtime work is paid according to the pay system established at the health facility. Pursuant to the law, it is prohibited to compensate for hours worked overtime(article 106 of the Labor Code).

* *Labor Disputes*

The Labor Code of Ukraine (Chapters XV-XVI) includes provisions that allow workers to resolve individual and collective disputes between the employer and the employee(s) over the terms and conditions of a labor agreement or other aspects of work, including occupational and health safety (Chapter XI). The disagreements and disputes can be resolved through reconciliation. The Labor Disputes Commission is obliged to consider a labor dispute within ten days from the date of submission of the application. If the parties do not agree with the recommendations of this commission, the conflict shall be settled in court.

Brief overview of labor legislation: occupational health and safety

The Ukrainian Labor Code as well as the Law on Occupational Health and Safety define the framework for occupational health and safety (OHS) in Ukraine. Several Government orders and decisions detail how these are to be implemented and outline the list of hazardous industries and occupations in the country. Overall, the Ukrainian OHS legislation is extensive and generally in line with the provisions set out in ESS2, paragraphs from 24 to 30. The main challenge being the implementation and enforcement of these provisions.

* *Employers’ Obligations*

Ensuring safe and harmless working conditions is the responsibility of the owner or his authorized body. Working conditions at the workplace, safety of technological processes, machines, mechanisms, equipment and other means of production, the condition of the collective and individual protective equipment used by the employee, as well as health and living conditions must comply with the requirements of labor protection regulations. The owner or his authorized body shall introduce modern means of occupational safety, preventing industrial injuries, and shall provide sanitary and hygienic conditions that prevent the occurrence of occupational diseases of workers. The owner or his authorized body shall not be entitled to require the employee to perform work that involves a clear risk to life or in conditions that do not comply with labor protection legislation. The employer is obliged to provide the employee with personal protective equipment (PPE) in accordance with labor protection regulations and collective agreements. The employer is obliged to ensure the functioning of the occupational safety management system.

* *Employees’ Rights and Obligations*

An employee has the right to refuse the assigned work if an industrial situation has arisen which is dangerous for his life or health or for the people and the environment around him. An employee may not be offered work that is medically incompatible with his health. The employee must know and comply with the requirements of labor protection regulations, rules for handling machines, mechanisms, equipment and other means of production, use the means of collective and individual protection. An employee has the right to terminate the employment contract at his or her own will, if the employer fails to comply with labor protection legislation or the terms of the collective agreement on these issues.

Health workers are at the front line of the COVID-19 outbreak response and as such are exposed to hazards that put them at risk. Occupational hazards include exposure to SARS-CoV-2 and other pathogens, long-term workload, psychological fatigue, long-term use of personal protective equipment (PPE) etc.

Health workers have the right to require that the heads of HCF perform the following duties:

• Assume overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks;

• Provide information, instruction, and training on occupational safety and health, including;

• Refresher training in infection prevention and control (IPC);

• Use, wear, remove and dispose of personal protective equipment (PPE);

• Provide adequate IPC and PPE supplies (masks, gloves, goggles, protective gowns, hand sanitizer, soap and water, cleaning supplies) in sufficient quantity to those caring for suspected or confirmed COVID-19 patients, such that workers do not incur expenses for occupational safety and health requirements;

• Familiarize personnel with technical updates on COVID-19 and provide appropriate tools to assess, triage, test, and treat patients, and to share IPC information with patients and the public;

• Provide appropriate safety measures as needed for personal safety;

• Provide a healthy psychological environment in which health workers can report mistakes and incidents, such as direct exposure to blood or bodily fluids from the respiratory system, or incidents of violence, and take immediate action including victim support;

• Advise health workers on self-assessment of their health, reporting of symptoms, and self-isolation at home if they are ill;

* Maintain appropriate working hours with breaks;

• Advise health workers on occupational safety and health aspects of their work, and notify the labor inspectorate of cases of occupational diseases;

• Allow health workers to exercise the right to remove themselves from the work situation if they have reasonable grounds to believe that the situation poses an imminent and serious risk to their life or health, and protect health workers exercising this right from any unjustified consequences;

• Not require health workers to return to work if there is a serious risk to their life or health until appropriate remedial action is taken;

• Honor the right to compensation, rehabilitation, and curative services for health workers infected with COVID-19 after illness in the workplace – consider the situation as an occupational disease arising from professional activity;

• Provide access to mental health and counselling resources; and

• Enable cooperation between the management, health workers and their representatives.

*Health workers should:*

• Follow established occupational safety and health procedures, avoid exposing others to health and safety risks, and participate in employer-provided occupational safety and health training;

• Use provided protocols to assess and treat patients;

• Treat patients with respect, compassion, and dignity;

• Maintain patient confidentiality;

• Promptly comply with established reporting procedures of suspects and confirmed cases;

• Provide or confirm accurate IPC and public health information, including providing such information to interested people who have neither symptoms nor risk of disease;

• Properly wear, use, remove, and dispose of PPE;

• Independently monitor the signs of illness in themselves and self-isolate and report the disease to the authorities, if it occurred;

• Advise management if they are experiencing signs of excessive stress or mental health problems requiring intervention; and

• Report to their immediate supervisor any situation for which they have reasonable grounds to believe that this is a life or health hazard.

Responsible staff

PCSU will provide monitoring for the Project implementation. The Coordinator will control activities of the Projects, including relations with direct consultants and employed medical workers. An environmental and social consultant will provide monitoring and coordination of all tasks related to environmental and social management issues.

Policies and procedures

This section sets out information on OHS, reporting and monitoring, and other project principles relating to project workforce management.

All consultants and employed workers involved into the Projects should follow standard Codes of Conduct that contain measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA).

In line with ESS 2 and Ukraine law, the use of forced labor, child, or conscripted labor is prohibited in the Projects.

All consultants and employed workers under the Projects will have to comply with the Ukrainian OHS legislation and the Labor Code as well as the provisions set under the World Bank’s ESS2.

* ***Non-discriminatory Employment Basis***

All consultants and employees under the Projects will perform tasks in a non-discriminatory manner. As per article 2 of the Labor Code, any discrimination based on sex, age, race, ethnicity, political choice, origin, residence, physical disability, status or participation in trade union activities, as well as other criteria not related to his/her professional qualities, shall be prohibited.

* ***Employee Rights and Obligations***

Employment contracts should specify the employee rights in line with the Ukrainian legislation, including, inter alia, the right to a safe working environment; lunch breaks and weekends; timely payment of wages; the right to appeal to employers, trade unions and authorities in case of labor disputes; the right to freely form associations.

* ***Occupational Safety and Health***

Employment contracts under the Projects should cover the obligations of the employer to provide a healthy work environment; the obligation to assign an individual who will be responsible for the OHS arrangements at work and on site; describe and explain to the employee the main risks of the work performed; train employees and workers on the OHS arrangements at the enterprise; provide appropriate protective equipment, clothing and equipment to mitigate the existing risks; record and report workplace incidents at the facility; ensure that first-aid is available on site and have emergency and evacuation protocols prepared and explained to administrative and operational staff in case of emergencies.

Age of employment

According to the Labor Code of Ukraine, the employment of persons under the age of sixteen is not permitted. Persons who have reached the age of fifteen may, as an exception, be employed by agreement of one of the parents or a substitute parent. It is prohibited to employ persons under the age of eighteen in heavy work and in work with harmful or dangerous working conditions. It is also prohibited to involve persons under the age of eighteen in lifting and moving objects that weigh more than the limits established for them.

In HCF, it is prohibited to employ persons listed in articles 55 and 63 of the Labor Code of Ukraine, including persons under 18, for night work and overtime work. . Article 192 of the Labor Code prohibits the involvement of employees under the age of eighteen in night work, overtime work and work on weekends. When hiring a person requiring specialized knowledge (such as medical skills), the owner or his authorized body may require the employee to present a diploma or other document on his/her education or training.

Working conditions

* The working conditions applicable to all consultants and employees involved in the Projects should be regulated by the Labor and Economic Codes and other labor legislation. These conditions should be clearly stated in written contracts with consultants and employees, both full-time and part-time. Working conditions should be notified before work starts;
* The working time for all employees is 40 hours per week. The number of weekly overtime hours and overtime payments shall be governed by the provisions of the Labor Code, which is in line with the ESS2.

Grievance redress mechanism

The Projects have established a GRM accessible to all Project stakeholders and other stakeholders to enable them to submit questions, comments, proposals and/or complaints and to provide feedback in any form on all project-funded activities. The GRM guarantees that complaints received will be dealt with immediately in order to address project-related problems.

Both the consultants and hired workers are required to comply with the GRM, which is an integral part of the ESMF and the SEP. At the same time, the following information will be highlighted:

* Brief description of the GRM and how to use it;
* Complaint submission process, such as comment/complaint forms through the postboxes, e-mail, telephone hotline with an email address, phone number, fax; mailing address;
* Timeframes to respond to complaints.

In addition, the Project stakeholders and project affected communities and individuals may submit their complaints to the independent Bank Inspection Panel, which determines whether harm occurred, or could occur, as a result of non-compliance with the Bank policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the Bank’s corporate Grievance Redress Service (GRS), please visit: [*http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service*](http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service). For information on how to submit complaints to the World Bank Inspection Panel, please visit [*www.inspectionpanel.org*](http://www.inspectionpanel.org).

Employee performance monitoring

All procurement and other types of contracts will include language on occupational health and safety requirements that must comply with the Ukrainian legislation and ESS2.

The PCSU as a whole and the person designated by the PCSU, will monitor the performance of employees. This may include periodic audits, inspections, and spot checks of Project labor management records and reports compiled by Contractors. Labor management records and reports may include: model employment contracts and agreements between the third parties and employees; records of complaints received and their solution; records of safety inspections, including fatalities and incidents and the implementation of remedial measures; records of incidents of non-compliance with national law; and records of training sessions provided for employees to explain working conditions and OHS under the Project.

Community workers

No community involvement is expected under the Projects, including the community being excluded from minor construction (if any).

*Risk of child recruitment or forced labor*

Involvement of children or use of forced labor will not be allowed within the scope of the Projects.

## Annex 4. List of resources: COVID-19 Guidance

*Given the COVID-19 situation is rapidly evolving, the current resource list version will be regularly updated and made available on the World Bank COVID-19 operations intranet page (*[*http://covidoperations/*](http://covidoperations/)*).*

**WHO Guidance**

**Advice for the public**

* WHO advice for the public, including on social distancing, respiratory hygiene, self-isolation, 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 in the provision of health care on suspicion of novel coronavirus (nCoV) infection](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-%28ncov%29-infection-is-suspected-20200125), issued on March 19, 2020
* [Recommendations to Member States to Improve Hygiene Practices](https://www.who.int/publications-detail/recommendations-to-member-states-to-improve-hand-hygiene-practices-to-help-prevent-the-transmission-of-the-covid-19-virus), issued on April 1, 2020
* [Severe Acute Respiratory Infections Treatment Center](https://www.who.int/publications-detail/severe-acute-respiratory-infections-treatment-centre), issued on March 28, 2020
* [Infection prevention and control in health care facilities (with emphasis on resource-limited settings)](https://www.who.int/infection-prevention/tools/core-components/facility-manual.pdf), issued in 2018
* [Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19)](https://www.who.int/publications-detail/laboratory-biosafety-guidance-related-to-coronavirus-disease-2019-%28covid-19%29), issued on March 18, 2020
* [Laboratory Biosafety Manual, 3rd edition](https://www.who.int/csr/resources/publications/biosafety/Biosafety7.pdf?ua=1), issued in 2014
* [Laboratory testing for COVID-19, including specimen collection and shipment](https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117), issued on March 19, 2020
* [Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios](https://apps.who.int/iris/bitstream/handle/10665/331509/WHO-COVID-19-lab_testing-2020.1-eng.pdf), issued on March 21, 2020
* [Infection Prevention and Control for the safe management of a dead body in the context of COVID-19](https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-lPC_DBMgmt-2020.1-eng.pdf), issued on March 24, 2020
* [Key considerations for repatriation and quarantine of travelers in relation to the outbreak COVID-19](https://www.who.int/news-room/articles-detail/key-considerations-for-repatriation-and-quarantine-of-travellers-in-relation-to-the-outbreak-of-novel-coronavirus-2019-ncov), issued on February 11, 2020
* [Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings](https://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-%28covid-19%29-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](https://www.who.int/publications-detail/coronavirus-disease-%28covid-19%29-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](https://www.who.int/publications-detail/oxygen-sources-and-distribution-for-covid-19-treatment-centres), issued on April 4, 2020
* [Risk Communication and Community Engagement (RCCE) Action Plan. COVID-19 Preparedness and Response](https://www.who.int/publications-detail/risk-communication-and-community-engagement-%28rcce%29-action-plan-guidance) Guidance, issued on March 16, 2020
* [Recommendations for quarantine in the context of coronavirus disease control (COVID-19)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-%28covid-19%29), 0 issued on March 19, 2020
* [Operational aspects of COVID-19 case management in health facility and community](https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf), issued on March 19, 2020
* [Rational use of personal protective equipment in coronavirus disease 2019 (COVID-19)](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf), issued on February 27, 2020
* [Getting your workplace ready for COVID-19](https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf), issued on March 19, 2020
* [Water, sanitation, hygiene and waste management in COVID-19](https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19), issued on March 19, 2020
* [Safe management of wastes from health-care activities](https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf?sequence=1), issued in 2014
* [Advice on the use of masks in the community, in home care and in healthcare settings in the context of the novel coronavirus (COVID-19) outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-%282019-ncov%29-outbreak), issued on March 19, 2020
* [Disability Recommendations during the COVID-19](https://www.who.int/who-documents-detail/disability-considerations-during-the-covid-19-outbreak) outbreak, issued on March 26, 2020

**WBG GUIDANCE**

* [Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings](https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Knowledge%20Base/Public%20Consultations%20in%20WB%20Operations.pdf), issued on March 20, 2020
* [Technical Note: Use of Military Forces to Assist in COVID-19 Operations](https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Knowledge%20Base/Security%20Forces%20EandS%20issues%20in%20COVID%20projects.pdf), issued on March 25, 2020
* [ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects](https://worldbankgroup.sharepoint.com/sites/wbunits/opcs/Knowledge%20Base/ESF%20Safeguards%20Interim%20Note%20Construction%20Civil%20Works%20COVID.pdf), issued on April 7, 2020
* [Technical Note on SEA/H for HNP COVID Response Operations](https://worldbankgroup.sharepoint.com/sites/gsg/HealthySocieties/Documents/COVID-19/Technical%20Note%20on%20addressing%20SEAH%20in%20HNP%20COVID%20response%20operations.pdf), issued in March 2020
* [Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace](https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/publications/publications_tipsheet_covid-19-ohs), issued on April 6, 2020
* [Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19](https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/publications/publications_tipsheet_covid-19_supportingworkers), issued on April 6, 2020
* [IFC Tip Sheet for Company Leadership on Crisis Response: Facing the COVID-19 Pandemic](https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/ifc%2Bcg/resources/guidelines_reviews%2Band%2Bcase%2Bstudies/tip%2Bsheet%2Bfor%2Bcompany%2Bleadership%2Bon%2Bcrisis%2Bresponse%2B-%2Bfacing%2Bthe%2Bcovid-19%2Bpandemic), issued on April 6, 2020
* [WBG EHS Guidelines for Healthcare Facilities](https://www.ifc.org/wps/wcm/connect/960ef524-1fa5-4696-8db3-82c60edf5367/Final%2B-%2BHealth%2BCare%2BFacilities.pdf?MOD=AJPERES&CVID=jqeCW2Q&id=1323161961169), issued on April 30, 2007
* WBG Guidelines on Fire and Life Safety: Hospitals, issued July 2017.

**ILO GUIDANCE**

* [ILO Standards and COVID-19 FAQ](https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/publication/wcms_739937.pdf), issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19)

## Annex 5. Emergency Preparedness Plan Template to respond to the Russian Federation’s large-scale military invasion of Ukraine

**Context**

On 24 February 2022, Russia launched a full-scale military invasion of Ukraine. Numerous Russian attacks have caused significant and often irreparable damage to the critical infrastructure of Ukraine, which is important for Ukrainian society and the functioning of the Ukrainian economy. Several health care facilities were also damaged.

The Ministry of Health of Ukraine, together with the World Bank, implements projects aimed at prevention, detection and response to the threat posed by the COVID-19 pandemic, and strengthening the national healthcare system for public health preparedness in Ukraine: Ukraine Emergency COVID-19 Response and Vaccination Project, Additional Financing to Ukraine Emergency COVID-19 Response and Vaccination Project and Second Additional Financing to Ukraine Emergency COVID-19 Response and Vaccination Project.

The project activities include procurement of vaccines and ‘cold chain’ equipment for vaccine storage, medical waste management, activities aimed at the development of an electronic health care system, as well as operation of the Contact Center of the Ministry of Health of Ukraine, etc.

The recipients of vaccines and equipment are health care facilities, vaccination points, mass vaccination centers, disease prevention and control centers.

Current status

Impact of projects extends to the whole territory controlled by the Government of Ukraine.

Risk identification and assessment

Identification of risks helps to demonstrate vulnerabilities in a timely manner by correlating them with subsequent better response, especially in emergencies, by intelligently allocating resources of key stakeholders to priority areas and developing timely mitigation measures, not previously envisaged.

These Framework Requirements relate to determining the possible consequences of war caused by the Russian military invasion of the territory of Ukraine and developing appropriate mitigation and security measures. In the process of analyzing the situation caused by the Russian military invasion, as of 1 October 2022, the following main risks have been identified:

а) Risk of missile strikes of varying intensity. Missile strikes can cause:

– Injury to employees, staff, visitors;

– Damage to facilities, assets or equipment;

– Interruption of water/electricity supply to health care facilities;

– Epidemiological consequences due to poor quality of water treatment or uncontrolled discharges due to accidents caused by missile strikes;

– Environmental consequences (pollution of surface and ground water, land resources) associated with improper operation of reconstructed facilities or equipment

b) Risk of accidentally finding unexploded ordnance/missiles

Risk assessment involves preliminary classification of identified risks according to selected parameters.

– Scale of impact: local or widespread within the country;

– Ability to anticipate risk: foreseen or unforeseen; which may or may not be avoided;

- Severity of physical injury: ranging from minor to severe;

Risk of missile strikes of varying intensity

– Scale of impact: widespread (within the country);

- Ability to anticipate risk: unforeseen; unavoidable;

- Severity of physical damage: high;

Risk of accidentally finding unexploded ordnance/missiles

– Scale of impact: widespread (within the country);

- Ability to anticipate risk: unforeseen; unavoidable;

- Severity of physical damage: high;

Framework Action Plan for Emergency Preparedness

* + - 1. Framework action plan for the threat of missile attack

- Facility managers must ensure that the functional subsystem of medical protection is maintained in readiness to perform assigned tasks in special period in accordance with the requirements of the legislation of Ukraine, including orders of the Ministry of Health of Ukraine;

- Action plans should be developed, including evacuation plans for workers and visitors to shelters in the event of announcement of an air raid alert, artillery shelling and bombing, as well as actions of personnel before and during hostilities with minimum level of threat to the life and health of workers and visitors;

- Facility staff shall be briefed on the air-raid alert plan;

- Facilities should have signs in visible places indicating the way to the shelter;

- Facilities should provide in visible places clear and concise instructions on how to respond to a missile strike;

- In the event of an air alert, there should be an organized movement to the shelter and assistance to those who have difficulty in reaching safety on their own;

- It is necessary to monitor whether all colleagues moved to the shelter in time, or everyone left the shelter after the threat passed. This can be organized, including by notifying colleagues in online chat, or by phone calls among a predetermined circle of people, etc.;

- Facility managers should ensure that devices or software that duplicate/amplify the air raid alert warning are operational. This should be done in cases where, due to the specifics of work in individual premises, it is impossible or difficult to hear air raid alert warnings, sounding in the locality;

- Shelters used by staff and patients/visitors should be provided with everything necessary for isolated stay of several days, namely:

* drinking water;
* long-term storage products;
* first-aid kit with what is necessary for first aid;
* blankets or warm clothes;
* seating furniture;
* self-contained lights (lanterns) and power supplies independent of centralized power supply.

2. Framework action plan for unexploded ordnance or missiles

- Facility staff should be briefed on the explosive ordnance detection plan, in particular unexploded artillery shells and/or missiles; If possible, it is worth organizing training from representatives of territorial authorities of the State Emergency Service of Ukraine;

- If explosive objects are found, it is prohibited to:

* touch them (do not do it under any circumstances);
* move, roll from one place to another;
* collect and store, heat and hit;
* try to discharge and disassemble;
* manufacture various items;
* use charges for fire and lighting;
* bring indoors, bury in the ground, throw into a well or river.

- Having found explosive objects, steps should be taken to identify them, to fence them and protect the objects found at the site of their finding. Territorial authorities of the State Emergency Service and the Ministry of Internal Affairs should be informed immediately by calling ‘101’ and ‘102’.

3. Framework action plan for injuries

Facility staff should be trained to provide first aid. Such training (briefing) should include first aid for various types of injuries and other health problems (including tourniquet);

Facilities should be equipped with first-aid kits with all appropriate first-aid equipment. Completeness of first-aid kits should be periodically checked, and their content should meet the requirements of the legislation of Ukraine.

Facility staff should know the location of first-aid kits, personal protective equipment and fire extinguishers.

4. List of contact numbers of emergency and rescue services and support services

It is important to seek assistance in the event of an emergency, a crime or a threat of crime. Below are the relevant contact numbers.

Phone numbers of emergency and rescue services:

– 112 — Universal call number of all emergency services. By calling this number, the dispatcher will call the team of the required service.

– 101 — Fire service.

– 102 or 0 800 500 202 — Police (can be used to report war crimes, including crimes such as sexual exploitation and sexual harassment).

– 103 — Ambulance.

– 104 — Emergency service of gas network.

– 1547 – Government Hotline (can be used to report war crimes, including crimes such as sexual exploitation and sexual harassment).

– 0 800 501 482 — Ukrainian Security Service Hotline.

Free mental health support:

– State Hotline for the prevention of domestic violence, human trafficking and gender discrimination — 116 123 or 0 800 500 335.

- 24-hour support service - 1500 or 044 272 15 00.

- Psychotherapeutic support for victims of violence, including conflict-related sexual violence - online platform ‘Aurora’ https://rozirvykolo.org/mental-support/.

- Specialized support service for victims of domestic violence https://nssu.gov.ua/domashnye-nasilstvo/specializovani-sluzhbi-pidtrimki.

- 24-hour psychological support line that helps men stabilize their emotional state, find internal resources to overcome difficult situations and identify problematic behaviors - 2345 (for Vodafone and Life mobile networks) and +38 067 752 23 45 (for Kyivstar).

– More information about:

* Regional support services here: https://ukraine.unfpa.org/sites/default/files/pub-pdf/de\_otrymaty\_dopomogu\_v\_ukrayini.pdf
* Mobile support services here: https://www.facebook.com/UNFPA.Ukraine/posts/pfbid0QUSnMpEbMNMD5U4E9o34b3nP2AQZf71FeAwxLuVxfByRUZVEqmwxyeyuXmHX1GEpl.

Annex A to Emergency Preparedness Plan to respond to the Russian Federation’s large-scale military invasion of Ukraine

Recommendations of the Ministry of Health of Ukraine on the content of the first aid kit, preparedness for any emergency: natural, man-made or military.

What should be in the emergency kit:

• Non-sterile gloves - 4 pairs

• Atraumatic scissors for cutting clothes or shoes

• Sterile and non-sterile gauze bandage of different sizes — 5 pcs.

• Elastic bandage of different sizes — 2 pcs.

• Hydrogel anti-burn dressing/bandage (at least 10x10 cm) — 2 pcs.

• Thermal blanket on polyethylene base

• Thermometer (non-mercury and in a protective case)

▪ Individual sterile dressing bandage with elastic first aid compression component with protective moisture-resistant cover (of the ‘Israeli bandage’ type) — 2 pcs.

• Film (valve) for artificial lung ventilation — 2 pcs.

• Hypothermic package

• Eye patch (shield).

• Bactericidal patch of various sizes — 25 pcs.

• Plaster on a non-woven basis (3-5 m long, 3-5 cm wide)

• Sterile gauze napkins — 10 pcs.

• Medical bandaging handkerchief for immobilization of limbs — 2 pcs.

• Hormonal ointment

• Antiseptic (1 water-based, 1 alcohol-based)

• Analgesic/antipyretic (1 pack)

• Enterosorbent

• Water purification tablets (1 package)

• Reinforced tape

• Marker for applying water-resistant information

What is important to know when assembling and using first aid kit

• Choose nitrile or vinyl gloves, not powdered, in your size.

• Hormonal ointment is needed for insect bites or contact with poisonous plants, accompanied by itching.

• For treatment of wounds, use antiseptics containing chlorhexidine bigluconate, povidone-iodine aqueous solution, octenidine dihydrochloride. Do not use alcohol solutions of iodine or diamond green, hydrogen peroxide.

• Use alcohol antiseptics to disinfect hands.

• To reduce body temperature and relieve pain, use ibuprofen/paracetamol according to the doctor’s instructions or recommendations.

• For children, provide analgesics/antipyretics in suspension/suppositories.

• Use enterosorbents (activated carbon, silicon dioxide) in case of food poisoning, diarrhea.

• Water purification tablets are required to disinfect individual water supplies from unverified sources. It is worth using preparations with the active substance - sodium dichloroisocyanurate.

• Put in the first-aid kit a stock of medicines that you take on a regular basis (according to your own needs and on the recommendation of your doctor).

• For people with arterial hypertension and/or diabetes, it is recommended to take a tonometer and a glucometer in the first-aid kit with a supply of test strips and batteries, if necessary.

Recommendations for what can additionally be taken to the first-aid kit by people with the appropriate skills and abilities.

• Chemical means for stopping bleeding (blood-stopping tampon bandage with hemostatic agent)

• Gel-based occlusive thoracic bandage (sticker) with valve (or without valve)

• Mechanical means to stop bleeding, CAT type

• Flexible immobilization splint 10-11 cm wide, 90 cm long

• Nasopharyngeal airway with lubricant

• Decompression needle

• In any emergency, you should keep calm. The key to your peace of mind is preparedness for unforeseen events. Complete first aid kit and ability to use it is one of the links of such preparedness.

**Annex 6.** **TERMS OF REFERENCE for provision of consultancy services Trainings on medical waste management**

**I. BACKGROUND**

The International Bank for Reconstruction and Development and the Government of Ukraine have entered into the Loan Agreement #9250-UA dated 17 May 2021 (hereinafter the ‘Loan Agreement’) for the purpose of implementing the Ukraine Emergency COVID 19 Response and Vaccination Project (hereinafter the ‘Project’).

According to the Loan Agreement, the Ministry of Health of Ukraine is responsible for implementing the Project (hereinafter the ‘Customer’, the MoH).

The objective of the Project is to prevent, detect and respond to the threat caused by COVID-19, and strengthen the national health system for public health preparedness in Ukraine.

Part 1 of the Project envisages the support to urgent measures of response to COVID 19 pandemic in Ukraine within the Project framework, among which are the implementation of complex measures to improve the existing medical waste management practices. Training the personnel to obtain the appropriate knowledge and to master the skills of contemporary and efficient approaches towards effective management as far as origination, storage, transportation and disposal of medical waste are concerned have been determined as one of the key areas of activities to be pursued.

As of today, health care facilities produce a large amount of medical waste, including hazardous waste that contains pathogenic micro-organisms and toxic substances, leads to direct or indirect pollution, and are the cause of various infectious and non-infectious diseases. In particular, hazardous medical waste causes the risk of chemical, toxic, carcinogenic, mutagenous and radiation effects on the human body, the risk of injuries and infections. Improper medical waste management may have serious consequences for human health, both through direct effects on humans and through negative effects on the environment.

One of the main problems that have emerged in the area of medical waste management is low efficiency and low safety level while handling medical waste across health care facilities.

According to the Order of the Ministry of Health dated 6 September 2022, (#1602), registered with the Ministry of Justice of Ukraine on 8 November 2022 under #1387/38723(hereinafter the ‘Order’) , the State sanitary and anti-epidemic rules and regulations on medical waste management were approved in a new edition.

 In this regard, as part of the Project implementation, the Ministry of Health intends to engage a third-party organization (hereinafter referred to as the Consultant) to prepare and conduct trainings on medical waste management for employees of health care facilities, who have been designated by the Order as the persons responsible for medical waste management, and for infection control specialists of Kyiv city and oblast disease control and prevention centres (hereinafter the Centres for Disease Control and Prevention (CDCP)).

**II. OBJECTIVE(S) OF THE ASSIGNMENT**

The objective of this assignment is to arrange and conduct two-day trainings for employees of health care facilities (HCFs), who have been designated by the Order as the persons responsible for medical waste management, and for the infection control specialists working in CDCP of Kyiv city and 15 oblasts; obtaining the appropriate knowledge and mastering the skills in the area of medical waste management, necessary for building an effective waste management system across health care facilities, as well as reducing the risks and consequences for the environment and public health from their improper collection, storage, transportation and disposal.

Following the deliverables of conducted trainings, according to the final test results and evaluating the level of mastering practical skills, in each region specialists representing CDCP shall be selected, which shall further be recommended as trainers for further deployment of cascade trainings on medical waste management.

**III. SCOPE OF ASSIGNMENT**

3.1. To achieve the objective, it is planned to conduct 16 оffline two-day trainings for relevant employees of health care facilities and CDCP within 12 months following the date of contract signing.

3.2. The оffline trainings are planned to be conducted in sixteen regions across Ukraine: Rivne, Zakarpattya, Chernivtsi, Ivano-Frankivsk, Ternopil, Kyiv, Cherkassy, Odesa, Poltava, Kirovograd, Khmelnytskiy, Volyn, Lviv, Vinnytsya, Zhytomyr oblasts and Kyiv city.

3.3. Proposed number of participants by regions and by training venues:

|  |  |  |
| --- | --- | --- |
| **Region** | **Training venue** | **Number of participants** |
| **Health care facilities that provide primary health care and CDCP** | **Health care facilities that provide secondary health care and CDCP** |
| Kyiv city | Kyiv city | 50 | 50 |
| Kyiv oblast | Kyiv city | 50 | 50 |
| Vinnytsya oblast | Vinnytsya city | 50 | 50 |
| Khmelnytskiy oblast | Khmelnytskiy city | 30 | 30 |
| Ternopil oblast | Ternopil city | 30 | 30 |
| Chernivtsi oblast | Chernivtsi city | 30 | 30 |
| Lviv oblast | Lviv city | 50 | 50 |
| Zakarpattya oblast | Uzhgorod city | 30 | 30 |
| Ivano-Frankivsk oblast | Ivano-Frankivsk city | 30 | 30 |
| Poltava oblast | Poltava city | 50 | 50 |
| Kirovograd oblast | Kropyvnytskiy city | 30 | 30 |
| Cherkasy oblast | Cherkasy city | 30 | 30 |
| Odesa oblast | Odesa city | 50 | 50 |
| Rivne oblast | Rivne city | 30 | 30 |
| Volyn oblast | Lutsk city | 30 | 30 |
| Zhytomyr oblast | Zhytomyr city | 30 | 30 |
| **TOTAL** |  | **600** | **600** |

3.4. Total number of participants who shall have received the trainings must be 1,200 persons.

3.5. Education program of the training shall consist of:

**Day one** – training for the employees of health care facilities that provide secondary (specialized) health care (hereinafter SHC) and the CDCP. A training must consist of a theoretical and a practical part with aggregate duration of 7 hours, out of which minimum 3 hours of practical sessions. Training participants shall be split into two groups in proportion to their overall number.

Theoretical part of a training must ensure the study of the following topics:

1. Ukrainian legislation in the area of medical waste treatment;
2. medical waste classification;
3. general requirements to establishment of a waste management system in Ukraine;
4. procedure of waste management by waste categories (sorting, packing, labeling, processing, transportation);
5. algorithm of actions in case of emergencies;
6. hazardous medical waste premises temporary storage requirements;
7. licensing in the area of medical waste treatment;
8. accounting, reports and communications in the area of medical waste treatment;
9. occupational Health Safety requirements for all stages of waste management;
10. responsibility matrix for waste management in a health facility (in general terms, who is doing what).

Practical part of the training:

1) involves mastering the skills of medical waste handling, in particular the development of standard operating procedures, of a typical medical waste handling scheme, envisaged by the State sanitary and anti-epidemic rules and regulations, approved by the Order of the Ministry of Health of Ukraine dated 08 June 2015 #325 (set out as the Order of the Ministry of Health of Ukraine dated 6 September 2022 #1602), and resolving situational tasks.

2) this part should be interactive and with breakout group working on simulation case studies. In order to conduct practical sessions, each group shall be split into smaller sub-groups each consisting of 5-6 persons.

**Day two** – training for the employees of health care facilities that provide primary health care (hereinafter PHC), and the employees of the CDCP.

A training must consist of a theoretical and a practical part with aggregate duration of 5 hours, out of which minimum 3 hours of practical sessions. Training participants shall be split into two groups in proportion to overall number.

Theoretical part of the training must ensure the study of the following topics:

1. Ukrainian legislation in the area of medical waste treatment;
2. medical waste classification;
3. general requirements to establishment of a waste management system in Ukraine;
4. procedure of waste management by waste categories (sorting, packing, labeling, transportation);
5. algorithm of actions in case of emergencies;
6. hazardous medical waste premises temporary storage requirements;
7. accounting, reports and communications in the area of medical waste treatment;
8. оccupational Health Safety requirements for all stages of waste management;
9. responsibility matrix for waste management in a health facility (in general terms, who is doing what).

Practical part of the training

1)involves mastering the skills of medical waste handling, in particular the development of standard operating procedures, of a typical medical waste handling scheme, envisaged by the State sanitary and anti-epidemic rules and regulations, approved by the Order of the Ministry of Health of Ukraine dated 08 June 2015 #325 (set out as the Order of the Ministry of Health of Ukraine dated 6 September 2022 #1602), and resolving situational tasks.

2) this part should be interactive and with breakout group working on simulation case studies. In order to conduct practical sessions, each group shall be split into smaller sub-groups each consisting of 5-6 persons.

All trainings materials shall be delivered in Ukrainian.

Following the deliverables of each two-day training, the trainers select participants CDCP that would be the most successful in learning the theoretical material and mastering the practical skills. Candidacies of these participants shall be recommended by the Consultant to the Customer as trainers to conduct regional medical waste management trainings.

**IV. REQUIREMENTS TO THE ASSIGNMENT PERFORMANCE**

**4.1. Planning for the training:**

The Consultant must ensure performance of the following activities not later than 30 calendar days following the Contract signing date:

- elaborate the education training programs and have them approved by the Customer;

- elaborate the two-day training conducting programs and have them approved by the Customer;

- elaborate presentation materials, case studies, tests for checking the medical waste management knowledge, training participant certificate template, feedback form and have them approved by the Customer;

- elaborate layout of the sets of handout materials and their branding and have them approved by the Customer.

**4.2. Preparation and organization activities:**

Based on the approved schedules of conducting two-day trainings, the Consultant must:

- consolidate the information submitted by structural units responsible for health care of the appropriate oblasts and Kyiv municipal state (military) administrations, and the CDCPs regarding participation of the specialists in the trainings and prepare the lists of nominated participants;

- ensure timely and personal informing of the participants about the training date and venue, receive confirmation of their participation and prepare the list of confirmed training participants;

- prepare the handouts consisting of all the materials required for the training including agenda, list of participants, logistics note, safety measures, presentation ppts, case studies, background reading materials (such as government regulations) and feedback forms as applicable;

- for each day of training, secure a team of trainers that must consist of minimum two persons;

- procure payment of the services provided by the trainers, their cost of travel to the training venues and back home, and accommodation costs;

- for each day of training, book conference halls according to the requirements of paragraph 4.4 of the Terms of Reference.

**4.3. Training conducting activities:**

In order to duly conduct the trainings, the Consultant must:

- coordinate the process of the training participants’ arrival at the venue where it is going to be conducted;

- perform registration of the participants (full name; sex; position; name and USRCOU (tax ID) number of a health care facility, e-mail address, telephone number, signatures of a participant) and handout of ID cards (badges) that identify each training participant;

- ensure equipment connection and setting up prior to start of the trainings;

- provide the training participants with handout materials and 32 Gb capacity flash drives;

- during the trainings, make the demonstration toolkits for effective medical waste management available (sets of containers, sets of special bags, sets of protective gear, i.e. aprons, overalls, gloves, shoes and face masks);

- ensure conducting of the training according to education program;

- ensure conducting the final testing to check the medical waste management knowledge;

- ensure awarding of certificates to the training participants who passed the final testing;

 - ensure completing by the training participants of the feedback form;

- ensure arrangement of 2 coffee/tee breaks and a lunch break during each day of the training, which requires availability of cooking equipment and kitchenware (proceeding from the number of participants of each particular training according to the model menu, set out in the Annex to the Terms of Reference);

- provide still drinking water to the training participants in the amount of 1 bottle of 500 ml per 1 person per day;

- ensure taking photos of each conducted training and send the photos not later than on the next day following the training to the e-mail address, designated in the Contract;

ensure access off the participants to the Internet at the venues where the training shall be taking place;provide safety instructions for air strike alarms or other war hazards

* stop the training while there is air-raid warning and guide the training participants to proceed to the nearest shelter, either located inside the training venue or a special shelter outside the venue.

**4.4. Requirements for the training venues:**

- the trainings must be conducted at the conference halls of business or co-working centres, hotels, etc., which are located in the oblast centres or in Kyiv city at the locations that are close to convenient transportation hubs.

- the trainings must be conducted in compliance with the anti-epidemic requirements approved by the Resolution of the Cabinet of Ministers of Ukraine dated 9 December 2020 #1236 On establishment of quarantine and introduction of restrictive anti-epidemic measures in order to prevent the spread of acute respiratory disease COVID-19, caused by SARS-CoV-2;

- the trainings must be held simultaneously in two conference halls separately for each group (according to paragraph 3.5 of the Terms of Reference), the area whereof must be at least 50 square meters;

- coffee and lunch breaks for the training participants must be arranged at the training venues (in adjacent rooms/halls);

- conference halls for conducting the trainings must be fitted with tables, chairs or armchairs according to the number of participants and trainers, as well as with computers and equipment for presentations, and flip charts;

- conference halls must have windows, autonomous conditioning system and high-speed Internet connection;

- trainings must be held at the premises that are equipped with bomb shelters or are located within 10-minute walk from the nearest bomb shelter;

- the premises must be fitted with an alternative power supply in case of electric power outage;

- temperature in the premises must not be lower than 18 °С;

- there has to be a First Aid kit and AED at the training location in quantities relative to a number of participants. There has to be a person present with knowledge of using first aid kits and AED.

The Consultant must agree training venues with the Customer (business centre, co-working centre, hotel, etc.), locations of conference halls and menu not later than 10 business days prior to the training start dates.

**4.5. Ensuring high quality of the services provided and requirements to the Consultant’s team:**

4.5.1. In order to successfully organize the trainings, the Consultant must form a team that must include the following specialists:

* The Coordinators of trainings;
* The Trainers.

 Number of specialists necessary to successfully conduct the trainings shall be determined by the potential consultant at the technical offer creation stage. The Consultant must engage minimum 2 trainers and minimum 2 coordinators to conduct one two-day training.

 4.5.2. Main tasks of the specialists:

 Of the Coordinator of trainings:

* team management and ensuring the trainings preparation and organization;
* ensuring efficient performance of tasks within the limits of the allocated budget;
* ensuring cooperation between the Consultant and the Customer regarding the issues, connected with performance under the Terms of Reference;
* control and reporting on performance of the Terms of Reference.Organizing and conducting the trainings with further testing and awarding of certificates to the training participants.

 4.5.3. Qualification requirements for the specialists engaged by the Consultant:

Qualification requirements for the Coordinator:

* higher education (master/specialist) in the area of management or in the spheres that are the most closely related to subject of the terms of reference;
* minimum 5 years of experience managing the teams consisting of minimum 3 persons;
* experience of managing minimum 3 assignments during the previous 3 years pertaining to conducting the training in the area of health care or medical waste management;
* minimum 3 years of experience managing the development and implementation of education programs, trainings and seminars in the area of health care or medical waste management;
* experience of working with international financial institutions;
* fluent in Ukrainian language.

Qualification requirements for the Trainers:

* higher education (master/specialist);
* fluent in Ukrainian language;
* experience of developing education materials and modules (or education programs) – minimum 3 years;
* experience of conducting seminars and trainings (or teaching) in the area of medical waste treatment – minimum 5 years.

**V. EXPECTED RESULTS AND REPORTING**

5.1. Providing the services must yield the following results:

* conducting 16 two-day trainings;
* total number of individuals covered with the trainings – 1,200 persons;
* all trainees have passed final testing;
* all trainees have completed the feedback forms.

5.2. Following the deliverables of performing the tasks, the Consultant must submit the following documents within the defined deadlines in the table below:

|  |  |  |
| --- | --- | --- |
| **Report #** | **Report name**  | **Report submission deadline** |
| 1 | Training Organization Plan.Аccording to paragraph 4.1 of Section ІV Requirements to the assignment performance of the Terms of Reference  | Not later than 30 calendar days following the Contract signing date |
| 2 | Report on organization and implementation of the trainings at the stage І, with lessons learned, and proposed adjustments to the following trainings based on the lesson learned, as applicable.4 two-day trainings have been organized and conducted (stage І of the trainings) | Not later than 10 business days following completion of the trainings stage I.  |
| 3 | Report on organization and implementation of the trainings at the stage ІІ.4 two-day trainings have been organized and conducted (stage ІІ of the trainings) | Within 10 business days following completion of the training stage II.  |
| 4 | Report on organization and implementation of the trainings at the stage ІІІ.4 two-day trainings have been organized and conducted (stage ІІІ of the trainings) | Within 10 business days following completion of the training stage III.  |
| 5 | Report on organization and implementation of the trainings at the stage ІV.4 two-day trainings have been organized and conducted (stage ІV of the trainings) | Within 10 business days following completion of the training stage IV.  |
| 6 | Consolidated report regarding the deliverables of conducting the trainings  | Within 20 business days following completion of the training stage IV. |

 5.3. Form of the reports shall be approved between the Consultant and the Customer. All reports prepared by the Consultant and annexes thereto must be submitted to the Customer in both electronic and paperback form in the Ukrainian language (paperback version must be signed by the Consultant). Electronic versions of the reports and accompanying documentation must be drawn up in MS Word, MS Excel or MS PowerPoint format, depending on the document type.

5.4. According to paragraph 4.1 of Section ІV Requirements to the assignment performance of the Terms of Reference, copies of the documents approved by the Customer must be added to the Report on conducting the planning activities.

5.5. The following materials must be added to the Reports on organization and conducting each stage of the trainings:

- list of participants of each training with their signatures, containing the following information: Full name; sex; position; name and USRCOU (tax ID) number of a health care facility, e-mail address, and telephone number;

-training program/agenda;

- COVID-19 test results of each training participant;

- feedback forms;

-information regarding the selected trainers;

- photos of the trainings.

5.6. Consolidated report shall contain:

- list of trainers and their qualifications;

- relevant information about training sessions (dates, venues etc.);

- information about safety precautions (including COVID-19 and war hazards emergencies preparedness and response);

- list of materials provided to participants;

- summary of questions and concerns raised by participants;

- proposals on the improvement of training materials (based on questions, concerns and feedback data);

- info on trainees chosen as future trainers and what other capacity building and support they’d need to fulfil new roles;

- Executive Summary to the Consolidated Report shall be provided in Ukrainian and English.

5.7. The Customer shall review the reports submitted by the Consultant within 10 business days following their reception and shall either approve the reports or send to the Consultant review comments. Comments shall be sent in paperback (against confirmation of receipt) and in electronic form. The Consultant shall confirm the receipt of critical comments and must send to the Customer the amended reports and materials thereto within 5 business days following receipt thereof.

**VІ. ASSIGNMENT PERFORMANCE CONDITIONS**

When providing the services, the Consultant must work under general supervision of Deputy Minister - Project Coordinator, as far as routine cooperation is concerned – with consultant on the issues of medical waste management and specialists of Public Health and Disease Prevention Directorate of the Ministry of Health of Ukraine.

Duration of the services provision shall be 12 months following the contract signing.

**VІІ. QUALIFICATION REQUIREMENTS TO THE CONSULTANT**

7.1. Qualification requirements to the Consultant:

* availability of confirmed experience in the area of organization and conducting the trainings and seminars in the area of health care in the last 3 years;
* availability of confirmed experience in the area of organization and conducting the trainings and seminars for multiple totalling minimum 300 participants within the framework of a single contract in the last 3 years;

7.2. Desirable qualification requirements to the Consultant:

* availability of confirmed experience in the area of organization and conducting the trainings and seminars in the area of health care under the contracts with the Ministry of Health of Ukraine or with the state institution Public Health Centre of the Ministry of Health of Ukraine, or Oblast Health Department or within the framework of technical assistance provided by international donor organizations;
* availability of experience in the area of organization and conducting the trainings and seminars in the area of medical waste treatment;
* experience of elaborating education materials in the area of medical waste management.

**Annex**

to the Terms of Reference

**Model menu**

Quoted per one person

**Coffee/tea break**

Tea (black / green in bags) – 1 bag,

Coffee (ground)  – 100 ml,

Cream (liquid, packed, in servings) – 1 serving,

Juice in assortment (tetra pack) – 200 g,

Water – 200 g,

Sugar (refined) – 6 g,

Pastry, canapé in assortment – 100 g,

Fruit in assortment – 100 g,

Paper napkins – 2 pcs.

**Lunch**

Red borscht with garlic rolls – 280 / 25 g,

White wheat bread – 15 g, bran bread – 17 g, rye bread – 18 g,

Baked pork with mushroom sauce – 150 / 20,

Potatoes baked with onions and garlic – 160 /15 / 3 g,

Sliced vegetables (fresh tomatoes and cucumbers) – 40 / 40 g,

Tea (black / green in bags) – 1 bag,

Coffee (ground) – 50 ml, cream (liquid, packed, in servings) – 1 serving,

Sugar (refined) – 4 g,

Juice in assortment (tetra pack) – 200 g,

Paper napkins – 4 pcs.

As the trainings are conducted, changes may be made to the model lunch menu upon condition that the offered assortment, weight and quality change applicable to each item per one person shall not be inferior to the model list.

**Timeline for trainings**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event** | **November-December 2023** | **January-February 2023** | **March-April 2023** | **May-June 2023** |
| Organization and conduct of trainings of the first stage:Volyn, Rivne, Zhytomyr, Vinnytsia regions | **Х** |  |  |  |
| Organization and conduct of trainings of the second stage:Kyiv city, Kyiv, Kirovograd and Cherkasy regions |  | **Х** |  |  |
| Organization and conduct of trainings of the third stage:Ternopil, Khmelnytsky, Odesa, Poltava regions |  |  | **Х** |  |
| Organization and conduct of trainings of the fourth stage: Zakarpattia, Lviv, Ivano-Frankivsk, Chernivtsi regions |  |  |  | **Х** |

**Annex 7. CHECKLIST on the readiness of healthcare facilities for the installation and further operation of medical waste decontamination equipment.**

|  |  |
| --- | --- |
| Name of the project | Additional funding for the project "Emergency Response to COVID-19 and Vaccination in Ukraine" |
| The project is managed by | Ministry of Health of Ukraine |
| Local Project Implementation Partner | Here indicate the name of the structural subdivision of the health care body of the regional state administration |

|  |
| --- |
| General information about the healthcare institution |
| Full legal name of the health care institution in accordance with the constituent documents |  |
| Tax code of the healthcare institution |  |
| Location of the healthcare facility |  |
| Description of project activities(project activities) |  |
| A person responsible for the preparation of premises in a healthcare facility |  |
| A person designated by the order as responsible for the operation of medical waste decontamination equipment in a health care facility |  |
| Are there staff to work with the new equipment? |  |
| Rules and Procedures Development StageAre there any or are planned |  |
| Availability of premises for further placement of equipment |  |
| If "no", then what is the plan for obtaining the premises |  |
| If «yes», then what is the stage of preparation of the premises |  |
| Description of the readiness of "dirty" and "clean" premises before the installation of equipment for decontamination of medical waste\*\*in accordance with the requirements outlined in the letter of the Ministry of Health No. 26/4816/2-23 dated 24.02.2023 to the regional / Kyiv city regional military administrations |
| Compliance with the requirements given in the plan |  |
| The walls, ceiling and floor of the premises, as well as the furniture in the room, must be made of materials that are easy to use and can withstand washing and disinfection. The shape of the furniture and the joints of the walls with the floor should contribute to easy cleaning, without dead ends and zones |  |
| The floor in a dirty and clean room should be made in the same horizontal plane, without differences |  |
| The recommended floor covering is large-format ceramic-granite slabs or similar. The specific load of the steam sterilizer on the floor is about 1500 kg. |  |
| When planning and repairing premises, it is necessary to provide installation passages for transporting the steam sterilizer to the installation site, taking into account the following transport dimensions: H × W = 2000 × 1350 mm. The turning width in the corridors is 2200 mm. |  |
| When calculating the supply and exhaust ventilation of the premises, take into account the heat emitted by the sterilizer and the material. |  |
| When sewerage from plastic pipes, it is necessary to use pipes made of heat-resistant plastic (for example, reinforced sewerage made of mineralized polypropylene Ostendorf KG2000 or similar in characteristics). |  |
| Description of further activities after installation of equipment |
| Is it planned to conduct training on working with equipment for the staff of a health care institution? If so, who will conduct it? |  |
| Is it assumed that the institution has a license for waste management to carry out decontamination? |  |
| If it is expected that the institution will have a license for waste management for the decontamination of medical waste, whether the institution has such a license / plans to obtain |  |
| Follow-up with decontaminated waste |  |

|  |  |  |
| --- | --- | --- |
| The title of the position of the headof the healthcare institution | signature | Name of the health care institution |

1. COVID-19 vaccines financed from state budget resources or from other sources and not included in the Project design are not required to meet these thresholds if the Project is not financing their deployment/roll out—training, capacity building, logistics, etc.  [↑](#footnote-ref-2)
2. Under COVAX mechanism, Ukraine has given priority to obtaining vaccines that can be stored at +2°C to +8°C. Limited capacities are available for storing vaccines requiring other temperature regimens: 340,000 doses at the national level and 160,813 doses at the regional level for vaccines requiring -20oC cold chain, and 67,320 doses at the national level for vaccines requiring ultra-cold storage at -80oC to -60oC (regional capacities for this temperature regimen are not available). [↑](#footnote-ref-3)
3. This corresponds to groups 1, 2, 3, 4, 7 and 8 in the current version of the National COVID-19 Vaccination Roadmap (Table 1). [↑](#footnote-ref-4)
4. This corresponds to the number of individuals supported through the procurement of vaccines with Project resources (for approximately 2 million people), as well as those benefiting from the relevant COVID-19 vaccine investments provided by the Project (additional 8 million people). [↑](#footnote-ref-5)
5. <http://documents.worldbank.org/curated/en/157871484635724258/Environmental-health-and-safety-general-guidelines> [↑](#footnote-ref-6)
6. https://www.ifc.org/wps/wcm/connect/091f5ea7-f3cf-4c32-945b-bfef3d950e65/p\_GPN\_LFS-Hospitals.pdf?MOD=AJPERES&CVID=lSKLCo0 [↑](#footnote-ref-7)
7. [https://www.who.int/emergencies/diseases/novel-coronavirus-2019 (as of June 28](https://www.who.int/emergencies/diseases/novel-coronavirus-2019%20%28accessed%20on%20June%2028), 2020) [↑](#footnote-ref-8)
8. Safe management of waste from health-care activities, second edition 2018: <https://apps.who.int/iris/bitstream/handle/10665/85349/9789241548564_eng.pdf?sequence=1> [↑](#footnote-ref-9)
9. Management of wastes from immunization campaign activities: practical guidelines for planners and managers: <https://apps.who.int/iris/handle/10665/204415> [↑](#footnote-ref-10)
10. Infection prevention and control guidelines: <https://www.who.int/infection-prevention/publications/en/> [↑](#footnote-ref-11)
11. WHO standards related to Personal protective equipment: <https://www.who.int/medical_devices/priority/COVID_19_PPE/en/> [↑](#footnote-ref-12)
12. WHO Recommendations about rational use of PPE: [https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages](https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-%28covid-19%29-and-considerations-during-severe-shortages) [↑](#footnote-ref-13)