MONGOLIA SUPPORT FOR COVID-19 PROJECT (P173799), PEF SUPPORT FOR COVID-19 PROJECT (P174571) and COVID-19 VACCINATION ADDITIONAL FINANCING (P175730)

ENVIRONMENTAL and SOCIAL MANAGEMENT FRAMEWORK (ESMF)

2021

This Environmental and Social Management Framework (EMSF) is developed to support the environment and social due diligence provisions for activities financed by the World Bank Group *Mongolia PEF support for COVID-19 Project* (P174571) and by the Pandemic Emergency Financing Facility (PEF) as additional financing of the Project with the involvement of the Ministry of Health (MOH).

The objective of the ESMF is to assess and mitigate potential negative environment and social (E&S) risks and impacts of the Project consistently with the Environmental and Social Standards (ESSs) of the World Bank Environmental and Social Framework (ESF).

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1. Background

This Environmental and Social Management Framework (EMSF) is developed to support the environment and social due diligence provisions for activities financed by the World Bank Group Fast Track COVID-19 Facility (FCTF) , using standard components as described in Annex 2 of the COVID-19 Board paper.

This Project complements the longer-term development work in the Health Sector, including the Mongolia's E Health Project (P131290) which seeks to improve integration and utilization of health information and e-health solutions for better health service delivery in selected pilot sites. The Project was approved by the World Bank Board on 9 April, 2020 and was effective on 9 April 2020. This Project was selected for COVID-19 financing because Mongolia faces an elevated risk for COVID-19 outbreak spread. The scope and the components of this Project are fully aligned with the COVID-19 Fast Track Facility, using standard components.

A phased response through the COVID-19 Fast Track Facility is proposed. While support will surely be needed to respond to the economic impact of COVID-19 on households, businesses and government budgets, the World Bank's approach is to lead with the health response. As a first step, the majority of operations processed through the Fast-Track Facility will be health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. One of the challenges with the response to COVID-19 is the availability (and price) of medical equipment and supplies. Rapid investments to build capacity, including through procurement of equipment, will be necessary to ensure the system is able to meet the increased demand from complicated COVID-19 cases. Indeed, there will likely be growing disruption to economic activities, businesses and livelihoods. Options for support through other financing instruments are being explored as the facility is established and through country consultations.

While addressing the COVID-19 is an immediate priority for the Government of Mongolia the Project will in tandem strengthen health system preparedness for similar future public health emergencies. The Project will therefore address some of the immediate needs for responding to COVID-19 including risk communication, strengthening response capacity and investing in the building blocks for a coordinated multi-sectoral approach. It will further address health system gaps in the availability of drugs, medical supplies and equipment in key hospitals and aimag centers to meet the surge of expected patients and enhance the quality of patient care.

This ESMF follows World Bank Environmental and Social Framework and addresses risks identified in the updated Environmental and Social Commitment Plan (ESCP)[1], and the updated Stakeholder

[1] https://documents.worldbank.org/en/publication/documents-reports/documentdetail/957021585174181217/environmental-and-social-commitment-plan-escp-mongolia-covid-19-emergency-response-and-health-system-preparedness-project-p173799

Engagement Plan (SEP)[2]. As part of the World Bank support, the Ministry of Health is required to develop and implement this EMSF throughout the duration of the Project. In case a CERC is triggered, the ESMF will be updated or a stand-alone CERC ESMF will be developed to address E&S risk management requirements of the emergency related activities to be funded.
The following sections describe the environmental and social due diligence across all the anticipated project activities.

1.2 Objective, Rationale and Application of the ESMF

This Environmental *and Social Management Framework* (ESMF) assists the MOH in identifying the type of environmental and social assessment that should be carried out ***for all activities funded by the project (original project, PEF support and additional financing), including activities that involve the expansion of vaccine central storage, rehabilitation and/or operation of healthcare facilities, and the deployment of a safe and effective vaccine in response to COVID-19,*** and in developing the environmental and social (E&S) management plans in accordance with the World Bank's Environmental and Social Framework (ESF).

The World Bank is providing support to Governments for preparedness planning to provide optimal medical care, maintain essential health services and to minimize risks for patients and health personnel (including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials). As COVID-19 places a substantial burden on inpatient and outpatient health care services, support will be provided for a number of different activities, all aimed at strengthening national health care systems, including systems for the deployment of a safe and effective vaccine.

This ESMF has been developed for use in such projects. It includes the *Environmental and Social Management Plan* (ESMP) (Annex III) and the *Infection Control and Waste Management Plan* (ICWMP) (Annex IV). The ESMP identifies potential environmental, social, health and safety issues associated with the construction and operation of healthcare facilities in response to COVID-19. The ICWMP focuses on infection control and healthcare waste management practices during the operation of healthcare facilities. The ESMP and ICWMP set out appropriate measures for infection control and waste management during operation of the relevant healthcare facility.

The ESMF is complemented by other instruments including the Stakeholder Engagement Plan (SEP) and Labor Management Procedures (LMP), which specifically address requirements under ESS 10 and ESS2 respectively.

[2] https://documents.worldbank.org/en/publication/documents-reports/documentdetail/773991585914437112/stakeholder-engagement-plan-sep-mongolia-covid-19-emergency-response-and-health-system-preparedness-project-p173799

In the event a CERC is triggered (Component 4), the ESMF will be updated or a stand-alone CERC ESMF will be developed to address E&S risk management requirements of the emergency related activities to be funded.

2. Project Description

This Project was selected for COVID-19 financing because Mongolia faces an elevated risk for COVID-19 outbreak spread. The scope and the components of this Project are fully aligned with the COVID-19 Fast Track Facility, using standard components as described in Annex 2 of the COVID-19 Board paper.

The project development objective (PDO) of the parent project and AF is to strengthen Mongolia's capacity to prevent and to respond to the COVID–19 outbreak and strengthen national systems for public health preparedness. This Project complements the longer-term development work in the Health Sector, including the Mongolia's E Health Project (P131290) which seeks to improve integration and utilization of health information and e-health solutions for better health service delivery in selected pilot sites.

The Project will also address some of the immediate needs for responding to COVID-19 including risk communication, strengthening response capacity and investing in the building blocks for a coordinated multi-sectoral approach. It will further address health system gaps in the availability of drugs, medical supplies and equipment in key hospitals and aimag centers to meet the surge of expected patients and enhance the quality of patient care and vaccine service delivery.

The Covid-19 project consists of four components. Component 1 will address emergency COVID-19 Prevention and Response and aimed to slow down and limit the spread of COVID-19 in the country and improve preparedness for future public health emergencies. Component 2 will strengthening Health Care Delivery Capacity and aimed to strengthen essential health care service delivery to be able to provide the best care possible in the event of a surge in demand. Component 3 will support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. Component 4 will contribute to providing immediate and effective response to said crisis or emergency. A zero-value component has been included to ensure funds can be deployed through the project depending on the specific needs that may arise.

The primary objectives of the AF are to further strengthen preparedness and response activities under the parent project and to help ensure equitable and effective vaccine deployment in Mongolia through enhanced vaccination system strengthening. The PDO of the parent project will remain the same, as will the parent project component structure. An increase in scope and cost is required to support: (i) vaccine and drug purchase; (ii) systems strengthening and service delivery efforts to ensure effective vaccine deployment; and (iii) monitoring, tracking of vaccines use and recording of any adverse reactions to vaccination. The vaccine deployment shall use existing governmental vaccination points and, in some cases, mobile vaccination unit might be utilized for vaccine delivery.

The need for additional resources to expand the Coronavirus Disease 2019 (COVID-19) response was formally conveyed by the Government of Mongolia (GOM) in a letter from the Minister of Finance dated September 23rd, 2020, requesting the use of International Development Association (IDA) Crises Response Window resources for the purchase of COVID-19 vaccine. The proposed AF will form part of an expanded health response to the pandemic. As of December 31, 2020, 25.9 percent of the total funding of the parent project has been disbursed. The needs for additional resources in Mongolia are

significant given the fact that since the parent project was approved (April 2, 2020), a great deal of progress has been made in COVID-19 response, including vaccine development. The Government of Mongolia is leading the donor coordination in close consultation with United Nations Children's Fund (UNICEF), World Health Organization (WHO) and the World Bank. Continuing the World Bank engagement is essential to enable a sustained and comprehensive pandemic response in Mongolia.

The Additional Financing will expand the scope of the parent project in its efforts to support Mongolia government's efforts in strengthening the preparedness and response to COVID-19 pandemic while simultaneously preparing the health system for future public health emergencies. The primary objectives of the AF are to enable affordable and equitable access to COVID vaccines and help ensure effective vaccine deployment in Mongolia through enhanced vaccination system strengthening and to further strengthen preparedness and response activities under the parent project.

Table 2.1: Priority Groups for Vaccination for Mongolia

No	Beneficiary group (originally planned)	Population number	Percentage of population	Vaccination strategy
1	Employees of the government and private healthcare institutions	56,047	1.7%	At the organization or temporary vaccination unit
2	Employees of the emergency response agency, police, specialized inspection, border protection agency, who are involved in immediate response COVID-19 pandemic	52,750	1.6%	At the organization or temporary vaccination unit
3	Elders of age above 50	583,545	17.7%	Permanent or temporary vaccination unit
4	Disabled persons, people with serious chronic diseases	230,781	7%	Permanent or temporary vaccination unit
5	People with serious chronic diseases (cardiovascular, diabetes, lung, high blood pressure, cancer, people with organ transplant, people on hemodialysis machine treatment)	276,937	8.4%	Permanent or temporary vaccination unit
6	Senior year student of medical science universities, resident physicians and voluntary workers deployed additionally	65,937	2%	At the organization or temporary vaccination unit
7	Workers and employees of the business sectors of strategic importance	329,687	10%	At the organization or temporary vaccination unit
8	Vulnerable groups, people living on income below national living standard;	313,202	9.5%	Vaccination temporary units
9	Teachers of schools, universities, higher educational institutions	69,234	2.1%	At the organization or temporary vaccination unit
10	Population of age 18-49 (not included In the original plan)	-	-	
	Total	**1,978,120**	**60%**	

In the Decree #05, 11 January 2021, issued by the Deputy Prime Minister, for COVID-19 vaccine deployment, the priority group selected for receiving the first batch of vaccine covers 20 percent of

the population. A strategy to identify the targeted population, including people with co-morbidities, will be established. Once this group has been fully vaccinated and subsequent batches of vaccine are received, vaccine will be provided to an additional approximately 40 percent of the population, selected based on the WHO Fair Allocation Framework. A list of those included to receive the first batch of vaccines is provided in Table 2.1; the subsequent 40 percent will include all people > 18 years of age. Citizens below 18 years are excluded for now, due to lack of documentation on the effectiveness and possible side effects of vaccines (since most vaccine trials have not included this age group).

Project Components and updates of Additional financing

The Covid-19 project consists of four components. Component 1 will address emergency COVID-19 Prevention and Response and aimed to slow down and limit the spread of COVID-19 in the country and improve preparedness for future public health emergencies. Component 2 will be strengthening Health Care Delivery Capacity and aimed to strengthen essential health care service delivery to be able to provide the best care possible in the event of a surge in demand. Component 3 will support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. Component 4 will contribute to providing immediate and effective response to said crisis or emergency. A zero-value component has been included to ensure funds can be deployed through the project depending on the specific needs that may arise.

Under the AF, activities will be expanded to include 1) risk communication and community outreach around the nation-wide covid-19 vaccination to increase awareness and "vaccine literacy", build trust, and reduce stigma around any COVID-19 vaccine for a larger target population; 2) the preparation of detailed vaccine deployment plan based on WHO Fair Allocation Framework and development of a monitoring and evaluation (M&E) system to record the details of the recipients of vaccine as well as vaccine adverse effects; 3) engaging local community-based organizations design, adapt, and scale up innovative service delivery and community mobilization plans; 4) human resource deployment and training for effectively delivering a COVID-19 vaccination program; 5) procurement COVID-19 vaccines; 6) construction of storage facility and cold chain upgrade as well as minor civil works for WASH and environmental health. Each of expended activities were described in the table below 2.1.

Component 1: Emergency COVID-19 Prevention and Response (Total US$2.5 million COVID19 FTF): The aim of this component is to slow down and limit the spread of COVID-19 in the country and improve preparedness for future public health emergencies. This will be achieved through providing immediate support for a comprehensive communication and behavior change intervention, strengthening capacity for active case detection and response, building an enabling platform for One Health and strengthening capacity of the health work force to manage the current and future public health emergencies. It will have four sub-components:

a) **Sub-Component 1.1: Risk Communication and Community Engagement** (**US$1.1 million COVID19 FTF**): There will be a comprehensive communication and behavior change intervention to support key prevention behaviors (hand washing, social distancing etc.), including i) developing and testing messages and materials; and ii) further enhancing infrastructure to disseminate information from national to aimag and soum levels, and between the public and private sectors. Community

mobilization will take place through existing Government and community institutions such as Aimag/city and Soum/district Governor's offices, health and education sector social workers, local CSOs, and bagh/khoroo (lowest administrative unit) Governors and doctors. A community engagement, risk communication, and social distancing program for the highly populated capital city will also be mobilized. Communication campaigns will include messages regarding appropriate care for sick family members, to decrease health risks to caregivers (often female) and provide information on to minimize psychosocial impacts. These modes for communication will include TV, radio, social media and printed materials as well as outreach through the community health workers who will need to be trained and compensated for this activity. This component will be expanded with evidence based, strategic communication activities to raise public awareness on the rationale for vaccinating selected target populations, vaccine safety and vaccine deployment process; to address misinformation and vaccine hesitancy to build confidence and trust in vaccines, reduce stigma around COVID-19 vaccine; and create demand for and positive attitude and behavior towards the vaccine among the public. It will also ensure development of community complaint and feedback mechanisms for Project activities and vaccine provision.

b) **Sub-Component 1.2: Response support (US$0.65million COVID19 FTF):** This sub-component will help to strengthen disease surveillance systems, and epidemiological capacity for early detection and confirmation of cases; combine detection of new cases with active contact tracing; support epidemiological investigation; strengthen risk assessment; and provide on-time data and information for guiding decision making and response and mitigation activities. It will improve public health emergency preparedness including health facility preparedness. Aimag/district hospitals will prepare pandemic preparedness and response plans that are grounded in sound gender analyses and needs of other vulnerable populations. Support under this sub-component will: i) improve management of public health events and emergencies; ii) place incident management systems within the health sector and across other sectors, including at local levels; iii) develop a monitoring and evaluation system to measure performance of health security systems; iv) improve coordination on public health emergencies and disaster management within the health sector and beyond at national and local levels; v) continue to strengthen system readiness to implement emergency plans, and vi) conduct strategic risk assessment and health risk and resource mapping. Activities will be expanded to include the preparation of (i) a detailed vaccine deployment plan, and, based on the WHO Fair Allocation Framework to identify priority population groups to receive vaccination; (ii) development of a monitoring and evaluation system to record the details of the recipients of vaccine as well as vaccine adverse effects while benefitting from the fairly robust personal identification system available in the country; and (iii) districts/ aimags to design, adapt, and scale innovative service delivery and community mobilization plans; local community-based organizations will be contracted to perform such actions where relevant.

c) **Sub-Component 1.3: Human resource development** (**US$0.45 million COVID19 FTF**): This component will finance activities related to preparedness, capacity building and training. It will enhance human resource capacity in diagnosing and treating COVID-19 and conduct epidemiological and clinical research. Key areas will include support for i) training for emergency care doctors, nurses and paramedical staff in diagnosing, triage, and providing first aid care; ii) training for health care staff on infection control; iii) building diagnostic capacity for COVID-19 at the national; district and

aimag level; iv) providing psychosocial support to frontline responders; v) translating, adapting and disseminating guidance to triage, treat, manage and follow up people with mild suspected symptoms in primary care settings, non-health facilities, community settings and at home; v) epidemiological and clinical research studies to take stock of the COVID-19 detection and treatment. Activities will be expanded to include a human resource deployment and training plan for effectively delivering a vaccine program.

d) **Sub-Component 1.4: Creating an enabling environment for One Health (US$0.3 million COVID19 FTF):** This subcomponent will strengthen capacities for multi-sectoral response operations to emerging and new infectious diseases. Working with the General Authority for Veterinary Services (GAVS), Ministry of Food, Agriculture, and Light Industry (MOFALI) and National Emergency Management Agency (NEMA), capacity for joint response for new and emerging infectious diseases will be supported. This subcomponent will i) organize National Bridging Workshops (NBW) to analyze and improve the collaboration between the MOH, GAVS, MOFALI for the prevention, detection, and response to zoonotic diseases and other health events at the animal-human interface; ii) enhance institutional policies, plans, procedures and linkages to facilitate improved multi-sectoral communication, coordination and collaboration; iii) strengthen public health law enforcement and review to address inconsistencies; iii) conduct joint surveillance and risk assessments by MOH and GAVS; and iv) create joint data sharing platform between MOH and GAVS, both for early warning systems and joint control of disease outbreaks.

Component 2: Strengthening Health Care Delivery Capacity (Total US$ 23.75 million including US$9.95 million from COVID19 FTF, US$13.8 million IBRD) The aim of this component is to strengthen essential health care service delivery to be able to provide the best care possible in the event of a surge in demand. It will also provide ongoing support for people falling ill in the community to minimize the overall impact of the disease. Assistance will be provided to the health care system for preparedness planning to provide optimal medical care, maintain essential lifesaving services, and minimize risks for patients and health personnel. Strengthened clinical care capacity will be achieved by establishing specialized units in selected hospitals; publishing treatment guidelines, and hospital infection control interventions; strengthening health care waste management systems; and procurement of essential additional inputs for treatment such as oxygen delivery systems and medicines. Local containment will be supported through the establishment of local isolation units in hospitals. Widespread infection control training and measures will be instituted across health facilities.

As COVID-19 will place a substantial burden on inpatient and outpatient health care services, **support will be provided to rehabilitate and equip selected health facilities for the delivery of critical medical services and to cope with increased demand**. Health system strengthening efforts will therefore focus on provision of medical and laboratory equipment, PPE, medical supplies and laboratory tests to selected hospitals and health facilities. The Government of Mongolia has several health facilities as additional designated hospitals where COVID-19 patients will be admitted for treatment. These include i) Medical University Teaching Hospital; ii) Perinatology Center of Ulaanbaatar City; iii) the Third State Central Hospital known Shastin Central Hospital; and iv) all provincial and district general hospitals.

e) **Sub-component 2.1. Provision of medical and laboratory equipment and reagents (Total US$22.38 million, including US$8.58 million from COVID-19 FTF and US$13.8 million IBRD):** This sub-component will upgrade health facilities in 21 provinces and 9 districts of Ulaanbaatar city and selected hospitals for diagnostics and treatment of COVID-19 infection capacity through procurement of intensive care unit equipment and devices including Extracorporeal membrane oxygenation (ECMO) machine; establishment of oxygen mini plant; provision of oxygen balloons, emergency beds, laboratory reagents and waste management facilities. This subcomponent will also support short trainings on use of equipment, devices, and tests for health providers and technicians.

f) **Sub-component 2.2. Provision of medical supplies, including PPE and medicines (US$1.37 million COVID19 FTF):** This subcomponent will support the health system with supplies including Personal Protective Equipment like N95 respirators, medical masks, goggles, gloves, gowns etc. It will also support medical counter measures and medical supplies for case management and infection prevention, as well as procurement of drugs such as antivirals, antibiotics and essential medicines for patients with comorbidity and complications such as CVDs and diabetes. Activities will be expanded to include the procurement of vaccine and supplies required for vaccine deployment as well as the required storage facility and cold chain upgrade (including minor civil works). Minor civil works for WASH and environmental health may also be supported.

Component 3: Implementation Management and Monitoring and Evaluation (US$0.65 million COVID19 FTF): The Project will use currently existing IPIU staff of the ongoing E-Health Project and include additional capacity and expertise as required. This component would also support monitoring and evaluation of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. As may be needed, this component will also support third-party monitoring of progress and efficient utilization of project investments.

Component 4: Contingent Emergency Response Component (CERC) (US$0 million): In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency. A zero-value component has been included to ensure funds can be deployed through the project depending on the specific needs that may arise.

Project management arrangements will be adapted under the ongoing e-health Project (P131290), currently functioning satisfactorily, to utilize existing capacity in Ministry of Health (MOH) and coordinate with all stakeholders. Through its central departments and provincial offices, the MOH will be responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on the implementation of the project. The COVID-19 project Integrated Project Implementation Unit (IPIU) will consist of 9 staffs. Potential safety and health risks for direct workers are considered to be low.

Current E-Health Project Steering Committee (PSC), chaired by the Minister of Health will be used for oversight and to provide strategic policy advice and guidance to the Project. Membership of the PSC will be extended to include additional members from MOH, National Center for Communicable Disease,

Center for Zoonosis Disease and Public Health Institute. The Project Steering Committee will also be responsible for ensuring synergies between the project activities and the State emergency preparedness plan. The Project Steering Committee will meet on a regular schedule to review progress of the project, ensure coordinated efforts by all stakeholders and conduct annual reviews of the project. The multisectoral aspects of the COVID-19 response will be guided by State Emergency Commission chaired by Deputy Prime Minister.

The project will be implemented in countrywide. The expected project beneficiaries will be all Mongolian people, but in particular people with COVID-19, at-risk populations, medical and emergency personnel, laboratories of National Center for Communicable Diseases of Ministry of Health and 21 aimags and 9 district hospitals, emergency operation centers (EOCs) and health agencies including National Center for Public Health. The proposed Project will make specific efforts to reach the most vulnerable communities, including poor households, remote communities, ethnic minorities, female-headed households, adult with chronic disease, people with a disability and other populations that are at high risk of epidemic disease. Also, 60 percent of general population will be vaccinated anti-COVID-19 vaccine. The GOM is using hotels in Ulaanbaatar for quarantine and isolation centers. Table 2.2 shows extended activities from the AF to the parent project.

Table 2. 2: Original Activities and Activities under AF

Original components and activities	Changes or Additionalities under AF
Component 1: Emergency COVID-19 Prevention and Response	
Sub-component 1.1 will support comprehensive communication and behavior change intervention to support key prevention behaviors (hand washing, social distancing etc.), including i) developing and testing messages and materials; and ii) further enhancing infrastructure to disseminate information from national to aimag and soum levels, and between the public and private sectors.	Activities will be expanded to include information to the public of the rationale for vaccinating selected target populations; vaccine safety; the process for vaccine deployment; registration and possible side-effects of the vaccine to foster confidence in a new vaccine. Effective communication and outreach will be imperative to increase awareness and "vaccine literacy", build trust, and reduce stigma around any COVID-19 vaccine for a larger target population.
Sub-component 1.2 will support i) improved management of public health events and emergencies; ii) place incident management systems within the health sector and across other sectors, including at local levels; iii) develop M&E system to measure performance of health security systems; iv) improve coordination on public health emergencies and disaster management within the health sector and beyond at national and local levels; v) continue to strengthen system readiness to implement emergency plans, and vi) conduct strategic risk assessment and health risk and resource mapping.	Activities will be expanded to include the preparation of i) a detailed vaccine deployment plan, and, based on the WHO Fair Allocation Framework to identify priority population groups to receive vaccination; ii) development of a monitoring and evaluation (M&E) system to record the details of the recipients of vaccine as well as vaccine adverse effects; iii) districts/aimags to design, adapt, and scale innovative service delivery and community mobilization plans; local community-based organizations will be contracted to perform such actions where relevant.

Sub-component 1.3. will support i) training for emergency care doctors, nurses and paramedical staff in diagnosing, triage and providing first aid care; ii) training for health care staff on infection control; iii) building diagnostic capacity for COVID-19 at the national; district and aimag level; iv) providing psychosocial support to frontline responders v) translating, adapting and disseminating guidance to triage, treat, manage and follow up people with mild suspected symptoms in primary care settings, non-health facilities, community settings and at home; v) epidemiological and clinical research studies to take stock of the COVID-19 detection and treatment	Activities will be expanded to include a human resource deployment and training plan for effectively delivering a vaccine program. This would need to be rolled out across the country in the shortest possible time to existing staff and additional vaccinators (retired health staff, Red Cross members, pharmacists etc.) on provision of the vaccine, infection control, pharmacovigilance and environmental safety measures as well as interpersonal communication tools to counter any resistance to the vaccine.
Subcomponent 1.4. will strengthen capacities for multi-sectoral response operations to emerging and new infectious diseases	No additional activities
Component 2: Strengthen Health Care Delivery Capacity	
Sub-component 2.1. will upgrade health facilities in 21 provinces and 9 districts of Ulaanbaatar city and selected hospitals for diagnostics and treatment of COVID-19	No additional activities
Sub-component 2.2. will support the health system with supplies including Personal Protective Equipment and medical supplies for case management and infection prevention, as well as drugs for patients with co-morbidity and complications.	Activities will be expanded to include the procurement of the required vaccine storage facility and cold chain upgrade as well as the vaccines and supplies require for vaccine deployment. Minor civil works for WASH and environmental health may also be supported. This is not a new construction. It is an extension for rural health facility which did not have an indoor WASH facility.
Component 3: Implementation Management and Monitoring and Evaluation	
This component supports the existing IPIU staff of the ongoing E-Health Project along with additional capacity and expertise as required. It also supports monitoring and evaluation and third-party monitoring of progress and efficient utilization of project investments.	Activities will support any additional technical staff required for management and monitoring with regard to vaccine procurement, cold chain strengthening and vaccination delivery support. This may include engaging partner organizations, especially UNICEF and WHO, in various roles. In addition to routine immunization recording, daily records documenting the bar code of the vaccine provided to each individual and records of any adverse vaccination effects will be maintained.
Component 4: Contingent Emergency Response Component	No additional activity
In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.	No additional activity

Project Components and Estimated Budget

The primary activities in the COVID-19 Master Plan to be supported by the Project, in line with the RGC's request, are presented in Table 2.3.

Table 2. 3: Cost Distribution (in USD Million)

Parent project				AF	Grant total
	Total	COVID19 FTF	IBRD	IDA	
Component 1: Emergency COVID-19 Prevention and Response	**2.5**	2.5			2.5
Sub-component 1.1 Risk Communication and Community Engagement	1.1	1.1		2.5	3.6
Sub-component 1.2 Response support	0.65	0.65		2.1	2.75
Sub-Component 1.3 Human resource development	0.45	0.45		3.0	3.45
Sub-component 1.4 Creating an enabling environment for One Health	0.3	0.3			0.3
Component 2: Strengthening Health Care Delivery Capacity	**23.75**				23.75
Sub-component 2.1 Provision of medical and laboratory equipment and reagents	22.38	8.58	13.8	5.0	27.38
Sub-component 2.2 Provision of medical supplies, including PPE and medicines	1.37	1.37		36.1	37.47
Component 3: Implementation Management and Monitoring and Evaluation	**0.65**	0.65		2.0	2.65
Component 4: Contingent Emergency Response Component (CERC)	0				
Total	**26.9**	**13.1**	**13.8**	**50.7**	**77.6**

It is important to note that given project focus on immediate priority activities, the project should avoid activities or subprojects with complex environmental and social aspects. To ensure that adverse impacts will not occur given the nature of emergency, the items and activities identified below are ineligible.

The following type of activities shall not be eligible for finance under the Project:

- Any new construction (building an indoor WASH facility is considered to be an extension to rural health facilities only)
- Activities that may cause long term, permanent and/or irreversible (e.g. loss of major natural habitat) adverse impacts
- Activities that have high probability of causing serious adverse effects to human health and/or the environment other than during treatment of COVID-19 cases
- Activities that may have significant adverse social impacts and may give rise to significant social conflict
- Activities that may affect lands or rights of indigenous people or other vulnerable minorities,
- Activities that may involve resettlement or land acquisition or adverse impacts on cultural heritage.

3. Policy, Legal and Regulatory Framework

The Disaster Protection Law (in place since 2017) authorizes the National Emergency Management Agency and State Emergency Committee (SEC) to direct emergency policies and measures via the Government of Mongolia and regional emergency committees. The legal enforcement of SEC-led precautionary measures enabled a unified and focused administration of COVID-19 disaster management.

On 20 April, 2020, The Parliament of Mongolia endorsed a temporary law on the coronavirus infection prevention, combating, reducing the social and economic impact. The multisectoral aspects of the COVID-19 response will be guided by the National Emergency Commission chaired by the Deputy Prime Minister.

Law on Health and related regulations by MOH and Law on Social Welfare and related regulations by MLSW, by the law on Preschool education and related regulations and national programmes activities and objectives included to FHCs and SHCs. It is included in bilateral agreement between FHCs and SHCs with the City and aimag governor's office or Health departments. All national programs health indicators included in SHC and FHCs monthly, quarterly and annual report forms, by which MOH is trying reinforce the implementation of programs and conduct ongoing monitoring and evaluation of the programs.

Law on Hygiene, 2016, The Parliament of Mongolia nullified the Law on Sanitation adopted on May 07, 1998 and passed the Law on Hygiene on Feb 04, 2016. The laws warrant the Constitutional right of a citizen to live in healthy and safe environment. Based on this law the environmental surveillance system stated to implement at the National center for Public Health since 2018.

The Law on Air regulates protection of air in the environment, prevention of air pollution, monitoring and reduction of air pollutants (2012). The Law on Air specifies the powers and duties of central government bodies, local self-governing entities, economic entities, organizations and citizens in relation to air protection.

The Law on Air (2012) and **Law on Air Pollution Fees** (2010) regulates relations concerning the imposition and payment of air pollution fees on air pollutants and sets four types of fees – from coal burning, automobiles, organic substances and other sources to be collected by the state budget. The law was revised in January 2018; accordingly, air pollution fees must be collected by the Anti-Air Pollution Fund from January 2019.

The Law on Energy (2001) regulates energy use, generation, transmission and distribution activities and supports the construction of efficient, reliable and sustainable energy resources. The law supports the creation of subsidized energy tariffs for households in ger districts to encourage the use of affordable electric energy sources for heating and cooking rather than the traditional burning of raw coal and woody biomass. The Law on Renewable Energy (2007) regulates the generation and distribution of electricity created by renewable energy sources and gives special priority to wind and solar energy. The law sets the government guaranteed feed-in tariffs for renewable energy power sources and sets up a renewable energy fund.

"**Law on Air Pollution Fees**", June 24, 2010 (the law was amended on May 17, 2012). It regulates the protection of the atmosphere to provide environmental balance for the sake of present and future generations, allows government to set standard limits on emissions from all sources and provides for the

regular monitoring of ambient air pollution, hazardous impacts and changes in small air components such as ozone and hydrogen.

Law on waste, 2012. This law regulates the decrease, sorting, collection, transport, storage, reuse, recycle, use by restoration, and disposal of ordinary solid wastes; and collection, transport, storage, reuse, recycle, use by restoration, and disposal of gaseous, liquid and solid wastes other than radioactive waste. According to this law open burning of all kind of waste is prohibited in all stage.

Health care waste management

Healthcare waste is considered to be hazardous. Hence, laws regulate the collection, transportation and disposal of such waste. The current legal framework for the management of healthcare wastes (HCW) in Mongolia consists of relevant international conventions ratified by Mongolia, the Law on Waste and other specific national laws, strategies, Ministerial Orders, and legal documents related to its enforcement.

The Government started to pay special attention to waste management in 1999 after approval of the Waste Management program. In May 2012, the Parliament of Mongolia endorsed the "Law on Waste" and it is the primary document that regulates waste management in Mongolia and updated in 2017. The purpose of this law is to regulate various aspects related to storage, collection, transport, landfilling, recycling, final disposal, export, import and trade of waste and to eliminate hazardous impacts of household and hazardous wastes on public health and the environment. In relation to the approval of this law, the "Law on Importing, Exporting and Transporting Hazardous Waste Across Borders and its Prohibition" was abolished.

Clause 3.1.3 of the Law on Waste defines hazardous waste as, "any waste that damages, infects and harms people, animals, plants, and their descendants; and that has detrimental effects on the environment, having the attributes of being contaminative, corrosive, oxidizing, flammable, explosive, radioactive and infectious"

Moreover, while this legislation does contain the term "medical waste" it does not contain the term "special medical waste". Additionally, the Law on Waste gives the government the right to approve the procedures for issuing licenses related to the collection, packaging, temporary storage, disposal, recycling and long-term storage of waste to citizens, businesses and organizations.

In the Clause 8 of the **Law on Waste** states that:

8.3. The central administrative body in charge of health care will have the following rights:

8.3.1. To supervise and control the waste management of its affiliated units and organizations, to provide them with professional and methodological guidance and to provide financial support;

8.3.2. To approve and supervise he methods for collecting, storing, transporting and disposing of waste for each specific case;

8.3.3. To approve of the fees and norms for waste management services in relation to the methods;

8.3.4. Determine norms for health facilities in accordance with the procedures specified in 8.1.10 of this law (Approve the methodology for determining municipal waste normative)

8.3.5. Provide professional, methodological, and financial support to the classification, collection, transport, recycling, recycling and disposal of hazardous waste from the health organizations.

The current legal framework for the management of healthcare wastes (HCW) in Mongolia consists of relevant international conventions ratified by Mongolia, the Law on Waste and other specific national laws, strategies, Ministerial Orders, and legal documents related to its enforcement. The Government started to pay special attention to waste management in 1999 after approval of the Waste Management program. In May 2012, the Parliament of Mongolia endorsed the "Law on Waste" and it is the primary document that regulates waste management in Mongolia and updated in 2017.

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In 2017, Health Ministerial order #A/505 on classifying, collecting, transporting, storing, treating and eliminating of health care waste was approved and implementing till now. According to the order, all health care service provider in all level should follow the order in terms of the health care waste management issues. Medical and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) can have significant impact on environment and human health. Wastes that may be generated from medical facilities/labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment. The AF component adds additional waste types including syringes and vaccine vials, as well as expired or wasted vaccines. The order prescribes that all infectious medical waste should be disinfected in autoclaves and buried. In UB, there is a separate medical waste landfill area adjacent to the municipal waste landfill. In provinces, burial of disinfected medical waste occurs at the local landfill.

Law on Chemical and Toxic Substances

The "Law on Chemical and Toxic Substances" which was endorsed in 2006, is used in regulating the use, transportation and disposal of expired or unused medicines, chemical reagents and substances used in radiation therapy, radiology and other diagnosis. Chemical and toxic substances are disposed of at specific points based upon the decisions of professional inspection agencies. The points for disposal are determined by the local governor and a committee consisting of environmental and health inspectors. The local emergency workers prepare acts to report about the disposal.

Law on Immunization

This law been endorsed in 2000 and the latest amendment was done in 2015. It was used to regulate relations pertaining to the prevention of the Mongolian population from and the immunization against infectious diseases. All the steps such as selecting of the vaccine, transportation, storing, delivering medical service to the client and etc. which of stated in the Vaccination deployment plan will be undergone by this law.

In the Clause 12 states:

> 12.1 Immunization agent may be voluntary taken according to the relevant regulation by the citizen who are traveling to a region or country that has high endemicity of contagious diseases

and/or by persons who are involved in certain types of jobs and services. In such cases the expenses of vaccination shall be born by the persons involved.
12.2 The list of jobs and services that require vaccination, shall be adopted by the Government.

Brief overview of labor and OSH legislations

Mongolian Labor Law (1999), Law on Trade Unions (1991), Law on Promotion of Gender Equality (2011), Law on Occupational Safety and Hygiene (amended in 2015) and related regulations adopted by the Government and tripartite bodies provide the legal framework for protecting the legitimate rights and interests of workers of Mongolia.

The Law on Occupational Safety and Hygiene (amended 2015) determines the state policy and principles on occupational safety and hygiene and provides the requirements as regards to the OHS management and monitoring system.

Water, sanitation and hygiene

In the Mongolian standards of the different level hospitals are included with water and sanitation criteria. In 2017 Nov approved the structure and activity MNS50952017 standard for General hospitals and states that: Sanitation shall to connect to centralised system; in hospital departments and units toilet should have warm and cold water for wash hand, supply by antibacterial soap, disposal hand towel and hand disinfection solutions.

Infection prevention control

The legal framework for infection prevention and control (IPC) is Order 165 which was issued in 2010, consisting of both administrative and technical frameworks. It was intended to provide comprehensive administrative and technical guidelines that includes essential aspects related to IPC, among others, organization, roles and responsibilities of IPC committee/subcommittee; infection control precautions; disinfection and sterilization instructions; diagnostic criteria for hospital acquired infection (HAI); list of single-use disposable items; surveillance reporting forms for HAI.

Order 165 is complemented by a number of orders and standards that are relevant to IPC, including waste management orders; blood safety orders; Order 397 on care of tuberculosis patients; standard of HAIs surveillance (MNS 59856-2003); standard of resistant pathogens (MNS 5948-57-2003).
The General Agency for Specialized Inspection is responsible for external evaluation of the hospitals' quality of services, in which the scope of inspection encompasses the hygiene and infection control of health care facilities. The current inspection checklist audits on the availability of organization and plan for IPC activities; hand hygiene commodity, guideline and training; medical waste management; essential facilities and sterilization equipment; surveillance of resistant microorganisms; staff vaccination coverage and infection prevention plan for health care workers (HCW), etc[3]. The existing national regulatory policy documents shall applicable to the implementation of the project.

[3] ADB, Subsector Analysis (Summary): Hospital Hygiene and Infection Prevention and Control Project Number: 45009, Mongolia: Fifth Health Sector Development Project,
https://www.adb.org/sites/default/files/linked-documents/45009-002-mon-oth-03.pdf

Applicable World Bank Environmental and Social Standards

The Project's environmental and social risk is classified as 'Substantial'. Six of the ten Environmental and Social Standards (ESSs) of the WB's Environmental and Social Framework (ESF) have been screened as relevant. Those are i) **ESS1 Assessment and Management of Environmental and Social Risks** and Impacts sets out the Borrower's responsibilities for assessing, managing and monitoring environmental and social risks and impacts associated with each stage of a project supported by the Bank through Investment Project Financing (IPF); ii) **ESS2 Labor and Working Conditions** recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth; iii) **ESS3 Resource Efficiency and Pollution Prevention and Management** recognizes that economic activity and urbanization often generate pollution to air, water, and land, and consume finite resources that may threaten people, ecosystem services and the environment at the local, regional, and global levels; iv) **ESS4: Community Health and Safety** addresses the health, safety, and security risks and impacts on project-affected communities; v) **ESS7: Indigenous People/ Sub-Saharan African Historically Underserved Traditional Local Communities (for Mongolia: Kazakh and Tuva ethnic minority)** to avoid adverse impacts project on ethnic minorities; vi) **ESS10: Stakeholder Engagement and Information Disclosure recognizes** the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice.

ESS 5 (Land Acquisition, Restrictions on Land Use and Involuntary Resettlement), ESS 6 (Biodiversity Conservation and Sustainable Management of Living Natural Resources), ESS 8 (Cultural Heritage) and ESS 9 (Financial Intermediaries) are not relevant to the project activities.

The screening of social risks and impacts is based on discussion with the task team and consultations with MOH. The ESMF has also taken into account the national requirements as well as the application of an international protocols for infectious disease control and medical waste management. The Project is not expected to impact natural habitats or cultural sites. In addition, all activities financed through the project are subject to the World Bank Group Environmental, Health and Safety (EHS) Guidelines (see Annex 4 Resources) including those on "healthcare facilities", "waste management", "hazardous materials management", and "construction and decommissioning".

An Environmental and Social Commitment Plan (ESCP) has been prepared, consulted on, and updated, which takes into account the need to ensure adequate budget, staffing and operational arrangements for Project E&S risk management. A Stakeholder Engagement Plan (SEP) has also been prepared and consulted on, and updated, describing a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle recognizing the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical. The project will also strive to address other communication messages that may be needed, such as around mental health, support to parents and Gender-Based Violence, particularly if social isolation restrictions and school closures continue.

Below table 3.1 represents required project environmental and social standards measures and actions.

Table 3.1 Required Project Environmental and Social Standards Measures and Actions

Relevant Environmental & Social Standard	Required Measures and Actions
ESS1 Assessment and Management of Environmental and Social Risks and Impacts	**Ministry of Health (MOH) shall establish and maintain** assigned departments/institutes with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists. **The Environmental and Social Management Framework (ESMF)** prepared by the date of project effectiveness.
ESS2 Labor and Working Conditions	**Occupational Health and Safety (OHS) measures** in line with the ESMF, LMP, IPC&WMP and WHO guidelines on COVID19 shall be established and complied with in all facilities, including laboratories, quarantine and isolation centers, oxygen mini plant, and screening posts. **A Grievance Hotline and assignment** of focal points to address these grievances shall be established within MOH and IPIU Provisions to prevent SEA, GBV and/or VAC, including CoC for IPIU's staff for contracted workers in line with relevant national laws and legislation shall be included at the project's LMP, adopted and applied under the project.
ESS3 Resource Efficiency and Pollution Prevention and Management	IPC&WMP acceptable to the Association will be prepared before beginning the relevant Project activities GHG and combustion gaseous emissions from cold chain equipment will be minimized, with mitigation measures presented in the corresponding ESMP
ESS4 Community Health and Safety	**Precautions measures** in line with the ESMF, IPC&WMP and WHO guidelines on COVID19 shall be put in place to prevent or minimize the spread of the infectious disease/COVID-19 from laboratories, quarantine and isolation centers to the community . Quality of vaccines is maintained throughout the supply chain in accordance with WHO guidance for storage and transportation of vaccines will also be incorporated.
ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	**The MoH through the IPIU** will ensure information and communication materials on vaccination campaigns are available in Mongolian and Kazak languages; and public awareness materials displayed in public places. The soum governor office in partnership with local health center will identify method, timeline and cost associated not only storage, transport, deliver of vaccine but also effective communication plans to ethnic minority communities, in particularly Tsaatan, who live in areas where accessibility is challenging due to road or weather condition. For the ethnic minority: develop information and communication materials in Kazakh and Duha language minority manner, enable non socialized ethnic minority to get proper information about COVID-19 prevention and vaccine. The project's SEP will be adapted in a manner acceptable for the Bank to make sure that EM community members are fully consulted in a culturally-appropriated manner about and have opportunities to benefit from the project activities.
ESS10 Stakeholder Engagement and Information Disclosure	**A Stakeholder Engagement Plan (SEP)** including a Grievance Mechanism prepared, consulted and disclosed. The SEP updated and disclosed prior to Effective Date. Grievance Mechanism shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.

With support from UNICEF and WHO, the MOH has appraised the country's readiness for deployment of the COVID-19 vaccine using the Vaccine Introduction Readiness Assessment Tool (VIRAT) and the Vaccine Readiness Assessment Framework (VRAF). The VIRAT-VRAF 1.0 assessment was done in November, 2020.The second VIRAT-VRAF 2.0 assessment was conducted in January 2021. Based on the assessment results, most activities are ongoing and yet to be completed.

Project preparation has included a mapping of the stakeholders. Individuals and groups likely to be affected (direct beneficiaries) have been identified. Mapping of other interested parties such as government agencies/authorities, NGOs and CSOs, and other international agencies have also been completed. The project has prepared an SEP, which has been updated. The SEP serves the following purposes: (i) stakeholder identification and analysis; (ii) methods for stakeholder engagement, including effective communication tools for consultations and disclosure; (iii) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM). Provisions have been included to reach and meaningfully engage vulnerable and disadvantaged groups (elderly, children who are high risk – such as those who are malnourished --, poor households, ethnic minorities, resident in rural areas, people living with a disability, female-headed households and those with chronic illnesses).

WBG EHS Guidelines will apply to the extent relevant as well as appropriate current WHO Guidance (see Resources appendix). Beyond this immediate concern, project implementation needs also to be responsive to the needs of marginalized and vulnerable social groups who may be unable to access facilities and services designed to combat the disease. To mitigate this risk MOH, in the ESCP, is committed to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases.

Relevant Good International Industry Practice (GIIP) such as WHO technical guidance developed for addressing COVID-19. These technical guidance documents are evolving, and they are being updated as new information becomes available

WHO resources include technical guidance on: (i) laboratory biosafety, (ii) infection prevention and control, (iii) rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, (iv) water, sanitation, hygiene and waste management, (v) quarantine of individuals, (vi) rational use of PPE, (vii) oxygen sources and distribution for COVID-19 treatment centers, (viii) COVID-19 vaccination: supply and logistics guidance. Additional guidance is listed below in Annex V.

4. Environmental and Social Baseline

Mongolia's health system reflects the country's rapid economic and political change. Mongolia provides free and universal healthcare to its citizens and providing equal and accessible health care to the population without discrimination is also recognized as principle of health system under Health Law. the country has made important gains in declining infant, child and maternal mortality, and achieved a high level of health insurance coverage. However, health disparities persist, largely due to geographical (urban versus rural),

income-related and demographic (nomads versus settled population) variations. The burden of disease in Mongolia is evolving:

- Mongolia is seeing a shift in the burden of disease, moving from communicable to noncommunicable diseases (NCDs). Leading causes of mortality are now circulatory system disorders and cancers.
- Although overall, communicable diseases have decreased over the years, they still account for a high proportion of overall disability-adjusted life years (DALYs) and, outbreaks and health emergencies can lead to significant socioeconomic losses. Mongolia also faces emerging diseases, environmental threats such as toxic chemical hazards, dzud (summer droughts followed by severe winters) and flooding.
- The large herder population in Mongolia, increases the chances for zoonotic diseases. In recent years zoonotic diseases have expanded and outbreaks of transboundary disease have emerged in animals and humans. Brucellosis, anthrax, tick borne disease and rabies still constitute a threat to human health and welfare.

The health sector preparedness is **guided by the government's Health Sector Strategic Master Plan (HSSMP) for 2019-2024**. Led by the Ministry of Health, surveillance and emergency response coordination systems – including regional emergency operations centers and a laboratory network in aimags (administrative districts) near national borders – have been established. Mongolia has also endorsed the International Health Regulations, or IHR (2005), and the Asia Pacific Strategy for Emerging Diseases (APSED), which has been used to build core capacity for surveillance and response including pandemic influenza.

The health facilities system of Mongolia consists of state-owned, private and mixed-owned health facilities that are in charge of public health, medical care service, pharmaceuticals supply, health education, research and training. Medical care service is controlled by the integrated regulations of the state and is dedicated to be fair, respectful for clients, equitable and accessible. Family health centers, soum and village health centers, inter-soum hospitals, clinics, maternity hospitals, public health centers, general hospitals, sanatoriums, ambulances service centers, regional diagnostic and treatment centers (RDTCs), central hospitals and specialized medical centers are currently serving a medical care service.

As of 2020, a total of 4 343 health facilities were operating and delivering health care services around the country, including 13 central and specialized hospitals, 5 RDTCs, 16 aimag general hospitals, 12 district general hospitals and public health centers (PHCs), 6 rural general hospitals, 39 inter-soum hospitals, 219 family health centers (FHCs), 273 soums health centers (SHCs), 243 private hospitals and 1 340 private clinics.

Health service at rural and urban areas: Mongolia administratively divided into 21 provinces and Ulaanbaatar Capital city. The rural provinces further divided into 333 soum (smallest rural administrative unit). Healthcare in rural areas is highly resource-intensive; thus, ensuring access to health services is vital in a country with vast rural territory and a very low population density. A network of soum health center, the sole healthcare provider in rural soums and with a referral level at the aimag (province) level, general hospitals deliver a comprehensive set of primary and secondary healthcare provisions in rural provinces. In urban areas, healthcare is provided through polyclinics, district hospitals, and tertiary level hospitals and specialized centers. Urban healthcare is mostly reliant on curative services, thus highly inefficient.

The Mongolian government has established family group practices (FGP), which are groups of primary care physicians that provide PHC services in Ulaanbaatar (incuding ger area), province centers, and other cities. FGPs were envisaged as private entities under contract with local governments and financed from state budgets based on the number of registrants[4]. Family doctors usually are general physicians, pediatricians, and gynecologists who have undergone family doctor training. In the Ulaanbaatar and the aimag centres there are district hospitals and FGPs. FGPs, which usually consist of three to six family doctors and one nurse per doctor, are required to deliver primary care for the listed population in their catchment area. On average, 6375 residents are registered with each FGP and one family doctor serves between 1200 and 1500 people (200-350 families (350-600 children younger than 16)). Each physician must visit each newborn every 2 weeks for the first 3 months and then once a month until age 1. They must also visit each elderly and homebound chronically ill patient at least once a month. Their nurses either come with them or visit patients alone to administer injections, change dressings, take infants' measurements, and encourage persons to come for vaccinations. Therefore, Ger district people and vulnarible population are able to get health service[5]. On a local level, feldshers of bagh level report to soum hospitals through regular meetings and visits, and in case of emergencies refer patients to soum or intersoum (larger centres that render health services to the population of two or more soums) hospitals. Most of the soum hospitals have between 15 and 30 beds and provide antenatal and postnatal care, minor surgery, normal deliveries, referral to an aimag hospital, and health education and prevention activities.

Environmental factors such as air pollution, poor access to clean water and sanitation and chemical safety are significant public health concerns, especially in urban centers. These issues were a key part of Mongolia's unfinished Millennium Development Goals (MDG) agenda.

Water, sanitation and hygiene

By this standard all health facilities shall meet sanitation and water criteria. For health care facilities, centralized water supply 14.1%, decentralized water supply 85.9%. Since 2005 numbers of project related to the WASH were successfully implemented. Those are 'Pilot project for improvement of WASH in rural hospital", "Essential ENH standards for HCFs "and WSP Initiative. In terms of legislation the Law on Hygiene is staring to implement since 2015. Assessment of the implementation conducted by MOH and GASI with WHO financial and technical support in 2014-2016. The sampling area was the Health Facility Environmental Hygiene Standard (MNS 6392:2013) in general hospitals of 21 provinces, Regional Diagnostic and Treatment Centers in Khovd, Dornod, Uvurkhangai, Orkhon and Umnugobi provinces, Health Centers of 8 districts and general hospitals of 4 districts of the capital city, State Central Hospital No. 1, 2 & 3, and 7 specialized centers.

[4] Altantuya Jigjidsuren, Tumurbat Byambaa, Enkhjargal Altangerel, Suvd Batbaatar, Yu Mon Saw, Tetsuyoshi Kariya, Eiko Yamamoto and Nobuyuki Hamajima, Free and universal access to primary healthcare in Mongolia: the service availability and readiness assessment, BMC Health Services Research 2019:19:129, https://doi.org/10.1186/s12913-019-3932-5

[5] Bolormaa T, Natsagdorj TS, Tumurbat B, Bujin TS, Bulganchimeg B, Soyoltuya B, et al. Mongolia: health system review. Health Systems in Transition. 2007; 9:1–151 http://ufh.com.cn/wp-content/uploads/2015/01/World-HealthOrganization_Mongolia_Health-Systems-Review_v3-no2-2013.pdf

According to the implementation assessment, about 70% of institutions met the standard level. Based on the evaluation result all health institutions are developing improvement plan of sanitation settings at the own organization. Future challenges are evaluating environmental condition including WASH in 329 soum health centers, tight follow-up of implementation of improvement plans in all HCFs. As well as designing and construction of water and sanitation facilities in cold climate context at local level. Moreover, WASH especially sanitation still remains a low priority among government and donors and there is a great need for IEC campaign to raise the benefits of WASH.

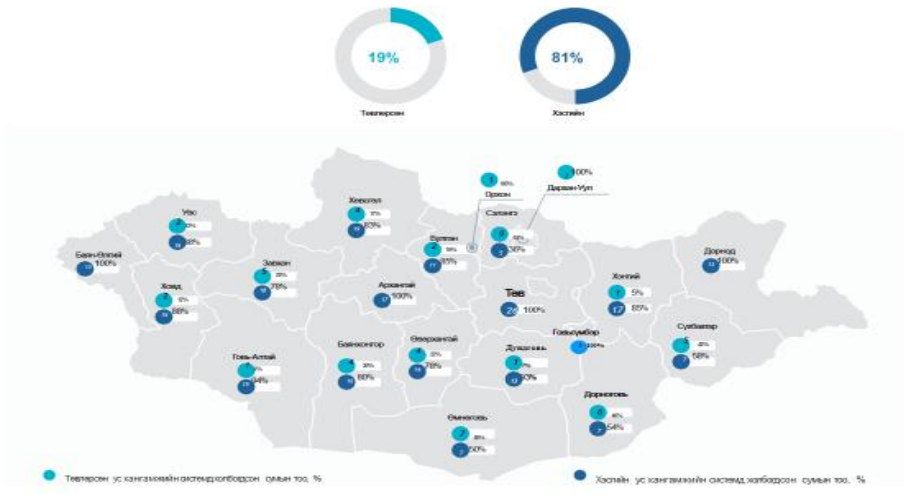

Figure 1. Percentage of soum health centers which connected to the central water supply and sewage system, nationwide, 2017

Health care waste management

Healthcare waste management is undergoing a transformation, which is well advanced in Ulaanbaatar but lags behind in other parts of Mongolia. In Ulaanbaatar, a central healthcare waste treatment facility has been in operation since 2011 by the company Element LLC, which operates under a public–private partnership agreement between Ulaanbaatar City, the Ministry of Health and Element LLC. Element LLC and Element Medical LLC collects medical waste from all public and private healthcare facilities in Ulaanbaatar City, and Tuv aimag (some soums) on a routine basis and, after autoclave disinfection, disposes of this waste in the Narangiin Enger disposal site. The facilities consist of two autoclave units for biological waste and 8 unit for needles and sharps, with a total combined capacity of 2,800 kg/d. The daily capacity of both company is 20-24 tonnes per day (tpd) based on a 8-10 hour working day (before the COVID-19 pandemic Element LLC at the Nalaikh had disposed 3.5-4 tpd and Element Medical LLC had disposed 4.6-5 tpd, leaving adequate capacity for treatment of additional COVID-19 related waste). Autoclaves of both companies are old, outdated and need to be renewed. During the COVID-19 pandemic situation, the 2 companies contracted additionally to manage health care waste of 32 points of Ulaanbaatar city.

The other Mongolian health facilities are managing health care waste according to the above-mentioned Health Ministerial order #A505 by using own resources and locations for disposing the waste. According to the GASI assessment, only Orkhon aimag has a centralized health care waste management

company. In general, except from 2 aimags namely Tuv and Orkhon, 432 health facilities of other aimags are managing the health care waste generally by burning wastes without disinfection in simple stoves, whereas some facilities are dumping health care waste at the local disposal site. Health facilities of Selenge and Sukhbaatar aimags had contracted with the aimag general hospital for disposal of health care wastes.

The Aimag General Hospitals (AGH) and Regional Diagnostic and Treatment Centers (RDTC) have capacity for disinfecting 25 kg of infectious wastes per day. However, 10 aimag's hospitals are not capable to dispose of this waste. Gobi-Altai, Dundgobi, Zavkhan, Uvurkhangai aimag's health facilities do not have an autoclave and health care wastes are burned. As the amount of healthcare wastes is increasing due to the COVID pandemic, almost all aimag's health facilities are facing difficulties in terms of waste disposal activities.

The MOH has approved temporary order #A/510 for HCWM issues during the pandemic period on 06 November, 2020. According to this temporary order PPE used shall be burned. According to this ministerial order, all health facilities are allowed to burn PPEs used. Simple incinerators are used for the burning of PPEs. Also, the Procedure for the medical waste management for the temporary vaccination units is covered in the "Interim Guidelines for Prevention and Control of Coronavirus Infection Vaccination (COVID-19)" approved by the Health Minister's Order #A/108 of 2021. In addition, the Minister of Health has renewed the order #A/227 of 20 April, 2021. This order regulates health delivery related aspects during the pandemic period which include field epidemiology surveillance, emergency response activities, infection prevention control measures, health care waste management during treatment, and lab testing of COVID-19. It requires to follow Ministerial order #505 for managing HCW. Waste handling personnel needs to be equiped with full PPE during handling of the waste. This regulation applies to each vaccination unit according to the temporaty ministerial order #Health Minister's Order #A/108 of 09/03/2021.

Current COVID-19 update

The Mongolian government placed Ulaanbaatar under lockdown between 11-23 February 2021 and 12 April to 8 May, 2021 to reduce the spread of COVID-19. The majority of the sources of infection had been traceable, and all COVID-19 patients had been treated in the hospitals, regardless of their severity classification. As of 10 May, total confirmed cases reached 45,459, with the number of cases averaging 1,152 per day. The first death from COVID-19 was registered in December 2020 and total deaths have now reached 170. As of 9 May, coverage of target group to the 1st dose of vaccine is 76.9% and second dose coverage is 30.1% in nationwide. The cluster infection was been registered in Ulaanbaatar city (capital), all aimags of Mongolia.

Table 4.1. General update of the coronavirus outbreak in Mongolia

Indicators	In last 24 hours	Total	By percentage
Total conformed cases	477	46 936	100%
Recovered	1570	34 230	72.93%
Undertreatment	-	12 518	26.67%
Returned to back home country	0	9	0.02%
Death	9	179	0.38%

The authorities have been proactive in preventing the outbreak. The Parliament of Mongolia, the Cabinet, National Security Council and State Emergency Commission have convened multiple times and issued policy decisions regarding prevention of the possible transmission of COVID-19. Decisions were made to impose temporary travel restrictions, adopt social distancing measures, and suspend school and kindergarten and social events. The Government allocated 4.3 billion MNT (USD$1.5 million) from the Government's Reserve Fund for prevention, preparedness of medical services, and purchasing medicines, medical tools, personal protective equipment and other infection prevention and control supplies. Public awareness and knowledge have improved.

The national approach to testing for COVID-19 is based on field epidemiological decision relates with the conformed cases of COVID-19. The result of testing can be obtaining in following website: https://eruul.gerege.mn/public/eruul

Readiness for Vaccine Deployment

Mongolia has developed a comprehensive COVID-19 vaccine deployment strategy and plan which was approved on January 11, 2021 through the Minsterial Order #5 of Chair of the State Emergency Commission.

The vaccine deployment plan describes how vaccination for COVID-19 will be rolled out, providing free and voluntary immunization for up to 60 percent of the population. While the overall responsibility for vaccine deployment is with the MOH, an Inter-agency Coordination Committee under the MOH has been established to ensure coordination with National Emergency Management Agency, General Agency for Specialized Inspection, other relevant government agencies and the IPIU. Several temporary sub-committees have also been set up to provide technical guidance on (i) planning and management; (ii) vaccine supply and delivery; (iii) vaccine program support; and (iv) support systems and infrastructure.

In the Decree issued by the GOM for COVID-19 vaccine deployment, the priority group selected for receiving the first batch of vaccine covers 20 percent of the population. Once this group has been fully vaccinated and subsequent batches of vaccine are received, vaccines will be provided to an additional approximately 40 percent of the population, until the entire population > 18 years of age have been given the option to receive free COVID-19 immunization.

According to the 12.1 clause of the Law on Immunization, list of jobs and services that require vaccination, shall be adopted by the Government. Vaccination is voluntary, whether for the general population or for frontline workers.

Delivery of vaccine at facilities for all population

COVID-19 immunization will be provided by the existing network of public primary care medical facilities, which include NCCD, district and aimag health venters (DHCs), primary health centers in soum and khoroo health institutions. In total 40 vaccination units were established in Ulaanbaatar by the end of April 4, 2021, and 80 vaccination units were established between April 5 to May 11, 2021. An additional 40 vaccination units are planned to be established from May 12 to June 8, 2021. There are no plans to

involve private facilities in COVID-19 vaccination. Most vaccines will be provided through the following three distinct method of delivery"

a) **Fixed vaccination sites** is the existing network of health facilities, at the sites of routine immunization, where all necessary equipment and supplies are available (refrigerators, injection equipment and etc).

b) **Temporary vaccination units** are set inbuildings of medical or non-medical facilities and institutions, while in rural areas, they will be set in the school buildings or re-purposed premises. On-site vaccination teams will consist of the medical staff of a respective nearest medical facility. "Interim Guidelines for Prevention and Control of Coronavirus Infection Vaccination (COVID-19)" approved by the Health Minister's Order #A/108 of 2021 includes safety requirements and availability of temporary vaccination units, human resource, vaccianation strategy, infection prevention, medical waste management.

c) **Mobile teams** formed at the district level will provide immunizations using specially equipped vehicle (if available) to reach people in hard-to-reach areas including in most remote location where herders herd their livestock in reserve pasture. Such immunization service option is guided by Order of Minister of Health (#108 on March 9, 2021) on "Interim Guidelines for Prevention and Control of Coronavirus Infection Vaccination (COVID-19)".

Vaccination campaigns will be focused and within specific time period. To ensure full coverage of the eligible population groups, preliminary lists of target groups will be developed at the facility level, where vaccinations take place. The medical staff will notify the target groups (via telephone or by door-to-door visits) prior of campaign. During the notification process, the lists of target groups are checked and updated as necessary. Health workers will use a on-line system to notify second dose schedule in order to ensure the complete coverage. The vaccine will be provided to the population free of charge and on a voluntary basis.

A total of 582 vaccination points (21 aimag, 330 soum 76 family health center, 21 general hospital, 9 districts, 131 family health center, 17 ambulatories, and maternal hospitals) have cold chain capacity. The local vaccination units of aimag, district, and family health centers are all equipped with ice-walled freezers. Last December, NCCD was equipped with 26 deep freezers of -70 degrees Celsius. Therefore, remote and hard-to-reach population will be vaccinated by the family health centers. The Ministry of Health is implementing "Reach the unreached" project together with the UNICEF and NCCD.

Vaccine Eligibly Criteria

The Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the SRAs identified by WHO for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL).

Compliance with the Vaccine Eligibility Criteria (VAC) is required for all Project COVID-19 Vaccines. The VAC does not constitute an approval, validation, or endorsement by the Bank of the Project COVID-19

Vaccine(s) safety or efficacy. The relevant regulatory authorities NCCD, MoH of Mongolia are responsible for carrying out their own regulatory, technical, and due diligence assessment of the Project COVID-19 Vaccine(s)' safety and efficacy, and are solely responsible for the authorization, deployment, and use of the Project COVID-19 Vaccine(s) in Mongolia.

The integrated action plan for carrying out the COVID-19 vaccination and immunization activities was approved by the Health Minister's Order #A/33 on February 2, 2021 and includes activities on changes and updates to relevant legislation, planning and coordination, vaccination readiness, target group prioritizing, immunization, vaccine safety monitoring, human resource readiness, information and communication, and monitoring and evaluation.

The Order #A/33 of the Health Minister approved an integrated action plan for COVID-19 vaccination and includes the following:

a) Amendment and update of the relevant laws and regulations;
b) Planning and coordination;
c) Readiness of the vaccination activities;
d) Defining, prioritizing and immunizing the targeted groups;
e) Epidemiology of the vaccine safety, post immunization reactions, complications and safe inoculation;
f) Human resource readiness;
g) Information and communication;
h) Monitoring and evaluation.

Vaccine importing: Required documents for importing the vaccine and its auxiliary supplies shall be prepared and the vaccine will be received in accordance with the relevant regulations (Government Resolution #219, Order #A/295 and #343 of the Health Minister). Vaccine delivery information shall be provided to the Ministry of Health and the shipping organization.

After approval of Human Drug Council of MOH, the Health Minister issues a permission to import the approved vaccines. Below listed documents are required for the vaccine import permission:

a) Purchase order,
b) Transportation document (AWB),
c) Invoice,
d) Packing list,
e) Certificate of Origin,
f) Lot production certificate,
g) Manufacturer's certificate (GMP certificate).

Other supporting documents:

a) Customs import license,
b) Company registration certificate,
c) Company license.

After the customs clearance is completed, vaccines will be ready for transportation to the central storage facility.

h) Vaccines shall be officially received from the customs warehouse, according to the relevant permission issued after the inspection of the quantity, packaging and temperature of the vaccine by the state customs inspector and state inspector of specialized inspection drugs.
i) Vaccines received from the customs warehouse will be loaded into a refrigerated truck immediately and moved to the NCCD's central warehouse for vaccines and bioproducts.
j) Once the vaccine or bioproduct arrives at the central vaccine storage facility, the vaccine shall be removed from the packaging, verified for temperature and stored in a special refrigerator or freezer.
k) Direct distribution from customs warehouse to the designated point can be made, without delivery to central storage facility, if necessary.
l) Within 72 hours of receiving the vaccine, a "Vaccine Receipt Form" will be completed and sent through the UN Resident Coordinator in Mongolia.

Once the COVID-19 vaccine has been transported from the customs-certified warehouse to the central storage facility, the vaccine will be distributed directly to aimag and district health departments, taking into account the population to be covered.

5. Potential Environment and Social Risks and Impacts and their Mitigation Measures

Implementation of the project activities will be positive and urgently needed. As this project will finance procurement of drugs, supplies and medical equipment – which has limited, if any, impacts – the environmental risks result from the operation of the labs, the quarantine and isolation centers, and screening posts at land crossings, as well as with the appropriateness of the medical waste management system to be put in place by the client. Given that Mongolia has limited experience in managing highly infectious medical wastes such as those associated with COVID-19, the project can be judged to have a substantial environmental risk and will require that appropriate precautionary measures are planned and implemented.

Environmental Risk Rating

The environmental risks are nonetheless considered Substantial because of inherent occupational and community health and safety risks and the issue of medical waste management. The main environmental risks are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; (ii) the occupational health and safety (OHS) issues related to the treatment of COVID-19 patients; and (iii) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. This includes waste resulting from vaccine delivery such as sharps and the disposal of used and expired vaccine vials as a result of the AF activities. Waste materials generated from labs, quarantine facilities, screening, treatment and vaccination facilities to

be supported by the parent project and AF require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact or handle the waste.

Other risks associated with the AF activities include (1) community health and safety risks from incorrect vaccine storage, transportation, leading to vaccine quality deterioration particularly related to the cold chain, and (2) construction environmental impacts associated with the construction and upgrade works of a vaccine storage facility and WASH facilities, include dust, noise, air emissions, erosion, waste and traffic disturbance. The latter are localized, temporary and easily manageable through good practice construction environmental management procedures

In addition, risks associated with cold chain equipment, including the use of refrigerant gases such as Hydrofluorocarbons (HFCs), whose global warming potential (GWP) is 2000-4000 that of carbon dioxide. Additional GHG emissions are incurred through the power supply for the refrigeration and freezing of the vaccines throughout the supply chain.. Also, vehicles used for transportation of vaccine will increase ambient air pollution and emissions of greenhouse gases. These risks and impacts have a global and long-term reach.

Social Risk Rating

The social risks are also considered Substantial. The Project will not involve resettlement or land acquisition. The key social risk is that vulnerable and high-risk social groups are unable to access facilities and services, due to their income, and distance from health centers.

The measures put in place to address the pandemic such as confinement and physical distancing that affect livelihoods and access to services are likely to increase the risks of women and girls experiencing violence. There is an ethnic minority group – Kazakh- who reside in the western part of Mongolia and speak and read in Kazakh language. Similarly, there are indigenous herder communities in Huvsgul aimag where road access is challenging.

Another particular risk that has come to the fore based on the ongoing implementation experience of Global COVID-19 MPA is the increased incidence of reprisals and retaliation especially against healthcare workers and researchers. This risk will be mitigated through explicit inclusion in robust stakeholder identification and consultation processes at the individual operation level.

Potential risk of stigma, misinformation, historical resistant to vaccination might be rise during the COVID-19 vaccination campaign. The GOM offering variety of COVID-19 vaccine. The misinformation and poor knowledge can be increase the risk of not following public health measures. Also, it is possible that people who has experienced complication after the first doses might not taking second doses of vaccine. Scientifically based public information, media outreach, press-conference guided by medical professionals will be widely broadcasted via TV, Radio, website and social media channels. The another risk is the Government allocating 50,000 MNT incentive for people who had full doses of COVID-19 vaccine, it could be leading the discrimination against those who have not been vaccinated due to health issues such as allergies. Some project activities may give rise to the risk of Gender Based Violence (GBV), in particular Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) risks. The project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all

workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers.

There are risks related with adverse effects following vaccination. These will be monitored and responded to by the National Committee on Adverse Events Following Immunization (AEFI) and more detailed information is contained in the project Vaccine Distribution and Delivery Manual (VDDM). The Health Ministerial Order #A/278 of dated July 8, 2016 specifies procedure for registration, reporting and monitoring of post-immunization complications, while composition of the Immunization Advisory Committee is approved by the Health Minister on August 14, 2017. Post-immunization reaction is described according to the approved Order #A/315 of the Health Ministers, structure of the causal committee is established through Decree #05 of the State Emergency Commission approved on January 11, 2021. Severe, serious reactions and complications after immunization are to be discussed by the causal committee.

6. Procedures to Address Environmental and Social Issues

This section sets out the procedures for identifying, preparing and implementing the project components, environmental and social screening, preparation of required E&S plans, consultation on such plans, review and approval and implementation.

It is noted that, in the event a CERC is triggered, the ESMF will be updated or a stand-alone CERC ESMF will be developed to address E&S risk management requirements of the emergency related activities to be funded.

Planning and design stage

The purpose of screening is to (i) determine whether activities are eligible to be financed, and likely to have potential negative environmental and social risks and impacts; and (ii) identify appropriate mitigation measures for activities with adverse risks or impacts. The MOH IPIU will use the E&S screening form and Indicative Screening Guidance.

Based on the screening, the MOH IPIU will (a) ensure that the activities on the “ineligible list” will not be financed by the Project; (b) complete and sign the E&S screening form; and (c) prepare and implement the specific E&S instrument/plan as needed.

Preparation of E&S plan:

To facilitate preparation of E&S plan, beneficiary health facilities, supported by the IPIU E&S specialists, will follow the below sequence of actions to prepare the correct E&S instruments for each activity:

Step 1 – screening, following the template in Annex 2

Step 2 – prepare the correct E&S instrument, following the guidance provided in Codes of Practice in Annex 2 covering general IPC for workers and visitors to healthcare facilities, waste management, community and social inclusion, small scale construction, upgrades, rehab and expansion works, as well as the template ESMP in Annex 3 and the template Infection Control and Waste Management Plan (ICWMP) in Annex 4.

Step 3 – in preparing the activity-specific E&S instruments, WHO guidance notes and other GIIP technical guidance will be considered. A resource list is included in Annex 5.

The ESMP shall include three parts: an ICWMP in line with the Template presented in the Annex II, Screening forms; mitigating measures as presented in the Annex III. The ECOPs will then be incorporated into the bidding and contract documents, and the implementing agency will ensure that the contractor is aware and committed to comply with the E&S obligations in the ECOPs.

MOH IPIU will support beneficiary health facilities to prepare the ICWMP and ESMP in following steps:

- Screening potential subprojects in relation to eligibility;
- Screening each subproject for potential E&S risks and impacts and classifying each subproject according to risk (Annex 2, Screening Forms);
- Conducting E&S assessment for each subproject and developing project specific management plans/instruments;
- Consultation and disclosure of E&S plans and instruments;
- Review and approval of E&S plans and instruments;
- Implementation and monitoring of E&S plans and instruments;
- Conducting baseline data collection and ongoing monitoringof project (mainly on HCWM). A detailed protocol will be developed based on characteristics of activities. Also, for measuring social risks the quality of life of citizen can be defined by using WHO guidelines during the pandemic in Mongolia.

Consultation of prepared E&S plan: The ICWMP and ESMP will be consulted with health facility staff, particularly nurses and female health professionals, and with local communities.

Review and approval of E&S plan: The ICWMP and ESMP (annex III) will be reviewed by E&S specialists in IPIU and the Division of Public Health Policy Coordination and Implementation of MOH, and approved by the Project director. The World Bank will review ICWMs and ESMPs as well.

Implementation and monitoring of E&S plan: The implementing agency will also assign the construction supervision consultant or field engineer to be responsible for day-to-day monitoring of the extension of storage and building a WASH extension facility civil works and maintain close consultation with local community as necessary. If appropriate, aimag health department and other local authorities may also monitor the implementation of the E&S measure during implementation of the physical renovation works, as well as ensuring there is equitable access to services. Monitoring and reporting to the MOH and the World Bank, will also be required. Also, project LPM should be considered for executing any kind of project activities.

7. Public Consultation and Disclosure

Two-way mechanisms for ongoing consultation will operate throughout the life of the Project, to disclose information and seek feedback. Dedicated channels for information dissemination will be established to ensure consistent communication at national, provincial and local levels throughout the Project. Project stakeholder engagement will be carried out on two fronts:

1. Awareness-raising activities to sensitize communities on risks of COVID-19.
2. Consultations with stakeholders throughout the entire Project cycle to inform them of the Project and to solicit their concerns, feedback and complaints about any activities related to the Project and consultations to improve Project design and implementation.

Table 7.1 Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Early stage of the project implementation in 2 months	Stakeholder of all categories	• Project key documents such as the loan agreement and the financial agreement Stakeholder Engagement Plan • GM and its operational procedure	Websites of MoH and COVID-19 project. (Nationwide in the first 2 months after project effected.) Facebook sharing chatbot of Facebook (Boost project Facebook post.) Publication and video introduction on the project including GRM flowchart in in both Mongolian and some major ethnic groups' language, and sign language. IPIU will conduct consultation with the people living with the disabilities to assess their needs (MASLI Mongolian association of sign language, and Mongolian National association of the blind)
Throughout the project lifespan	Stakeholder of all categories	• Regular project update on status of project implementation including HCWM utility report, PPE usage and stakeholder engagement status report. • Project reports including annual report, monitoring report, project indicator update and GM semiannual report. • Project key activities implementation	Daily press conference/COVID-19 update by the MoH, WHO, NCCD (Daily) Nationwide and local TV/Radio programs and news particularly MNB community radio and coverage in ethnic group language and sign language. (At least 2 times per quarter) Publication materials such as poster, leaflets and handouts in both Mongolian and Kazakh (every month), and brail print Website of MoH and E-Health Project, Webpage of the project and project Facebook page. (Once materials developed and printed, distribute and place)
Part 1			
Throughout the project lifespan	Stakeholder of all categories	KAP Survey findings	Websites of MoH and COVID-19 project. Facebook sharing Press conference if necessary (Once survey report finalized Boost project Facebook post)
	Each target stakeholders including vulnerable groups and minorities groups	Dedicated media and social media channels, tools, public places, venues where information education communication materials are accessed for stakeholders	Daily press conference/COVID-19 update by the MoH, WHO, NCCD Nationwide and local TV/Radio programs and news particularly MNB community radio and coverage in ethnic group language and sign language Website of MoH and E-Health Project, Webpage of the project and project Facebook page. (Once materials developed and printed, distribute and place)
	All stakeholders	Guidelines and advices by the project, MoH, WHO, UNICEF and other related authorities	Publication materials such as poster, leaflets and handouts Website of MoH and E-Health Project, Webpage of the project and project Facebook page. Public announcement at target places (Once released and printed, distribute and place to target places)
	Disadvantaged/ vulnerable individuals or groups, ethnic groups		Publication materials such as poster, leaflets and handouts in Kazakh and brail print

COVID 19 vaccination national plan approved by the State Emergency commission decree #05 on Jan11, 2021, including distribution and vaccination procedure. The MOH with WHO technical support working on the Vaccine deployment plan. The project will follow those documents and if there is need of additional stakeholders expend the project will reflect.

Given the introduction of regime of nationwide restrictions imposed on public hearings, workshops and community meetings, sophisticated planning is necessary to ensure that stakeholder engagement and consultation activities fully comply with the law on prevention from coronavirus infection / Covid-19, fighting and mitigating negative impact to social and economic development, related guidelines and orders during the COVID 19 while enabling meaningful communication, consultation, and discussion.

In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach Financing Law on Vaccination is to reach [20%] of the population in each country, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, the government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, making clear that the vaccination is not mandatory,
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects. Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.
- Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country.

In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

- If the engagement of security or military personnel is being considered for deployment of vaccines, ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.
- As for implementation of the activities related to vaccination, different approaches will be used to improve vaccine literacy among the general population and target vulnerable groups identified in stakeholder engagement plan. Some of the key priorities will include conducting online consultations regarding beneficiary perceptions and obstacles to vaccine uptake; sensitization to counter misconceptions about the disease, vaccine introduction and any negative perceptions and disseminating in due time vaccination-related information such as overview of the COVID-19 vaccine program, priority risk groups, commodity availability, and tracking of those who need to receive a second dose, etc.

Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation.

(i) ***Women***: Community participation teams should ensure gender balance, promote women's leadership, conduct online and in-person survey, and organize other participatory activities so that unpaid caregivers can participate; consider child care, transportation and safety in any activities in which he / she personally participates; (ii) ***Pregnant women***: Develop materials to educate pregnant women on basic hygiene practices, infection prevention measures, and how and where to seek care according to their concerns; (iii) ***Elderly and people with health problems***: explain why they are at greater risk, what measures to take to address them, and develop information on special needs; develop and implement a message about living conditions (including ancillary facilities) and health status; target family members, health care providers and guardians; (iv) ***Persons with disabilities***: provide information in accessible Braille and large print; offer a variety of ways, such as video with a signal interpreter, text interpretation for the deaf, and online materials for people using assistive technology; and (v) ***Children***: develop information and communication materials in a child-friendly manner, enable parents to manage their worries and assist in the management of their children. (vi) ***Kazakh***: develop information and communication materials in Kazakh language minority manner, enable non socialized ethical minority to get proper information about COVID-19 prevention and vaccine.

Reporting back to stakeholders

A summary of information on how stakeholders are involved, including activities to ensure the participation of vulnerable groups, the number and types of public complaints and requests, will be

provided on a quarterly basis and effective action will be taken. In addition, a quarterly review report will be prepared by the IPIU and presented to the project management level for discussion and follow-up. A semi-annual report on how the project interacts with stakeholders will be prepared and submitted

8. Stakeholder Engagement

Please refer to the Stakeholder Engagement Plan for the requirements on stakeholder engagement and grievance mechanism. Given to guidance issued by State Emergency Committee not to hold any public gathering till December 31, 2020, the priority communication is ICT based and traditional media channels until canceling lockdown of the pandemic.

As E-Health project in charging of the project stakeholder engagement, the project will extend its website with a dedicated webpage for COVID19 project and use as an one of key channel or tool for project stakeholder engagement and grievance. The webpage provides the opportunity to print and share information materials for educational and medical institutions, business owners and other all organizations or persons interested. Also, the project will launch a Facebook page, having chat-box where latest news, tips, findings and frequently asked questions related to the pandemic and coronavirus infection and project implementation is to be delivered and automated responded to audiences. Other online channel would be a podcast of the project.

Regarding traditional channels of communications such as TV, newspaper, radio, banners, posters, dedicated phone-lines, publication materials, public announcements, press release are to be necessary when stakeholders do not have access to online channels or do not use them frequently. Thus, the project will use appropriate all media channels that meet each stakeholder needs to reach them. Publication materials and banners to be displayed in main public locations such as food markets, shop, bank , health centre and household health centre, main street, street board, and public announcement will be delivered via Mongolian National Radio in particularly MNB community Radio, which has coverage with ethnic groups' language and MNB TV's special news bulletin with ethnic groups' language and other FM radio and displays or announcement channel of the public places such as shops, markets etc. Moreover, IPIU has to build a media team and strengthen the team.

While country-wide awareness and communication campaigns is to be established, specific communication around borders and international airports, major inter-city bus terminals as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

Generally, methods that will be used to consult with each of the stakeholder groups are followings but not limited and methods used may vary according to target audience.

- Interviews with stakeholders and relevant organization (online)
- Public meetings, workshops, and/or focus groups on specific topic (online)
- Face-to face meeting
- Surveys, polls, and questionnaires (online)
- Participatory methods
- Other traditional mechanisms for instance through the bagh and khoroo khural for consultation

and decision making.

When the coronavirus outbreak has made in-person research impossible in the country due to travel restrictions and lockdowns, and inadvisable due to the health risks associated with interviewers traveling door-to-door, ICT-based mechanisms is one of the key tools for the project's stakeholder Consultations.

As for implementation of the activities related to vaccination, different approaches will be used to improve vaccine literacy among the general population and target vulnerable groups identified in stakeholder engagement plan. Some of the key priorities will include conducting online consultations regarding beneficiary perceptions and obstacles to vaccine uptake; sensitization to counter misconceptions about the disease, vaccine introduction and any negative perceptions and disseminating in due time vaccination-related information such as overview of the COVID-19 vaccine program, priority risk groups, commodity availability, and tracking of those who need to receive a second dose, etc.

IPIU will launch online communication channels such as Webinar- Teams, Skype, Zoom to design virtual workshops in situations where large meetings and workshops are essential. But in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, chat -box Twitter, WhatsApp groups, project webpage, MoH websites, and traditional means of communications TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines.

MoH has conducted SMS message tool that is the simplest and rapid access to deliver notes and information to audience. In situations where it is determined that meaningful consultations that are critical to the conduct of a survey and collect data , IPIU use online survey platforms such as Google form that is free, survey monkey, and in not having access to the digital platforms, SMS based platform called GeoPoll to collect data, getting thousands of responses a day to collect community-level data is potential to use by IPIU.

In the addition , IPIU will provide support (i) development of a network of health workers and community volunteers; (ii) contracting of local community organizations, private sector and individuals to facilitate behavior change messaging, community mobilization, and undertake additional laboratory and vaccine logistic functions and also carry out beneficiary feedback, (iii) coordination with MASAM in leveraging the existing web-based citizens' platforms (e.g. www.1818.mn or https://covid19.mohs.mn/), targeted at the primary health care services, towards improving two-way communication with the public and CSO networks to reach targeted beneficiaries as well as citizens across the country (iv) targeted messages to prevent and respond to the risk of gender-based violence (GBV), and/or train frontline health workers on how to identify, appropriately handle disclosure and refer patients for additional services.

People with multiple disadvantaged identities are most likely to face greater risks to their health, safety and livelihoods, and have hard time accessing services and participating in stakeholder engagement activities. Knowledgeable and respected local social influencers and mobilizers are instrumental in this endeavor for especially vulnerable and minority groups. Because they have difficulty accessing services and participating in stakeholder activities, it is important to understand their situation, take steps to

mitigate the challenges they face, and improve their knowledge and skills to ensure their participation at the same level as other stakeholders. IPIU will work closely with the NGO umbrella organization (name of the NGO is Forum for the right of people with disability FRPS) including more than 70 NGOs which is working for people with disability all over the Mongolia. Some of the NGO's has branches in 21 aimags. We tried to addressed their needs on COVID-19 and Vaccine. The Ministry of Health of Mongolia has launched an official website channel www.covid19.mohs.mn with information on the situation with the spread of COVID-19 and its related researches and study findings, guidelines and advices for target groups, individuals in Mongolia and Mongolians in abroad as well.

In situations where it is determined that meaningful consultations that are critical to the conduct of a specific project activity cannot be conducted in spite of all reasonable efforts on the part of the client supported by the Bank, the task team should discuss with the client whether the proposed project activities can be postponed by a few weeks in view of the virus spread risks.

9. Institutional Arrangements, Responsibilities and Capacity building

Project implementation arrangement and responsibilities

Mongolian arrangement of COVID-19 pandemic. State emergency committee, NEMA MOH, and others. The Disaster Protection Law (in place since 2017) authorizes the National Emergency Management Agency and SEC to direct emergency policies and measures via the Government of Mongolia and regional emergency committees. The legal enforcement of SEC-led precautionary measures enabled a unified and focused administration of COVID-19 disaster management.

Responsibilities of state health agency for COVID-19 prevention and treatment related agencies are:

Ministry of health

- Develop and implement an action plan to combat and prevent coronavirus infection;
- Establish a working group, a professional advisory team and a rapid response team to provide integrated coordination of measures to combat and prevent coronavirus infection (COVID -19), and work as an emergency operating unit;
- Develop and approve procedures and guidelines for coronavirus infection (COVID -19) prevention, surveillance, early detection, preparedness, response, and implementation;
- To provide information on the spread of coronavirus infection (COVID -19) and the measures being taken to the Parliament, the Government, the National Security Council, the State Emergency Commission and other relevant organizations;
- Assess preparedness resources for coronavirus infection (COVID-19) and submit to the Government for decision;
- To ensure the availability of emergency medicine, medical equipment, tools, personal protective equipment, masks, diagnostics, reagents and disinfectants;
- Provide human resource planning, general instructions, methodologies;
- To give official instructions and recommendations to health organizations to ensure regular and sustainable human resource activities;
- Provide the population with integrated information on coronavirus infection (coVID-19);

- Orient a risk communication activity, and providing the public with official information on coronavirus infection (COVID-19);
- Introduce, maintain and update coronavirus infection control panels (COVID -19), websites, conferences, chat bots, call-pro services.

National Center for Infectious Diseases, National Center for Zoonotic disease, National Center for public health, Center for health development, Ulaanbaatar city and Aimag health authorities and other health agencies:

- Develop and implement a preparedness plan to prevent coronavirus infection (COVID-19);
- Conduct risk assessments in collaboration with cross-sectoral organizations in the context of coronavirus infection (COVID-19), organize response depending on the level of risk and emergency activation code, and operate as an emergency operating unit;
- Develop procedures and guidelines for the fight against coronavirus infection (COVID-19), prevention, surveillance, preparedness, and rapid response in accordance with WHO Interim Guidelines;
- Provide professional and methodological guidance in the fight against coronavirus infection (COVID-19) at the national level, prevention, surveillance, preparedness, and implementation of response procedures and guidelines;
- Provide professional and methodological guidance and support to health care providers to ensure preparedness for coronavirus infection (COVID-10) and intensify rapid response;
- Investigate suspicious and probable cases, determine the source of the confirmed case, the extent of close contact, and take action;
- Collection and laboratory confirmation of suspected cases of coronavirus infection (COVID-19);
- Ensure the readiness of new and re-emerging infectious and special wards, arrange hospital beds, provide additional beds, and provide medical care in suspected and confirmed cases;
- Assign an emergency response team to the site of a coronavirus infection (COVID-19) and provide continuous training and protective clothing and equipment;
- Regularly analyze the incidence of coronavirus infection (COVID-19), plan response, and provide information to decision makers;
- To mobilize human resources and organize training in case of coronavirus infection (coVID-19) outbreak;
- To provide professional and methodological advice on the infection control regime of isolation and observation facilities;
- To provide professional and methodological support to state inspectors and employees of aimag, capital city and border specialized inspection services and divisions on infection prevention regimes and response measures;
- When a suspected case of infection is detected at an air border crossing, international railway or customs control zone, send a professional team to respond promptly and, if necessary, send a professional team to the local area;
- Organize training on surveillance, diagnosis and treatment of coronavirus infection COVID-19), including health, professional inspection and relevant organizations,
- analyze the information provided by citizens, correct misinformation, and study public attitudes;
- Expand and stabilize information and publicity for the population;
- 24-hour hotline number to inform the public about coronavirus infection (COVID-19);

- Investigate public perceptions and attitudes toward coronavirus infection and respond promptly;
- Expand and stabilize information and publicity for the population.
- To provide decision-makers with information on the health of citizens under observation
- To conduct research on medicines, medical devices and equipment of health organizations;
- Appoint, train, and provide protective clothing and equipment for emergency response and care teams at the site of coronavirus infection (COVID-19);
- To mobilize human resources and organize training in case of coronavirus infection (COVID-19) outbreak;
- Establish a stockpile of antiviral disinfectants, ensure their readiness, and develop guidelines for their use;
- Capacity building and training for mobilized human resources in the event of an outbreak of coronavirus infection (COVID-19);
- Ensure virology laboratory readiness and laboratory testing;
- Public awareness and prevention of coronavirus infection (COVID-19).

Vaccine related project Institutional arrangements are as under:

At the National level:
Following the recently concluded restructuring of the MOH, the current Integrated Project Steering Committee (IPSC) responsible for all WB-funded projects in health sector chaired by the Minister of Health will be reconstituted in February 2021 and a new Project Director for the COVID ERP will be appointed by the Minister of Health. The reconstituted IPSC will provide oversight and management of the project and provide strategic policy advice and guidance to the Project implementation.

Inter-agency Coordination Committee (ICC) consists of representatives of National Emergency Management Agency (NEMA), General Agency for Specialized Inspection (GASI, other relevant government agencies and integrated IPIU. Representatives of relevant International organizations will join with advisory and observer roles. The ICC is chaired by the Minister/or Deputy Minister of Health and the Director of the Public Health department of the MOH acts as the Secretary of the ICC.

The ICC will be responsible for overall management of COVID vaccine deployment at the national level. The ICC will discuss and approve all regulations, guidance and national plans as relevant to the COVID vaccination and vaccine deployment. This committee will ensure the multi-sectoral aspects of the COVID-19 response and vaccine deployment activities will be guided by the State Emergency Committee chaired by the Deputy Prime Minister. Coordination with the UN and donors is undertaken by the National Emergency Commission to ensure that assistance through various channels is delivered in an integrated manner.

Two technical working groups will be established by the MOH to support safe and effective vaccine deployment. This will cover not just vaccines financed by this Project, but all sources of financing. These will cover the following functions:

a) **Planning and Management of COVID-19 vaccination,** including coordination, management and implementation of the COVID vaccine deployment plan, including identification of target groups,

mapping of vaccination points, developing a suitable formula for financial resource allocation for vaccination points and M&E of vaccination processes, and other delivery related issues

b) **Vaccine Supply and Delivery**, including ensuring readiness of cold chain equipment and facilities, defining local demand and supply of vaccine, vaccine ordering, safety of vaccine delivery to the vaccination points, registration of received vaccines at the vaccination points.

c) **Vaccine Program Support**, including guidance and support on management of the risk communication and community engagement, vaccine hesitancy response, capacity building and training of health workers and stakeholders, data collection and analysis on COVID vaccination, registration of complications, health care waste management.

d) **Support system and Infrastructure**, including monitoring and assessment of surveillance of vaccine safety, logistics and transportation safety.

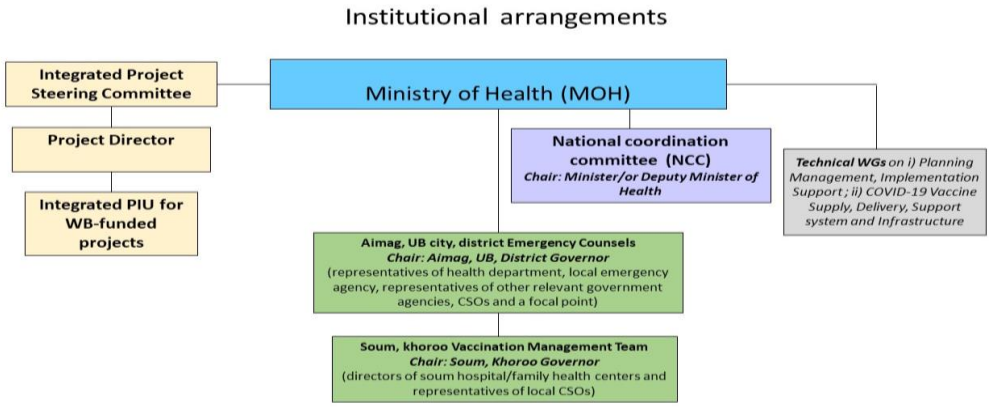

Figure 9.1. Institutional arrangement of project

The first technical working group called "**Planning, Management, and Implementation Support" thematic working group** will be responsible for planning and management of COVID-19 vaccionation and vaccine program support. The chair of this working group will be Director of Public Health Policy, Implementation and Coordination Department, MOH. The TWG will consist of responsible officers of MOH, National Center for Communicable Diseases (NCCD), Academy of Medical Professionals (AMP) NGO, Mongolian National University of Medical Science (MNUMS), WB finded project IPIU, WHO CO, and UNICEF-Mongolia representatives. IPIU will be responsible for secretariat role.

The second working group named as the **"COVID-19 Vaccine Supply, Delivery, Support system and Infrastructure"** thematic working group is responsible for vaccine supply and delivery, as well as the support system and infrastructure**.** The chair of this working group will be Director of Medical Care Policy, Implementation and Coordination Department, MOH. The TWG will consist of responsible officers of MOH, NCCD, General Agency on Specialized Inspection (GASI), National Center for Public Health (NCPH), WB IPIU, WHO, and UNICEF representatives. IPIU will be responsible for secretariat role.

Arrangements for environmental and social risk management

The Integrated Project Implementation Unit (IPIU) is responsible for the day-to-day management of project activities. The existing E-Health Project Implementation Unit has been expanded and staffed with relevant experts including medical equipment specialist/engineer, emergency officer, etc. In addition,

the IPIU has hired a risk communication and community engagement (RCCE) specialist and an environmental health and safety (EHS) specialist. A Facility Health and Safety Specialist remains to be hired to complete IPIU staffing. The position is expected to be in place soon.

Roles and responsibilities of the E&S specialists are listed below.

Environmental Health and Safety Specialist

- Prepare the project's ESMF and LMP including collecting targeted secondary information, coordinating meetings and input from the IPIU and other key stakeholders; reviewing and providing inputs of each document and tools (i.e. screening and reporting templates) for implementation; and holding public consultation and disclosure activities in collaboration with RCCE specialist.
- Support RCCE specialist to prepare project's Stakeholder Engagement Plan including providing inputs for: i) specific stakeholder engagement plans/information disclosure strategies for each stakeholder group when finalizing the SEP; ii) strengthening measures for engaging with IP communities to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively; and iii) expanding the GM.
- Lead implementation of the project's ESMF and associated instruments in accordance with the World Bank ESF, project ESCP and GoM legal requirements including:
    - Environmental screening, preparation and disclosure of site-specific instruments, consultation and information dissemination activities with relevant stakeholders
    - Site-based environmental, safety and social monitoring. Address non-compliances and develop and confirm the implementation of corrective actions. Assist with the implementation of project investment opportunities that would improve performance.
    - Preparation of monthly and six-monthly monitoring reports on the environmental, occupational health and safety (ESHS) performance of the Project
    - Notification, reporting and management of incidents or accidents related to the Project which have, or are likely to have, a significant adverse effect on the environment, the affected communities, the public or workers.
- Coordinate the implementation of the project's GM ensuring timely resolution of project related grievances.
- Participate in semi-annual Project Supervision missions, representing IPIU/MoH on environmental, safety and social aspects.
- Conduct other EOH related activities as required by IPIU/MoH.

Risk Communication and Community Engagement Specialist

- Finalize the Stakeholder engagement plan (SEP) prepared by MoH during project preparation, in accordance with the requirements of the World Bank Environmental and Social Standard (ESS) 10 - Stakeholder Engagement and Information Disclosure.
- Undertake stakeholder identification and analysis, including affected and other interested parties. Given the nature of Covid-19 and the project objective, special measures will need to be designed to ensure the project is highly inclusive and addresses the needs of a wide range of stakeholders. Particular attention is to be paid to disadvantaged or vulnerable individuals or groups. This will include identification and consideration of key characteristics,

language/communication needs and specific requirements to ensure effective consultation, ongoing engagement and grievance management communication and resolution.

- The consultant will also review and adapt necessary aspect of the COVID-19 Preparedness and response guidance produced by the WHO into project SEP.
- Particular focus is to be placed on vulnerable groups in the broader community and specific measures are to be developed for each of these groups to ensure effective engagement.
- Supports training and technical assistance to public, local level stakeholders.
- Establish an effective communication network with national and local TV/radio and social media journalist and provide knowledge and training as needed on preventing and protecting community from COVID-19.
- Working with education institutions to strengthen pupils, students understanding about COVID-19 and ways to prevent.
- To ensure that appropriate project information on E&S risk and impact is **disclosed** to stakeholders in timely, understandable, accessible and in adequate manner and format.
- Develop and implement an action plan to establish and operationalize the GM in close collaboration with the IPIU/MoH including the development of clear grievance redress procedures; clear roles and responsibilities of staff/committees; provision of training; community awareness tools; accessible grievance uptake channels (online and offline, including telephone, text message, email, grievance boxes etc.); feedback processes; monitoring and reporting provisions; and specific requirements for addressing SEA/SH-related grievances.
- Perform and promote all activities in compliance with equal environment and nondiscrimination policies; follow national laws and professional standards.
- Participate in semi-annual Project Supervision missions, representing IPIU/MoH on environmental, safety and social aspects.
- Conduct other EOH related activities as required by IPIU/MoH.

Capacity building

The health sector has experience in infection prevention and control, healthcare waste management, communication and risk management and community engagement during emergency situations. As found across most countries, the capacity to manage risks associated with COVID-19 is a monumental challenge as the healthcare professionals may not have the detailed know-how on the infectious risk management in the labs to be used for COVID-19 diagnostic testing, quarantine and isolation centers for COVID-19 treatment, in particular waste management. Additionally, the communication process with the public in handling social concerns around COVID-19 as well as related measures, including quarantine is a catch-up process globally.

The project will provide considerable funding, training and capacity building to support these critical initiatives and build upon international expertise to achieve international best practices on these matters in line with WHO guidelines. This will also include further identification of capacity gaps and detailed measures in line with the project proposal.

The vaccine delivery process needs highly professional skill. To become a vaccinator, special postgraduate training which lasts more than 6 months is needed. However, under this pandemic circumstances MOH/NCCD had planned to organize short term training for nurses and retired health

personnel for vaccine delivery. Also, non-health personnel who shall attend to the vaccine deployment plan need to be trained.

Budget

ESMF implementation costs are allocated to include training, development of E&S due diligence measures and other to be determined tools. In total 3.6 million USD were budgeted for overall risk communication and community engagement activities. Funds are needed to hire consultant(s) to prepare ESS site specific EMPs and all associated E&S due diligence reports. Costs for undertaking travel to conduct monitoring and trainings are also identified. About 95,600.00 USD were planned for the human resource management (salary, monitoring, and others) implementation of the ESMF actions.

Training topics for personnel involved in the implementation of Project activities will among others include:

- Medical care waste management
- Infection Prevention and Control Recommendations Laboratory biosafety guidance related to the COVID-19
- Specimen collection and shipment
- Standard precautions for COVID-19 patients
- Risk communication and community engagement
- Vaccine storage, transportation, distribution and administration
- Grievance redress mechanisms
- Consultations, communications and feedback
- Ensuring all peoples are given equal access and rights (vulnerable groups, ethnic groups)
- Understanding concerns with gender-based violence, violence against children, social stigma with COVID 19

10. Annexes

I. Abbreviations and Acronyms

ADB	Asian Development Bank
BFP	Bank-facilitated Procurement
CVD	Cardiovascular system disease
COVID-19	Coronavirus Disease 2019
CoC	Codes of Conduct
CERC	Contingent Emergency Response Component
CHD	Center for Health Department
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standard
ESCOP	Environmental and Social Code of Practice
ESF	Environmental and Social Framework
EHS	Environment, Health and Safety
EBRD	European Bank for Reconstruction and Development
FCTF	Fast Track COVID-19 Facility
GABP	General Authority for Border Protection
GASI	General Agency for Specialized Inspection
GRM	Grievance Redress Mechanism
GIZ	German Society for International Cooperation
GRS	Grievance Redress Service
GBV	Gender-Based Violence
HAI	Health impact assessment
HSSMP	Health Sector Strategic Master Plan
ICWMP	Infection Control Waste Management Plan
HCF	healthcare facility
HTH	High-test hypochlorite
IPIU	Integrated project implementation unit
ICC	Inter-agency Coordination Committee
IBRD	International Bank for Reconstruction and Development
PEF	Pandemic Emergency Financing Facility
LMP	Labor Management Procedures
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MNS	Mongolian National Standard
MoFAL	Ministry of Food, Agriculture, and Light Industry
MP	Member of parliament

NCCD	National Center for Communicable Diseases
NCZD	National Center for Zoonotic Diseases
NCPH	National Center for Public Health
NEMA	National Emergency Management Agency
NGOs	Non-governmental organization
PSCN	Pandemic Supply Chain Network
PA	Police Agency
SEP	Stakeholder Engagement Plan
SEC	State Emergency Committee
SEA	Sexual Exploitation and Abuse
SHCs	Soum health center
RDTC	Regional Diagnostic and Treatment Center
RSD	Respiratory system disease
RCCE	Risk Communication and Community Engagement Plan
UB	Ulaanbaatar
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
VAC	Violence Against Children
WBG	World Bank Group
WHO	World Health Organization
WSP	Water Safety Plan
WASH	Water and Sanitation, Hygiene
WG	Technical Working Group

II. Screening form for Potential risk of Environmental and Social issues

1. This Annex provides guidance on the E&S screening. The process is considering activities not eligible to be financed by the Project (Ineligible – see main text) and identification of potential environmental and social issues arising from the activities that will be financed. The screening form will be used to screen subprojects for E&S risks anticipated, and the mitigation measures required based on the guidelines in the ESMF.

2. Based on the screening, MOH will (a) ensure that the activities in the "ineligible list" will not be financed by the Project; (b) sign the E&S screening form; and (c) prepare and implement the specific E&S instrument/plan as needed. Guidance for the preparation of the follow-up E&S instrument such as an Environmental and Social Management Plan (ESMP) Template, Infection Control and Waste Management Plan (ICWMP) Template. Consultation with WB specialists on screening is strongly encouraged.

3. E&S Screening form. The form below will be filled during the identification of the Project activities/subproject. The completed forms will be signed and kept in the Project ESF file and included in the ESF implementation progress report to be submitted to World Bank (WB) per the schedule as agreed with WB.

4. Indicative screening guidance table categorizing Project's planned goods, services and works into Tiers that typically do not require screening form and often also no E&S measures (Tier 1) and activities that do require screening form and additional E&S measures (Tier 2) is included after the screening form, together with supporting checklists referenced in the tables. In case of any doubt, screening form should be filled out for Tier 1 activities as well and appropriate mitigation measure identified.

Screening form of potential risk of E&R issues

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

№	Questions	Answer		ESS relevance	Due diligence / Actions
		Yes	No		
1.	Does the subproject involve civil works including new construction, expansion, upgrading or rehabilitation of healthcare facilities and/or associated waste management facilities?			ESS1	ESMP, ICWMP, SEP
2.	Does the subproject involve land acquisition and/or restrictions on land use?			ESS5	If yes, this activity is ineligible for project financing
3.	Does the subproject involve acquisition of assets to hold patients (including yet-to-confirm cases for medical observation or isolation purpose)?			ESS5	If yes, this activity is ineligible for project financing
4.	Does the subproject involve in activities that will result in the involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households' use of land and livelihoods.			ESS5	The activity will be ineligible for project financing
5.	Does the subproject involve use of goods and equipment on lands abandoned due to social tension / conflict, or the ownership of the land is disputed or cannot be ascertained.			ESS5	The activity will be ineligible for project financing
6.	Does the subproject involve uses of goods and equipment involving forced labour, child labour, or other harmful or exploitative forms of labour.			ESS2	The activity will be ineligible for project financing
7.	Is the subproject associated with any external waste management facilities such as a sanitary landfill, incinerator, or wastewater treatment plant for healthcare waste disposal?			ESS3	ESMP, ICWMP, SEP
8.	Is there sound regulatory framework, institutional capacity in place for healthcare facility infection control and healthcare waste management?			ESS1	ESMP, ICWMP, SEP

9.	Does the subproject involve recruitment of workforce including direct, contracted, primary supply, and/or community workers?			ESS2	LMP, SEP
10.	Does the subproject involve transboundary transportation of specimen, samples, infectious and hazardous materials?			ESS3	ESMP, ICWMP, SEP
11.	Is the subproject located within or in the vicinity of any ecologically sensitive areas?			ESS6	ESMP (only if existing health facility), for any new facility, this would be ineligible activity for project financing, SEP
12.	Does the subproject involve activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly, or activities that could adversely affect forest and forest health.			ESS6	The activity will be ineligible for project financing
13.	Is the subproject located within or in the vicinity of any known cultural heritage sites?			ESS8	The activity will be ineligible for project financing
14.	Are there any vulnerable groups present in the subproject area and are likely to be affected by the proposed subproject negatively or positively?			ESS1	Measures addressing issue on vulnerable groups, including IPs, will be part of ESMP
15.	Does the project area present considerable Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) risk?			ESS1	LMP, SEP

Conclusions:

Proposed E&S Risk Ratings (High, Substantial, Moderate or Low). Provide Justifications.
……
Proposed E&S Instruments: ……
Remarks……

Sign by Subproject/activities owner: ……
Position: ……Date ……..
Sign by: ……
Position: ……Date:……

Indicative Screening Guidance for Goods, Services and Works supported by the Project

Goods & Supplies – Tier 1	Risks and Impacts and Mitigation Measures
• **Non-perishable foods, bottled water and containers** • **Gasoline and diesel** (for air, land and sea transport) and engine lubricants • **Spare Parts, Equipment and Supplies** for engines, transport, construction vehicles • **Lease of vehicles** (Vans, trucks and SUVs) • **Search and Rescue** equipment, tools, materials and supplies for (including light motorboats and engines for transport and rescue) • **Tools and Construction Supplies** (roofing, cement, iron, stone, blocks, etc.) • **Communications and Broadcasting** equipment and supplies for radios, antennas, batteries • Cargos, equipment to allow **Mobilization to Affected Sites** • **Living Arrangement** Equipment and Supplies - gas stoves, utensils, tents, beds, sleeping bags, mattresses, blankets, hammocks, mosquito nets, kit of personal and family hygiene, etc. • **Furniture Acquisition** • **Network Installation** ========== • **Medical Supplies** - rehydration fluids, antibiotics, drugs, medicines, vaccines, antivirals, • **Medical Equipment** - ventilators, respiratory care equipment, IV pumps, referral equipment, isolation area equipment • **Cleaning Supplies** including hand hygiene and disinfectants • **Personal Protective Equipment** (PPE) stockpiles, including masks, gowns and gloves • **Diagnostic and Test Kits** • **Covid-19 vaccine**	No material risks requiring mitigation ========== **Low risk requiring the following measures:** • Follow appropriate recommended good • international industry practice for collection and disposal found in Table 5.3 • Apply ESCOP Checklist 1 Exposure at Health Care Facility – see below • Apply ESCOP Checklist 2 Waste Management • Procedures – see below • ICWMP • LMP • SEP
Services – Tier 1	

• **Consulting Services** Related to Emergency Response - studies and surveys necessary to determine the impact of the disaster and to serve as a baseline for the recovery and reconstruction process, and support to the implementation of emergency response activities • **Feasibility Study and Technical Design** related to COVID-19 emergency responses. • **Technical Assistance** in developing TORs, preparing Technical Specifications and drafting tendering documents (Bidding Documents, ITQ, RFP) related to COVID-19 emergency responses and vaccination. • **Non-Consultant Services** aerial photographs, satellite images, mapping, information and awareness campaigns.	No material risks requiring mitigation
Training – Tier 1	
• Conduct necessary training related to emergency response including, but not limited to activities in the positive list in the table 1 and the Implementation of the Emergency Action Plan (EAP) • Training on rapid needs assessment and other related assessments	Low to No Risk Trainings and Capacity Building will include overview of all COVID-9 activities and screening process and appropriate mitigation measures and application of tables, checklists and other plans
Emergency Operating Costs – Tier 1	
• Incremental expenses by the Government for a defined period related to preparing for prevention or to early recovery efforts arising as a result of the impact of an eligible emergency. This includes but is not limited to operational costs and rental of equipment.	Low to No Risk • Apply the appropriate mitigation measures as defined in above • If this leads to Tier 2 activities, appropriate mitigation measures below apply
Upgrading Medical Facilities – Tier 2	
• Laboratory Upgrades • Expanding, Upgrading Quarantine and Isolation Centers • Expand cold chain storage • Upgrade National Institute of Public Health Lab • Improve Diagnostic Capacity of 21 aimag and 3 other Referral Hospitals • Screening Posts at Border Crossings • Health care waste management, • Occupational safety risks from treating infected patients and testing, • Vaccine delivery to the client • Community health and safety • Life and fire safety risk of oxygen mini plant	Moderate to Low Risk • Follow appropriate recommended good international industry practice for collection and disposal found in Annex 2 • Depending on extent of works ESIA may be required also • Apply ESCOP Checklist 1 Exposure at Health Care Facility – see below • Apply ESCOP Checklist 2 Waste Management Procedures – see below • Apply ESCOP Checklist 3 Community and Social Inclusion – see below • Apply ESCOP Checklist 4 Small Scale Construction Upgrades, Rehab and Expansion – see below • ICWMP • LMP • SEP

CHECKLIST 1 Environmental and Social Codes of Practice – COVID 19 EXPOSURE AT HEALTH CARE FACILITY

Target: Health Care Workers/Health Care Facility Visitors/Construction Workers

General Infection Prevention and Control

- Procedures for entry into health care facilities, such as minimizing visitors and visitor hours, taking temperature checks and having separate area (including entry area) for patients presenting with COVID-19 symptoms/respiratory illness, who should be taken to a different area and given a face mask. All persons visiting hospitals should wash hands before entering and before leaving.
- Simple poster/signage (can be A4 paper) in Khmer language explaining entry procedures.
- Signage available in hospitals to remind visitors to wear masks if necessary and wash hands before entering/leaving.
- Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients suspected of having COVID-19 and this should be restricted to essential personnel only (except in cases of young children or other persons requiring assistance, then a family member may be present but they must also be wearing PPE – at least gloves and mask – and adhering to protocols).
- Adequate facilities for hand washing available – this may mean setting up additional facilities throughout health centers.
- Provide alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms. Isolation and Treatment
- Isolate patients as much as possible, separate from people presenting with COVID-19. People with COVID-19 should be separate from each other by curtains or in different rooms if possible. Only place together in the same room patients who are have all contracted COVID-19. People with COVID-19 must be separated at all times from other hospital patients and health and other staff. This means there must be dedicated toilet facilities (or bedpans), hand washing facilities, and medical equipment (stethoscope, blood pressure machine, etc.) for patients with COVID-19 only.
- Use of Personnel Protection Equipment (PPE) at all times for medical staff and cleaners as needed (particularly facemask, gowns, gloves, eye protection and potentially face shield) when in contact with someone who may have COVID-19/ who is presenting with a respiratory illness, including for those caring directly for patients, cleaners entering patient's room, or where patient has been treated, and lab technicians handling blood samples. Train staff on how to use the PPE. Put reminders in hospitals (paper/signage) in Khmer language. Staff Occupational Health and Safety
- Immediate and ongoing training on the procedures to all categories of workers (lab technicians, doctors, nurses, cleaning staff, etc.) on use of PPE, personal hygiene and thorough disinfecting of surfaces on a regular basis (multiple times per day using a high-alcohol based cleaner to wipe down all surfaces and when COVID-19 patients are discharged; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.) Put signage in hospital as a reminder.
- Make particular efforts to ensure that all staff (such as cleaners and those doing the washing) are able to understand these procedures and have access to the necessary PPE.
- Laboratories undertaking testing for COVID-19 virus should adhere strictly to appropriate biosafety practices and WHO guidelines on Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases.
- Labor personnel needs to be trained and acquainted with key provisions in Labor Management Plan (LMP), in particular Occupational Health and Safety (OHS) aspects.
- All staff to be trained and reminded of hand washing procedures, and signage included in bathrooms and other key health center areas. Hand washing should involve use of soap / detergent, rubbing to cause friction, and placing hands under running water. Washings of hands should be undertaken before and after direct patient contacts and contact with patient blood, body fluids, secretions, excretions, or contact with equipment or articles contaminated by patients (including wastes, clothes and linen). Washing of hands should also be undertaken before and after work shifts; eating; smoking; use of personal protective equipment (PPE); and use of bathrooms. If hand washing is not possible, appropriate antiseptic hand cleanser and clean cloths / antiseptic towelettes should be provided. Hands should then be washed with soap and running water as soon as practical. Reminders should be placed throughout the health care facility, including pictorial on how to properly hand wash

Sanitation and Waste Management

- Ensure that the designs for medical facilities consider the collection, segregation and treatment of medical waste
- The treatment of healthcare wastes produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated and then safely dispose
- General cleaning strategies: (i) proceed from cleaner to dirtier areas to avoid spreading dirt and microorganisms; (ii) proceed from top areas to bottom areas to prevent dirt and microorganisms from dripping or falling down and contaminating already cleaned areas (for example clean mattress first, then clean bed legs); (iii) proceed in a methodical, systematic manner to avoid missing areas (for example, proceed from left to right or clockwise). Provide training to cleaning staff on these procedures, as well as on the use of PPE equipment, and put signage of reminders throughout health centers.
- Hospitals/health centers will also need to develop procedures and facilities for handling dirty linen and contaminated clothing, and preparing and handling food. For instance, social distancing measures (people 2m apart) should be implemented for those preparing and serving food in hospitals, ensuring thorough handwashing as per above guidelines, with reminders in kitchen and eating areas, and cooks/servers should wear masks.

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);
- WHO interim practical manual for improving infection prevention and control at the health facility;
- CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings;
- CDC guidelines for environmental infection control in healthcare facilities

CHECKLIST 2 Environmental and Social Codes of Practice – COVID 19 WASTE MANAGEMENT PROCEDURES

Target: Health Care Workers/Health Care Facilities/Laboratories

General Instructions

- ☐ All health care waste produced during the care of COVID-19 patients must be considered as infectious waste and should be collected safely in designated containers and bags, treated and then safely disposed (WHO).
- ☐ Train the staffs who are assigned in handling and disposal of waste management
- ☐ Train staffs on how to put and remove PPE.
- ☐ Ensure necessary PPE (Gown, gloves, face mask, goggles or face shield, gumboots) is provided to all staffs.
- ☐ Ensure staff wear PPE when handling and disposing waste according to HCW guideline.

General Waste - Food waste, paper, disposable cups, plates, spoons etc

- ☐ Collect in black bag
- ☐ Close and tie when 2/3rd full
- ☐ Transfer the waste to a temporary storage point for general waste along a specified route at a fixed time point and store the waste separately at a fixed location
- ☐ Transport to landfill away from facility

Infectious Waste - Gown, gloves, apron, shoe cover, disposable items, mask etc

- ☐ Collect in small biohazard red bags
- ☐ Close, seal the bag with cable ties and tie close when 2/3 full
- ☐ Transfer the waste to a temporary storage point for medical waste along a specified route at a fixed time point and store the waste separately at a fixed location
- ☐ Transport outcome as general waste

Sharpe Waste

- ☐ Put in puncture proof plastic container
- ☐ Close the lid and seal the container when 2/3 full
- ☐ Put in the red bag and tie lose
- ☐ Transfer the waste to a temporary storage point for medical waste along a specified route at a fixed time point and store the waste separately at a fixed location
- ☐ Securely transfer out for incinerating or appropriate disposal

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);
- WHO interim practical manual for improving infection prevention and control at the health facility;
- CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings;
- CDC guidelines for environmental infection control in healthcare facilities

CHECKLIST 3 Environmental and Social Codes of Practice – COVID 19 COMMUNITY AND SOCIAL INCLUSION

Target: General Population/Vulnerable Groups/

General Communication

- When developing communication materials it is important to ensure that they are clear and concise, and that they are in a format/language that is understandable to all people, in particular the most vulnerable. Messages should be clear and concise, focusing on hygiene measures (hand washing, coughing), what to do if suspect have COVID19, as well as restrictions if applicable (for instance specific guidelines on social-distancing).
- Utilize appropriate media needs to be used (social media, radio, tv) plus engaging existing formal and informal public health and community-based networks (schools, healthcare service providers at local level, etc). Ensure that information is accessible in sign language and relevant languages of IP groups.
- Communication materials must also be clear about (i) how to avoid contracting COVID-19 (good hygiene measures); (ii) symptoms of COVID-19; (iii) what to do if suspect have COVID-19.
- Communication materials and outreach to people, including RCCE materials, must make clear that all treatment for COVID-19 at provincial/referral hospitals, and public hospitals is free and accessible for all population. People must also be told about the GRM process to denounce any instance where they are asked to pay to access needed medical services (unless it is a private hospital).
- Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers, celebrities) and local networks (such as women's groups, youth groups, business groups, and traditional healers) that can help to disseminate messages. Define clear and easy mechanisms to disseminate messages and materials based on community questions and concerns
- A focus of information materials should be on women, as they tend to be the best venue of communication for children and the elderly in the household.
- MOH should consider having a dedicated hotline for people to call for questions and recommendations on what to do if they suspect they may have COVID-19.

Infection Prevention

- Information on how to protect oneself from COVID-19, the symptoms of COVID-19, where and how to get tested should be made available to everyone and ensure they are accessible to IPs, marginalized groups, those with disabilities, other vulnerable groups and the elderly by using different languages (including sign language), and in a manner that is culturally appropriate to the respective groups and specific needs.
- Promote large scale social and behaviour change. Introduce preventive community and individual health and hygiene practices with a focus on handwashing. Could include gifting of soap bars, distributed by commune authorities or District health officials.
- Workplaces should be encouraged to post and provide communication materials, in particular workplaces which may face a higher risk of COVID-19 spread, such as construction sites and factories. This may include social isolation measures in workplaces, separating people from each other (2m), opening spaces to allow for natural ventilation, providing hand sanitation facilities (soap/water or hand sanitizer), etc. Economic and Livelihood Impacts
- Planning of containment measures and social restrictions need to take into account the livelihood impact it will have for the population, in particular the most vulnerable (the poor, elderly, women single heads of household, IPs, those with disabilities). MOH and RGC may need to develop specific mitigation measures for this, outside the scope of this ESMF. This may include social safety nets with cash transfers to specific population groups, ensuring that it does not exclude informal workers, the poor, home-based workers, etc. May also include food grants, essential basket of goods, child care support for women, etc.

Stakeholder Engagement

- Stakeholder Engagement Plan (SEP) must use different communication methods.
- Stakeholder Engagement Plan (SEP) should ensure consultations with NGOs and other stakeholders that can provide recommendations on how to communicate information and develop Risk Communication and Community Engagement Plan (RCCE).

REFERENCES

- WHO interim guidance on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected;
- WHO Risk Communication and Community Engagement (RCCE) Guidance, https://www.who.int/publicationsdetail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance
- IFRC, UNICEF, WHO Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma, https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19
- Human Rights Watch COVID-19 A Human Rights Checklist: https://www.hrw.org/sites/default/files/supporting_resources/202004_northamerica_us_covid19_checklist2.pdf

CHECKLIST 4 Environmental and Social Codes of Practice –
COVID 19 SMALL SCALE CONSTRUCTION, UPGRADES, REHAB, EXPANSION

Tar get: Construction Workers OHS/Project Supervisor/Facility Manager

Worker Safety

- ☐ The local construction and environment inspectorates and communities have been notified of upcoming activities
- ☐ The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works)
- ☐ All legally required permits have been acquired for construction and/or rehabilitation
- ☐ The Contractor formally agrees that all work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment.
- ☐ Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots)
- ☐ Appropriate signposting of the sites will inform workers of key rules and regulations to follow. General Rehabilitation and/or Construction
- ☐ During interior demolition debris-chutes shall be used above the first floor
- ☐ Demolition debris shall be kept in controlled area and sprayed with water mist to reduce debris dust
- ☐ During pneumatic drilling/wall destruction dust shall be suppressed by ongoing water spraying and/or installing dust screen enclosures at site
- ☐ The surrounding environment (sidewalks, roads) shall be kept free of debris to minimize dust
- ☐ There will be no open burning of construction / waste material at the site
- ☐ There will be no excessive idling of construction vehicles at sites
- ☐ Construction noise will be limited to restricted times agreed to in the permit
- ☐ During operations the engine covers of generators, air compressors and other powered mechanical equipment shall be closed, and equipment placed as far away from residential areas as possible
- ☐ Life threatened and fire safety issues of the facility
- ☐ The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers. Waste Management
- ☐ Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities.
- ☐ Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers.
- ☐ Construction waste will be collected and disposed properly by licensed collectors
- ☐ The records of waste disposal will be maintained as proof for proper management as designed.
- ☐ Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos)

Wastewater Treatment

- ☐ The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities
- ☐ Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment
- ☐ Monitoring of new wastewater systems (before/after) will be carried out
- ☐ Construction vehicles and machinery will be washed only in designated areas where runoff will not pollute natural surface water bodies.

REFERENCES

- WHO technical brief water, sanitation, hygiene and waste management for COVID-19;
- WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources);

III. Environmental and Social Management Plan (ESMP)

1. This Annex provides an Environmental and Social Management Plan (ESMP), setting out how the environmental and social risks and impacts will be managed through the project lifecycle.

2. This ESMP includes several matrices identifying key risks and setting out suggested E&S mitigation measures. It can be used for assisting to identifying risks and possible mitigations.

3. The ESMP also include other key elements relevant to delivery of the project, such as responsible organization, background information and duration.

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

5. The issues and risks identified in the matrix are based on current COVID-19 responses and experience of other Bank financed healthcare sector projects.

6. The Infection Control and Waste Management Plan forms part of the ESMP. The project also had other specific E&S management tools/instruments, such as the Stakeholder Engagement Plan (SEP), and labor management procedures (LMP) of the “Mongolia covid-19 emergency response and health system preparedness” project (P173799).

Table 3.1. Environmental and Social Risks and Mitigation Measures during Designing and Planning Stage

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
1.	Development of technical specifications for PPEs	Incorrect standard or quality of PPE leads to spread of infection to healthcare workers and cleaners.	The healthcare workers shall be provided with medical personal protective equipment (PPE) includes: Medical mask, Gown, Apron, Eye protection (goggles or face shield), Respirator (N95 or FFP2 standard), Boots/closed work shoes WHO interim guidance on rational use of PPE for coronavirus disease 2019 provided further details on the types of PPE that are required for different functions.	Ministry of Health (NCCD, NCZD) and 21 aimags and 9 district hospitals	I-II Quarter, 2020
2.	Extension of storage for cold chain and building indoor WASH facility and building for oxygen mini plant	Dust, noise and vibration generated from construction, rehabilitation or minor civil works	- The contractor(s) is responsible for compliance with relevant national legislation with respect to ambient air quality, noise and vibration - The contractor(s) undertaking works shall ensure that the generation of dust is minimized and implement a dust control plan to maintain a safe working environment and minimize disturbances for patients, staff and surrounding community - The contractor(s) undertaking works shall implement dust suppression measures (e.g. water paths, covering of material stockpiles, etc.) as required. Materials used shall be covered and secured properly during transportation to prevent scattering of soil, sand, materials, or generating dust. Exposed soil and material stockpiles shall be protected against wind erosion - The contractor(s) shall ensure onsite latrine be properly operated and maintained to collect and dispose wastewater from those who do the works - The contractor(s) should not carry out construction activities generating high level of noise during healthcare activities, especially when services are being delivered to the clients	Contractor(s)	I-IV Quarter, 2021 to I-III Quarter, 2022

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
			- The contractor (s) shall ensure fire safety issues of the oxygen mini plant building.		
		Solid waste generated from construction, rehabilitation or minor civil works	- The contractor(s) shall develop and follow a brief site-specific solid waste control procedure (storage, provision of bins, site clean-up, bin clean-out schedule, etc.) before commencement of any financed rehabilitation works; - The contractor(s) shall use litter bins, containers and waste collection facilities at all places during works. - The contractor(s) may store solid waste temporarily on site in a designated place prior to off-site transportation and disposal through a licensed waste collector. Transport management plan in line with WBG good practice should be developed. - The contractor(s) shall dispose of waste at designated place identified and approved by local authority. Open burning or burial of solid waste at the hospital premises shall not be allowed. It is prohibited for the contractor(s) to dispose of any debris or construction material/paint in environmentally sensitive areas (including watercourse). - Recyclable materials such as wooden plates for trench works, steel, scaffolding material, site holding, packaging material, etc. shall be segregated and collected on-site from other waste sources for reuse or recycle (sale).	Contractor(s)	

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
		Asbestos containing materials (ACM) generated from construction, renovation or minor civil works	The asbestos audit will be undertaken as required prior to/at the beginning of refurbishment. - Safe removal of any asbestos-containing materials or other toxic substances shall be performed and disposed of by specially trained workers in line with the WBG guidelines on asbestos management. - If ACM at a given hospital is to be removed or repaired, the MOH will stipulate required removal and repair procedures in the contractor's contract. - Contractors will remove or repair ACM strictly in accordance with their contract. Removal personnel will have proper training prior to removal or repair of ACM. - All asbestos waste and products containing asbestos is to be buried at an appropriate landfill and not to be tampered or broken down to ensure no fibers are airborne. Disposal of waste containing asbestos should be agreed with MOH. - No ACM will be used for renovation works.	Contractor(s)	I-IV Quarter, 2021 to I-III Quarter, 2022
		Safety risks during works	- The contractor(s) shall comply with all national and good practice regulations regarding workers' safety. - The contractor(s) shall prepare and implement a simple action plan to cope with risk and emergency (e.g., fire, earthquake, floods, COVID-19 outbreak) - The contractor(s) shall have or receive minimum required training on occupational safety regulations and use of personal protective equipment - The contractor(s) shall provide safety measures as appropriate during works such as installation of fences, fire extinguishers, first	Contractor(s)	I-IV Quarter, 2021 to I-III Quarter, 2022

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
			aid kits, restricted access zones, warning signs, overhead protection against falling debris, lighting system to protect hospital staff and patients against construction risks		
3.	Vaccine procurement and administration	Vaccine quality and selection of individuals or groups for vaccination	- According to the Law on Immunization of Mongolia, only certified vaccines from the WHO shall be used for Mongolian people. As well as development of vaccination strategy and community engagement to ensure support for the vaccine. - Risk that project-related impacts fall disproportionately on individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable; and risk of prejudice or discrimination toward individuals or groups in providing access to development resources and project benefits, particularly in the case of those who may be disadvantaged or vulnerable. Prioritization and selection of population groups to be vaccinated first will be conducted in accordance with emerging WHO guidance including the Values Framework for the allocation and prioritization of COVID-19 vaccination, the Roadmap for Prioritizing Population Groups for Vaccines against COVID-19 and the Fair Allocation Framework. Examples of target priority groups include frontline health and care workers at high risk of infection, older adults, and those people at high risk of death because of underlying conditions like heart disease and diabetes.	MOH, NITAG, WHO, UNICEF,	I-IV Quarter, 2021 to I-II Quarter, 2022
4.	Emission of GHGs of cold chain equipment and vaccine deployment usage	Climate change impact of the cold chain related GHG potent hydrofluorocarbon (HFC) refrigerant gases (direct emission) and energy use (indirect emission)	- Only procure cold chain equipment with approved refrigerants. Ensure inspection and O&M regime is in place to avoid unplanned releases of refrigerant gases. - Purchase and install energy saving equipments - Verify safe condition and proper functioning of all elements of cold chain	UNICEF, NCCD and contractor	I-IV Quarter, 2021

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
			- Assess energy needs, availability and alternative sources of renewable energy - Emergency power generators available to provide required back up power if the municipal grid, or if the internal normal electrical system fails - Assess location of energy backup or renewable energy infrastructure to ensure they can withstand extreme weather events (e.g. wind, hail, floods) - Devices and equipment are installed for monitoring indoor temperatures, cooling existing buildings and spaces, blocking direct sun, increasing air flow in case of extreme heat.		

4.2 Environmental and Social Risks and Mitigation Measures during operation stage

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
1.	COVID-19 testing and diagnosis	Improper collection of samples and testing for COVID19 and appropriate laboratory biosafety could result in spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples.	Collection of samples, transport of samples and testing of the clinical specimens from patients meeting the suspect case definition should be performed in accordance with WHO interim guidance Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases. Tests should be performed in appropriately equipped laboratories (specimen handling for molecular testing requires BSL-2 or equivalent facilities) by staff trained in the relevant technical and safety procedures. National guidelines on laboratory biosafety should be followed. For more information related to COVID-19 risk assessment, see specific interim guidance document: WHO interi m guidance for laboratory biosafety related to 2019- SARnCoV. Samples that are potentially infectious materials (PIM) need to be handled and stored as described in WHO document Guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses (PIM Guidance). For general laboratory biosafety guidelines, see the WHO Laboratory Biosafety Manual, 3rd edition.	Laboratories in NCCD, NCZD and aimag hospitals	All lifespan of project impleme ntation
2.	Isolation, care and treatment of COVID19 patients in healthcare facilities	Weak compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases spreads COVID-19 infections in healthcare facilities.	Health facilities should establish and apply Standard Precautions including: - Hand Hygiene (HH); - Respiratory hygiene/cough etiquette. - Use of personal protective equipment (PPE); - Handling of patient care equipment, and soiled linen; - Environmental cleaning; - Prevention of needle-stick/sharp injuries; - appropriate Health Care Waste Management;	All treatment settings	All lifespan of project impleme ntation

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
			In addition, health facilities should establish and apply Transmission based precautions (contact, droplet, and airborne precautions) as well as specific procedures for managing patients in isolation room/unit. Establishment of Standard precautions and Transmission based precautions should be in line with National guidelines for IPC in healthcare facilities and take into account guidance from WHO and/or CDC on COVID19 infection control: - WHO interim guidance on Infection prevention and control during health care when COVID-19 infection is suspected; - WHO guidance on infection prevention and control at health care facilities (with a focus on settings with limited resources); - CDC Guidelines for isolation precautions: preventing transmissions of infectious agents in healthcare settings; and - CDC guidelines for environmental infection control in healthcare facilities. Special considerations need to be made to vulnerable groups in delivering these services		
		Medical waste is contaminated with COVID-19 virus. Improper collection, transport, treatment and disposal of infectious waste becomes a vector for the spread of the virus.	All hospitals and laboratories should prepare waste management procedures in accordance with the national requirements that outline waste segregation procedures, on site handling, collection, transport, treatment and disposal, and training of staff. Wastes should be segregated at the point of generation by risk, including segregation of organic, recyclables, biological infectious and hazardous health care wastes which are temporary stored for pickup of contracted waste management company on site. Transport routes including elevators should also be defined and marked for infected wastes and other types of wastes. Instructions related how to handle medical waste safely should be made to relevant people handling medical waste including health and waste workers. The treatment of healthcare waste produced during the care of COVID-19 patients should be collected safely in designated containers and bags, treated and then safely disposed.	All treatment settings	All lifespan of project implementation

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
			The good practices as follow: - Waste reduction and segregation to minimize quantities of waste to be incinerated; - Siting incinerators away from patient wards, residential areas or where food is grown; - A clearly described method of operation to achieve the desired combustion conditions and emissions; for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers; - Periodic maintenance to replace or repair defective components; - Improved training for operators and improved management including the availability of an operating and maintenance manual, visible management oversight, and regular maintenance schedules. Alternative treatments should be designed into longer term projects, such as steam treatment methods. Steam treatment should preferably be on site, although once treated, sterile/non-infectious waste may be shredded and disposed of in suitable waste facilities. - The project health facilities should establish and apply procedures for healthcare waste management. HCWM procedures should be in line with National guidelines for Infection Prevention and Control in healthcare facilities and take into account WHO guidelines for Safe management of wastes from health-care activities and WHO technical brief water, sanitation, hygiene and waste management for COVID-19;		
		Poor sanitation and improper management of wastewater related	Health facilities shall ensure the provision of safe water, sanitation, and hygienic conditions, which is essential to protecting human health during all infectious disease outbreaks, including the COVID-19 outbreak.	All treatment settings	All lifespan of

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
		to COVID-19 diagnosis and treatment services transmit diseases to communities and pollute environment.	Health facilities shall establish and apply good practices line with WHO guidance on water, sanitation and waste management for COVID-19 and National guidelines for Infection Prevention and Control healthcare facilities		project impleme ntation
		Hazardous materials used and generated during the provision of COVID-19 diagnosis, care and treatment services Hazardous chemicals in the hospitals and health care centers are limited to small volumes of laboratory reagents, chemicals, solvents, medicinal gases etc.	The hospitals and laboratories should develop a hazardous material management procedure that defines: inventory of hazardous materials in the health care facilities, proper labeling of hazardous materials, safe handling, storage and use of hazardous materials, use of protective equipment procedure for managing spill, exposures and other incidents, procedure for reporting of incidents. Hazardous materials should be handled in accordance with the accepted practices. Only trained personnel should handle the materials and precautions taken when handling materials by using required protection equipment such as ventilation hoods and personal protective equipment.	All treatment settings	All lifespan of project impleme ntation
3.	Labor management	Health workers (especially nurses), cleaners, ambulance drivers and caterers may be asked to work overtime to respond to the COVID-19 pandemic. It is important that these personnel are able to access overtime pay as needed. Health care and other staff, including cleaners, or workers in upgrade/rehabilitation	All workers must be paid for overtime as per Labor Law. All workers must be provided with security of medical care, in particular ensuring they can access free medical care if they contract COVID-19. Ensure that the staff with lower qualification or less experienced working in the health sector (e.g., cleaners, caterers, part-time workers, etc.), often female workers, also have access to the required Personnel Protection Equipment (PPE) – including gloves, gowns, masks and eye protection if exposed to patients with COVID-19, their waste, clothes or linen – and training to make sure they work in a safe environment. Most vulnerable workers should be identified, such as female single heads of household, who may need additional support in order for them to do their job (for instance, female nurses who are single heads of household may need additional support if they have to work overtime).	All treatment settings	All lifespan of project impleme ntation

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
		may need medical care if they contract COVID-19 Health workers, a big proportion who are female (and who may also bear additional responsibilities in terms of child and eldercare), may face mental health issues or burnout as result of an outbreak. Health workers, cleaners or workers involved in upgrades experiencing respiratory symptoms may fear not getting paid and continue to show up at work.	Additional support to consider may include cash grants, access to food support or provision of child care services. Health care workers must be actively supported by their employers and commended for their work, as well as offered psychological, emotional or mental support if possible. This may mean bringing in monks to a hospital for a ceremony, or ensuring health workers have regular breaks and proper food throughout the day. In case quarantine and isolation and/or vaccination centers are to be protected by security personnel, it will be ensured in accordance with measrure #4.3 of ESCP. All workers involved in upgrading facilities, health workers, cleaners, etc., must be reassured that they will continue to get paid if they need to self-isolate if they are showing with COVID-19/respiratory symptoms. These provisions must be made including for contracted staff and are included in the Labor Management Plan (LMP).		
4.	Access to COVID-19 healthcare services	Planning and design of measures to screen people for COVID-19 and information materials developed could exclude the most vulnerable, including the poor, elderly, indigenous peoples, people living with a disability and households headed by single women, who are also less likely to have access or be active on social media. IPs and	Planning of containment measures and social restrictions need to take into account the livelihood impact it will have for the population, in particular the most vulnerable (the poor, elderly, women single heads of household, IPs, those with disabilities). MOH may need to develop specific mitigation measures for this, outside the scope of this ESMF. This may include social safety nets with cash transfers to specific population groups, ensuring that it does not exclude informal workers, the poor, home-based workers, etc. May also include food grants, essential basket of goods, child care support for women, etc. SEC/MOH should consider having a dedicated hotline for people to call for questions and recommendations on what to do if they suspect they may have COVID-19.	MOH, NCCD, NCZD, NCPH, and aimag health department, City health department	All lifespan of project impleme ntation

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
		people in the rural areas are at heightened risk if they contract COVID-19 due to their remoteness in accessing treatment (though their remoteness may protect them from contracting the virus). Their location may also make the diagnosing and treatment of the virus more difficult.	Communication materials must also be clear about (i) how to avoid contracting COVID-19 (good hygiene measures); (ii) symptoms of COVID19; (iii) what to do if suspect have COVID-19. Information on how to protect oneself from COVID-19, the symptoms of COVID-19, where and how to get tested should be made available to everyone and ensure they are accessible to marginalized groups, those with disabilities, other vulnerable groups and the elderly by using different languages (including sign language, graphics and illustrations or other forms of visual communication), and in a manner that is culturally appropriate to the respective groups and specific needs. Communication materials and outreach to people, must make clear that all treatment for COVID-19 at NCCD and aimag hospitals is free and accessible for all population. People must also be told about the GRM process to denounce any instance where they are asked to pay to access needed medical services at hospital).		
5.	Access to other healthcare services	Focus on COVID-19 may redirect staff and resources at health facilities and negatively impact other areas, such as maternal health check-ups, vaccinations for children and treatment of chronic diseases. This may particularly impact women, young children and the elderly. People, in particular women with young children, pregnant women, the elderly, those with disabilities, chronic illness and other vulnerable populations,	Hospitals and other health facilities must ensure they still have adequate staff to deal with ongoing medical needs. While non-urgent cases may be deferred, it is important that childhood vaccinations continue, that women have prenatal and antenatal visits, that sexual and reproductive health services are available and that those with chronic conditions and/or disabilities continue to receive necessary treatments (with adequate measures to separate from patients with COVID-19, as detailed in other sections in this Table). Communication materials must stress that these normal services are still being provided, and explain measures taken in health centers to avoid COVID-19 risks (for instance, that COVID-19 patients are treated in a different area from where mothers deliver babies) as there may be apprehension from community members to go to health facilities. This may include radio messages, Facebook, loudspeaker announcements, signage in hospitals, etc.	MOH, NCCD and aimag hospitals	All lifespan of project impleme ntation

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
		may be fearful of going to the hospital/health center for fear of contracting the virus. This may cause children to miss out on needed vaccinations, women not seeking support during pregnancy, etc.			
6.	Information, communication, capacity building and stakeholder engagement	Appropriate information and communication increase social stigma with those who expose or are infected by virus. Risk of fear and/or stigma towards the virus, which may make people hide symptoms, avoid getting tested and even reject hygiene measures or wearing PPE equipment (or masks if recommended) Health workers may suffer stigma, in particular when coming back to their communities, as they may be seen as potential "carriers" Some groups may be particularly vulnerable to stigma, such as Cham minorities who are	When developing communication messages about COVID-19, it is important to have social stigma issues in mind and choose language that does not exacerbate stigma. It is best to not refer to people with the disease as "COVID-19 cases", "victims" "COVID-19 families" or "the diseased". It is better to refer as "people who have COVID-19", "people who are being treated for COVID-19", or "people who are recovering from COVID-19". It is important to separate a person from having an identity defined by COVID-19, in order to reduce stigma. This language should be used throughout all communication materials. Ensure accurate information about the virus is widely disseminated, and that there is also a focus on people recovered. When developing communication materials, refer to WHO information on social stigma: https://www.who.int/docs/default-source/coronaviruse/covid19-stigmaguide.pdf Engage social influencers, such as religious leaders, who can help communicate accurate messages and help to reduce social stigma as well as support those who may be stigmatized. Correct misconceptions and provide accurate information. One way to do this could be through District health officials and/or commune leaders/officials. They could be trained on the basics of COVID-19 prevention (good hygiene, frequent hand washing, avoid touching face, social isolation measures) and be provided with simple materials in Khmer language. These officials can use this information to inform others in their communities, including correcting false rumors. Focus should be on prevention as well as on identifying symptoms and how to seek treatment.	MOH, NCCD, NCPH, NCZD, CHD, aimag and city health department	All lifespan of project implementation

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
		already being prejudiced again due to high number of cases in their communities	The SEP should include outreach to NGOs and other stakeholders to ensure it captures their views and suggestions on best methods to develop RCCE materials. Communication materials must reinforce the positive contribution of health care workers and other essential workers and their need to be supported by community members. Communication materials should make clear the steps health workers and others are taking to protect themselves against the virus and their use of PPE and also about safety vaccination.		
		Communication materials may not reach the most vulnerable, including the elderly, IPs and workers from the informal sector, a lot of whom are women, who tend to have lower levels of education, lower incomes and may lack access to reliable information materials.	When developing communication materials, it is important to ensure that they are clear, concise and sound scientifically based, and that they are in a format/language that is understandable to all people, in particular the most vulnerable. Messages should be clear and concise, focusing on hygiene measures (hand washing, coughing), what to do if suspect have COVID-19, as well as restrictions if applicable (for instance specific guidelines on social-distancing). When developing communication materials, refer to WHO information on social stigma: https://www.who.int/docs/default-source/coronaviruse/covid19-stigmaguide.pdf This may mean that different media needs to be used (social media, radio, tv) plus engaging existing formal and informal public health and community-based networks (schools, healthcare service providers at local level, etc). Ensure that information is accessible in sign language, illustrations/pictorial and relevant languages of EM groups (in particular in Western Mongolia where there are more Kazak speaking population. Ensure messages relating to COVID-19 reach all groups of people, in particular the most vulnerable (the poor, elderly, women single heads of household, those with a disability, EM groups, any marginalized group). This may include having a multi-faceted approach to consultations and disclosure	MOH, NCCD, NCPH, NCZD	All lifespan of project impleme ntation

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
			of information and information sharing, such as by loudspeaker (by commune authorities or district health authorities), Facebook, SMS, You Tube videos, social influencers/religious leaders, etc. A focus of information materials should be on women, as they tend to be the best venue of communication for children and the elderly in the household.		
		If stakeholders are not properly consulted, information is not disclosed and people are not informed about their rights, options for grievance redress or project timelines, there could be misunderstandings, conflict, stigma, gender-based violence, false rumors or loss of confidence in the community regarding the project.	Stakeholder Engagement Plan (SEP) must use different communication methods. Stakeholder Engagement Plan (SEP) should ensure consultations with NGOs and other stakeholders that can provide recommendations on how to communicate information and develop. Ensure consultations on SEP and this ESMF include relevant government agencies, NGOs and other organizations working on health and gender, including GBV, as well as EM groups. Ensure women, and women's groups, are targeted during consultations on the SEP and ESMF, as well as information campaigns and IEC materials as described above. Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers, celebrities) and local networks (such as women's groups, youth groups, business groups, and khoroo unit) that can help to disseminate messages. Define clear and easy mechanisms to disseminate messages and materials based on community questions and concerns. Ensure communication materials not only focus on COVID-19 symptoms and hygiene, but also on coping strategies if there is social isolation, avenues (materials, organizations, hotline) available for mental health, GBV, etc. that may be available.	MOH, NCCD and other relevant health facility	All lifespan of project impleme ntation

7.	COVID-19 vaccine deployment	Vaccine delivery to the client, measures to screen people for COVID-19 and information materials developed could exclude the most vulnerable, including the poor, elderly, ethnic minority, people living with a disability and households headed by single women, who are also less likely to have access or be active on social media. The poor literacy and miss information could lead anti-vaccination campaign among general public. The registration may also make the vaccination delivery more difficult. HCWs who are engaging vaccination service delivery could get infected.	The HCWs who are delivering the vaccination shall have vaccinated with 2 full doses of COVID-19 vaccination in prior to engage this service. Also, all health and non-health staff need to have proper training on vaccination deployment plan in Mongolia. Please refer for the technical advice on key topics related to immunization logistics use WHO guidance: How to monitor temperatures in the vaccine supply chain: http://www.who.int/immunization_delivery/systems_policy/evm/en/index.html, and CDC guidance on Vaccine Storage and Handling Toolkit: https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf Mobilized vaccinators and newly trained vaccinators shall have attended special training from the MOH/NCCD. Vaccines rarely cause serious adverse reactions, and common reactions are minor and self-limited. Thus to monitor the safety of vaccines by looking for adverse events following immunizations (AEFI) need to refer WHO Global manual on surveillance of adverse event following immunization: https://www.who.int/vaccine_safety/publications/Global_Manual_revised_12102015.pdf?ua=1 Planning of vaccination measures need to take into account the living location and work station and in particular the most vulnerable (HCWs, inspection agency workers, border workers, costume workers, the poor, elderly, adults with chronic diseases, women single heads of household, those with disabilities). MOH may need to develop specific mitigation measures for this, outside the scope of this ESMF. Communication materials must also be clear about (i) safety measures of vaccination; (ii) possible side effects of COVID19 vaccine; (iii) what to do if client had tested as COVID-19 positive in the vaccination unit. iv) information on vaccination units, v) selection of person who should have vaccinated.	MOH, NCCD, NCPH, and aimag health department, City health department, all immunization units, FGP, Soum health centers , Police department	All lifespan of project implementation

			Based on WHO guidance, the overall purpose of the stakeholder engagement and consultation process is to build trust in the prevention and response of misinformation that may interfere with decision-making in the population for Coronavirus disease (COVID-19) and to adhere to public health advice. This will include scientifically sound information on relevant vaccines. This would be based on WHO guidance (WHO Guidance - Risk Communication and Community Engagement) and would seek to provide proper awareness raising and timely information dissemination to (i) avoid conflicts resulting from false rumors; (ii) ensure equitable access to services for all who need it; and (iii) address issues resulting from people being kept in quarantine. Message should be developed in different languages (including sign language, graphics and illustrations or other forms of visual communication), and in a manner that is culturally appropriate to the respective groups and specific needs. People must also be told about the GRM process to denounce any instance where they are asked to pay to access needed medical services at hospital). **Safety and availability of temporary vaccination units:** COVID-19 vaccination will be conducted in the immunization rooms of soums, villages, district health centers, general hospitals and maternity hospitals. It should have a sufficient space for establishing COVID-19 temporary vaccination centers with well-ventilated and well-lit conference halls, art and sports halls (depending on the current situation or quarantine and sickness, school and kindergarten buildings can be selected). If possible, entrance and exit of the COVID-19 vaccination unit should be separate and, if not possible, one-way flow, and the direction of entry and exit should be marked. The temporary vaccination units shall have a separate waiting area, a vaccination area and an observation area. Temporary vaccination units will require each person to keep a distance of 1.5-2 meters, wearing of masks, use of hand sanitizers and hand washing. Posters, training and promotional materials will be available.		

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
8.	Life and fire safety risk for building an oxygen mini plant and its usage	The main danger to peo ple from an oxygen enriched atmosphere is that clothing or hair can easily catch fire, causing serious or even fatal burns.	Relevant regulation and operating manual of service shall be provieded. Those need to take into account the measurement to prevent or mitigate life and fire safety risks from the building an oxygen mini plant and delivery of the oxygen. Recipient health facilities of the oxygen mini plant need to develop and implement life and fire safety systems, update their emergency response procedures and ensure these are communicated to staff, and undertake regular drills. The plan shall be developed before installmentbased on manufacturer's safety instructions. Smoking should be forbidden where oxygen is being used The main ways to prevent oxygen enrichment are to keep oxygen equipment in good condition and take care when using it. Good ventilation should be used Avoid using oxygen for cooling or refreshing the air in confined spaces and dusting benches, machinery or clothing. If oxygen enrichment from an oxygen leak is suspected, the oxygen supply s hould be turned off. Cigarettes and open flames should be extinguished.	Contractor, MOH, aimag health department	All lifespan of project impleme ntation
9.	Cold chain equipment and its usage	The main risk will be interrupting temperature during transportation, storing and handling vaccination	The cold chain arrangement and SOPs shall be executed by following WHO guideline: https://www.who.int/immunization/documents/IIP2015_Module2.pdf Periodically checked emergency back-up generators, even if rarely used Train and improve capacity of health workforce on energy access and performance Freezers and refrigerators are defrosted regularly if required	UNICEF, NCCD and all health vaccination units of health facilities	All lifespan of project impleme ntation

№	Key activities	Potential risk and impacts	Proposed mitigating measures	Responsible parties	Timeline
			Assess location of energy backup or renewable energy infrastructure to ensure they can withstand extreme weather events (e.g. wind, hail, floods) Periodically check emergency back-up generators, even if rarely used Electrical systems safely secured with backup arrangement to satisfy the facility's demand for at least three days, at all time Ensure equipment uses approved refrigerants only. Ensure an inspection and O&M regime is in place to avoid unplanned releases of refrigerant gases.		

IV. Infection Control and Waste Management Plan (ICWMP)

1. Introduction

1.1 Describe the project context and components
- Project name and project owner
- Project activities

1.2 Describe the targeted healthcare facility (HCF):
- Type, level
- Location and associated facilities, including access, water supply, power supply;
- Capacity: beds, staff

1.3 Overview of infection control and waste management in the HCF
- Describe the healthcare waste management system in the HCF, including material delivery, waste generation, handling, collection, storage, transport, and disposal and treatment works
- Describe the infection prevention and control system in the HCF: hand hygiene facilities, disinfection and sterilization, etc.
- Organizational structure
- Staffing and responsibility assignment

2. Infection prevention and control procedures

2.1 Standard precaution measures
- Hand hygiene procedures
- Respiratory hygiene/cough etiquette.
- Use of personal protective equipment (PPE) when handling body fluid;
- Appropriate handling of patient care equipment, and soiled linen;
- Environmental cleaning management;
- Prevention of needle-stick/sharp injuries;

2.2 Transmission based precaution measures
- Contact transmission precaution measures
- Droplet transmission precaution measures
- Air-borne transmission precaution measures

2.3 Specific measures for managing patients in isolation center

2.4 Specific measures for delivery and storage of specimen and samples

3. Waste management procedures

3.1 Waste minimization, reuse and recycling:
- HCF should consider practices and procedures to minimize waste generation, without sacrificing patient hygiene and safety considerations.

3.2 Waste segregation, packaging, color coding and labeling:
- HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.

3.3 Onsite collection and transport:
- HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes.
- Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.

3.4 Waste storage:
- A HCF should have multiple waste storage areas designed for different types of wastes. Their functions and sizes are determined at design stage. Proper maintenance and disinfection of the storage areas

should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.

3.5 Transportation and disposal at offsite waste management facilities:

- Not all HCF has adequate or well performed incinerator onsite. Not all healthcare wastes are suitable for incineration.
- An onsite incinerator produces residuals after incineration. Hence offsite waste disposal facilities provided by local government or the private sector are probably needed. These offsite waste management facilities may include incinerators, hazardous wastes landfill. In the same vein, due diligence of such external waste management facilities should be conducted to examine its technical adequacy, process capacity, performance record, and operator's capacity.
- In case any gaps are discovered, corrective measures should be recommended and agreed with the government or the private sector operators.

3.6 Wastewater treatment:

- HCF wastewater is related to hazardous waste management practices. Proper waste segregation and handling as discussed above should be conducted to minimize entry of solid waste into the wastewater stream.
- In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection.
- Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well. There are also cases where HCF wastewater is transported by trucks to a municipal wastewater treatment plant for treatment.
- Requirements on safe transportation, due diligence of WWTP in terms of its capacity and performance should be conducted.

5. Emergency Preparedness and Response

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

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

6. Institutional Arrangement and Capacity Building

A clearly defined institutional arrangement, roles and responsibilities should be included. A training plan with recurring training programs should be developed. The following aspects are recommended:

- Define roles and responsibilities along each link of the chain along the cradle-to-crave infection control and waste management process;
- Ensure adequate and qualified staff are in place, including those in charge of infection control and biosafety and waste management facility operation.
- Stress the chief of a HCF takes overall responsibility for infection control and waste management;
- Involve all relevant departments in a HCF, and build an intra-departmental team to manage, coordinate and regularly review issues and performance;
- Establish an information management system to track and record the waste streams in HCF; and

- Capacity building and training should involve medical workers, waste management workers and cleaners. Third-party waste management service providers should be provided with relevant training as well.

7. Monitoring and Reporting

In Mongolia, HCFs are face the challenge of inadequate monitoring and records of healthcare waste streams. HCF does not have an information management system to track and record the waste streams from the point of generation, segregation, packaging, temporary storage, transport carts/vehicles, to treatment facilities. In Ulaanbaatar, single company named Element LLC handle HCWM issue. Thus, in purpose of paying a bill HCFs are keep record but not regulate in regular statistics of health system.

The HCF responsible person takes overall responsibility, leads an intra-departmental team and regularly reviews issues and performance of the infection control and waste management practices in the HCF. Internal reporting and filing systems should be in place. Externally, reporting should be conducted by MOH as World Bank requirements.

Table 4.1. ICWMP

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
General HCF operation – Environment	General wastes, wastewater and air emissions	Each HCFs shall strictly follow the Ministerial order #505. In order to cut off emission it is not allowed to incinerate HCW in Mongolia.	Every HFCs	Throughout the health care service delivery
General HCF operation – OHS issues	- Infection with the COVID19 - Physical hazards; - Electrical and explosive hazards; - Chemical use;	Follow listed SOPs during operation: • IPC measures: - Hand hygiene procedure - Personal protective equipment procedures - Respiratory hygiene - Patient-care equipment cleaning and disinfection procedures - Patient-care equipment cleaning procedure - Soiled linen management procedures - Prevention of needle-stick/sharp injuries Air-borne precautions	Every HFCs	Throughout the health care service delivery
Waste minimization, reuse and recycling	- Infectious waste - Environmental sustainability	Healthcare waste is broadly categorized into two main groups, namely medical wastes and general wastes. **General wastes or household waste** • Any waste that are solid or semi-solids generated from HCFs that are non-toxic and non-hazardous and are not contaminated with medical wastes. These are the food wastes, paper, plastics, textiles, non-toxic metals, glass and garden wastes. In the event that general wastes are contaminated or mixed with any medical wastes, the general wastes shall be classified as medical wastes and managed accordingly. **Medical wastes** • Any waste which consists completely or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharps instruments, all wastes that are hazardous or can cause infection to any person coming into contact with it. • Any other wastes generated from healthcare activities which may be hazardous or toxic.	Every HFCs	Throughout the health care service delivery

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
Waste segregation	- Quantities of hazardous waste - Hazardous waste combined with the municipal waste stream - High costs for safe disposal of hazardous health-care waste	All HCFs shall organize waste segregation at sources. Each type of waste should be contained in designated, color coded and labelled bags and containers. These are: • green bin: general waste or household waste • yellow bin: infectious waste, main part of the medical waste • brown bin: chemical and pharmaceutical wastes, wastes with high content of heavy metals • red bin: genotoxic waste, radioactive waste • black bin: pressurized containers	Every HFCs	Throughout the health care service delivery
Waste collection and handling	- Needle stick injury - Accidental injury of non-health and health workers	• Staff should handle medical waste as little as possible before storage and disposal. The more waste is handled, the greater the chance for accidents. • Special care must be taken when handling used needles and other sharps, which pose the greatest risk of accidental injury and infection.	Every HFCs	Throughout the health care service delivery
Stock in a safe temporary storage	- Nosocomial infections Increasing risk of spreading pathogenic micro-organism such as conventional pathogens , conditional pathogens and opportunistic pathogens	**Emptying waste containers** • Waste containers that are too full also present greater opportunities for accidents. Waste should be removed from operating theatres, procedure rooms, and sluice rooms before the containers become completely full. At the very least, these containers should be emptied once a day. Dispose of sharps containers when they are 3/4 full. (When sharps-disposal containers become too full, people may push sharps into the container, causing injury.) • Staff should wear utility gloves, heavy duty apron and boots when collecting waste. • Do not collect medical waste from patient-care areas by emptying it into open carts or wheelbarrows, as this may lead to spills and contamination of the surroundings, may encourage scavenging of waste, and may increase the risk of injury to staff, patients, and visitors. • Handle medical waste as little as possible. • Never put your hands into a container that holds medical waste. **Stock in a safe temporary storage** Following segregation, medical wastes should be placed in a designated, safe (locked) and temporary storage at HCFs. Different health care waste should be streamed separately in standard storage equipment. Storage time of	Every HFCs	Throughout the health care service delivery

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
		infectious waste should not exceed 48 hours. Anatomical waste should be buried or disposed daily. The central storage area must be: • Located separately from the general waste storage areas. • Should be clearly identifiable. • Away from food preparation, public access and egress route. • Arranged to store waste for landfill and waste for incineration waste separately. • Well ventilated and well lit. • Located on well drained, impervious hard-standing. • Provided facilities for washing down and disinfection		
Safe treatment and disposal.		• **Autoclave**. Autoclave used to decontaminate infectious waste is required for laboratory. They are available in some laboratories in Mongolia. All laboratory equipment, materials and fluids must be decontaminated in the autoclave, before being discharged out of the laboratory. • **Sharp pit and Placenta pit**: Placenta and small anatomical waste should be disposed to placenta pit and sharp waste should be disposed to sharp pit where there is no effective incineration. • **Secured landfill.** This is the minimal approach to sharp waste disposal, which should be used only in remote and underdeveloped areas. Even in difficult circumstance, the health facility should establish the following basic principles: - Locates the burial site away from the groundwater supply sources - Restrict access to the disposal site by unauthorized persons - Line the burial site with a material of low permeability, such as clay, dung and river silt, if available, to prevent pollution of shallow groundwater and nearby wells. - Bury sharp waste and infectious waste only - Used single use mask - Each layer of waste should be covered by a layer of soil to prevent odors, rodents and insects • In some small province recommended to treat by incinerator only for single use mask.	Every HFCs	Throughout the health care service delivery

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
Emergency events	- Spillage; - Occupational exposure to infectious; - Exposure to radiation; - Accidental releases of infectious or hazardous substances to the environment; - Medical equipment failure; - Failure of solid waste and wastewater treatment facilities; - Other emergent events	- Need to develop Emergency response plan and train staffs. - The isolation of infected patients and implements aseptic conditions by introducing measures intended to act as a barrier between infected or potentially contaminated tissue and the environment, including other patients and medical staff. - Standard precautions should be taken with every patient, independent of any known condition (e.g. infected or colonized), to protect health-care workers from exposure to infectious disease. Buildings and planning are designed to prevent cross-transmission before a diagnosis is known. All objects that come in contact with patients should be considered potentially contaminated.	Every HFCs	Throughout the health care service delivery
Operation of acquired assets for holding potential COVID-19 patients	- Occupational exposure to infectious; - Medical equipment failure;	• Need to train HCWs on proper wearing PPEs. • Strictly follow HCWM safety procedure in all daily activities • Provide sufficient supply of PPE for HCWs • Cover all HCs front line workers to the vaccine anti COVID-19 • Flush liquid waste (e.g. urine, liquid faecal waste) into the sewage system, if there is an adequate system in place. • Avoid splashing when disposing of liquid infectious waste to avoid possible generation of aerosols • When hospital does not have an adequate system select adequate disinfectant solution for the pathogen • In general, disinfect liquid waste with chlorine 0.05% or 0.5% depending on the pathogen before disposing (e.g. disinfect cholera with chlorine solution 0.5%)	Every HFCs	Throughout the health care service delivery
Wastewater collection and treatment	- Spillage; - Occupational exposure to infectious;	Health and environmental workers should always wear heavy utility gloves and shoes when handling or transporting liquid medical waste of any kind. When carrying or disposing of liquid medical waste, they should be careful to avoid splashing the waste on yourself, others, or on the floor and other surfaces. Carefully pour liquid waste down a sink, drain, flushable toilet, or latrine. If this is not possible, bury it in a pit along with solid medical waste. Moderate quantities of mild liquid or semi-liquid pharmaceuticals such as	Every HFCs	Throughout the health care service delivery

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
		solutions containing vitamins, cough syrups, intravenous solutions, eye drops (but not antibiotics or cytotoxic drugs), may be diluted in a large flow of water and discharged into municipal sewers. Pharmaceutical wastes shall not be disposed of into slow moving or stagnant water. Pharmaceutical wastes shall not be disposed of into slow-moving or stagnant water. All facilities should have appropriate drainage. If the facility does not link to a treated municipal water drainage system, then all drainage should be treated locally. This includes appropriate septic and filtration systems. Highly infectious waste should be disinfected by proper disinfectants or autoclaved before they are disposed of either by incineration or no incineration processes. Unless there is an adequate waste-water treatment plant, blood should be disinfected before discharged to a sewer.		
Environment Cleaning / Disinfecting	- Ineffective detergent usage - Occupational exposure to infectious;	• Trained staff is wearing PPE depending on route of transmission, adding rubber gloves, impermeable apron, rubber boots. - In isolation room, all surfaces (floor, table and etc.) need to be cleaned, and disinfected once per day. • When heavy contamination (blood, vomit, faeces) on surface and floor, take off spill, clean with detergent, disinfect with chlorine solution 0.5%. • Refer to the list of disinfectant to select those that will inactivated the pathogen. The most common hospital disinfectant include: - Sodium hypochlorite (household bleach); - Ethyl alcohol 70%; - Phenolic compounds; - Quaternary ammonium compounds; - Peroxygen compounds. • Refer to dilution table, to prepare the detergent disinfectant solution. • Some disinfectant solution, provide the two actions (detergent and disinfectant) in one product, follow instruction for that specific product.	Every HFCs	Throughout the health care service delivery
Reprocessing reusable equipment	- Ineffective detergent usage - Occupational exposure to infectious;	• Clean with detergent, then soak into chlorine solution 0.05% for at least 30 minutes, rinse and let it dry in a clean area. • If using google or safety glasses, clean with detergent, then soak in chlorine solution 0.05% for 10 minutes (30 minutes can damage the	Every HFCs	Throughout the health care service delivery

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
		goggle, glasses), thoroughly rinse (avoid irritation of eyes) and let it dry in a clean area, before reusing. • Refer to the Preparation of Sodium Hypochlorite Solution Procedure. • Contaminated equipment should be placed in clearly-labelled, leak-proof bags or closed container. • Transport of equipment bag/container from the anteroom to the cleaning/utility room - The trained staff wears disposable gloves and mask to transport the bag to the cleaning room. - Place the leak-proof bag into a new bag (double bag) or - Disinfect the outside part of the container with e.g. chlorine solution 0.05% - Use a wheeled bin with a lid or trolley (covered trolley is preferred) to transport the bag. The staff must not carry the bag/container. - Clean and disinfect all surfaces of the trollies or bins, after each use • Cleaning staff, like other staff need to check and record their temperature twice a day, and notify to chief of unit or IPC team, if any symptoms.		
Soiled linen	- Ineffective detergent usage - Occupational exposure to infectious;	• Soiled linen must be proceeding by trained staff wearing PPE (depending on the pathogen route of transmission). At least wear rubber gloves, impermeable apron, and rubber boots (refer to Appendix 2.1.9.2 appropriate handling of soiled linen) • Wash with detergent and disinfect linen daily. If there is any solid excrement such as faeces or vomit, - Remove carefully and flush it down the toilet (if proper sewage) or in the sluice before linen is placed in its bag or container. - If not proper sewage, remove carefully, discharge in waste bag, - or decontaminate with disinfectant solution (concentration depending on the pathogen) • Soiled linen should be placed in clearly-labelled, leak-proof bags or closed container. • Transport of linen bag/container from the anteroom the laundry room - Place the leak proof bag into a new bag (double bag) or - Disinfect the outside part of the container with e.g. chlorine solution 0.05%.	Every HFCs	Throughout the health care service delivery

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
		- The trained staff wears disposable gloves and mask to transport the linen bag to the laundry - Use of a wheeled bin with a lid or trolley (covered trolley is preferred). The staff must not carry the bag/container. - Clean and disinfect all surfaces of the trollies or bins, after each use - In the laundry room, trained staff wear PPE wearing PPE depending on the pathogen route of transmission, with rubber gloves, waterproof apron and rubber boots), wash infected linen with laundry machine: - In hot water of 70^{o}C: wash with detergent or disinfectant (30 minutes). - In cold water (< 70^{o}Celsius): wash with detergent, then disinfectant that are active in cold water. When using bleach, rinse in clean water, and dry before reuse. • Laundry staff, like other staff need to check and record their temperature twice a day, and notify to chief of unit or IPC team, if any symptoms		
Handling of dead bodies	- Occupational exposure to infectious; - Spread of infection throughout to the general population	• Discourage any local practices (touching/ being in contact with the corpse) by HCW, family, friends) • Dead body remains should not be sprayed, washed or embalmed. • PPE to safely handle dead body. Refer to route of transmission, with at least: - Disposable gown with long-sleeves - Waterproof apron - Disposable, non-sterile gloves (over the cuffs of the gown) - Surgical mask (wear particulate mask if autopsy) - Eyes protection (preferable face-shield, or goggle) - Rubber gloves - Rubber boots • Put corpse in waterproof/ impermeable body bag immediately; and transfer to the mortuary as soon as possible after death. • Bury or incinerate corpse without delay • Surveillance of staff who handle dead body (need to check and record their temperature twice a day, and notify to chief of unit, IPC team if any symptoms).	Every HFCs	Throughout the health care service delivery

Activities	Potential E&S Issues and Risks	Proposed Mitigation Measures	Responsibilities	Timeline
Infection prevention and control during administration of COVID-19 vaccine	- Occupational exposure to infectious; - Spread of infection throughout to the general population	• All those attending for vaccination and those delivering vaccination should wear appropriate personal protective equipment (PPE) as described in the infection prevention and control (IPC) advice current at the time of administering the vaccine • Hand hygiene is critical to prevent the spread of disease and hands should be cleaned with alcohol-based gel or soap and water before vaccine preparation, between patients, etc. Those preparing and administering the vaccine should maintain good hand hygiene throughout and should take care not to touch the vial bung with their fingers. • The vaccination unit must have i) WASH facility, ii) hand sterilizing point iii) windows which possibly conduct regular air exchange, iv) clean properly (annex 2.1-2.2) • Based on the vaccine type SOP will be developed and train medical staff.	Every vaccination units	Throughout the health care service delivery

V. Resource List: COVID-19 Guidance

WHO Guidance

Advice for the public

- WHO advice for the public, including on social distancing, respiratory hygiene, self-quarantine, and seeking medical advice, can be consulted on this WHO website: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

Technical guidance

- Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected, issued on March 19, 2020
- Recommendations to Member States to Improve Hygiene Practices, issued on April 1, 2020
- Severe Acute Respiratory Infections Treatment Center, issued on March 28, 2020
- Infection prevention and control at health care facilities (with a focus on settings with limited resources), issued in 2018
- Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19), issued on March 18, 2020
- Laboratory Biosafety Manual, 3rd edition, issued in 2014
- Laboratory testing for COVID-19, including specimen collection and shipment, issued on March 19, 2020
- Prioritized Laboratory Testing Strategy According to 4Cs Transmission Scenarios, issued on March 21, 2020
- Infection Prevention and Control for the safe management of a dead body in the context of COVID-19, issued on March 24, 2020
- Key considerations for repatriation and quarantine of travelers in relation to the outbreak COVID-19, issued on February 11, 2020
- Preparedness, prevention and control of COVID-19 for refugees and migrants in non-camp settings, issued on April 17, 2020
- Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, issued on March 18, 2020
- Oxygen sources and distribution for COVID-19 treatment centers, issued on April 4, 2020
- Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response, issued on March 16, 2020
- Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), issued on March 19, 2020
- Operational considerations for case management of COVID-19 in health facility and community, issued on March 19, 2020
- Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19), issued on February 27, 2020
- Getting your workplace ready for COVID-19, issued on March 19, 2020
- Water, sanitation, hygiene and waste management for COVID-19, issued on March 19, 2020

- Safe management of wastes from health-care activities, issued in 2014
- Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (COVID-19) outbreak, issued on March 19, 2020
- Disability Considerations during the COVID-19 outbreak, issued on March 26, 2020

WORLD BANK GROUP GUIDANCE

- Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings, issued on March 20, 2020
- Technical Note: Use of Military Forces to Assist in COVID-19 Operations, issued on March 25, 2020
- ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects, issued on April 7, 2020
- Technical Note on SEA/H for HNP COVID Response Operations, issued in March 2020
- Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, issued on April 6, 2020
- WBG EHS Guidelines for Healthcare Facilities, issued on April 30, 2007

CDC Guidance

- Vaccine Storage and Handling Toolkit-November 2020 (cdc.gov) (COVID Annex)
- Healthcare Professions: preparing for COVID-19 Vaccination