



REPUBLIC OF TÜRKİYE
MINISTRY OF HEALTH

**TÜRKİYE EARTHQUAKE RECOVERY AND
RECONSTRUCTION PROJECT (P180849)**

**ENVIRONMENTAL AND SOCIAL MANAGEMENT
FRAMEWORK (ESMF) FOR PROJECT
COMPONENT 2**

FINAL

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Abbreviations

AC	: Appeals Committee
ADNKS	: Address Based Population Registration System
AFAD	: Disaster and Emergency Management Presidency
AoI	: Area of Influence
BOTAŞ	: Petroleum Pipeline Corporation
CEB	: Council of Europe Development Bank
CİMER	: Turkish Presidential Communication Center
CITES	: Convention on International Trade in Endangered Species of Wild Flora and Fauna
DSİ	: General Directorate of State Hydraulic Works
ECOP	: Environmental Code of Practice
EGM	: Turkish National Police
EIA	: Environmental Impact Assessment
E&S	: Environmental and Social
ESCP	: Environmental and Social Commitment Plan
ESF	: Environmental and Social Framework
ESIA	: Environmental and Social Impact Assessment
ESIM	: Unimpeded Health Communication Center
ESMF	: Environmental and Social Management Framework
ESMP	: Environmental and Social Management Plan
ESS	: Environmental and Social Standard
EU	: European Union
FM	: Financial Management
FMC	: Family Medicine Centers
FI	: Financial Intermediary

GDP	: Gross Domestic Product
GIIP	: Good International Industry Practice
GM	: Grievance Mechanism
GRS	: Grievance Redress Service
HSSSP	: Health System Strengthening and Support Project
IFC	: International Finance Corporation
ILO	: International Labour Organization
IUCN	: International Union for Conservation of Nature
İL BANK	: İller Bankası Anonim Şirketi
KBA	: Key Biodiversity Area
LMP	: Labor Management Procedures
MoAF	: Ministry of Agriculture and Forestry
MoCT	: Ministry of Culture and Tourism
MoEUCC	: Ministry of Environment, Urbanization and Climate Change
MoH	: Ministry of Health
MoIT	: Ministry of Industry and Technology
MoLSS	: Ministry of Labour and Social Security
MTA	: General Directorate of Mineral Research and Exploration
NGO	: Non-Governmental Organizations
OHS	: Occupational Health and Safety
ÖSYM	: Measuring, Selection and Placement Centre
PHC	: Primary Health Care
PMSU	: Project Management and Support Unit
PRB	: Patient Rights Board
Project	: Türkiye Earthquake Recovery & Reconstruction Project
PRB	: Patient Rights Board
PRU	: Patient Rights Unit
PS	: Performance Standard
PTR	: Physical Therapy and Rehabilitation
SABİM	: MoH Communication Center
SBN	: Meeting Point at Health
SEP	: Stakeholder Engagement Plan
TBB	: Turkish Medical Association
TBMM	: Turkish Grand National Assembly

TEİAŞ	: Turkish Electricity Transmission Corporation
TERRP	: Türkiye Earthquake Recovery & Reconstruction Project
TRC (1, 2, 3)	: Southeast Region of Türkiye
TURKSTAT	: Turkish Statistical Institute
UN	: United Nations
WB	: World Bank
WBG	: World Bank Group
WHO	: World Health Organization
WMPH	: Waste Management Plan for Hospitals

Executive Summary

The World Bank (“WB”) is supporting the Ministry of Health (“MoH”) in implementing the Türkiye Earthquake Recovery & Reconstruction Project (“TERRP” or “the Project”).

Objective of TERRP is to restore access to essential municipal and health services and resilient housing in selected provinces affected by the February 2023 earthquakes.

TERRP has 4 components to restore access to essential services and resilient housing in selected provinces affected by the February 2023 earthquakes.

The project consists of 4 components with the aim of restoring access to essential municipal and health services and providing resilient rural housing in the provinces affected by the February 2023 earthquakes.

The Government of Republic of Türkiye will be responsible for the overall implementation of the Project through three Implementing Agencies (İller Bankası Anonim Şirketi [“İLBANK”], MoH, Ministry of Environment, Urbanization and Climate Change [“MoEUCC”]). İLBANK will be responsible for the implementation of components 1 and 4.1 of the Project. Project Management and Support Unit (“PMSU”) of MoH will work in close cooperation with the relevant General Directorates and will coordinate the implementation of components 2 and 4.2 within MoH. MoEUCC will be responsible for the implementation of components 3 and 4.3. In addition, coordination will be conducted through joint monitoring meetings with representatives of three implementing agencies and other relevant institutions during implementation support missions.

The components which will be implemented by MoH is provided below:

Component 2 – Restoration of Health Services

- Subcomponent 2.1: Ensuring continuity of primary-level and hospital-level health services
- Subcomponent 2.2: Providing mobile diagnostic services
- Subcomponent 2.3: Supporting access to vaccination, disability services, and medical equipment

Component (4): Project Management, Monitoring & Evaluation

- Subcomponent 4.2: MoH

This Environmental and Social Management Framework (“ESMF”) has been prepared for Component 2- *Restoration of Health Services* which has above mentioned sub-components. Since implementation of component 4 does not have any potential E&S impact, this component is excluded from this ESMF.

The project activities will take place in Hatay, Malatya, Kahramanmaraş, Adana, Adıyaman, Gaziantep, Osmaniye, Diyarbakır, Şanlıurfa, Kilis and Elazığ provinces which have been affected by the earthquake and, for the provinces of Antalya, Ankara, İstanbul, İzmir, Mersin where the health service demands have highly increased, due to the received migration from the earthquake impacted provinces.

Following the World Bank’s Environmental and Social Framework, the environmental and social (“E&S”) risk of the project is categorized as “Substantial.” This ESMF has been prepared to identify the potential E&S risks and impacts of proposed Project activities and to propose suitable mitigation measures to manage these risks and impacts. It maps out the laws and regulations of Türkiye and the World Bank policies applicable for the Project, and describes the principles, approaches, implementation arrangements, and E&S mitigation measures to be followed.

Following activities will be carried in component 2 of the Project which will be implemented by MoH and have potential substantial E&S risks and impacts:

- Installation of prefabricated primary health care (“PHC”) facilities and vaccine warehouses
- Procurement of goods including medical equipment

The potential E&S risks and impacts of the above-mentioned activities mainly include followings:

- Failure to obtain necessary permits
- Soil pollution/contamination due to leaks/spillage and/or improper management of construction waste and wastewater during implementation and operation phases
- Soil pollution/contamination due to leaks/spillage and/or improper management of hazardous materials
- Air pollution due to dust and exhaust emissions generated from the vehicles and soil works
- Increase in noise levels and generation of vibration due to the vehicles and equipment to be used
- Damage to cultural heritage in case of an archeological chance find
- OHS risks and impact on workers’ / health staff’s health and safety
- Traffic and road-related risks from increased local traffic volume and movement of heavy-duty vehicles during construction phase
- Labor related risks
- GBVH and SEA/SH risks
- Exclusion of disadvantaged and vulnerable households

These risks and impacts will be managed and mitigated through the application of Stakeholder Engagement Plan (“SEP”), Environmental and Social Management Plan (“ESMP”) (Annex 2), Labor Management Procedures (“LMP”) (Annex 4) and site-specific plans, i.e., Waste Management Plan for Hospitals (“WMPH”) (Annex 5) and site specific ESMP (Annex 3) where required.

MoH will benefit from the coordination mission of the existing PMSU to work in cooperation with the relevant General Directorates to implement the relevant activities under Component 2 and Component 4.2. PMSU will be responsible for coordinating the relevant components, including E&S management of the Project activities. General Directorates of Public Health, Public Hospitals and Emergency Health Services will be the implementing general directorates and will carry out technical activities. Supervision of the site activities for installment of the prefabricated buildings will be done by related units of MoH (General Directorate of Health Investments and provincial directorates of the Ministry).

Contractors and service providers will be required to comply with the Project’s E&S risk management plans and procedures, including ESMF, Environmental and Social Management Plan (“ESMP”), Environmental Code of Practice (“ECOP”), Labor Management Procedures (“LMP”), and local legislation. This provision will be specified in the contractors’ agreements. Contractors will be expected to disseminate and create awareness within their workforce of E&S risk management compliance for their effective implementation.

Training and capacity building will be necessary for the key stakeholders in order to ensure effective implementation ESMF, ESMPs and SEP. To the extent possible, training on E&S risk management will be integrated into the project cycle and operational procedures. Given the need to raise awareness among

project workers and stakeholders at many levels, a cascading model is proposed where information will follow from the national level to the field levels.

During implementation, PMSU will collect the E&S data from the Project site and when required, monitoring visits will be conducted to ensure that relevant E&S mitigation measures are implemented by the contractors and service providers. Supervision of the site activities for installment of the prefabricated buildings will be done by related units of MoH (General Directorate of Health Investments and provincial directorates of the Ministry). Site specific data will be provided regularly (monthly) from the relevant Project supervising (General Directorate of Health Investments) and implementing general directorates of the Ministry (General Directorates of Public Health, Public Hospitals and Emergency Health Services) to PMSU with a report.

A separate SEP has been prepared for the Project, based on the World Bank’s ESS10 on Stakeholder Engagement. The documents can be found here: <https://pydb.saglik.gov.tr/>. This ESMF and SEP will be consulted with the Project stakeholders in order to inform them about the Project, communicate their feedback and address the concerns and comments. Vulnerable groups will be considered during selection of the effective engagement methods. Any comment of the document can be sent to MoH via the contact e-mail address: trhealth@saglik.gov.tr.

1. Introduction

This ESMF is developed to support the E&S due diligence provisions for activities financed by WB in TERRP (component 2). The Project will support the restoration and maintenance of essential health services in the areas affected by the February 2023 earthquakes in the above mentioned 11 earthquake affected provinces (Adana, Adıyaman, Diyarbakır, Elazığ, Gaziantep, Hatay, Kahramanmaraş, Kilis, Malatya, Osmaniye, and Şanlıurfa) in Türkiye. The project activities will also take place in the provinces of Antalya, Ankara, İstanbul, İzmir, Mersin where the health service demands have highly increased, due to the received migration from the earthquake impacted province.

This ESMF follows the WB Environmental and Social Framework (“ESF”) as well as the national laws and regulations of Türkiye. The objective of the ESMF is to assess and mitigate potential negative environment and social risks and impacts of the Project consistent with the Environmental and Social Standards (“ESSs”) of the WB ESF and national requirements. More specifically the ESMF aims to: (a) assess the potential E&S risks and impacts of the proposed Project and propose mitigation measures; (b) establish procedures for the E&S screening, review, approval, and implementation of activities; (c) specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring E&S issues related to the activities; (d) identify the training and capacity building needed to successfully implement the provisions of the ESMF; (e) address mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances; and (f) establish the budget requirements for implementation of the ESMF.

This ESMF should be read together with other documents prepared for the project, including SEP, ESCP, ESMP and LMP.

2. Project Description

Two strong earthquakes occurred near the triple junction between the Anatolian, Arabian and African plates on February 6, 2023, the epicenter of which was Kahramanmaraş's Pazarcık and Elbistan districts in Türkiye. The first earthquake occurred on the Eastern Anatolian Fault Line, according to the preliminary investigation report of İstanbul Technical University and the field investigation report of the General Directorate of Mineral Research and Exploration (“MTA”), and on the Dead Sea Transform Fault, according to the preliminary evaluation report of the Disaster and Emergency Management Presidency (“AFAD”). The second earthquake occurred on the East Anatolian Fault Line.

Millions of the Turkish citizens and Syrians under temporary protection were affected by these earthquakes. The earthquakes in question caused great destruction in above mentioned 11 provinces. On February 8, 2023, 10 provinces were declared as 'disaster zones' with a state of emergency. Elazığ was also declared a disaster area as the 11th province in terms of being affected by the earthquake. Earthquakes have caused millions of people to be displaced and in need of shelter in camps and container settlements.

Earthquake affected provinces include 11 provinces in the east, south and southeast of Türkiye. The 11 earthquake affected provinces are shown in the maps below (Figure 2-1 and Figure 2-2).

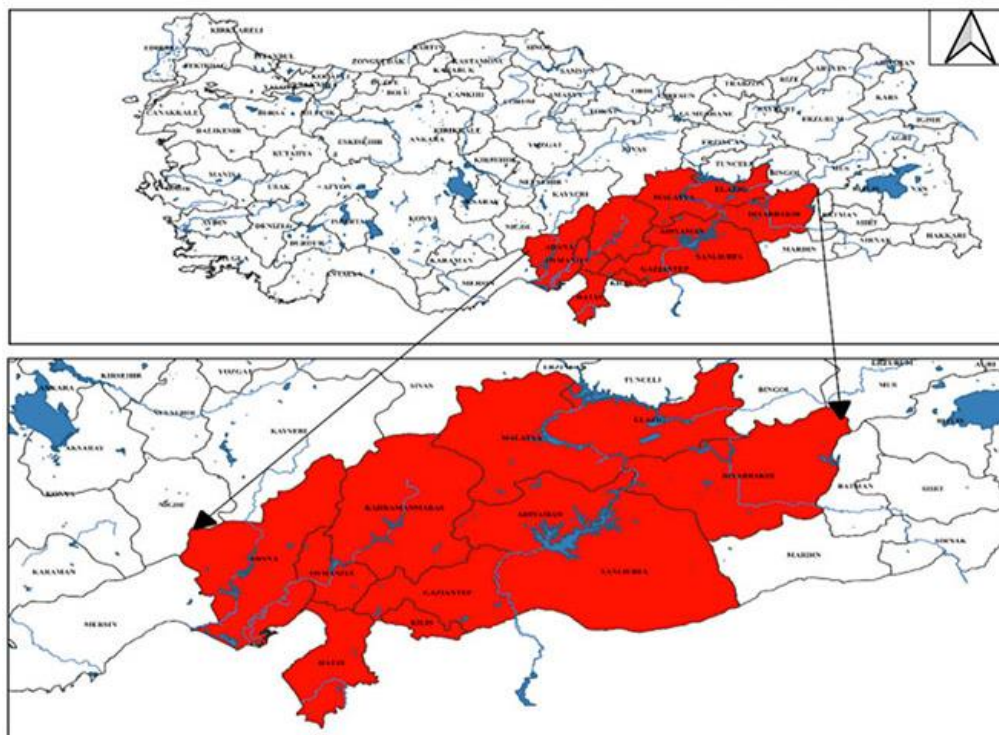


Figure 2-1 Earthquake Region Location¹

¹ General Directorate of Land Registry and Cadastre Web Page: <https://tkgmmakale.com/kahramanmaras-depremi-kapsaminda-yurutulencalismalar>

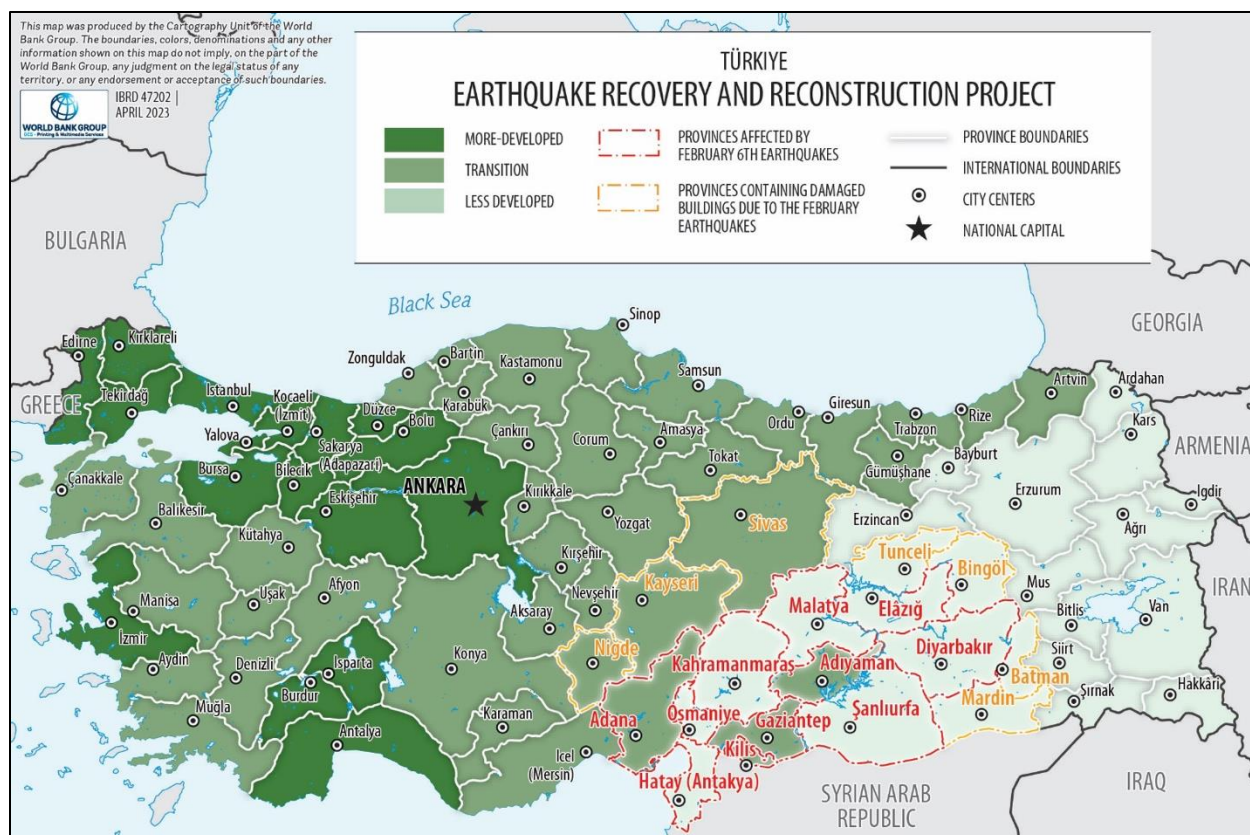


Figure 2-2 Project Implementation Provinces

The health sector was one of the sectors most affected by the earthquake due to the damage to healthcare facilities and hospitals. As a response to this emergency disaster situation, the "Earthquake Recovery & Reconstruction Project" has been developed to support the restoration and maintenance of essential services in the areas affected by the February 2023 earthquakes.

TERRP will support the recovery efforts to restore essential health, municipal services and resilient housing, the provision of temporary facilities and equipment, rehabilitation/structural strengthening and resilient reconstruction of damaged infrastructure and buildings required for the restoration and continued operation of essential services, including health, water, sanitation and emergency services in provinces affected by the February 2023 earthquakes.

The project consists of 4 components with the aim of restoring access to essential municipal and health services and providing resilient rural housing in the provinces affected by the February 2023 earthquakes.

The Government of Republic of Türkiye will be responsible for the overall implementation of the Project through three Implementing Agencies (İller Bankası Anonim Şirketi ["İLBANK"], MoH, Ministry of Environment, Urbanization and Climate Change ["MoEUCC"]). Responsibilities of the Implementing Agencies are given after the description of the components.

Coordination will be conducted through joint monitoring meetings with representatives of three implementing agencies and other relevant institutions during implementation support missions.

Component (1): Restoration of Municipal Infrastructure and Services (ILBANK)

a. Subcomponent 1.1: Resilient rehabilitation and reconstruction of municipal infrastructure

b. Subcomponent 1.2: Resilient recovery of municipal service facilities

ILBANK will be responsible for the implementation of component 1 of the Project.

Component (2): Restoration of Health Services (MoH)

Activities of component 2 of the Project will be coordinated, including day-to-day implementation, coordination, supervision and overall management, by MoH.

This component will finance goods, consulting, and non-consulting services to restore access to health services for the people affected by the February 2023 earthquakes in the short-term. This will include establishing a network of fully equipped prefabricated primary health care (“PHC”) facilities complemented by mobile PHC and diagnostic services, provision of medical equipment and furnishings for hospitals, restoring depleted medical supplies, improving access to vaccination, supporting access to mental health services and disability support, and supporting public health measures as well as water, sanitation, and hygiene measures in health facilities to prevent the spread of infectious diseases. The activities to be financed under this component will be complementary to the initial purchase of immediate and urgent medical goods and supplies supported under the ongoing Health System Strengthening and Support Project (“HSSSP”). This component will also aim to strengthen the adaptive capacity to respond to climate-related health risks that may be exacerbated by climate change, e.g., thermal stress during heat waves and water-borne diseases in the event of flooding.

The geographical distribution and prioritization of activities under this component is determined according to the following criteria: Fixed prefabricated facilities will be installed in cities in the earthquake-affected provinces with a high level of destruction and high concentration of remaining population. The distribution of mobile clinics and vehicles will aim to reach dispersed settlements in the earthquake-affected provinces, including people living in tent settlements or prefabricated container homes, villages in rural areas, and shelters. This approach will address distributional challenges caused by the earthquake concerning the access to health care and ensure that no-one is left behind, with a focus on vulnerable groups and hard to reach populations. Support to cities with a high influx of the displaced population and transferred patients from the earthquake-affected provinces will be limited to the provision of additional goods to address critical health needs such as medical equipment, prosthesis and orthotic devices for disability support, and physical therapy and rehabilitation (“PTR”) equipment. MoH will cover the recurrent costs of operating the facilities and mobile units, including salaries of health workers, costs of other medical supplies, drugs, and non-salary operating expenses, from the general government budget and other sources of financing. To ensure the presence of required health workforce in the field, MoH is conducting the draws for the mandatory state service of recent medical graduates exclusively for the earthquake-affected provinces. MoH also gives priority to the earthquake-affected provinces for the appointment of other health workers and assigns staff from other provinces to them.

MoH will be responsible for the implementation of component 2. PMSU of MoH will work in close cooperation with the relevant General Directorates and will coordinate the implementation of component within MoH.

a. Subcomponent 2.1: Ensuring continuity of primary-level and hospital-level health services

This subcomponent will support the establishment of a network of fixed prefabricated family medicine centers supported by mobile PHC units in the earthquake-affected provinces. The prefabricated facilities are needed to replace the collapsed, heavily, and moderately damaged PHC buildings (Family Medicine

Centers [“FMCs”]) in the earthquake-affected provinces until permanent PHC facilities can be reconstructed. The mobile units will also allow health care providers to provide services to affected population living in tent camps, prefabricated container homes, shelters, and scattered villages in rural areas. In line with MoH’s interim strategy to restore PHC services, the subcomponent will finance: (i) the installation of prefabricated, energy efficient, fully equipped family medicine centers for PHC service delivery in the earthquake-affected provinces; and (ii) procurement of mobile health clinics to reach out to the different temporary settlements with large, displaced populations and rural regions in the earthquake-affected provinces. The family medicine centers will be located in safe locations with lower exposure to geological and climate-related hazards (such as flooding, landslides, etc.), will have weather resistant roofs, adequate drainage, adequate thermal insulation and efficient lighting for high energy efficiency. They will also include renewable energy sources as technically feasible. The distribution of these facilities is determined by the scale of destruction and the size of the population still residing in the earthquake-affected provinces. MoH expects to use the prefabricated family medicine centers throughout their lifespan, which is estimated to be up to 20 years. Considering the large number of settlements, the dispersion of the population and the population movement between cities and rural areas, mobile health clinics will provide essential health services on-site, including vaccination, maternal and child health care, and preventive screening, and will assist in referring patients to the family medicine centers and hospitals. Management and disposal of medical waste from prefabricated health facilities will be carried out in accordance with existing national legislation. Medical waste management plans will also be prepared for the health care facilities in scope of the Project as part of the Bank’s E&S requirements.

This subcomponent will also provide medical equipment and furnishings to support the operation of new prefabricated emergency hospitals and existing hospitals in the earthquake-affected provinces and of other hospitals in other provinces that have received a high-influx of displaced population and transferred patients. MoH is constructing eleven seismic resistant steel-structure emergency hospitals (seven 50 bed hospitals, one 150-bed hospital, and three 250-bed hospitals) with its own resources and financing from the Council of Europe Development Bank (“CEB”). The subcomponent will finance the procurement of furniture, medical equipment, and medical goods required to be carried out simultaneously to the ongoing construction of these emergency hospitals to ensure their immediate operation. In addition to these new emergency hospitals, the subcomponent will also finance the provision of medical equipment for other hospitals in earthquake-affected provinces as well as in other provinces receiving a high influx of displaced population (with at least 5,000 patients from the earthquake-affected provinces as verified by MoH as of June 1, 2023), based on the criteria mutually agreed upon by the World Bank and the MoH. As technically available in the market, all new medical equipment will comply with one of the following energy efficiency ratings/standards: TS 60601 or EN 60601 or IEC 60601. These are standards related to basic electrical security for medical devices and equipment belonging to the electrical medical devices group of goods. The medical equipment furnishings provided under this subcomponent will be critical to enable hospitals to effectively respond to increased demand for health services that may arise from climate hazards like flooding, extreme heat, poor air, and water quality, especially in areas catering to displaced people or compromised infrastructure due to the earthquakes.

b. Subcomponent 2.2: Providing mobile diagnostic services

This subcomponent will establish a network of mobile diagnostic services to support the field emergency hospitals and prefabricated PHC facilities in the earthquake-affected provinces. Activities will include the purchase of: (i) mobile units equipped with imaging equipment, (ii) mobile public health laboratories for

microbiology and water analysis, (iii) mobile computerized tomography devices, (iv) mobile digital X-ray and ultrasound devices, (v) ambulances and fully equipped medical all-terrain vehicles, and (vi) mobile command control vehicles. The procurement of such mobile units, vehicles, and equipment will include provisions for the most recent energy efficiency standards and the use of alternative, clean, and low-carbon fuel options as technically and financially viable. Microbiology and water analysis by mobile public health laboratories is also aimed to help counter outbreaks of water-borne diseases and pathogens in areas with compromised water supply, drainage, and wastewater treatment that may be exacerbated by extreme weather events (e.g., flooding) as a result of climate change.

c. Subcomponent 2.3: Supporting access to vaccination, disability services, and medical equipment

This subcomponent will finance activities to support MoH to restore its capacity in vaccination and curbing the spread of infectious diseases in the earthquake-affected provinces, and in addressing the needs of people disabled due to the earthquakes. Activities will include: (i) the replacement of damaged provincial and district vaccine warehouses with energy efficient prefabricated and light steel construction vaccine storage containers to be located in the major cities of Hatay, Malatya, Kahramanmaraş, Adıyaman and Adana that will service as regional vaccine warehouses for the earthquake-affected provinces; (ii) provision of vaccine transport vehicles to ensure timely distribution of vaccines from the regional warehouses to settlements across the earthquake-affected provinces, including container cities, dispersed villages in rural areas, and shelters; (iii) provision of essential medical supplies such as biocidal products and rapid test kits for earthquake-affected provinces; (iv) provision of equipment for disability services, including inter alia, microprocessor prosthesis, orthotics and prosthesis, and battery powered wheelchairs, in both earthquake-affected provinces and other provinces that have received a high influx of displaced population and patients transferred from the earthquake-affected provinces; (v) provision of equipment and capacity building for physical therapy and rehabilitation centers in earthquake-affected provinces and in other Project Provinces that have received a high influx of displaced population and patients transferred from the earthquake-affected provinces; and (vi) home health care services vehicles and related kits and psycho-social support vehicles for earthquake-affected provinces and other Project Provinces that have received a high influx of displaced population and patients transferred from the earthquake-affected provinces. Vaccination efforts and the use of biocidal products are key to avoid outbreaks of waterborne diseases and pathogens with pandemic or epidemic potential, particularly in areas with compromised water and sanitation and at a time when the climate impacts are increasing the risk of pandemics and exacerbating the prevalence and severity of certain infectious diseases, posing life-threatening public health risks to large populations. As such, these measures can help improve people's general health resilience against future climate hazards.

Component (3): Rural Housing Reconstruction and Recovery (MoEUCC)

a. Subcomponent 3.1 – Resilient rural housing and village reconstruction

b. Subcomponent 3.2: Capacity building for resilient recovery and post-disaster housing support

MoEUCC will be responsible for the implementation of component 3.

Component (4): Project Management, Monitoring & Evaluation

This component will finance consulting and non-consulting services, goods, training and operating costs for supporting the implementing agencies in project management and implementation activities under the Project, including for, but not limited to, monitoring and evaluation, reporting, procurement, financial management, E&S management, grievance redress mechanism, citizen engagement, project communication and debriefing and outreach.

ILBANK will be responsible for the implementation of sub-component 4.1, MoH will be responsible for the implementation of sub-component 4.2 and MoEUCC will be responsible for the implementation of sub-component 4.3.

3. Environmental and Social Policies, Regulations and Laws

3.1. Legal Framework of Türkiye

National laws and regulations that are relevant to the environmental and social risks and impacts of project activities are briefly described in Table 3-1. Turkish national policy on the protection of the environment, cultural heritage, conservation of biological resources and management of labor and OHS issues has been formulated based on relevant international agreements signed or ratified by Türkiye. Relevant environmental, OHS, and international labor agreements and conventions ratified by Türkiye, and detailed list of regulation related to the project activities are listed in Annex 6.

Table 3-1 Legal Framework of Türkiye

Legislation	Description
Environmental Protection and Conservation	<p>MoEUCC sets principles and policies for protection of environment, monitors and audits implementation, and regulates settlements and environmental protection measures. MoEUCC is also the lead authority for domestic and international climate change policies and the implementation of the relevant strategy and action plan.</p> <p>The Environmental Law No. 2872 is Türkiye’s primary framework for environmental legislation and is supported by a series of laws, regulations, and communiques most of which have recently been revised to be harmonized with the European Union (“EU”) Directives in the scope of Türkiye’s pre-accession efforts. It lays out the main responsibilities and requirements of the institutional authorities and the businesses regarding protection and preservation of the environment. The Law aims to protect and improve the environment which is the common asset of all citizens; make better use of, and preserve land and natural resources in rural and urban areas; prevent water, land and air pollution; by preserving the country’s vegetative and livestock assets and natural and historical richness, organize all arrangements and precautions for improving and securing health, civilization and life conditions of present and future generations in conformity with economic and social development objectives, and based on certain legal and technical principles. Complementary to the Environmental Law and its regulations, other laws also govern the protection and conservation of the environment, resources, and cultural and natural assets, the prevention and control of pollution are listed in Annex 6.</p>
OHS	<p>The Ministry of Labor and Social Security is the main responsible organization in this field, in collaboration with other ministries and stakeholders, and is responsible for developing, implementing and enforcing legislation.</p> <p>In recent years, Türkiye has undergone a reform to improve its national OHS system by adapting a set of international and regional standards into its national-level requirements for the prevention of occupational risks as defined in the International Labor Organization (ILO) Occupational Safety and Health Convention, 1981 (No. 155). The convention, along with the Occupational Health Services Convention, 1985 (No. 161) were both ratified by Türkiye in 2005. Türkiye has also been a party to the Labor Inspection Convention, 1945 (No. 81) since 1951. In 2014, Türkiye ratified the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187). In 2012, a stand-alone Law on OHS (No. 6331) was put into force. The OHS Law governs workplace environments and industries (both public and private) as well as virtually all classes of employees including part-time workers, interns, and apprentices. The legislation is comprehensive and is generally applicable across all sectors and many industries. Regulations complementary to this law and potentially to be used during the implementation of the Project are listed in Annex 6.</p>

Legislation	Description
Labor and Working Conditions	<p>The Ministry of Family, Labour and Social Services is the main responsible organization in labor and working condition issues and monitoring of them.</p> <p>Türkiye is a party to a multitude of ILO conventions, including but not limited to conventions on equal treatment of employees, gender equality, child labor, forced labor, OHS, right of association, and minimum wage. Accordingly, the Labor Law (No. 4857), which is the main law that governs relations between employees and employers, as well as other legal relations deriving from such relations, is to a large extent consistent with WB ESS2 requirements. The Law regulates all forms of employment, rights, obligations, responsibilities and relations between employees and employers, and union operations unless otherwise provided by special laws. There are also secondary legislations that may apply to the Project which include regulations on annual leave, working hours, overtime work, minimum wage, and female and child employees. The Ministry of Family, Labour and Social Services has published various communiques and circulars that set the ground for the implementation of the Labor Law which may also be referenced during project implementation. This relevant legislation is listed in Annex 6.</p>
Cultural Heritage	<p>Access to information is the right of individuals to access the information included in the records of public institutions and agencies. National legislation on access to information is governed by the Constitution of the Republic of Türkiye, Law on Access to Information (No: 4982), Law on Use of Right to Petition (No: 3071) and the Environmental Impact Assessment (EIA) Regulation. Stakeholder engagement is secured by the Constitution of the Republic of Türkiye. The Constitution contains provisions that ensure that people can freely express their views. At the same time, everyone has the "Right to Petition" as per the Constitution. Law on Access to Information regulates the procedure and basis of the right to information following the principles of equality, impartiality and openness, which are the requirements of a democratic and transparent government. According to the obligation to provide information, institutions and organizations are required to take necessary administrative and technical measures for all kinds of information and documents, considering the exceptions set out in this law, to provide information to applicants; and to evaluate and decide on applications promptly, effectively and correctly. As per the Law on Use of the Right to Petition citizens of the Republic of Türkiye, may submit their complaints to the Grand National Assembly of Türkiye through a written petition. On the condition of reciprocity and using the Turkish language in their petitions, foreigners residing in Türkiye are entitled to enjoy this right.</p>

3.2. National Environmental and Social Assessment and Permitting

The central government entities in Türkiye are set out below:

- The Presidency, including the presidential administrative offices and policy councils
- Turkish Grand National Assembly (“TBMM”)
- Ministries that create policies and perform compliance assurance functions. The ministries also contain a number of general directorates and offices, which coordinate and supervise a range of specific activities.

MoEUCC’s General Directorate of EIA, Permit and Inspection is responsible for managing environmental assessments and permitting in Türkiye. For the management of environmental issues, MoEUCC also collaborates with other ministries (including their provincial organizations where relevant), government agencies and relevant stakeholders, as appropriate. Article 10 of Environmental Law sets out the general scope of the EIA procedure in Türkiye, indicating that institutions, agencies, and establishments that lead to environmental problems as a result of their planned activities are obliged to obtain an EIA permit prior to the project construction works.

Based on this legal framework, the EIA Regulation was put into force for the first time after being published in the Official Gazette in 1993. Since then, there have been several amendments to the first regulation and the latest EIA Regulation has been published in the Official Gazette dated July 29, 2022, and numbered 31907, which repealed the 2014 EIA Regulation.

The EIA Regulation is largely in line with the EU Directive on EIA. The key relevant steps of the Turkish EIA procedure are screening, public consultation, scoping, review and approval of the EIA Report, disclosure, and monitoring and inspection.

The EIA Regulation classifies projects into two categories:

- Annex I projects: These projects have significant potential impacts and require an EIA. Annex I of the EIA Regulation lists these project types, so project proponents are expected to start the EIA procedure without any other screening process; and
- Annex II projects: Annex II of the EIA Regulation covers projects that may or may not have significant effects on the environment.

The project activities, i.e., installation of PHC facilities and vaccine warehouses, and procurement of goods (including medical equipment) are not classified within Annex I and Annex II projects according to the EIA Regulation. Therefore, the project is considered exempt from only the EIA Regulation, but all installment and operation activities of the project should comply with pertinent environmental and social legislation.

According to the Environmental Law, the health care facility level requirements are extending from waste minimization and segregation at the source, safe collection and temporary storage of the medical wastes on site and having agreements for safe collection, transport and disposal of the medical wastes as well as preparation of medical waste management plans. The Regulation on Control of Medical Wastes, which was published on January 01, 2017, the health care facilities are required to prepare and implement the medical waste management plan, which includes separate collection of medical waste, transportation within the health care facility and temporary storage, and measures to be taken in case of an accident. The medical waste management plans, whose template was provided in Annex 5 of ESMF, will be prepared and implemented by the health care facilities which will procure of goods including medical equipment in scope of the project activities. According to the regulation, the municipalities (metropolitan municipalities in metropolitan cities, municipalities in other provinces) or the companies which municipalities authorize are responsible for collection, transportation and disposal of the medical wastes. The medical wastes will be transported by the vehicles licensed by MoEUCC and disposed by the licensed facilities as per the regulation.

The prefabricated PHC facilities and vaccine warehouses are planned to be installed on public lands which are already used by MoH. Therefore, any land acquisition or land use permit is not required for these facilities.

3.3. World Bank Standards and Key Gaps with the National Framework

The project will follow the WB E&S standards as described in the Bank's Environmental and Social Framework (ESF). According to the WB's E&S Policy, the Bank classifies all projects into one of four classifications as "High Risk", "Substantial Risk", "Moderate Risk" or "Low Risk" taking into account relevant potential risks and impacts, such as the type, location, sensitivity and scale of the Project; the nature and magnitude of the potential E&S risks and impacts; the capacity and commitment of the

Borrower; and other areas of risks that may be relevant to the delivery of E&S mitigation measures and outcomes. Based on this policy, the E&S risk of the project is categorized as “Substantial”.

Following activities will be carried out in component 2 of the Project (see Section 2) which will be implemented by MoH and have potential substantial E&S risks and impacts:

- Installation of prefabricated PHC facilities and vaccine warehouses
- Procurement of goods including medical equipment

There is no land acquisition, restrictions on land use and involuntary resettlement within the scope of the Project activities. In addition, the Project is not expected to cause any significant impact on natural habitats, ecological resources and biodiversity.

The World Bank’s E&S standards applicable to project activities are summarized below, as well as key gaps between the national framework and the policies.

Table 3-2 Relevant World Bank ESS and Key Gaps with the National Framework

E&S Standard	Relevance	Key Gaps
ESS1 Assessment and Management of Environmental and Social Risks and Impacts	<p>ESS 1 requires the assessment, identification, evaluation and management of the environment and social risks and impacts of the project in a manner consistent with the ESSs. It regulates the adoption of differentiated measures in equal sharing of the development benefits and opportunities resulting from the project.</p> <p>ESS1 is relevant for the project because project activities are expected to pose E&S risks detailed in this ESMF.</p> <p>The requirements covered under ESS 1 are covered by preparation and implementation of ESCP, ESMF, ESMP, SEP, LMP.</p> <p>During the application of the ESS 1, national E&S institutions, systems, laws, regulations and procedures are required to be utilized in the development and implementation phases of the project.</p> <p>Overall, the ultimate objective is to promote improved E&S performance, in ways which recognize and enhance Borrower capacity.</p>	<p>The major gaps between the national legislation and ESS1 which are covered by preparation of the E&S documentation described in left column are as follows:</p> <ul style="list-style-type: none"> • Social impact assessment is not completely integrated to the national legislation, and this results in the lack of proper social baseline, and assessment of the project induced social impacts including impacts on disadvantaged or vulnerable and gender related issues in the EIAs; • The absence of an executive summary and information on the legal and institutional framework in the Turkish EIA (Technical level of information in the non-technical summary required in the EIA Reports may not meet WB requirements); • Limited requirement to cover cumulative impacts with other projects. • Limited emphasis on the associated facilities; and • Although mitigation and monitoring measures are required for adverse impacts, no specific requirement for an ESMP.
ESS2 Labor and Working Conditions	<p>ESS2 aims at promoting safety and health at work, ensuring fair treatment, non-discrimination and equal opportunity for all project workers, protect project workers, including vulnerable workers such as women, persons with disabilities, children (of working age, in accordance with this ESS) and migrant workers, contracted workers, community workers and primary supply workers.</p>	<p>In general, national laws and regulations regarding labor and working conditions fulfill ESS2 requirements. Worker grievance mechanism is the main gap between national legislative requirement and ESS2. In national legislation on labor and working conditions, there is no specific requirement related to grievance mechanism that allows workers to communicate their complaints to the employer.</p> <p>LMP prepared for the Project, provides guidance on the relevant management measures (such as workers</p>

E&S Standard	Relevance	Key Gaps
	<p>ESS2 is relevant for the project because there are certain labor risks for project workers. Labor related risks include (i) security risks to project workers, (ii) traffic and road safety issues, (iii) inadequate terms and conditions of employment, and (iv) OHS risks.</p> <p>All relevant principles defined under the ESS 2 will be implemented for the workforce of the Project in line with LMP in order to fulfill the requirements of ESS2.</p> <p>Implementation of the principles will be in accordance with the written labour-related procedures in SEP and LMP (i.e. OHS, workers' grievance mechanism, human resources and labour management) specifically prepared for the Project, all of which comply with the ESS 2, national legislation, and applicable international requirements (i.e. ILO).</p>	<p>grievance mechanism, code of conduct, etc.) stipulated by ESS2. SEP of the Project describes internal grievance mechanism to be used by the workers.</p>
<p>ESS3 Resource Efficiency and Pollution Prevention and Management</p>	<p>The objective of the ESS 3 is to avoid or minimize adverse impacts on human health and the environment by avoiding or minimizing the polluting activities and emissions, managing existing pollution where necessary, avoiding generation of hazardous and non-hazardous wastes, and promoting the use of sustainable resources.</p> <p>ESS3 is relevant for the project because there are certain labor risks for project workers. Labor related risks include (i) security risks to project workers, (ii) traffic and road safety issues, (iii) inadequate terms and conditions of employment, and (iv) OHS risks.</p>	<p>Most of the relevant national legislation is in line with EU directives. There is no major gap between ESS3 and legislative requirements.</p> <p>For effective implementation and management of the identified actions, Project specific ESMP that are complying with the ESS 3, national legislation, and applicable international standards are prepared on the subjects such as air quality, pollution prevention, chemicals and hazardous materials.</p>
<p>ESS4 Community Health and Safety</p>	<p>ESS 4 focuses on the ways to anticipate and avoid adverse impacts on the health, safety and security of project-affected communities during the project lifecycle. It requires the Borrower to adopt effective measures to address emergency events.</p> <p>ESS4 is relevant for the project because there are certain risks for community health, which include security, traffic, labor influx.</p> <p>Project risks which can affect community health are covered under the ESMP and will be implemented throughout the Project life.</p>	<p>General principles of community health and safety are addressed under different pieces of legislation. In general, there is no gap in terms of policy. However, impacts from labor influx and gender-based violence related risks are not explicitly covered in national law. These are addressed under the Project specific ESMP.</p>
<p>ESS5 Land Acquisition, Restrictions on Land Use and</p>	<p>ESS5 requires Borrowers to avoid or minimize involuntary resettlement by exploring project design alternatives, avoid forced eviction, mitigate unavoidable adverse impacts from</p>	<p>N/A</p>

E&S Standard	Relevance	Key Gaps
Involuntary Resettlement	<p>land acquisition or restrictions on land use through timely compensation for loss of assets at replacement cost and assisting displaced persons in their efforts to improve, or at least restore, livelihoods and living standards, in real terms, to pre-displacement levels or to levels prevailing prior to the beginning of project implementation, whichever is higher, improve living conditions of poor or vulnerable persons who are physically displaced, through provision of adequate housing, access to services and facilities, and security of tenure, ensure that resettlement activities are planned and implemented with appropriate disclosure of information, meaningful consultation, and informed participation.</p> <p>This ESS is not applicable for the Project since there is no land acquisition, restrictions on land use and involuntary resettlement in scope of the Project.</p>	
ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	<p>ESS6 requires Borrowers to: protect and conserve biodiversity and habitats, apply the mitigation hierarchy and the precautionary approach in the design and implementation of projects that could have an impact on biodiversity, support livelihoods of local communities, including Indigenous Peoples, and inclusive economic development, through the adoption of practices that integrate conservation needs and development priorities.</p> <p>Since the Project activities will not be conducted in naturally undisturbed areas and are not expected to have an impact on biodiversity features, this ESS is not applicable for the Project</p>	N/A
ESS8 Cultural Heritage	<p>ESS8 requires Borrowers to protect cultural heritage from the adverse impacts of project activities and support its preservation, address cultural heritage as an integral aspect of sustainable development, promote meaningful consultation with stakeholders regarding cultural heritage, promote the equitable sharing of benefits from the use of cultural heritage.</p> <p>The Chance Find Procedure is integrated into the ESMP and will be implemented to fulfill the ESS8 requirements.</p>	<p>There are no major gaps in between the ESS8 and national legislation with respect to the scope of the Project activities for physical cultural heritage. However, there is not any requirement in the national legislation related to intangible cultural heritage.</p>

E&S Standard	Relevance	Key Gaps
<p>ESS10 Stakeholder Engagement and Information Disclosure</p>	<p>ESS10 is relevant for all projects given the need to engage with beneficiaries and stakeholders on development activities that affect their lives.</p> <p>This ESS recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice.</p> <p>Effective stakeholder engagement can improve the E&S sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.</p> <p>This ESS ensures that the process of stakeholder engagement will involve the following: stakeholder identification and analysis; planning how the engagement with stakeholders will take place; disclosure of information; consultation with stakeholders; addressing and responding to grievances; and reporting to stakeholders.</p>	<p>To ensure the compliance of the MoH in management of grievances, organization of stakeholder engagement and consultation activities, and information disclosure processes in line with the ESS 10, a number of improvements and actions are defined for the Project.</p> <p>As the ESS 10 requires, the successful and effective stakeholder engagement practices will be emphasized throughout the lifecycle of the Project. The list of the Project stakeholders is prepared and ways to engage with each stakeholder group are specified.</p> <p>For the systematic implementation of the ESS 10 standards, a Project-specific Stakeholder Engagement Plan is prepared. Additionally, the Project Grievance Mechanism is in place that the Project stakeholders can raise their concerns and grievances through various channels</p>

4. Environmental and Social Baseline

The aim of the E&S baseline is to reveal the background E&S present situation that should be taken into account in the establishment and sustainable management of the Project process.

The baseline is one of the main parts of the Project impact assessment, planning and monitoring process. E&S baseline provides a basic benchmark against which the positive (beneficial) and negative impacts of the project on environment, people and communities can be measured through regular monitoring and evaluation throughout the life of the project. However, in respect to this Project, it is important to note that all facilities to be constructed under Component 2 will be located in urban or semi-urban areas. They will be connected to already existing (although some may be new or post-earthquake repaired) service lines (water, wastewater, power) and no new “greenfield” construction will be made. Their potential E&S impact will be guided by these considerations.

4.1. Environmental Baseline

4.1.1. Waste Management

Waste management practices in Türkiye include sanitary landfills, incineration (only for hazardous waste including medical wastes), composting, sterilization (for medical wastes) and other advanced disposal methods such as pyrolysis, gasification as well as plasma. The most common method of waste disposal in the country, especially for municipal waste, is landfilling. The municipal waste is collected on a regularly scheduled basis. The metropolitan municipality and other municipalities are responsible for providing collection, transportation, separation, recycling, disposal, and storage of waste services.

Brief information on solid waste disposal facilities in some provinces in the region is given below.

Hatay: There are two landfills, three Licensed Packaging Waste Collection and Sorting Facilities and Recycling Facilities, seven Hazardous Waste Recovery Facilities, thirty-two Non-Hazardous Waste Recovery Facilities and one Medical Waste Sterilization Plant.

Malatya: There are two landfills, one Medical Waste Sterilization Plant, four Packaging Waste Recovery Facility, and two Licensed Packaging Waste Collection and Sorting Facilities and Recycling Facilities.

Kahramanmaraş: There are one landfill, sixteen Licensed Packaging Waste Collection and Sorting Facilities and Recycling Facilities and five Hazardous Waste Recovery Facilities.

Adana: There is one landfill in the province, thirty-eight Licensed Packaging Waste Collection and Sorting Facilities and Recycling Facilities, eight Hazardous Waste Recovery Facility and thirteen Non-Hazardous Waste Recovery Facilities and one Medical Waste Sterilization Plant.

Adıyaman: There is four Licensed Packaging Waste Collection and Sorting Facilities and Recycling Facilities and seven Non-Hazardous Waste Recovery Facilities.

Gaziantep: There are two landfills in the province, one-hundred and three Licensed Packaging Waste Collection and Sorting Facilities and Recycling Facilities, eleven Hazardous Waste Recovery Facilities and one-hundred and fifty-four Non-Hazardous Waste Recovery Facilities and one Medical Waste Sterilization Plant.

Osmaniye: There is one landfill in the province, seven Licensed Packaging Waste Collection and Sorting Facilities and Recycling Facilities, one Hazardous Waste Recovery Facility and thirteen Non-Hazardous Waste Recovery Facilities and one Medical Waste Sterilization Plant.

Diyarbakır: There is one landfill in the province, sixteen Licensed Packaging Waste Collection and Sorting Facilities and Recycling Facilities, four Non-Hazardous Waste Recovery Facilities and one Medical Waste Sterilization Plant.

Şanlıurfa: There is one landfill in the province, seven Licensed Packaging Waste Collection and Sorting Facilities and Recycling Facilities, five Non-Hazardous Waste Recovery Facilities and one Medical Waste Sterilization Plant.

Kilis: There is one landfill in the province and one Medical Waste Sterilization Plant.

Elazığ: There is one landfill in the province, two Licensed Packaging Waste Collection and Sorting Facilities and Recycling Facilities and one Medical Waste Sterilization Plant.²

The most intense type of waste generated as a result of the disaster is the construction and demolition wastes from the collapsed buildings. Assuming that 8-16 tons/person of construction and demolition waste is generated in the region where the earthquake occurred, with a well-intentioned estimation, a waste amount of approximately 104 million tons is estimated as a result of the earthquake³. These wastes are sent to the existing waste management facilities and facilities in the neighboring provinces that were not damaged due to the earthquake and new areas have been determined by the municipalities for storage of this kind of wastes where there is not any available waste storage areas.

The municipalities have started restoring the waste management services (including management of medical wastes) in the earthquake affected provinces with support of İLBANK.

4.1.2. Water and Wastewater Management

When the pre-earthquake situation in the region is evaluated in terms of environmental, water and sanitation conditions are set forth in the Kahramanmaraş and Hatay Earthquakes Report⁴. According to the report, the water & sanitation conditions of the earthquake region, which includes earthquake provinces, are as follows:

“There are dam reservoirs with large storage capacities including Atatürk Dam, Kartalkaya Dam, Büyükkaraçay Dam, as well as other relatively smaller ones in the region. Potable water is supplied from these dams, springs, or groundwater wells. Water is transmitted from the water sources to settlements through supply lines in varying diameters based on population size and in varying lengths based on the remoteness of the water source. The transmitted water is then fed to the water network through reservoirs and pumping stations, the locations of which were designated according to the topography of the settlement. There are water treatment plants at various capacities in required places. The potable water

² Environmental Situation Reports of the provinces: <https://ced.csb.gov.tr/il-cevre-durum-raporlari-i-82671>

³ Chamber Of Environmental Engineers Webpage: <https://www.cmo.org.tr/deprem-bolgesinde-atik-yonetimi>

⁴ Presidency of Strategy and Budget Webpage: <https://www.sbb.gov.tr/wp-content/uploads/2023/03/2023-Kahramanmaras-and-Hatay-Earthquakes-Report.pdf>

theft-loss rate in the disaster region is high. The water leak-loss rate across the country is at 35.4%, and at 36.8% in the 11 earthquake- affected provinces.

Sewerage services are provided to almost the entire population in 11 earthquake-affected provinces.”

It is very difficult to assess the damage of the water and sanitation services of the region before the earthquake. Damage control of these buried structures was carried out to the extent that the technical possibilities of the relevant institutions allowed.

The General Directorate of State Hydraulic Works (“DSİ”) reported that the 169-kilometer-long drinking water supply line was damaged.

İLBANK has been reported that 185 km of lines, 2 treatment plants, 7 treatment plants, approximately 500 km of drinking water line, approximately 1,842 km of sewerage network, 5 pumping stations, 23 water tanks was damaged.

Special Provincial Administrations, which is responsible for the infrastructure investments of the villages, reported the damage of the 241 km long drinking water network and storage tank⁵.

“Determination of the Current Status of Domestic/Urban Wastewater Treatment Plants and Need for Revision” study was conducted by MoEUCC in 2016 to define the status of wastewater treatment in Türkiye. According to this study, 10.5 million m³ of wastewater was treated daily and 82.9% of this wastewater was generated by municipalities which then increased to 85% in 2018. The target was set to be 100% in 2023, and that’s why most of the municipalities are going through the design and construction of domestic/municipal wastewater treatment plants depending on the population and type of wastewater generated.

The municipalities and Special Provincial Administrations have started restoring the water and wastewater services in the earthquake affected provinces with support of İLBANK, similar to the waste management services.

4.1.3. Energy

The energy infrastructure that meets the energy needs of the earthquake zone provinces are set forth in the Kahramanmaraş and Hatay Earthquakes Report⁶ as follows:

As of the end of 2022, the total installed capacity of the 11 earthquake-affected provinces is 24,476 MW in electrical energy terms, accounting for 23.6% of the total installed capacity in Türkiye.

50% of the installed capacity is hydropower plants, 16% is imported-coal-fired power plants, 14% is domestic-coal-fired power plants, 13% is solar and wind power plants, 6% is natural gas plants, and the remaining 1% is other power plants. A total of 68.5 TWh of electricity was generated and 58.1 TWh of electricity consumed in the region

⁵ Presidency of Strategy and Budget Webpage: <https://www.sbb.gov.tr/wp-content/uploads/2023/03/2023-Kahramanmaras-and-Hatay-Earthquakes-Report.pdf>

⁶ Presidency of Strategy and Budget Webpage: <https://www.sbb.gov.tr/wp-content/uploads/2023/03/2023-Kahramanmaras-and-Hatay-Earthquakes-Report.pdf>

The total length of electricity transmission lines in the 11 earthquake-affected provinces is 10,646 km, accounting for 14.5% of the total length of transmission lines. The total substation installed capacity in these provinces is 23,399 MVA, accounting for 10.8% of the total substation capacity in Türkiye. As of 2021, the total electricity distribution line length is 199,857 km and the total substation capacity is 34,793 MVA in the earthquake-affected region, accounting for 16.2% and 16.3% of the total in Türkiye.

Additionally, there is a natural gas transmission line of 2,224 km and a crude oil pipeline of 1,785 km in the region, which account for 11.5% and 56% of the lengths of national natural gas transmission and crude oil pipeline, respectively. The total length of natural gas distribution lines in the 11 provinces is 20,694 km, accounting for 12.4% of the total length in Türkiye.

According to this report, the energy infrastructure was severely damaged in the earthquake. These damages were determined as follows;

- 11 utility poles, connecting the electricity transmission line owned by the Turkish Electricity Transmission Corporation (“TEİAŞ”), with a total length of 1,128 km, was destroyed by the earthquake.
- The substations and equipment, with a total of 4,088 MVA power, were damaged.
- The electricity distribution lines and substations in the region, and particularly those in Hatay, Gaziantep, Kahramanmaraş and Adıyaman, were significantly destroyed.
- At 20 different points of the natural gas transmission lines were damaged which are owned by Petroleum Pipeline Corporation (“BOTAŞ”) in the earthquake-affected region.
- Minor damage was collected in the crude oil pipelines in the region.
- Some gas stations and fuel storage facilities were damaged,
- Underground storage tanks and connection points in some stations collapsed.

These damages have also created a great energy shortage in the region.

4.1.4. Seismic Conditions

Türkiye is vulnerable to natural hazards, particularly earthquakes but also increasingly climate-related hazards, which have significant social and economic impacts and hamper the country’s ability to recover from recent multiple crises. The country is a seismically active area within the complex zone of collision between the Eurasian Plate and both the African and Arabian Plates. Much of the country lies on the Anatolian Plate, a small plate bounded by two major strike-slip fault zones, the North Anatolian Fault and the East Anatolian Fault. The western part of the country is also affected by the zone of extensional tectonics in the Aegean Sea caused by the southward migration of the Hellenic arc. The easternmost part of Türkiye lies on the western end of the Zagros fold and thrust belt, which is dominated by thrust tectonics.

Figure 4-1 shows the most recent Türkiye Seismic Hazard Map prepared by AFAD. The top arc is the North Anatolian Fault Zone, extending from Van Lake to Saros Gulf, comprised of several fragmented faults. The East Anatolian Fault extends from Hatay to Bingöl-Erzincan where it intersects with the North Anatolian Fault Zone. The third major fault zone of Türkiye is the West Anatolian Fault zone, made up of fragmented fault lines, generally perpendicular to the coastline.

According to the above-mentioned map, Osmaniye is at first-degree earthquake risk, while Adana, Gaziantep and Şanlıurfa are at third-degree earthquake risk. The Eastern Anatolian Fault Line runs along

the border between the Anatolian Plate and the Arabian Plate. The Bitlis-Zagros Fault Line, which is located on the Iran-Iraq border and is one of the main parts of the African plate, exerts thrust on eastern Türkiye and therefore a subduction zone is realized. For this reason, Eastern Anatolia rises by a few millimeters every year. The Eastern Anatolian Fault begins at the Maraş triple joint at the northern end of the Dead Sea Depression and ends in a northeasterly direction at the Karlıova triple joint where it joins the North Anatolian Fault. The Eastern Anatolian Fault continues to Hatay, Osmaniye, Gaziantep, Kahramanmaraş, Adıyaman, Elazığ, Bingöl, Muş and then merges with the North Anatolian Fault in Erzincan.

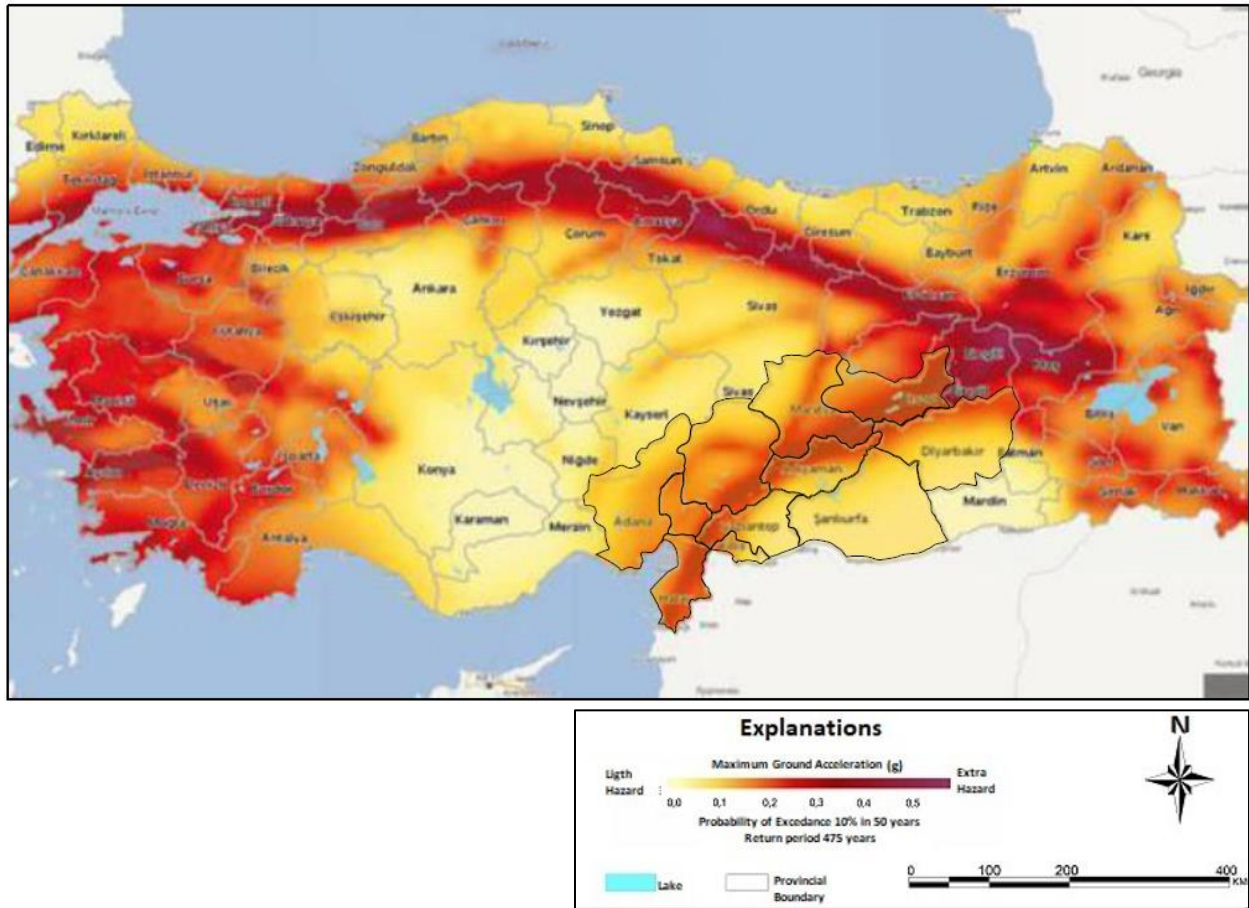


Figure 4-1 Seismic Hazard Map of Türkiye⁷ and Project Implementation Provinces⁸

⁷ AFAD website: <https://www.afad.gov.tr/turkiye-deprem-tehlike-haritasi>

⁸ The project implementation provinces are highlighted in black border lines.

4.1.5. Meteorological and Climate Characteristics

Although 11 earthquake affected provinces are located at south western part of Türkiye (Figure 2-2), the provinces are covered under three geographical regions which have been determined according to geographic, meteorologic, demographic and economic conditions of the country. These regions and the provinces are listed below:

- Mediterranean Region: Adana, Hatay, Kahramanmaraş, Osmaniye
- Eastern Anatolia Region: Malatya, Elazığ
- Southeastern Anatolia Region: Adıyaman, Diyarbakır, Gaziantep, Kilis, Şanlıurfa

Three different main climate types can be observed in Türkiye, above mentioned geographical regions and the earthquake affected provinces, which are arid climate (B), mid-latitude climate (C) and mid-latitude climate (D) (Figure 4-2). Details of climate characteristics in the region are provided below (Öztürk et al., 2018).

According to the Köppen-Geiger climate classification, arid climate type (B) is dominant in the inner regions of Türkiye. This climate type, which has the widest impact area in the world is observed in only 18% of Türkiye. The climate type that covers a wide area in the Central Anatolia Region is also observed in the inner parts of the Western Taurus Mountains and the Central Black Sea Region, in the southern parts of the Southeastern Anatolia Region (Middle Euphrates Region), in the south of the Upper Euphrates Section in Eastern Anatolia and around Iğdır. The most basic features of these areas are that they are far from the sea and its influence, and they have dry hot summers and dry cold winters.

The most common climate type in Türkiye (43%), mid-latitude climate type with mild humid winters (C), covers all coastal areas and most of the Southeastern Anatolia. The climate zone, which extends as a narrow strip in the Black Sea Region and the Central Taurus Mountains, where the mountains extend parallel to the coast, covers larger areas in areas where orographic conditions are favorable, for example, in the Marmara, Aegean, Central Black Sea and Southeastern Anatolia regions. It reaches its widest distribution in the western parts of Anatolia.

The mid-latitude climate type or continental climate with cold and humid winters (D), which is the second most widespread climate type in the world is also the second most common climate type in Türkiye. This climate type is seen in the mountainous areas of Central Anatolia and Southeastern Anatolia, almost all of Eastern Anatolia, on the Central Taurus Mountains and in the mountainous areas in the inner parts of the Black Sea Region. This climate type is observed at the areas with the highest annual temperature differences and the degree of continentality. Especially in the eastern parts, winters are very harsh due to the influence of continental polar air masses. As temperatures rise, especially in spring and early summer, high humidity and hot air provided by melting ice and snow masses create unstable conditions and short-term showers. Therefore, weather conditions are very variable during these periods.

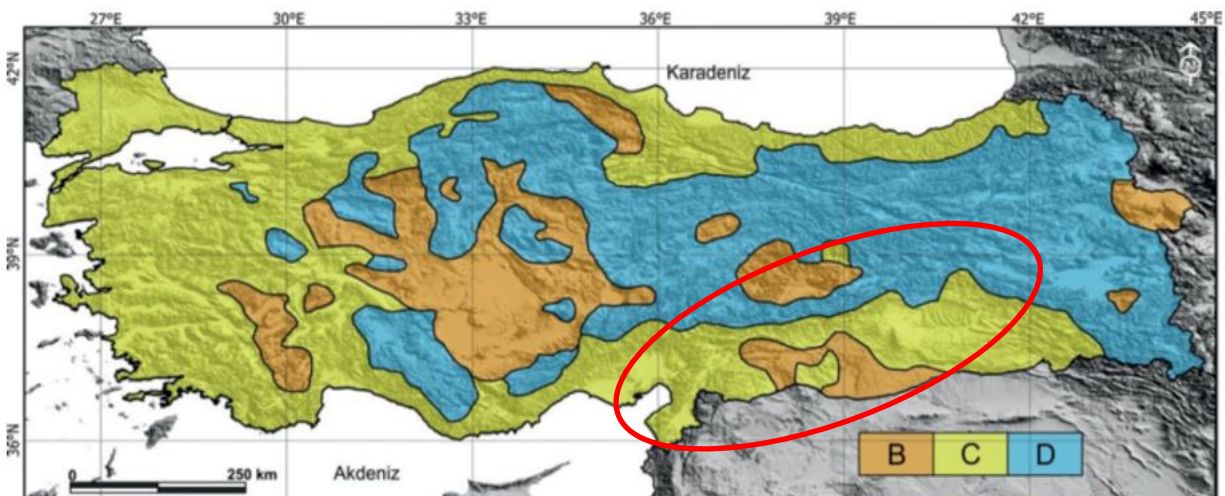


Figure 4-2 Main Climate Types in Türkiye and the Project Area⁹

The lowest precipitation value is observed at arid climate type (B) with annual total precipitation value of 322 mm. The rainiest climate is the mid-latitude climate with mild humid winters (C) and an annual average total precipitation of 689 mm. The average annual total precipitation value of the mid-latitude climate with cold humid winters (D) is 507 mm. According to precipitation regimes, climate types B and D have similar regimes. In these two climate types, the highest precipitation values are reached between December and April-May. July - September is the period when drought is evident. In climate type C, a regime different from other climates is observed. In the climate where the highest rainfall occurs in December (106 mm), the dry period occurs between July and August. High precipitation values in winter are generally caused by mobile low pressure systems that are effective on Türkiye and provide frontal precipitation. Since these systems generally leave more precipitation in the coastal areas and the humidity decreases as they move eastward, the precipitation value decreases in the winter season in the inland areas. However, in the inner regions, that is, in B and D climates, convective rains observed especially in April and May cause an increase in precipitation during this period.

Average temperature values are 12.4°C in climate B, 14.2°C in climate C and 9.5°C in climate D. In all three climate types, the lowest temperatures are seen in January and the highest temperatures are seen in July. The highest temperature difference between climate types with similar annual regimes occurs in January. During the summer, temperature differences decrease and in July the average temperature of climates B and C is almost the same.

⁹ Red circle demonstrates the location of the Project area

4.1.6. Protected Areas

The concept of Key Biodiversity Area (“KBA”) is an approach of prioritization used to determine vulnerable and irreplaceable natural areas. In order to achieve that, a series of ecological indicators are used, starting with endangered species or species with limited geographical distribution. KBAs are selected on the basis of tangible criteria related to standards based on the distribution and population of species and habitats that require conservation of the areas, and thresholds applicable on a global scale. On the other hand, there are a series of quantitative threshold values used to determine KBAs.

An international team that included experts from Doğa Derneği (BirdLife Türkiye) presented the first design for KBA criteria in 2004, based on the “Important Bird Area” studies by BirdLife International. Later, in 2006, the International Union for Conservation of Nature (“IUCN”) developed the method of KBA further and recognized it as an international standard to determine the areas of top priority (Eken et al. 2006). KBAs are not legally defined under Turkish legislation.

There are total of 35 KBA in the Project area, including many different ecosystems, from forests to steppes, from lakes to rivers. The two map below show these areas (Figure 4-3).

The protected areas according to the legislation of MoEUCC (i.e. Environmental Law [No: 2872]) and MoAF (i.e. National Parks Law [No: 5919], Land Hunting Law [No: 4915]) cover National Parks, Nature Parks, Natural Monuments, Nature Reserve Areas, Wildlife Development Areas, Wildlife Settlement Areas and Special Environment Protection Areas. These protected areas are generally located within the borders of KBAs described above.

In addition, cultural and natural heritages are the protected areas defined under Protection of Cultural and Natural Heritage Law.

Since the subprojects do not include a construction works including excavation and due to the nature of the subprojects, any significant impact on these protected areas is not expected.



Figure 4-3 KBAs in Türkiye and the Project Area¹⁰

¹⁰ Red circle demonstrates the location of the Project area.

Deprem Bölgesi Önemli Doğa Alanları: Earthquake Zone Key Biodiversity Area, ÖDA Kodu: KBA Code, ÖDA İsmi: Name of KBA,

Source: Doğa Derneği Website, <https://www.dogadernegi.org/onemli-doga-alanlari/>

4.2. Social Baseline

4.2.1. Demography and Population

The total population of 11 provinces affected by the earthquake is 14,013,196 people as of 31 December 2022, according to the data of the Turkish Statistical Institute (“TURKSTAT”), Address Based Population Registration System (“ADNKS”). The population of the region constitutes 16.4 percent of the country's population¹¹ (Table 4-1).

Table 4-1 Population of Earthquake Zone Provinces

PROVINCE NAME	Total	Male	Female	Number of registered Refugees (Syrians) ¹²
Adana	2.274.106	1.137.455	1.136.651	237,676
Şanlıurfa	2.170.110	1.093.998	1.076.112	305,102
Gaziantep	2.154.051	1.087.763	1.066.288	425,706
Diyarbakır	1.804.880	910.472	894.408	21,790
Hatay	1.686.043	847.128	838.915	287,182
Kahramanmaraş	1.177.436	598.004	579.432	90,375
Malatya	812.580	405.398	407.182	31,175
Adıyaman	635.169	320.177	314.992	22,161
Elazığ	591.497	292.396	299.101	12,010
Osmaniye	559.405	281.924	277.481	38,390
Kilis	147.919	74.504	73.415	76,713
Total earthquake zone provinces	14.013.196	7.049.219	6.963.977	1,483,309

Source: 2022-2023 TURKSTAT Data

According to the distribution data of the population, 96.7% (14.648.120 people) of the region's population live in provincial and district centers, and 3.3% (459.913 people) live in towns and villages¹³.

According to the distribution of the population of the provinces in the earthquake zone by age groups data of TURKSTAT, the region has a younger population than the average of Türkiye. 21.3 percent of the overall child population (0-17 years old) and 16.7 percent (2.6 million young people) of Türkiye's youth population (18-29 years old) live in 11 provinces located in the earthquake zone.

It is seen that the provinces in the earthquake region have a demographic structure where the ratio of elderly is lower than the general population of Türkiye. While the median age of Türkiye is 33.5 years, the

¹¹ TURKSTAT Web Site: <https://www.tuik.gov.tr>

¹² Presidency of Migration Management Website: <https://www.goc.gov.tr/gecici-koruma5638>

¹³ Presidency of Strategy and Budget Webpage: <https://www.sbb.gov.tr/wp-content/uploads/2023/03/2023-Kahramanmaraş-and-Hatay-Earthquakes-Report.pdf>

median age level of the provinces affected by the earthquake is younger than the country in general. The proportion of the elderly population in the region is 2.5 points below the country average¹⁴.

As of 19 October 2023, the number of Syrians under temporary protection status registered in Türkiye decreased by 24,507 people compared to the previous month, reaching a total of 3,264,248 people. The number of registered Syrians has decreased by 271,650 people in total since January 1, 2023, falling to the lowest level in the last 7 years. Total number of registered Syrian refugee population is 1,483,309 as of 09 November 2023 in the earthquake affected 11 provinces (Table 4-1).

4.2.2. Economic Structure

The share of the provinces affected by the earthquake in the gross domestic product (“GDP”) is 9.8 percent.

When the regional GDP is considered by sectors, 8.6 percent of the regional GDP is agriculture, 30.5 percent industry, 5.2 percent construction, 45.2 percent services and 10.6 percent. consists of tax subsidies. Major production activities in the region are in the industry and service sectors.

These cities realize 8.5 percent of Türkiye's exports. The share of 10 provinces in the earthquake zone in agricultural areas is 16 percent.

As of 2021, the contribution of the earthquake zone to GDP is 713.9 billion TL. 61.3 billion TL, which corresponds to 8.6 percent of this amount, was obtained from the agricultural sector.

A portion of 21.9 billion dollars, 8.6 percent of the country's exports, which totaled 254.2 billion dollars in 2022, was provided from the provinces in the region. In 2021, the share of the manufacturing industry in the region's provinces in our country's GDP is 11.5 percent.

When the data related to the tourism sector are evaluated, it is seen that a total of 7,185,814 overnight stays were made in the accommodation facilities in 11 provinces in 2022. The data indicate that 3.9 percent of the overnight stays of the visitors to Türkiye coincide with the earthquake provinces.

4.2.3. Employment

The unemployment rate for 2021 was 12 percent in Türkiye and the employment rate was 45.2 percent. 17.2 percent of those employed were in agriculture, 27.5 percent in industry, and 55.3 percent in the service sector.

Unemployment and employment data of the provinces in the earthquake region show that the region has unemployment above the country's unemployment rate.

The labor force and employment data of earthquake provinces were evaluated over the second level sub-zoning data of TURKSTAT.

According to TURKSTAT data for 2021, in the TR63 sub-region, where Hatay, Kahramanmaraş and Osmaniye are located, 54.3 percent of the employed people work in the service sector, 26 percent in the industry sector and 19.8 percent in the agriculture sector.

¹⁴ Presidency of Strategy and Budget Webpage: <https://www.sbb.gov.tr/wp-content/uploads/2023/03/2023-Kahramanmaras-and-Hatay-Earthquakes-Report.pdf>

In the TRC1¹⁵ region, where Gaziantep, Adıyaman and Kilis are located, 48.5 percent of the employed are in the service sector, 32.4 percent in the industry sector and 19.1 percent in the agriculture sector.

In the TRC2 region where Şanlıurfa, Diyarbakır is located, 44.8 of the employed people work in the service sector, 23.4 percent in the industry sector and 31.8 percent in the agriculture sector. In TRB1 region, where Malatya, Elazığ, Bingöl and Tunceli are located, 51.9 percent of the employed people work in the service sector, 19.1 percent in the industry sector and 29.1 percent in the agriculture sector.

In the TR 62 region, where Adana, Mersin is located, 58.5 percent of the employed people are in the service sector, 22.5 percent in the industry sector and 19 percent in the agriculture sector¹⁶.

As of 2021, the share of the employment of the Disaster Region, which covers 11 provinces, in the country's employment is 13.3 percent. 2.3 million of the employees work formally and 1.5 million of them work informally.

In the disaster area, the informality rate of employment is at the level of 39 percent. While the labor force participation rate for men is 70.3 percent in the provinces of the region, it is 32.8 percent for women.¹⁷

The identity document issued by the Presidency of Immigration Administration to the foreigner with refugee status is valid as the work permit. The foreigners who have the conditional refugee status can apply to the work permit six months after the international protection application date. The work permit is issued after approval of the application. According to the report published by the Ministry of Labor and Social Security in 2021, the number of Syrians in the country who have the work permit was announced as 91,500. 5,335 of these people are women. The number of total foreigners given work permits is 168,103, including Syrians.¹⁸

4.2.4. Healthcare Services

Before the earthquake, health services in ten earthquake provinces (Hatay, Malatya, Kahramanmaraş, Adana, Adıyaman, Gaziantep, Osmaniye, Diyarbakır, Şanlıurfa, Kilis) accounted for 12.5% of the hospitals in Türkiye (116 out of 927 hospitals) and primary care. It was well developed, accounting for 17.5% of healthcare facilities (2,454 of 14,031 facilities).

The number of hospital beds per 10,000 people in the region was 32.3, well above the national rate of 1.3. Affected provinces also had 17.5% of PHC centers in the country and provided a strong health system through a network of FMCs¹⁹.

¹⁵ TRC region stands for the Southeast Region of Türkiye. TRC1, TRC2 and TRC3 are the sub-region in TRC and covers following provinces: TRC1: Adıyaman, Gaziantep, Kilis, TRC2: Diyarbakır, Şanlıurfa, TRC3: Batman, Mardin, Şırnak, Siirt.

¹⁶ Presidency of Strategy and Budget Webpage: <https://www.sbb.gov.tr/wp-content/uploads/2023/03/2023-Kahramanmaraş-and-Hatay-Earthquakes-Report.pdf>

¹⁷ Presidency of Strategy and Budget Webpage: <https://www.sbb.gov.tr/wp-content/uploads/2023/03/2023-Kahramanmaraş-and-Hatay-Earthquakes-Report.pdf>

¹⁸ The Refugees Association Website: <https://multeciler.org.tr/>

¹⁹ The AHM provides primary health care services, including preventive care, reproductive health, maternal and child care, immunization, and screening and treatment of chronic conditions.

Damage to health facilities has hampered the delivery of health services at a time when earthquake-affected communities need them most. The health services provided not only to patients injured in the earthquake, but also to patients with chronic diseases such as diabetes, lung and cardiovascular diseases and requiring advanced treatment such as chemotherapy and dialysis have stopped; Barriers to accessing routine care have increased. In addition to the depletion of medical supplies and drugs needed for those with existing health problems, there has also been a very high increase in the demand for post-earthquake disability care and mental health services.

In earthquakes, health workers could not continue their work due to the death or injury of health workers or the destruction of their homes, loss of life from their families. The working conditions of the health workers still in service continue under difficult conditions and the improvement of these conditions stands out as a priority issue in the earthquake zone.

Under these conditions and due to the devastations experienced, approximately 3.3 million people migrated from the earthquake area after the earthquake. In this process, additional resources began to be needed to meet the increase in demand for health services in provinces such as Mersin, Adana, Antalya, Konya, Samsun, Ankara, Eskişehir and Van, which received immigration.

4.2.5. Transportation

The baseline regarding the transportation facilities and infrastructure of the region given below has been compiled from the Kahramanmaraş and Hatay Earthquakes Report. The pre-earthquake condition of the airway, railway and road transport infrastructure in the earthquake area can be summarized as follows;

Railway infrastructure:

- The total length of the railways in the disaster area is 1,275 km.
- There are conventional lines for freight and passenger needs between Adana-Hatay-Osmaniye-Gaziantep-Kahramanmaraş-Malatya.
- The Sivas-Çetinkaya-Malatya-Narlı-İskenderun corridor has a critical importance in terms of cargo components throughout Türkiye, as the goods exported from Southeastern and Eastern Türkiye, and especially the mines, are transported to İskenderun Port via this line.

Air Transport:

- Adana, Elazığ, Hatay, Adıyaman, Şanlıurfa, Diyarbakır, Malatya, Gaziantep and Kahramanmaraş have airports open to civil aviation traffic, with a total annual passenger capacity of approximately 27 million.

Ports:

- There are 13 ports operated through the private sector in the Iskenderun bay, where dry bulk cargo, general cargo, container, wet bulk cargo, liquid cargo and passenger transportation are carried out.

Land Transport:

- As of 2023, 15% of the existing motorway network, 12% of the national motorway network, and 14% of the provincial motorway network are located in the provinces affected by the earthquake.
- 29 of the 264 traffic control stations of the Turkish National Police (“EGM”) are located in the 11 provinces affected by the earthquake.

5. Potential Environmental and Social Risks and Standard Mitigation Measures

According to World Bank Group (“WBG”) International Finance Corporation (“IFC”) Performance Standard (“PS”) 1 Assessment and Management of Environmental and Social Risks and Impacts, the Area of Influence (“Aoi”) is to encompass the following as appropriate:

- The area likely to be affected by: (i) the project and the client’s activities and facilities that are directly owned, operated or managed (including by contractors) and that are a component of the project; (ii) impacts from unplanned but predictable developments caused by the project that may occur later or at a different location; or (iii) indirect project impacts on biodiversity or on ecosystem services upon which Affected Communities’ livelihoods are dependent.
- Associated facilities, which are facilities that are not funded as part of the project and that would not have been constructed or expanded if the project did not exist and without which the project would not be viable.
- Cumulative impacts that result from the incremental impact, on areas or resources used or directly impacted by the project, from other existing, planned or reasonably defined developments at the time the risks and impacts identification process is conducted.

Following activities will be carried out in component 2 of the Project which will be implemented by MoH and have potential substantial E&S risks and impacts:

- Installation of prefabricated PHC facilities and vaccine warehouses
- Procurement of goods including medical equipment

The potential E&S risks and impacts of the above-mentioned activities mainly include followings:

- Failure to obtain necessary permits;
- Soil pollution/contamination due to leaks/spillage and/or improper management of waste and wastewater;
- Soil pollution/contamination due to leaks/spillage and/or improper management of hazardous materials;
- Air pollution due to dust and exhaust emissions generated from the vehicles and soil works;
- Increase in noise levels and generation of vibration due to the vehicles and equipment to be used;
- Damage to cultural heritage in case of an archeological chance find;
- OHS risks and impact on workers’ / health staff’s health and safety;
- Traffic and road-related risks from increased local traffic volume and movement of heavy-duty vehicles;
- Labor related risks including labor influx and migrant labor;
- GBV and SEA/SH risks;
- Exclusion of disadvantaged and vulnerable households.

Aol for environmental components (i.e. physical Aol) was designed to consider the direct effects of the physical footprint of the Project and the immediate indirect effects (e.g., dust emissions, noise emissions) of the project activities. Therefore, Aol for environmental components is selected as the area covering 11 earthquake affected provinces (Figure 2-1). The Project activities are not expected to cause any significant impact on natural habitats, ecological resources and biodiversity. Therefore, Aol for biodiversity components is not defined in the ESMF.

Aol for social components is divided into three levels according to the level of impacts. The social impacts of the Project, majority of which are expected to be positive, will affect primarily affect the earthquake provinces. The provinces which are receiving immigration due to the earthquakes including Antalya, Ankara, İstanbul, İzmir and Mersin (The project activities will also take place in these provinces where the health service demands have highly increased, due to the received migration from the earthquake impacted provinces) and the whole country will also be affected positively by the Project activities due to reconstruction of the health facilities at the Project area. The social Aol of the Project area explained below and demonstrated in the below figure (Figure 5-1):

- 1st Level Aol: Directly earthquake impacted provinces which is the area defined as the Project area (Figure 2-1);
- 2nd Level Aol: Migration affected provinces which are both foot-print and likely to be affected area (neighbouring provinces and metropolitan cities such as İstanbul and Ankara) and;
- 3rd Level Aol: Türkiye.

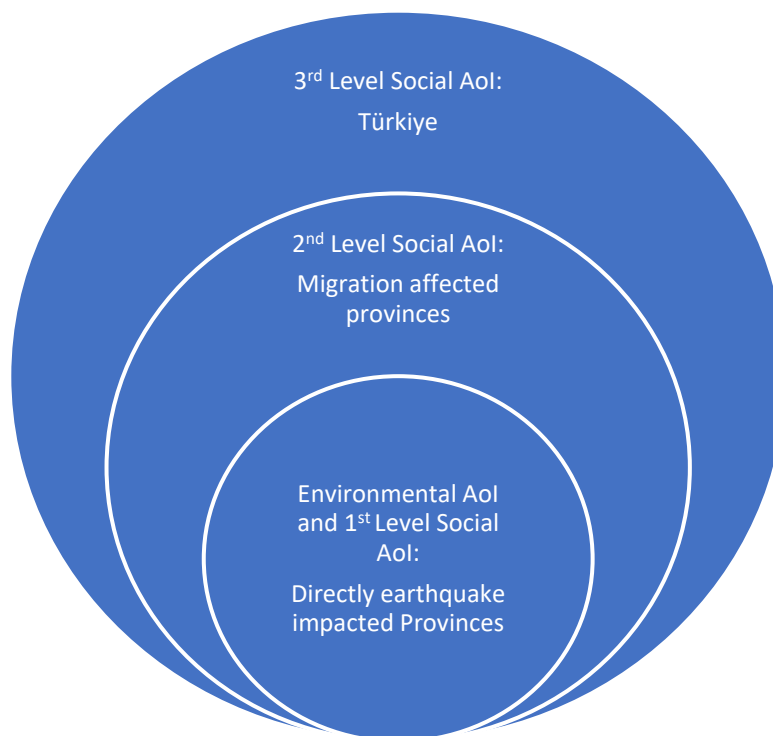


Figure 5-1 Aol for Environmental and Social Components

As it is stated in Section 3.3, following activities will be carried out in component 2 of the Project which will be implemented by MoH and have potential substantial E&S risks and impacts:

- Installation of prefabricated PHC facilities and vaccine warehouses,
- Procurement of goods including medical equipment.

The potential E&S risks and impacts due to the Project activities, as well as standard mitigation measures that are expected to be applied are shown in Table 5-1. Detailed practices for the determined mitigation measures are provided in ESMP (Annex 2). The screening form (Annex 1) will be filled for each sub-Project activity in order to determine whether a site specific ESMP (Annex 3) is required. The above-mentioned Project activities are not expected to require development of any site specific ESMPs due to nature of the works and implementation of the generic ESMP will be sufficient to manage all E&S impacts of the subprojects.

Table 5-1 Environmental and Social Risks and Mitigation Measures

Subcomponent Activity	Risks & Impacts	Mitigation Measures
Installation of prefabricated PHC facilities and vaccine warehouses	Failure to obtain necessary permits	Determine the required permits (zoning plan revision, construction permit if required etc.) and obtain them in line with the legislation prior to start of the installment works.
Installation of prefabricated PHC facilities and vaccine warehouses / Procurement of goods including medical equipment	Soil pollution/contamination due to leaks/spillage and/or improper management of waste and wastewater	Apply the practices in Annex-2 of this ESMF. Use the national standard for the waste and wastewater management / Prepare and implement the Waste Management Plan for Hospitals (“WMPH”) (Annex 5) to be prepared for the hospitals.
Installation of prefabricated PHC facilities and vaccine warehouses / Procurement of goods including medical equipment	Soil pollution/contamination due to leaks/spillage and/or improper management of hazardous materials.	Apply the practices in Annex-2 of this ESMF.
Installation of prefabricated PHC facilities and vaccine warehouses	Air pollution due to dust and exhaust emissions generated from the vehicles and soil works.	Apply the practices in Annex-2 of this ESMF.
Installation of prefabricated PHC facilities and vaccine warehouses	Increase in noise levels and generation of vibration due to the vehicles and equipment to be used.	Apply the practices in Annex-2 of this ESMF.
Installation of prefabricated PHC facilities and vaccine warehouses	Damage to cultural heritage in case of an archeological chance find.	Apply the Chance Find Procedure defined in the legislation (Annex-2).
Installation of prefabricated PHC facilities and vaccine warehouses	OHS risks and impact on workers’ / health staff’s health and safety.	Apply the practices in Annex-2 of this ESMF.

Subcomponent Activity	Risks & Impacts	Mitigation Measures
warehouses / Procurement of goods including medical equipment		
Installation of prefabricated PHC facilities and vaccine warehouses	Traffic and road-related risks from increased local traffic volume and movement of heavy-duty vehicles.	Follow the measures in Annex-2 of this ESMF.
Installation of prefabricated PHC facilities and vaccine warehouses / Procurement of goods including medical equipment	Labor related risks.	Follow the measures in Annex-2 of this ESMF, LMP (Annex-4) and SEP.
Installation of prefabricated PHC facilities and vaccine warehouses / Procurement of goods including medical equipment	GBV and SEA/SH risks.	Follow the measures in Annex-2 of this ESMF and SEP.
Installation of prefabricated PHC facilities and vaccine warehouses	Exclusion of disadvantaged and vulnerable households.	Follow the measures in Annex-2 of this ESMF and SEP.

6. Procedures and Implementation Arrangements

6.1. Environmental and Social Risk Management Procedures

The E&S risk management procedures will be implemented through the Project’s subproject selection process. In summary, the procedures aim to do the following (Table 6-1).

Table 6-1 Project Cycle and E&S Management Procedures

Project Stage	E&S Stage	E&S Management Procedures
a. Assessment & Analysis: Subproject identification	Screening	<ul style="list-style-type: none"> - During subproject identification, ensure subproject eligibility by referring to the Exclusion List in Table 6-2 below. - For all activities, Screening Form in Annex 1 will be used to identify and assess potential E&S impacts, and identify the appropriate mitigation measures for the subproject. - Submit the completed Screening Forms for all sub-projects to the World Bank for review and approval.
b. Formulation & Planning: Planning for subproject activities, including human and budgetary resources and monitoring measures.	Planning	<ul style="list-style-type: none"> - Based on Screening Form adopt and/or prepare relevant E&S procedures and plans. - For activities requiring ESMPs, submit the first 5 ESMPs for prior review and no objection by the World Bank. - Ensure that the contents of the ESMPs are shared with relevant stakeholders in an accessible manner and consultations are held with the affected communities. - Train staff responsible for implementation of plans. - Incorporate relevant E&S procedures, ESMPs and plans into contractor bidding documents; train contractors on relevant procedures and plans.
c. Implementation & Monitoring: Implementation support and continuous monitoring for projects.	Implementation	<ul style="list-style-type: none"> - Ensure implementation of plans through site visits, regular reporting from the field and other planned monitoring. - Track grievances/beneficiary feedback. - Continue awareness raising and/or training for relevant staff, volunteers, contractors, communities. - Prepare Semi-Annual E&S Progress Report and share with the World Bank.
d. Review & Evaluation: Qualitative, quantitative and/or participatory data collection on a sample basis.	Completion	<ul style="list-style-type: none"> - Assess whether plans have been effectively implemented. - Ensure that physical sites are properly restored.

6.1.1. Subproject Assessment and Analysis – E&S Screening

As a first step, all proposed activities should be screened to ensure that they are within the boundaries of the Project’s eligible activities, and they are not considered as activities listed on the E&S Exclusion List in the table below.

Table 6-2 Exclusion List

- | |
|---|
| <ul style="list-style-type: none"> • Facilities with a commercial character such as entertainment facilities (e.g., bars, dance clubs, camps, health strengthening centers, summer camps for children) • Religious buildings and police or law enforcement facilities • Any construction in protected areas or biodiversity areas, as defined in the national law • Activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly or which would lead to adverse impacts on natural habitats • Activities that involve extensive harvest and sale/trade of forest resources (post, timber, bamboo, charcoal, wildlife, etc.) for large-scale commercial purposes • Activities of changing forest land into agricultural land or logging activities in primary forests • Activities that have potential to cause significant impact on any ecosystems of importance, especially those supporting rare, threatened or endangered species of flora and fauna • Purchase or use of banned/restricted pesticides, insecticides, herbicides, and other dangerous chemicals • Buildings-related to national defense and correctional facilities (prisons) • Construction of any new dams or rehabilitation of existing dams including structural and or operational changes; or irrigation or water supply sub-projects that will depend on the storage and operation of an existing dam, or a dam under construction for the supply of water • Other types of sub-projects and activities that would harm the environment, encourage the marginalization of social and ethnic groups and duplicate other projects and activities supported by other institutions and activities that are not in compliance with Turkish Legislation • Construction of any new schemes that use or risk polluting international waterways and/or activities that otherwise adversely affect the quantity or quality of the water flowing to other riparians • Any activity with significant environmental and social risks and impacts that require an environmental and social impact assessment (“ESIA”) (i.e. any sub-project which would be classified as High Risk sub-project according to the WB ESF • Any activity affecting physical cultural heritage such as graves, temples, churches, historical relics, archeological sites, and other cultural structures (i.e., sub-projects which may cause impacts on tangible or intangible cultural heritage sites) • Weapons, including but not limited to mines, guns, ammunition, and explosives • Support of production of any hazardous good, including alcohol, tobacco, and controlled substances • Activities that may cause or lead to forced labor or child abuse, child labor exploitation or human trafficking, or subprojects that employ or engage children, over the minimum age of 14 and under the age of 18, in connection with the project in a manner that is likely to be hazardous or interfere with the child’s education or be harmful to the child’s health or physical, mental, spiritual, moral, or social development |
|---|

The proposed Project activities, i.e. Installation of prefabricated PHC facilities and vaccine warehouses, and procurement of goods including medical equipment, are not included in the E&S Exclusion List.

As a second step, E&S Screening Form in Annex 1 will be used to identify and assess relevant E&S risks specific to the activities, and identify the appropriate mitigation measures. The *Screening Form* lists the various mitigation measures and plans that may be relevant for the specific activities (such as ESMP, LMP, Chance Find Procedures etc.)

6.1.2. Subproject Formulation and Planning – E&S Planning

Based on the screening and assessment as mentioned above, the generic ESMP (that has been included in Annex 2) may be customized for the subprojects. Necessary E&S management measures will also be included in other relevant plans (such as SEP, LMP etc.).

The above-mentioned Project activities (installation of prefabricated PHC facilities and vaccine warehouses, and procurement of goods including medical equipment) are not expected to require development of any site specific ESMPs due to nature of the works and implementation of the generic ESMP will be sufficient to manage all E&S impacts of the subprojects.

In this context, MoH will ensure that all selected providers understand and incorporate E&S mitigation measures relevant to them as standard operating procedures for sub-component works.

At this stage, the workers and health staff who will be working on the various subproject activities will be trained in ESMF and ESMP relevant to the activities they work on. Contractors, MoH staff and PMSU, where required, will provide such training to field staff.

PMSU will also monitor the Project activities to ensure that all selected contractors and health staff understand and incorporate E&S mitigation measures relevant to them as standard operating procedures for civil works.

6.1.3. Implementation and Monitoring – E&S Implementation

During implementation, PMSU will collect the E&S data from the Project site and when required, monitoring visits will be conducted to ensure that relevant E&S mitigation measures are implemented by the contractors and service providers. Supervision of the site activities for installment of the prefabricated buildings will be done by related units of MoH (General Directorate of Health Investments and provincial directorates of the Ministry). Site specific data will be provided regularly (monthly) from the relevant Project supervising (General Directorate of Health Investments) and implementing general directorates of the Ministry (General Directorates of Public Health, Public Hospitals and Emergency Health Services) to PMSU with a report.

At a minimum, the site specific reporting will include: (i) the overall implementation of E&S risk management instruments, (ii) any environmental or social issues (non-compliances) arising as a result of project works and how these issues will be remedied or mitigated, (iii) OHS performance (including incidents and accidents), (iv) community consultation updates, (v) public notification and communications, (vi) progress on the completion of project works, and (vii) summary of grievances/beneficiary feedback received, actions taken and complaints closed out. Reports from the local levels will be submitted to PMSU at the national level, where they will be aggregated and submitted to the World Bank on a semi-annually basis.

Throughout the Project implementation stage, MoH will continue to provide training and awareness raising to relevant stakeholders, such as staff, selected contractors, and communities, to support the implementation of the E&S risk management mitigation measures. An initial list of training needs is proposed below, in Section 6.3.

MoH will also track grievances/beneficiary feedback during project implementation to use as a monitoring tool for implementation of project activities and E&S mitigation measures.

Lastly, if MoH becomes aware of a serious incident which may have significant adverse effects on the environment, the affected communities, the public or workers, OHS issues that result in loss of limb or life, it will notify the World Bank within 48 hours of becoming aware of such an incident. A fatality is automatically classified as a serious incident, as are lost time injury (3 or more days), incidents of forced or child labor, abuses of community members by project workers (including gender-based violence incidents), violent community protests, or kidnappings.

6.1.4. Review and Evaluation – E&S Completion

Upon completion of Project activities, MoH will review and evaluate progress and completion of project activities and E&S mitigation measures with support of PMSU. Compliance of E&S risk management measures after completion of the works will be reported within the last semi-annual monitoring report and submitted to the World Bank.

6.2. Implementation Arrangements

The Project will have a Loan Agreement with MoH as implementing agency with existing experience in managing World Bank funded projects and scalable capacity to implement this emergency Project.

Responsibility for the overall management and implementation of Component 2 will belong to MoH. MoH will also benefit from project management and monitoring and evaluation support under Component 4.2. Institutional and practice arrangements are based on existing structures in MoH that have demonstrated its capacity to implement and ability to work well with other organisations.

PMSU of MoH will be responsible for coordinating the relevant components, including E&S management of the Project activities. The existing PMSU is currently adequately staffed but will be further strengthened to ensure timely implementation of Project activities in addition to ongoing operations. PMSU is currently staffed with 38 professionals (14 civil servants and 24 individual consultants) including a project director, a legal consultant, three procurement specialists, four financial management (“FM”) specialists, two E&S specialists, one expert for technical devices, two project specialists and two project assistants. The internal processes established for the HSSSP and Emergency COVID-19 Response Project will be replicated for the proposed Project to avoid delays in implementation and initial set-up. PMSU will maintain qualified E&S specialists, procurement specialists and FM specialists throughout project implementation.

MoH will benefit from the coordination mission of the existing PMSU to work in cooperation with the relevant General Directorates to implement the relevant activities under Component 2 and Component 4.2. PMSU will be responsible for coordinating the relevant components, including E&S management of the Project activities. General Directorates of Public Health, Public Hospitals and Emergency Health Services will be the implementing general directorates and will carry out technical activities. Supervision of the site activities for installment of the prefabricated buildings will be done by related units of MoH (General Directorate of Health Investments and provincial directorates of the Ministry).

Contractors and service providers will be required to comply with the Project’s E&S risk management plans and procedures, including ESMF, ESMPs, LMP, and local legislation. This provision will be specified in the contractor’s agreements. Contractors will be expected to disseminate and create awareness within their workforce of E&S risk management compliance for their effective implementation.

Table 6-3 below summarizes the roles and responsibilities regarding the implementation arrangements for E&S management.

Table 6-3 Implementation Arrangements

Level / Responsible Party	Roles and Responsibilities
PMSU (through its E&S specialists)	<ul style="list-style-type: none"> - Provide support, oversight and quality control to field staff working on E&S risk management. - Collect site specific E&S data and review. Keep documentation of all progress. - Oversee overall implementation and monitoring of E&S mitigation activities, compile progress reports from local levels/subprojects, and report to the World Bank on semi-annually basis. - Support field staff and contractors who will be responsible for implementing the ESMF.
Regional / local MoH staff	<ul style="list-style-type: none"> - Oversee daily implementation and monitoring of E&S mitigation measures, and report progress and performance to the national level on a monthly basis. - Provide training to local contractors and communities on relevant E&S mitigation measures, roles and responsibilities.
Local Contractors	<ul style="list-style-type: none"> - Comply with the Project's E&S mitigation measures, as well as local legislation. - Take all necessary measures to protect the health and safety of workers and community members, and avoid, minimize or mitigate any environmental harm resulting from project activities, including undertaking mitigation measures if so directed. - Report E&S performance to PMSU.

The World Bank will provide training, technical support and implementation support. WB will conduct prior review and no objection for all Screening Forms prepared in line with ESMF and the first 5 ESMPs once prepared. During regular semi-annual implementation support visits, and any other specific more frequent visits as may be required, it will review E&S monitoring reports and associated documentation, and progress on implementation of E&S risk mitigation measures.

6.3. Proposed Training and Capacity Building

Successful implementation of the Project will depend among others on the effective implementation of the E&S risk management measures outlined in this ESMF. Training and capacity building will be necessary for the key stakeholders in order to ensure effective implementation ESMF, ESMPs and SEP. An initial training approach is outlined in Table 6-4. To the extent possible, training on E&S risk management will be integrated into the project cycle and operational procedures. Given the need to raise awareness among project workers and stakeholders at many levels, a cascading model is proposed where information will follow from the national level to the field levels.

Table 6-4 Proposed Training and Capacity Building Approach

Level	Responsible Party	Audience	Topics / Themes that may be covered
National Level	World Bank	National Staff responsible for overall implementation of ESMF	<p>ESMF and approach:</p> <ul style="list-style-type: none"> - Identification and assessment of E&S risks - Selection and application of relevant E&S risk management measures / instruments - E&S monitoring and reporting - Incident and accident reporting
Regional Level	National Staff (E&S specialists of PMSU)	Regional Staff Contractors	<p>ESMF and approach:</p> <ul style="list-style-type: none"> - Identification and assessment of E&S risks including OHS and emergency preparedness - Selection and application of relevant E&S risk management measures - E&S monitoring and reporting - Incident and accident reporting - Application of SEP and the grievance/beneficiary feedback mechanism
Local/site level	Regional Staff	Local Staff Local Contractors	<ul style="list-style-type: none"> - Application of ESMF requirements - Application of SEP and the grievance/beneficiary feedback mechanism - Application of LMP, including Code of Conduct, incident reporting, SEA/SH - OHS and community health and safety issues
Community Level	Local staff	Community members Community Workers, if relevant	<ul style="list-style-type: none"> - Basic OHS measures and Personal Protective Equipment - Community health and safety issues - Worker Code of Conduct - SEA/SH issues, prevention, measures - Grievance redress - Workers' grievance redress

6.4. Estimated Budget

The project budget allows for the resources needed to ensure that project implementation is in line with the ESMF requirements. The following are estimated cost items for the implementation for the ESMF, which have been included in the overall project budget:

Table 6-5 ESMF Implementation Budget

Activity / Cost Item	Potential Cost (EURO)
Salaries of individual E&S Consultants	550,000 EURO + VAT
Monitoring, training and capacity building activities	150,000 EURO + VAT
TOTAL	700,000 EURO + VAT

7. Stakeholder Engagement, Disclosure and Consultations

A separate SEP has been prepared for the Project, based on the World Bank’s ESS10 on Stakeholder Engagement.

This ESMF, as well as SEP and ESCP that have been prepared for this Project, have been disclosed in draft version for stakeholder consultations. The documents can be found here: <https://pydb.saglik.gov.tr/>

SEP of the Project was developed during the preliminary phase of the Project which defines the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders are encouraged to be involved in the consultation process, to the extent the current circumstances permit. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders’ needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed project can be divided into the following core categories:

- Affected Parties – persons, groups and other entities within the Project AoI that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- Other Interested Parties – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- Vulnerable Groups²⁰ – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status²¹, and that

²⁰ <https://thedocs.worldbank.org/en/doc/837721522762050108-0290022018/original/ESFFramework.pdf#page=111&zoom=80> : “Where applicable, the SEP will include differentiated measures to allow the effective participation of those identified as disadvantaged or vulnerable “.

²¹ Vulnerable status may stem from an individual’s or group’s race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

7.1. Stakeholders of the Project

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups are defined within this category:

- Earthquake impacted people living in the earthquake provinces,
- Earthquake impacted people migrated from the earthquake provinces,
- Health institutions in earthquake provinces including;
 - State hospitals in the earthquake provinces
 - Family health centers in the earthquake provinces
 - Public health centers in the earthquake provinces
 - Centers operating in the earthquake provinces, such as laboratories, etc.
 - Physical therapy institutions in the earthquake provinces
 - Pharmacies in the earthquake provinces
 - State hospitals in the immigration cities (Ankara, Mersin, İzmir, İstanbul, Antalya)
 - Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff,) and emergency personnel
 - Staff at medical and testing facilities, pharmacies and public health agencies
 - MoH, Emergency Health Services General Directorate,
 - MoH, General Directorate of Public Hospitals,
 - MoH, General Directorate of Public Health,
 - AFAD
 - Municipalities of the earthquake impacted provinces
 - Governorships of the earthquake impacted provinces
 - Provincial Directorates of MoH
 - Provincial Directorates of AFAD
 - Provincial Directorates of MoEUCC
 - Service or Good Providers of the Project
 - Local businesses
 - NGO’s, health organizations/ associations working in the earthquake provinces

The Project stakeholders also include parties other than the directly affected communities, including:

- Community based organizations, national civil society groups and Non-Governmental Organizations (“NGOs”), etc.
- Goods and service providers involved in the project’s wider supply chain
- MoEUCC

- Provincial Directorates of MoEUCC
- Ministry of Interior
- İLBANK
- Union of Municipalities of Türkiye
- Communities living in the neighborhood provinces
- Family health centers in the immigration cities
- Public health centers in the immigration cities
- Centers operating in the immigration cities
- Physical therapy institutions in the immigration cities
- Media including social media
- National and international health organizations/ associations (e.g. the Turkish Medical Association (“TTB”), TBB Specialist Associations, Public Health Experts Association, Turkish Clinical Microbiology and Infectious Diseases Association, Turkish Thoracic Society, and Turkish Intensive Care Association, Red Crescent Society, World Health Organization (“WHO”), Global Fund
- Interested national NGOs
- Other donor organizations (ADB, EBRD, CEB, IsDB, KfW, USAID, and GIZ),
- Interested international NGOs, Diplomatic mission and UN agencies (especially UNICEF, WHO), EU, bilateral agencies and others
- Academics

Within the Project, the vulnerable or disadvantaged groups include but are not limited to the following:

- Disabled individuals
- Elderly individuals
- Chronic patients
- Immigrants, refugees and non-native Turkish speakers including Syrians under temporary protection
- Poor households
- All earthquake victims who lost their relatives and suffered material and moral damage in the earthquake
- Pregnant women, infants and children
- Refugees, migrants, citizens with limited Turkish language abilities
- The unemployed and homeless
- Women-headed households and/or single mothers with underage children;
- Extended low-income families

Stakeholder engagement methods and tools are also identified according to the stakeholders and defined in the SEP. Following communication address are also given in the SEP.

MoH PMSU Website: <https://pydb.saglik.gov.tr>

E-mail: trhealth@saglik.gov.tr

For providing meaningful participation of the vulnerable groups defined in the SEP document, following engagement activities are identified.

- Engagements will be carried out with regional organizations and NGOs representing the rights of persons with disabilities;
- Separate consultations will be conducted for elderly individuals and disabled individuals (or people with additional accessibility needs), immigrants, refugees and non-native Turkish speakers, and other disadvantaged/vulnerable groups who may be identified during the project;
- Information on the project will be provided face to face or by any other appropriate method specific to disadvantaged/vulnerable groups/individuals to be specified or specified (e.g. visually impaired alphabet, sign language, etc.);
- Consultations will be conducted at locations that provide access to disadvantaged/vulnerable groups/individuals; and
- Any written or printed materials related to the project to be distributed at project sites should be accessible to the disadvantaged/vulnerable groups/individuals of the project; the materials will also be prepared in culturally appropriate and easy to understand (non-technical) language.

7.2. Grievance Mechanism

As a main part of the SEP, Project grievance mechanism (“GM”) has been also defined and specified.

The main objective of a GM is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Supports accessibility, anonymity, confidentiality and transparency in handling complaints and grievances;
- Avoids the need to resort to judicial proceedings (unless as a last resort).

7.2.1. MoH Communication Center (“SABIM”)

Since the Project includes whole provinces in Türkiye, national mechanisms generated that are already in use (mentioned below) will be integrated to newly established Grievance Mechanism (GM). By providing necessary software integrations to new system, only Project related complaints are planned to be filtered from national systems and conveyed to Project specific grievance mechanism system.

National systems to be integrated are **SABIM** (MoH Communication Center) and **SBN** (Meeting Point at Health).

A. SABIM: Communication Centre of MoH “ALO 184”

MoH founded a Communication Center (SABIM) in 2004 to receive patient complaints, problems and suggestions either in person or anonymously. These can be reported to SABIM by:

- Hotline by phone via the “Alo 184” line 24/7 (established by Türk Telecom),
- Online via <https://sabim.saglik.gov.tr/login.aspx>,
- WhatsApp Number via 0541 888 0184, or
- In person at a Patient Communication Unit.

SABİM which serves also as a ministerial level grievance mechanism for its employees, health workers, patients and citizens at large. Inquiries, demands, complaints about all health services provided by MoH are responded by a professionally managed call center with 260 operators, 187 analysts and 69 other staff.

The hotline also provides translation support in 6 languages English, German, French, Arabic and Russian, and also includes specialized services for disabled under the “Unimpeded Health Communication Center (“ESİM”)”. The ESİM provides services 7/24 in sign language in order to ensure access of the disabled citizens to the health services. Available free of charge on the mobile phones, ESİM offers live interpreting services for the persons with hearing disorder while calling 112 ambulance center, getting appointment from the Central Appointment System and during medical examinations.

Applications to the 184 SABİM Call Centre are replied to and recorded by operators using special software. The recorded applications are assessed by SABİM officials and transferred to related administrators. Firstly, analyst examines the application. In cases that need urgent solutions, analyst conducts necessary research and coordination works by intervening immediately. For cases that do not need urgent solutions, analyst manages the resolution process by making an importance list among cases and then analyze.

Analysts working at the headquarter and/or field units of the Ministry have access to the system on Internet, view duties assigned to them, take required actions, and report the results through the system. Administrators are able to monitor transactions of analysts, which were taken against applications concurrently through the system.

SABİM Operators take the calls of respondents calling the ALO 184 Line, create their applications during the call, and send the applications to the SABİM Analyst after registering them in the system as a petition. The Analyst examines the applications that are directed, conducts the necessary search and coordination works by intervening immediately in urgent situations, and manages the analysis process according to the order of importance of the applications in cases of urgency. It informs citizens in line with the legislation. If the applications require further investigation, they send the applications to the dispatch team. The dispatch team examines the applications, finalizes the applications when necessary, or sends them to the analyst of the Central or Provincial Health Directorates at the relevant unit depending on the content of the applications.

The Central or Provincial Analyst examines all the details of the submitted application and takes the necessary actions. After these processes are completed, the citizen is informed as soon as any feedback is obtained in defined time frames. Transactions made and results entered into the system are evaluated by SABİM Unit Officers. The application whose review has been completed is closed by the Unit Responsible.

7.2.2. Meeting Point at Health (“SBN”)

Until the establishment of SBN website in 2011, MoH and health workers also used this system to raise their voices and submit grievances. However, the establishment of SBN generated a new platform for MoH and health service personnel to raise their voices.

SBN is established for health service workers or graduates of any departments providing health education and all personnel of MoH to gather up-to-date information about appointment rules, compassionate leave, permutation requests and promotion exams; besides to submit grievances and any suggestions. To benefit from SBN services, members of mentioned worker groups should register to the system. As of July 2020, there are over 58,000 members registered to SBN.

After registration, they can convey their inquiries, demands and complaints via;

- Hotline by phone via the “Alo 182” line 24/7
- Online via <https://sbn.saglik.gov.tr/>

Inquiries, demands, complaints about all health services provided by SBN are responded by a team composed of 133 personnel.

7.2.3. Turkish Presidential Communication Center (“CİMER”)

Third national GM is “CİMER” which is “Cumhurbaşkanlığı İletişim Merkezi - Turkish Presidential Communication Center”. Grievances can be conveyed by:

- Hotline “Alo 150” (established by Türk Telecom),
- Written - Online via www.cimer.com.tr, and
- Written – Post via T.C Cumhurbaşkanlığı Külliyesi 06560 Beştepe, Ankara, TÜRKİYE

CİMER conveys 99% of received complaints to related governmental institutions. Each grievance received for health sector via CİMER is already being conveyed to SABİM therefore CİMER and SABİM systems work integrated.

7.2.4. Grievance Mechanism under the Ministerial Level

In 2003, MoH issued the directive entitled “Practice of Patient Rights in Healthcare Facilities”, aiming to increase the recognition of patient rights and their implementation into services. This directive describes the mechanisms of the complaint procedure in the event of a violation of rights. The document also defines the structure and duties of the newly created Patient Rights Unit and Patient Rights Board. The Patient Rights Unit (“PRU”) and the Patient Rights Board (“PRB”) have a particular importance in the complaint mechanism. They are the foundations of the application system and the organs for the evaluation of any alleged incident. Patient’s Rights Units have to be present in hospitals having 100 or more beds, and Patient’s Rights Communication Units in hospitals having 100 or less beds. MoH has also enabled the establishment of patient’s rights units and commissions within private hospitals by changing the private hospitals directive.

7.2.5. Appeals Committee (“AC”) for the Project

In order to strengthen the existing GM and raise reliability of GM process, MoH established AC of 11 consultants having knowledge about Turkish health system and its practice on site. These consultants are

the field coordinators of “Health System Strengthening and Support Project” of World Bank Loan No. 8531 which is already being implemented by UNDP.

AC will consider complaints on which MoH and the complainant could not reach an agreement on:

- ✚ Constraints on reaching procured equipment,
- ✚ Operational issues of procured equipment and materials

The complainant is free to convey his/her demand for transferring his/her complaint to the “Appeals Committee” so that any complaints that is already been considered by MoH but could not be resolved can be re-considered by the Committee.

7.2.6. World Bank Grievance Redress Mechanism

Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank’s Grievance Redress Service (“GRS”). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the Bank’s independent Inspection Panel which determines whether harm occurred, or could occur, as a result of Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the Bank’s corporate GRS, please visit: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

Annexes

Annex 1: Screening Form

Annex 2: Environmental and Social Management Plan

Annex 3: Site-specific ESMP Template for “Substantial” Risk Subprojects

Annex 4: Labor Management Procedures

Annex 5: Waste Management Plan for Hospitals Template

Annex 1: Screening Form

The E&S Screening procedure comprises of two stages-process: (1) Initial screening by using the Exclusion List which is applied as part of the Project’s Eligibility Criteria; and (2) Screening the proposed activities to identify approach for E&S risk management. This Screening Form is the second stage of screening process and is to be used for all subproject activities. The completed forms will be signed and kept in the Project ESF file. The World Bank may review a sample of the forms during implementation support visits.

1. Subproject Information:

Subproject Title	
Subproject Location	
Regional Unit in Charge	
Estimated Cost	
Start/Completion Date	

2. Environmental and Social Screening Questionnaires

Questions	Answer		Next Steps
	Yes	No	
ESS1			
1. Is the subproject likely to have significant adverse environmental impacts that are sensitive and unprecedented that trigger the ‘Ineligible Activities’ and exclusion?			If “Yes”: Exclude from project.
2. Does the subproject involve <u>construction</u> of a health care facility or demolition of a building?			If “Yes”: 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in contract documents.
3. Does the subproject involve <u>renovation or rehabilitation</u> of any small-scale infrastructure, such as groundwater wells, latrines, showers/washing facilities, or shelters?			If “Yes”: 1. Apply relevant measures based on the ESMP in Annex 2 (unless one of the questions below raises specific environmental risks and requires a site-specific ESMP). 2. Include E&S risk management measures in contract documents.
4. Will construction or renovation works require new borrow pits or quarries to be opened?			If “Yes”: 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in contract documents.

Questions	Answer		Next Steps
	Yes	No	
ESS2			
5. Does the subproject involve uses of goods and equipment involving forced labor, child labor, or other harmful or exploitative forms of labor?			If “Yes”: Exclude from project.
6. Does the subproject involve recruitment of workforce including direct, contracted, primary supply, and/or community workers?			If “Yes”: Apply LMP in Annex 4.
7. Do workers need PPE relative to the potential risks and hazards associated with their work?			If “Yes”: Apply LMP in Annex 4.
8. Is there a risk that women may be underpaid when compared to men when working on the project construction?			If “Yes”: Apply LMP in Annex 4.
9. Does the project lead to any risks and impacts on, individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable. ²²			If “Yes”: Apply LMP in Annex 4.
ESS3			
10. Is the project likely to generate solid or liquid waste that could adversely impact soils, vegetation, rivers, streams or groundwater?			If “Yes”: 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in contract documents.
11. Are any of the construction works involve the removal of asbestos or other hazardous materials?			If “Yes”: Apply asbestos guidance provide in the ECOP
12. Are works likely to cause significant negative impacts to air and / or water quality?			If “Yes”: 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in contract documents.

²² “Disadvantaged or vulnerable” refers to those individuals or groups who, by virtue of, for example, their age, gender, ethnicity, religion, physical, mental or other disability, social, civic or health status, sexual orientation, gender identity, economic disadvantages or ethnic peoples status, and/or dependence on unique natural resources, may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project’s benefits.

Questions	Answer		Next Steps
	Yes	No	
13. Does the activity rely on existing infrastructure (such as discharge points) that is inadequate to prevent environmental impacts?			If “Yes”: 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in contract documents.
14. Is there any potential to have impact on soil due to agro-chemicals (e.g., pesticides) used in farmlands due to the consequences of the subproject activities (e.g., development of irrigation system, agriculture related activities, seed and fertilizer assistance)?			Not Applicable
ESS4			
15. Is there a risk of increased community exposure to communicable disease (such as COVID-19, HIV/AIDS, Malaria), or increase in the risk of traffic related accidents?			If “Yes”: Apply LMP in Annex 4 and relevant measures in SEP.
16. Is an influx of workers, from outside the community, expected? Would workers be expected to use health services of the community? Would they create pressures on existing community services (water, electricity, health, recreation, others?)			If “Yes”: Apply LMP in Annex 4.
17. Is there a risk that SEA/SH may increase as a result of project works?			If “Yes”: Apply LMP in Annex 4.
18. Would any public facilities, such as schools, health clinic, church be negatively affected by construction?			If “Yes”: Apply relevant measures based on the ESMP in Annex 2 (unless one of the other questions in the screening form raises specific environmental and social risks and requires a site-specific ESMP).
ESS5			
19. Does the subproject involve involuntary land acquisition?			If “Yes”: Exclude from project.
20. Does the subproject involve physical and/or economic displacement of people?			If “Yes”: Exclude from project.
21. Is private land required for the subproject activity being voluntarily donated to the project?			If “Yes”: Apply the Voluntary Land Donation Procedures.
ESS6			
22. Does the subproject involve activities that have potential to cause any significant loss or degradation			If “Yes”: Exclude from project.

Questions	Answer		Next Steps
	Yes	No	
of critical natural habitats ²³ whether directly or indirectly, or which would lead to adverse impacts on natural habitats?			
23. Will the project involve the conversion or degradation of non-critical natural habitats?			If “Yes”: 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in contract documents.
24. Will this activity require clearance of mangroves?			If “Yes”: Exclude from project.
25. Will this activity require clearance of trees, including inland natural vegetation?			If “Yes”: 1. Prepare a site-specific ESMP for the proposed subproject, based on the template in Annex 3. 2. Include E&S risk management measures in contract documents.
26. Will there be any significant impact on any ecosystems of importance (especially those supporting rare, threatened or endangered species of flora and fauna)?			If “Yes”: Exclude from project.
ESS8			
27. Is the subproject to be located within or adjacent to a sensitive site (historical or archaeological or culturally significant site) or facility?			If “Yes”: Apply Chance Find Procedures in Annex 2.
28. Locate near buildings, sacred trees or objects having spiritual values to local communities (e.g. memorials, graves or stones) or require excavation near there?			If “Yes”: Apply Chance Find Procedures in Annex 2.

3. Conclusion

Based on the result from the screening above, please list the E&S risk management instruments to be prepared / adopted and implemented:

²³ Critical natural habitats such as legally protected, officially proposed for protection, identified by authoritative sources for their high conservation value, or recognized as protected by traditional local communities.

Annex 2: Environmental and Social Management Plan

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
Failure to obtain necessary permits	<ul style="list-style-type: none"> Required permits (zoning plan revision, construction permit if required etc.) will be determined and obtained in line with the legislation prior to start of the civil works and installation works. 	X			Records and data provided by implementing general directorate to PMSU Semi-annual monitoring reports prepared by PMSU	X			<ul style="list-style-type: none"> PMSU General Directorate of Public Health General Directorate of Emergency Health Services 	Included in Project budget
Soil pollution/contamination due to leaks/spillage and/or improper management of waste and wastewater	<ul style="list-style-type: none"> Wastes and wastewater to be generated during installment of the prefabricated structures will be stored and disposed in a controlled manner in accordance with the relevant regulations and in line with the management practices. The wastes and wastewater to be generated in the sub-Project area will not interact with the soil environment and cause any impacts. Wastes will be collected in closed containers suitable for the type of waste before the final disposal and stored in the Temporary Storage Area to be established on the site. Waste containers will be labelled appropriately for storage purposes. 		X		Contracts of contractors Records and data provided by contractors/service providers to PMSU Grievance mechanism records Semi-annually monitoring reports prepared by PMSU	X			<ul style="list-style-type: none"> Contractors PMSU General Directorate of Public Health General Directorate of Emergency Health Services 	Included in Project budget

²⁴ The costs cannot be fully determined at this stage. They will be calculated for each activity.

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	<ul style="list-style-type: none"> Wastes will only be temporarily stored on site and final disposal will be carried out outside the facility. Waste recycling, transport and disposal will be carried out by means of licensed companies and/or related municipalities. Existing toilets of the neighboring health care facilities or other buildings will be used by the workers during the installment works. If there is not any toilet close to the site, the limited amount of domestic wastewater generated at site will be collected in the leak-proof septic tanks to be constructed in the Project Area, transferred from the site by sewage trucks and disposed to the sewage system of the Municipality. 									
Soil pollution/contamination due to leaks/spillage and/or improper management of waste and wastewater	<ul style="list-style-type: none"> Waste Management Plan for Hospitals (Annex 5) to be prepared for the health care facilities will be used for disposal of the medical wastes generated due to operation of the equipment and goods which will be purchased in scope of the Project. 			X	Contract of the service providers Records and data provided by contractors/service providers to PMSU Grievance mechanism records Semi-annually monitoring reports prepared by PMSU	X			<ul style="list-style-type: none"> Service providers PMSU General Directorate of Public Hospitals 	Included in Project budget
Soil pollution/contamination due to leaks/spillage and/or improper management of hazardous materials	<ul style="list-style-type: none"> All oil and fuel leakages caused by the machinery will be surrounded by absorbent to avoid any spread and collected with the soil contaminated. This contaminated soil will be stored in the hazardous waste collection area and disposed with the hazardous wastes. 		X		Contracts of contractors Records and data provided by contractors/service providers to PMSU Grievance mechanism records	X			<ul style="list-style-type: none"> Contractors PMSU General Directorate of Public Health General Directorate of 	Included in Project budget

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	<ul style="list-style-type: none"> Chemicals and hazardous materials will be stored in designated impermeable chemical and hazardous material storage areas. Spill response material will be placed to the chemical and hazardous material storage areas and distributed to project vehicles in order for timely response. Trainings for contractor staff will be conducted on spill response, safe chemical and hazardous material handling and storage. 				Semi-annually monitoring reports prepared by PMSU				Emergency Health Services	
Soil pollution/contamination due to leaks/spillage and/or improper management of hazardous materials	<ul style="list-style-type: none"> Goods and equipment to be purchased in scope of the Project will be managed in line with the mitigation measures listed in above cell. 			X	Contract of the service providers Records and data provided by contractors/service providers to PMSU Grievance mechanism records Semi-annually monitoring reports prepared by PMSU	X			<ul style="list-style-type: none"> Service providers PMSU General Directorate of Public Hospitals 	Included in Project budget
Air pollution due to dust and exhaust emissions generated from the vehicles and soil works	<ul style="list-style-type: none"> Where required, dust suppression methods will be applied in sufficient frequency. Speed limit will be set in and around the sites. The exhaust systems of the vehicles will be regularly controlled. According to the Government of Türkiye's climate change objectives and World Bank climate targets, Project activities which will be managed by MoH will use the efficient prefabricate technics and best practice climate-resilient design and 		X		Contracts of contractors Records and data provided by contractors/service providers to PMSU Grievance mechanism records Semi-annually monitoring reports prepared by PMSU	X			<ul style="list-style-type: none"> Contractors PMSU General Directorate of Public Health General Directorate of Emergency Health Services 	Included in Project budget

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	building standards, heat insulating material etc.									
Increase in noise levels and generation of vibration due to the vehicles and equipment to be used	<ul style="list-style-type: none"> The machinery and equipment to be used will not be operated at the same point/location but homogeneously distributed in the site. This will enable noise level be at reasonable levels and not to exceed related limit values defined in the legislation. Maintenance requirements of machinery and equipment will be checked and speed limitations will be defined for vehicles. The noise during the installment works will be limited to the limited times defined in the relevant legislation. Engine covers of generators, air compressors and other motorized mechanical equipment will be closed during activities and the equipment should be located as far away from sensitive areas as possible. 		X		Contracts of contractors Records and data provided by contractors/service providers to PMSU Grievance mechanism records Semi-annually monitoring reports prepared by PMSU	X			<ul style="list-style-type: none"> Contractors PMSU General Directorate of Public Health General Directorate of Emergency Health Services 	Included in Project budget
Damage to cultural heritage in case of an archeological chance find	<ul style="list-style-type: none"> Chance finds procedure will be implemented during the Project works. In this context, related Civilian Authority or Museum Directorate will be informed latest in three days in case of finding any movable or immovable cultural asset by chance during the Project works. Construction works will be stopped immediately. In case of a chance find, relevant stakeholders will be communicated. 		X		Contracts of contractors Records and data provided by contractors/service providers to PMSU Grievance mechanism records Semi-annually monitoring reports prepared by PMSU	X			<ul style="list-style-type: none"> Contractors PMSU General Directorate of Public Health General Directorate of Emergency Health Services 	Included in Project budget
OHS risks and impact	<ul style="list-style-type: none"> The contractor will sign an agreement 		X		Contracts of contractors	X			<ul style="list-style-type: none"> Contractors 	Included

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
on workers' / health staff's health and safety	<p>with a joint health and safety unit ("OSGB") or employ an OHS specialist in accordance with the OHS Law and legislation.</p> <ul style="list-style-type: none"> • Relevant OHS risk assessments and emergency response plans will be prepared and implemented by the contractor. • The contractor will ensure that all the direct and contracted workers are provided with trainings on project requirement at the beginning of employment (individually or collectively). • All Project staff will comply with the environmental, health and safety legislation. • In order to minimize the risks and hazards that may arise (e.g., natural disasters, accidents, equipment malfunctions etc.) on human health and safety, safe working environments in the working site will be established and physical hazards and risks will be prevented. • The relevant plans and procedures of the relevant Turkish legislation will be complied within the OHS measures and practices. • Employees will be informed about the hazards that may cause from their work and thus a safer work environment will be created. • Training will be given to employees according to the Regulation on the Procedures and Principles of Occupational Health and Safety 				<p>Records and data provided by contractors/service providers to PMSU</p> <p>Grievance mechanism records</p> <p>Semi-annually monitoring reports prepared by PMSU</p>				<ul style="list-style-type: none"> • PMSU • General Directorate of Public Health • General Directorate of Emergency Health Services 	in Project budget

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	<p>Trainings. In this context, a training program will be prepared, training records will be kept and evaluation activities will be carried out after the trainings.</p> <ul style="list-style-type: none"> • Personal protective equipment will be provided to all employees and necessary training will be given for their use. • Work areas will be equipped with warning signs (e.g., "Hazard", "Entry Prohibited", etc.) in accordance with the quality and potential risks of the work to be performed in that area. • All necessary precautions will be taken in the Project area to prevent possible fires from the Project activities. Uncontrolled fires in and out of the field will be prevented. • Smoking in areas where there is a risk of fire will be prohibited. All employees will have knowledge of what to do in the event of a fire. • The fire extinguisher will be located in an accessible area and all firefighting equipment will be regularly maintained and repaired. • Project staff will include first aid trained personnel. In case of emergency where an intervention is required, personnel will be sent to the nearest health center by appropriate means. • The contractor will apply the technical requirement of the machinery, equipment, and tools to be used in the activities sufficiently. 									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	<ul style="list-style-type: none"> • Moving parts of machinery and equipment will be equipped with appropriate protective systems (e.g., metal shields etc.), minimizing the risk of injury or damage to the person using the machine or equipment. • Personal factors that may create and control risks during activities (e.g., long hair, jewelry and accessory use, clothing etc.) will be removed from the site by the regulations brought by the field management. Project staff will be informed about the relevant regulations within the scope of the training program. • Drivers and operators will be trained to comply with traffic rules and to control the vehicles and equipment they use against risks and hazards originating from vehicle traffic. Required traffic signs will be placed in the Project site and its surroundings. Machine operators and other employees will be informed and alerted about the relevant signs. • Entry of staff and third parties into the working site will be carried out in a controlled manner from the doors at which authorized personnel will control. • In the event of any significant incident (e.g., environmental, social, labor or lost-time incidents) the contractor will immediately notify MoH. Within 30 business days, an incident report including the root causes analysis of the incident, precautions and compensation measures taken will be presented to 									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	<p>MoH.</p> <ul style="list-style-type: none"> If a serious incident (fatality, lost time injury (3 or more days), incidents of forced or child labor) happens, the World Bank will be notified within 48 hours of becoming aware of such incident 									
OHS risks and impact on workers' / health staff's health and safety	<ul style="list-style-type: none"> Work instructions of the devices and equipment to be purchased in scope of the Project, including OHS requirements, will be provided to MoH and they will be implemented in order to avoid any incident. 			X	<p>Contract of the service providers</p> <p>Records and data provided by contractors/service providers to PMSU</p> <p>Grievance mechanism records</p> <p>Semi-annually monitoring reports prepared by PMSU</p>	X			<ul style="list-style-type: none"> Service providers PMSU General Directorate of Public Hospitals 	Included in Project budget
Traffic and road-related risks from increased local traffic volume and movement of heavy-duty vehicles	<ul style="list-style-type: none"> Access to the site will be permanently restricted to avoid potential health and safety risks (due to use of heavy vehicles causing site traffic, electrocution hazards due to electrical works, etc.) The road closure will be avoided all the time. The contractor will verify the suitability of all drivers and vehicles by checking their documents (driver license, heavy vehicle usage certificate, heavy vehicle usage certificates, heavy vehicle regular maintenance documents). The contractor will inform and train all drivers about speed limits, obligations to comply with speed limits, schools on the roads to be used, urban transportation roads, etc. will provide training/toolbox on sensitive points and record them. 		X		<p>Contracts of contractors</p> <p>Records and data provided by contractors/service providers to PMSU</p> <p>Grievance mechanism records</p> <p>Semi-annually monitoring reports prepared by PMSU</p>	X			<ul style="list-style-type: none"> Contractors PMSU General Directorate of Public Health General Directorate of Emergency Health Services 	Included in Project budget

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	<ul style="list-style-type: none"> Speed limit will be set in and around the sites. The exhaust systems of the vehicles will be regularly controlled. The contractor will undertake official communication with the authorities to ensure collaboration to be able to apply necessary health and safety restrictions, in case such restrictions are applied within their jurisdiction areas. Local communities will be informed about the site, traffic restrictions to be applied for health and safety purposes and also about the duration of such restrictions. 									
Labor related risks	<ul style="list-style-type: none"> LMP will be implemented during the Project works. MoH/contractor will provide workers with documented information which is clear and understandable, regarding their rights under national labor law; including collective agreements, their rights related to hours of work, wages, overtime, compensation, and benefits as of startup of working relationship and when any material changes occur. MoH/Contractor will not discourage workers from electing worker representatives, forming or joining workers' organizations of their choosing, or from bargaining collectively, and will not discriminate or retaliate against workers who participate, or seek to participate, in such organizations and collective bargaining. 	X	X		<p>Contracts of contractors</p> <p>Records and data provided by contractors/service providers to PMSU</p> <p>Grievance mechanism records</p> <p>Semi-annually monitoring reports prepared by PMSU</p>	X			<ul style="list-style-type: none"> Contractors PMSU General Directorate of Public Health General Directorate of Public Hospitals General Directorate of Emergency Health Services 	Included in Project budget

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	<ul style="list-style-type: none"> MoH/Contractor will pay particular concern to principles of non-discrimination and equal opportunity. In this respect, MoH/Contractor will not make employment decisions (i.e., recruitment and hiring, compensation, wages and benefits, working conditions and terms of employment, access to training, job assignment, promotion, termination of employment or retirement, and disciplinary practices) on the basis of personal characteristics unrelated to job requirements. Wages, work hours and other benefits will be per the Turkish Labor Law. MoH/Contractor will ensure that the relevant aspects of Labor Law will apply to project-related on-site and off-site accommodation. The contractor will provide a grievance mechanism for workers to raise workplace concerns in parallel with the MoH grievance mechanism. The contractor will inform the workers about the grievance mechanism at the time of recruitment and make it easily accessible to them. Provision of PPEs, the training of employees, the precautions for using equipment, and the implementation of OHS measures and requirements are the responsibility of the contractor and the relevant contracts include the responsibilities of complying with OHS and laws and regulations. 									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	<ul style="list-style-type: none"> MoH/Contractor will ensure measures to prevent child labor and forced labor by routine controls of employment lists. In this respect, children under 18 years of age will not be employed. Workers will be trained about following topics at minimum; <ul style="list-style-type: none"> Gender discrimination Sexual harassment Child labour Forced labour Contractors will not employ workers under the age of 18 in accordance with international and national laws at all stages of the project. Child labor will not be employed in sub-contractors at any stage of the project. The principles regarding the prevention of child labour, the Project principles and all measures and requirements included in the policy documents will be stated in their contracts as principles for which subcontractors, service providers and suppliers are also responsible and will be deemed to have been accepted. All these groups cannot employ child labor in any activity carried out within the scope of the Project. The principles regarding the prevention of forced labor, the Project principles and all measures and requirements included in the policy documents will be stated in their contracts as principles for which contractors are also responsible and will be deemed to have been accepted. 									

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	<ul style="list-style-type: none"> MoH GM including anonymous grievance mechanism for workers will be informed. 									
GBV and SEA/SH risks	<ul style="list-style-type: none"> Trainings will be provided to workers to raise awareness and sensitivity for workers who will work temporarily in the field on the prevention of gender-based violence to the OHS training plan and/or toolboxes. Throughout the Project, Project grievances will be managed in accordance with the procedure through the grievance mechanism already established and operating. Written or printed material related to the Project or grievance mechanism communication channels provide a support for immigrant and refugee vulnerable groups and women which provide accessible, culturally appropriate and easy to understand (non-technical) language option. 	X	X		<p>Contracts of contractors Records and data provided by contractors/service providers to PMSU Grievance mechanism records Semi-annually monitoring reports prepared by PMSU</p>	X			<ul style="list-style-type: none"> Contractor PMSU General Directorate of Public Health General Directorate of Public Hospitals General Directorate of Emergency Health Services 	Included in Project budget
Exclusion of disadvantaged and vulnerable households	<ul style="list-style-type: none"> All Project employees will be provided with trainings on non-discrimination and gender-based violence such as sexual harassment by the contractor. The grievance mechanism including additional support tools for vulnerable groups will be explained. In order to get information about the local people and sensitive groups and to make the necessary consultations on time, regular briefings will be made with the neighbourhood/village headmen, and communication continuity will be 	X			<p>Contracts of contractors Records and data provided by contractors/service providers to PMSU Grievance mechanism records Semi-annually monitoring reports prepared by PMSU</p>	X			<ul style="list-style-type: none"> Contractors PMSU General Directorate of Public Health General Directorate of Emergency Health Services 	Included in Project budget

Potential Risks and Impacts	Proposed Mitigation Measures	Phase			Indicators for monitoring	Frequency of Monitoring			Responsibility for implementation and monitoring	Estimated Cost ²⁴
		Planning	Installation	Operation		Continuous	Monthly	Quarterly		
	<p>ensured for the necessary situations regarding the project.</p> <ul style="list-style-type: none"> The implementation of the relevant measures specified in the project stakeholder engagement plan and grievance mechanism procedure will be coordinated and controlled by the PMSU. Stakeholder engagement activities will include measures to ensure the meaningful participation of poor and vulnerable groups such as women, refugees, youth, the elderly, and female-headed households. The stakeholder engagement activities will be shared with the World Bank semi-annually in monitoring reports. Throughout the Project, Project grievances will be managed in accordance with the procedure through the grievance mechanism already established and operating. PMSU will submit monitoring reports to the WB based on the grievance mechanism records. 									

Annex 3: Site-specific ESMP Template for “Substantial” Risk Subprojects

[The main ESMP report will not exceed 20 pages]

(a) Executive Summary [1 page]

- Concise summary of the ESMP with especial emphasis on significant E&S impacts of the subproject and recommended mitigation measures.

(b) Subproject Description [1 page]

- Concise description of the proposed subproject [location and justification]
- A map of the subproject site may be added

(c) Baseline Data [2-4 pages]

Summary of the following location-specific information that are only relevant to the subproject²⁵

- Physical Environment including vegetation, natural habitats and cultural heritage (only if the screening results indicate that these will be affected)
- Land use and land requirements of the subproject
- Socio-economic environment only relevant to the subproject (not any provincial generic information) including the demographics, livelihood sources, vulnerable groups in close communities, other sensitive receptors close to project site etc.

(d) Environmental and Social Assessment [3-5 pages]

- Describe the risk category according to the E&S screening exercise and assessment of key impacts²⁶

(e) ESMP Matrix: Risk and Impacts, Mitigation, Monitoring [4-8 pages]

This section should identify anticipated site-specific adverse environmental and social risks and impacts; describe mitigation measures to address these risks and impact; and list the monitoring measures necessary to ensure effective implementation of the mitigation measures.

²⁵ Additional relevant baseline data may be included in the annex if needed

²⁶ The completed screening documents to be attached as an Annex to the ESMP.

Anticipated E&S Risks and Impacts	Proposed Risk Mitigation Measures	Impact Mitigation		Impact/Mitigation Monitoring		
		Timing/Frequency	Responsibility	Parameter to be monitored	Frequency	Responsibility

(f) Implementation Arrangement, Capacity development and training

Provide a specific description of institutional arrangements, identifying which party is responsible for carrying out the mitigation and monitoring measures (e.g. for operation, supervision, enforcement, monitoring of implementation, remedial action, financing, reporting, and staff training).

- To strengthen environmental and social management capability in the agencies responsible for implementation, the ESMP recommends the establishment or expansion of the parties responsible, the training of staff and any additional measures that may be necessary to support implementation of mitigation measures and any other recommendations of the environmental and social assessment.
- **Implementation schedule and cost estimates:** For all three aspects (mitigation, monitoring, and capacity development), provide (a) an implementation schedule for measures that must be carried out as part of the project, showing phasing and coordination with overall project implementation plans; and (b) the capital and recurrent cost estimates and sources of funds for implementing the ESMP. These figures are also integrated into the total project cost tables.

(g) Stakeholder Engagement²⁷ [2-4 pages]

- Brief Summary of Previous Stakeholder Engagement Activities
- Subproject specific stakeholder mapping
 - Project-affected parties
 - Other interested parties
 - Disadvantaged/vulnerable individuals or groups
- Stakeholder Engagement Program
 - Purpose and timing of stakeholder engagement program
 - Proposed strategy for information disclosure (what information will be disclosed, in what formats, and the types of methods that will be used to communicate this information to each of the stakeholder groups)
 - Proposed strategy for consultation (methods that will be used to consult with each of the stakeholder groups)

²⁷ Will be guided by the Project level SEP

- Proposed strategy to incorporate the view of vulnerable groups
- Resources and Responsibilities for implementing stakeholder engagement activities
- Grievance Redress Mechanism
 - Grievance process (intake, processing and referral, resolution and response, monitoring and reporting)
 - GRM contact channels

(h) Annexes (E&S screening report, additional baseline data, site pictures, records of meetings or consultations, grievance submission form, monitoring checklists, etc.)

Annex 4: Labor Management Procedures

Introduction

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

While the health workers employed in public hospitals and laboratories, are not strictly considered direct or contracted workers under ESS 2 definition, they are included in the labor management procedures as project workers to ensure that their labor rights are protected.

For project workers (primarily direct and contracted health workers) Risky environments include health facilities where project workers may be exposed to a variety of diseases. Project workers are also at risk of more serious psychological distress, fatigue and stigma due to the nature of their work. Labor influx is not a risk in this Project.

The project will ensure the application of OHS measures for health workers and those working in laboratories as outlined in WHO guidelines which are captured in the Project's Labor Management Procedures (LMP).

The Ministry of Health of Türkiye (MoH) has prepared this LMP as part of the ESMF of Türkiye Earthquake Recovery & Reconstruction Project (TERRP). MoH has published relevant training materials and information on usage of PPEs in relation with Project labour risks defined in the ESMF.

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

Overview of Labor Use on the Project

In general, as per ESS2, project workers are: i) direct workers who are civil servants of MoH in the Project Management Support Unit (PMSU), ii) contracted workers hired by the MoH to provide consultancy and training services iii) Employees and workers of the sub-contractors. At this stage the exact number of workers required in each group is unclear.

The Implementation Arrangements

In order to ensure the rapid implementation of the Project, the overall management and implementation responsibility of Project Component 2 rests with MoH under the coordination of the existing PMSU.

MoH will benefit from the coordination mission of the existing PMSU, which will work in cooperation with the relevant General Directorates for the implementation of the relevant activities under Component 2 and 4.2, which are explained in detail in the ESMF.

MoH will implement the Project through PMSU consisting of professional staff and consultants. The PMSU staff consists of 32 personnel (15 civil servants and 17 individual consultants) and include: a full-time

Project Director (PD); deputy PD(s) (DPDs); procurement expert; financial management expert; monitoring and evaluation expert; and technical experts with relevant technical qualification and experience. In addition, 1 social and 1 environmental expert were recruited by the MoH. The staff working for the PMSU will have specific terms of reference identified. Besides the PD and DPDs, who are Civil Servants, all other members of the PMSU will be engaged under contracts as direct workers.

The PMSU will be responsible for the day-to-day management and coordination requirements of the project, including measures.

The contractor/service provider is responsible for the implementation and monitoring of the LMP, including the items listed below:

Keeping records of recruitment and recruitment processes of project employees and contract employees, Implementation of workforce management procedures,

To carry out the necessary internal monitoring to ensure the occupational health and safety standards in the workplaces in line with the national occupational health and safety legislation, WB ESS2 and LMP and to submit them to the PMSU when necessary,

Training, keeping records, monitoring and submitting to the PMSU when necessary, training the project employees on OHS, social incentives, Gender-Based Violence (GDS), Sexual Abuse and Abuse/Sexual Harassment (CSI/CT) and Code of Conduct,

Encourage Project employees to be aware of the Project internal grievance mechanism so they can raise workplace issues and concerns.

MoH PMSU will evaluate these processes, evaluate, report and monitor the data and documents submitted to it.

Health Care Workers

Health care workers will be engaged in the Parent Project as direct workers, as contracted workers (contractors, subcontractors), or civil servants.

Timing of Labor Requirement

The employment of contracted workers will be done after the award of contract.

Characteristics of Labor Force

The PMSU workers, and health care workers are civil servants, whereas medical waste management workers are contracted workers. Employees of sub-contractors will also work in the project.

Assessment of Potential Labor Risks

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

Incidents and accidents that may threaten the health and safety of workers are the potential OHS risks of the project and these potential health and safety risks are listed below;

- Moving objects,
- Slips and trips
- Noise vibration and dust exposure,
- Material handling,

- Unwanted crash,
- Asbestos,
- Electric,
- Traffic-related risks due to increased traffic,
- Risk of injury and illness,
- Limited access to safe drinking water, sanitary and hygienic conditions

Project Activity	Key Labor Risks	Measures
Installation works	Occupational Health and safety risks as following; <ul style="list-style-type: none"> • Moving objects, • Slips and trips • Noise vibration and dust exposure, • Material handling, • Asbestos, • Electric 	<ul style="list-style-type: none"> • The provision of Personal Protective Equipment (PPE), • The training of employees, • The precautions for using equipment, • The implementation of OHS measures and requirements in the ESMF • Occupational Health and Safety (OHS) trainings and toolbox briefings, regular trainings will be given to the employees, including the rules of behavior that indicate the possible risks related to the workplace and the work to be done.
Preparation and implementation of risk communication, community engagement and behavior change, including social distancing measures and associated mitigation strategies.	<ul style="list-style-type: none"> • Inadequate terms and conditions of employment for employees/ consultants, including those relating to hours of work, wages, overtime, etc. 	<ul style="list-style-type: none"> • All subcontractors will declare that they comply with OHS, environmental and social conditions, and will act in accordance with ESMF and related documents, • A code of conduct for all workers will be annexed to their contract, this Code of Conduct covering requirements to include Project requirements will be signed by workers
Installation works	<ul style="list-style-type: none"> - Traffic-related risks due to increased traffic, - Risk of injury and illness, - Limited access to safe drinking water, sanitary and hygienic conditions - 	<ul style="list-style-type: none"> • Appropriate boards and information posters that clearly explain the OHS precautions will be placed at the work sites, and the workers will be informed about the basic rules and regulations to be followed

Project Activity	Key Labor Risks	Measures
		before starting the work and, if necessary, during the working period.
	<ul style="list-style-type: none"> - Emergency issues - Fire and life safety risks 	<ul style="list-style-type: none"> • Risk Evaluation study will be carried out for all works to be done before starting the installation works within the scope of the project. Relevant procedures and plans (including "Emergency Plans") will be put into effect. • The risk assessment for fire and life safety will be assessed during the further phases for transportation, implementation and operation of the Project. For the risk assessment following steps will be considered; • Identify the fire hazards within the Project activities, • Identify the workers at risk • Evaluate and decide the existing fire safety arrangements in order to define that are the measures satisfactory or need improving, • According to the risk assessment and the defined arrangements and measures; inform and train the subcontractors and Project employee on the emergency actions, instructions, • Arrange to regularly review the assessment.

Key Labor Legislation in Türkiye

BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

Types of Employment Contracts

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

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

Wages and deductions

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

Pursuant to Article 34 of Law No: 4857 (Turkish Labor Law) Any worker whose wage is not paid within twenty days as of the date of wage payment except for a force major may abstain from fulfilling his/her working liability. Even if the non-fulfilment of working liabilities for this reason based on personal decisions of workers gains a collective character numerically, this shall not be considered as a strike. The highest interest rate applied for deposits shall be applied for wages not paid on due date.

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

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

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

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

Working hours

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

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

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

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

Periods reckoned as working period

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

- a) The time required for employees employed in mines, stone quarries or any other underground or underwater work to descend into the pit or workings or to the actual workplace and to return there from to the surface.
- b) The periods spent on the way, in cases where the workers are sent by the employer from their workplace to any other places to work.
- c) Free periods of the worker spent at the workplace, being available for working at any moment but waiting for any possible work, without working.
- d) Periods spent by the worker for being sent by the employer to another place, or being made occupied at the house or office of the employer or any place relating to the employer, without performing his/her main job.
- e) The periods of breast-feeding female workers to be specified for breast feeding.
- f) Periods elapsing for collective and regular transport of workers from and to their workplaces which are distant from their settlement area for any kind of work requiring collective transport such as construction, maintenance or repair and modification of railways, roads and bridges (Article 66).

Overtime hours and overtime payment

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

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

Weekly rest day and rest breaks

The employees are allowed to take a rest for a minimum of twenty-four hours (weekly rest day) without interruption within a seven-day time period, provided they have worked up to 45 hours on the days

preceding the weekly rest day. By law, employers do not have the right to deduct this weekly rest from the employees' salaries. Additionally, Article 68 of the Labor Law states that employees are entitled to a rest break, the duration of which varies depending on the working hours. Each employee is entitled to 15 minutes of break for jobs lasting up to four hours; 30 minutes of break for jobs lasting up to 7.5 hours, and one hour of break for jobs lasting more than 7.5 hours. Arrangements for breaks will be made according to the local traditions and requirements of the work.

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

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

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

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

Leaves

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

1 to 5 years (included) - 14 working days

5 to 15 years - 20 working days

15 years (included) or longer - 26 working days

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

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

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

Labor disputes

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

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

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

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

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

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

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

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

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

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

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

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

Legislative Framework

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

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

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

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

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

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

As indicated in Article 6 of the Law, in order to provide occupational safety and health services the employer shall designate workers as occupational safety expert, occupational physician and other health staff, meet the need for means of space and time to help designated people or organizations fulfil their

duties, ensure cooperation and coordination among the occupational safety and health staff, etc. The OHS Law also regulates workers' right to abstain from work in cases of serious or imminent danger. The OHS Law refers to secondary legislation to for a description of further details to ensure an effective implementation of the Law.

Secondary Legislation

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

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

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

Encountering a fatality or an accident with a serious injury

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

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

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

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

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

Occupational accidents referred to health care providers shall be notified to the Social Security Institution 6 within ten days at most and authorized health care providers shall notify the Social Security Institution of the occupational diseases within the same period of time.

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

International Labor Conventions

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

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

Environmental Law and Waste Management

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

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

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

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

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

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

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

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

- i. Quality Standards in Healthcare Facilities: MoH developed Quality Standards in Healthcare Facilities (QSHF) including provisions regarding implementation of appropriate medical waste management practices in accordance with the Regulation on the Control of Medical Waste through the national Regulation on Improvement and Assessment of Healthcare Services (lastly amended in 2017). MoH and the provincial directorates periodically implement performance assessment based on the QSHF. Healthcare facility employees also receive regular trainings including waste management practices, as required by the Law. The medical wastes in Türkiye are managed through sterilization and incineration facilities with sufficient capacity.
- ii. Regulation of Waste Management: The purpose of the Waste Management Regulation is to ensure management without harming the environment and human health from the formation of waste to the disposal, to reduce waste generation, to reuse waste, to recycle, to reduce the use of natural resources and to provide waste management and to determine the general procedures and principles having certain criteria in terms of environment and human health regarding the production of the products covered by this Regulation and the market surveillance and control with basic conditions and features.
- iii. Circular 2020/12 of MoH on COVID-19 Measures in the Management of Personal Hygiene Equipment (such as Single use Masks, Gloves) Wastes²⁸: This circular was published on April 07, 2020 and defines the minimum requirements to be considered in the accumulation,

²⁸ MoEUCC Web Page: <https://webdosya.csb.gov.tr/db/cygm/icerikler/gng2020-16-cov-d-19-20200408101457.pdf>

²⁸ MoH Web Page: https://covid19bilgi.saglik.gov.tr/depo/afisler/Halk/COVID-19_ATIK_YONETIMI_AFIS_A4.pdf

collection, transportation, temporary storage and delivery to waste processing facilities of personal hygiene equipment wastes. The circular clearly defines that waste generated from health facilities should be treated as “medical waste” and be managed accordingly. Also, the waste management guidance of the MoH mentions that; (i) Wastes of a patient possibly or definitely diagnosed COVID-19 are recognized as infectious waste in hospital environment and disposed to medical waste box”, (ii) Wastes of a patient possibly or definitely diagnosed COVID-19 who is monitored at home should be collected separately through the protective preventions required, kept in double bags and disposed to domestic waste box, (iii) The wastes of the contacted individuals (contacted with the patients who have possibly or definitely COVID-19, individuals coming from a country or province where the disease is common) who are observed in collective accommodation places (i.e. dormitory) for 14 days should be disposed to domestic waste bag, (iv) Disposable masks and gloves used for protection in the society should be disposed to domestic waste bag, (v) There is not any information about disposal of the wastes of COVID-19 patients following a certain waiting period in the guidelines of important healthcare organizations including WHO, CDC and ECDC.

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

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

Relevant details on these laws and regulations are provided in Chapter 3, including the extent to which they are up-to-date and capture good international industry practice (“GIIP”). In addition, Chapter 3 of the ESMF as well as the WMPH provided in Annex 5 of the ESMF, also makes reference to the applicable international conventions, and directives for addressing health and safety issues relevant to COVID-19.

Responsible Staff

This section identifies the functions and/or individuals within the Parent Project who will be responsible for managing different issues relating to project workers.

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

One social and one environmental specialists experienced in labor and OHS issues, and World Bank ESF were hired. Some of the technical staff required during the course of the Parent Project and will be assigned internally by MoH, either by means of permanent or temporary basis until the completion of relevant tasks under the Parent Project whilst they undertake their current responsibilities.

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

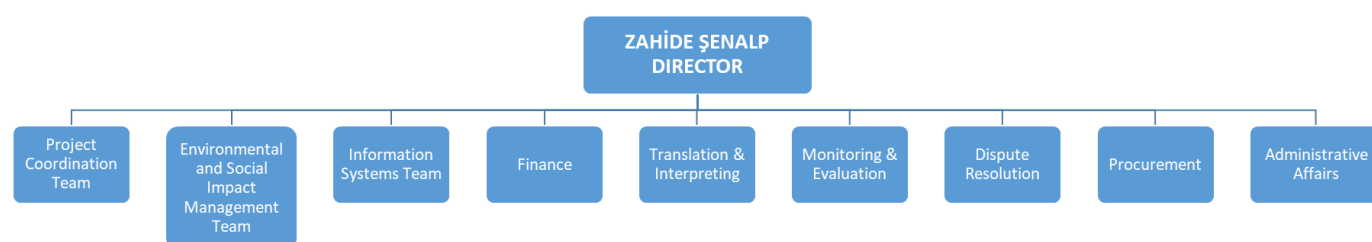


Table below summarizes the roles and responsibilities regarding the implementation arrangements for environmental and social management.

Table: Implementation Arrangements

Activity	Responsible personnel/party
Participation and management of project workers	Social Expert Related Unit Manager
OHS	Health facilities, Laboratories Social Expert Environmental Specialist Related Unit Manager
Monitoring, auditing and reporting of health and safety issues related to the project	Health Facilities Social Expert Environmental Specialist Monitoring and Evaluation Specialist
Involvement and management of contractors/subcontractors, including coordination and reporting arrangements between contractors	Purchasing specialist Related Unit Manager

Activity	Responsible personnel/party
Awareness raising and employee training	Social Expert Environmental Specialist Related Unit Manager Other relevant agents, consultants, consulting companies
Reporting employee grievances to the WB in each project progress period (every three months)	Social Expert Environmental Specialist PMSU
Handling employee complaints	Contact points for Project-Specific SM, Grievance Mechanism of MoH for Healthcare Workers and Internal Stakeholders (Health Meeting Point and Alo 184)

Responsible Personnel. MoH will implement the Project through PMSU (and other relevant departments and MoH general directorates) consisting of professional staff and consultants. PMSU will be responsible for the day-to-day management and coordination requirements of the project, including safeguards.

- The contractor/service provider is responsible for implementing and monitoring the LMP, including the items listed below:
- Keeping records of recruitment and employment process of project employees and contract employees,
- Implementation of workforce management procedures,
- To make the necessary internal monitoring to ensure that occupational health and safety standards are met in the workplaces in line with the national occupational health and safety legislation, WB ESS2 and LMP and to submit to the PMSU when necessary,
- To provide training of project employees on OHS, social incentives, Gender-Based Violence (GDS), Sexual Exploitation and Abuse/Sexual Harassment (CSI/CT) and Code of Conduct, to keep records, monitor and submit to PMSU when necessary,
- Supporting Project employees to be aware of the Project internal grievance mechanism so that they can raise workplace problems and concerns.
- MoH PMSU will evaluate these processes, evaluate the data and documents submitted to it, report and follow up.

Policies and Procedures

Supporting health facilities: All workers

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

- The characteristics of the workers will be assessed prior to engaging them in healthcare works, including those with underlying health issues or who may be otherwise at risk. This will be done by conducting pre-employment health checks.
- Adequate supplies of medical PPE, including gowns, aprons, curtains; medical masks and respirators (N95 or FFP2); gloves (medical, and heavy duty for cleaners); eye protection (goggles or face screens); hand washing soap and sanitizer; and effective cleaning equipment, will be put in place. If relevant PPE cannot be obtained, viable alternatives, such as cloth masks, alcohol-based cleansers, hot water for cleaning and extra handwashing facilities, until such time as the supplies are available, will be considered
- Work tasks will be rearranged or numbers of workers on the worksite will be reduced to allow social/physical distancing, or rotating workers through a 24-hour schedule
- Alternatives to direct contact, like tele-medicine appointments and live stream of instructions, will be put in place.
- Enhanced cleaning arrangements, including thorough cleaning (using adequate disinfectant) of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, common areas, including door handles, floors and all surfaces that are touched regularly, will be put in place
- Cleaning staff will be trained and provided with adequate PPE when cleaning consultation rooms and facilities used to treat infected patients
- Access to psychosocial support based on the needs and availability of such services
- Workers shall quickly inform management of labor issues, such as a lack of PPE, unreasonable overtime, stress and any harassment (ie. physical, psychological and sexual abuse and exploitation) related issues at workplace via the MoH's workers' grievance mechanisms (Saglikta Bulusma Noktasi, Alo184, Provincial Health Directorates). This worker's GRM allows anonymous grievances and has an appeal's process in place, as defined in Chapter 9 of this LMP.

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

AGE OF EMPLOYMENT

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

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

If a child under the minimum age is discovered working on the project, measures will be taken to immediately terminate the employment or engagement of the child in a responsible manner, taking into account the best interest of the child.

TERMS AND CONDITIONS

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

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

The Labor Law prescribes for the work week of 45 hours and limits overtime work to 270 hours annually. Wages for each hour of overtime shall be remunerated at one and a half times the normal hourly rate. All project workers will receive at least one rest day (24 hours) after six consecutive days of work. This rest day will be paid.

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

GRIEVANCE MECHANISM

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

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

-Pursuant to Article 21 of Law No. 657 (Civil Servants Law); Civil servants have the right to file a complaint and file a lawsuit against their institutions. Appeals and complaints (letter of application, petition etc.) are made by submitting the complaints to the next superior in the hierarchy after the employee's direct superior. Applications and complaints are examined and notified to the relevant party as soon as possible.

The complaint must be concluded within 30 days, from date of receipt of the first disciplinary supervisor authorized to decide. Civil Servants who exercise their right to complain cannot be fined for their complaints.

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

The workers' grievance mechanisms include:

- a procedure to receive grievances such as comment/complaint form, suggestion boxes, email, a telephone hotline;
- stipulated timeframes to respond to grievances;
- a register to record and track the timely resolution of grievances;
- a responsible department (DG for Health Promotion) to receive, record and track resolution of grievances:

- a procedure to report grievances related to harassment in the workplace, gender-based violence harassment

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

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

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

1. The process will be transparent and allow workers to express their concerns and file grievances.
2. There will be no discrimination against those who express grievances and any grievances will be treated confidentially.
3. Anonymous grievances will be treated equally as other grievances, whose origin is known.
4. Management will treat grievances seriously and take timely and appropriate action in response.

Information about the existence of the grievance mechanism will be readily available to all project workers (direct and contracted) through notice boards of Health Facilities, the presence of "suggestion/complaint boxes", and other means as needed.

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

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

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

Contractor Management

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

- As part of the bidding/tendering process, specific requirements for certain types of contractors, and specific selection criteria (e.g. for medical waste management, certifications, previous experience)

- Specific procedures and measures dealing with specific risks. For example, for health care contractors: infection prevention and control (IPC) strategies, health workers exposure risk assessment and management, developing an emergency response plan, per MoH

Screening Form

The E&S Screening form which has been provided in the ESMF will be filled by the Subcontractors. Based on the result from the screening, E&S risk management instruments to be prepared / adopted and implemented will be listed in accordance with the Environmental and Social Management Plan in the ESMF.

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

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

Annex 5: Waste Management Plan for Hospitals Template

PURPOSE

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

2. SCOPE

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

3. RESPONSIBLE PARTIES

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

4. DEFINITIONS

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

4.1. DOMESTIC WASTES

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

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

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

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

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

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

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

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

5. DEVICES / MATERIALS USED

Cleaning Materials

Sharp Boxes

Waste Bags

Protective Aprons and Thick Gloves

Waste Containers

Hand Sanitizers

6. INSTRUCTION

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

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

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

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

- 6.2.** The immunity of all staff in charge should be checked against hepatitis B infection, and sensitive personnel should be vaccinated. Tetanus vaccine should be given to staff working in medical waste transportation, storage, and field.
- 6.3.** Doctors, nurses, cleaning staff and other staff should apply to the Hospital Infection Control Committee and the Staff Health Polyclinic in case of injuries due to sharp materials.
- 6.4.** Wastes should be separated at the source. Everything disposed of as medical waste should be considered medical waste and should never be taken back. Therefore, it is very important to separate the waste at the source correctly.
- 6.5.** Hospital staff should put the waste in the correct waste containers. While the medical waste is being collected by the cleaning staff, a patch with the waste source should be put on and the waste should be checked in terms of compatibility with the standards and delivered to the medical waste carrier staff with the 'Waste Tracking Form' under the control of the service nurse. Waste Tracking Form should be signed by the service nurse.
- 6.6.** Medical wastes should be collected between the hours 14.30, 16.30 and 06.00, 07.00 from the services and units and between the hours 14.30 and 16.30 from the polyclinics and moved to the temporary waste storage. After medical wastes are collected from their source, they should never be accumulated or kept, and should be transported to the temporary waste storage immediately. If necessary, the transport time should be adjusted according to the time the waste is collected.
- 6.7.** Wastes should be collected and transported by the personnel wearing ironed, clean and special clothes in orange with cap, mask, goggles, gloves, boots. The special clothes in question should only be worn during collection and transport of waste.
- 6.8.** When medical waste bags and containers for the sharps are filled by $\frac{3}{4}$, the unit should be replaced immediately with the new one by the cleaning staff. It should be ensured that new bags and containers are kept ready at the source of or near the waste.
- 6.9.** Red plastic bags with "CAUTION! MEDICAL WASTE" remark and "International Biohazard" emblem with minimum 10 kilogram carrying capacity, 100 micron double thickness, leak-proof, produced of original medium density polyethylene raw material and with double bottom stitch and without bellows, resistant to tear, puncture, blast and carriage should be used in the collection of wastes.
- 6.10.** The bags should be filled at a maximum of $\frac{3}{4}$, they should not be filled to their opening and their openings should be tightly tied up, and if necessary, each bag should be placed in another bag with the same properties, and strict impermeability should be provided. These bags must never be recycled and reused. The contents of the medical waste bags must never be compressed, removed from the bag, emptied and transferred to another container.
- 6.11.** Medical waste bags should be loaded on the waste transport vehicles with their openings tightened without being compressed and contact with the hand or body should be avoided during the collection and transportation process. Waste bags must never be carried by hand.
- 6.12.** As soon as the waste is removed from the unit, where the waste is generated in the hospital, it should only be transported to the temporary waste storage by means of the elevator used to transport the waste. The waste transportation vehicle should be transported to the temporary waste storage at an area, where the human traffic is not heavy, using the route as far as possible from the areas, where the patients are treated, and other clean areas, areas heavily used by the visitors, hospital staff and patients, and should be delivered to the waste transportation officer and temporary waste storage officer with the 'Waste Tracking Form'.

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

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

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

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

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

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

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

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

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

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

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

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

6.25. Cleaning and disinfection of the compartment where medical waste is placed should be done dry. Medical waste storage should be completely cleaned from wood shavings once a day and wiped with a mop soaked with a 10,000 ppm chlorine tablet. During this cleaning procedure, the ground should certainly not be left wet and should be made ready for use by replacing the wood

shavings on the ground. The mop and trolley used for medical waste storage should only be used for cleaning of medical waste storage and should be kept clean, dry and ready for the next cleaning procedure. After the waste dumped as a result of tearing or puncturing of a bag which contains medical waste is collected and liquid waste spilled is absorbed with a proper absorbent material (wood shavings); it should be placed into a red plastic bag; the compartment, as well as the equipment used, should be immediately disinfected by mopping with water containing 10,000 ppm chlorine tablet; and should be made ready for use by replacing with dry wood shavings. The equipment used should be immediately disinfected after cleaning with water containing 10,000 ppm chlorine tablet, and kept clean, dry and ready for use.

6.26. There should be a ‘DOMESTIC WASTE’ sign on the door of domestic waste storage, and the door should be painted and clean. In the compartment where domestic waste is placed, there should be a drainage system with a grill connected to sewage system and a pressurized water tap for easy cleaning of the compartment. The compartment should be cleaned with water and detergent after the waste is discharged.

6.27. Cleaning equipment, protective clothing, waste bags and containers should be stored in places close to temporary waste storages.

6.28. The staff members working in the temporary waste storage area should wear goggles, masks, caps, gloves, boots, and ironed and clean special clothes in orange while working, and should not use this cloth outside the working area.

6.29. Domestic waste should be removed with the cooperation of the district municipality, and the municipality officers visit the hospital once or twice a day to collect domestic waste.

6.30. Packaging waste should be removed from the hospital with the cooperation of the relevant company (paper products by the relevant company and glass products by the bottle & glass institution). In the hospital, glass products are collected together with packaging waste and removed with the cooperation of the district municipality.

6.31. Medical waste should be removed with the cooperation of metropolitan municipality, the medical waste vehicle of metropolitan municipality visits the hospital twice a month to collect waste, and the waste is delivered to the municipal authorities in the temporary storage area with official reports being kept.

6.32. Radioactive waste is removed in cooperation with the Turkish Atomic Energy Authority.

6.33. Hazardous waste is removed in accordance with the Regulation on Waste Management.

Annex 6: Detailed List of Environmental and Social Agreements, Conventions and Legislation in Türkiye

Topic	Relevant Laws, Regulations, Communiqués And Ordinances
Main	<ul style="list-style-type: none"> • Constitution of the Republic of Türkiye
Environment	<ul style="list-style-type: none"> • Environmental Law No. (Law No: 2872, Date of Ratification: 1983) <p>Environmental Management, Permitting and Planning</p> <ul style="list-style-type: none"> • Municipality Law (Law No: 5393, Date of Ratification: 2005). • Metropolitan Municipality Law (Law No: 5216, Date of Ratification: 2004). • Environmental Auditing Regulation, Official Gazette date: November 21, 2008 and No: 27061. • Environmental Impact Assessment Regulation, Official Gazette date: November 25, 2014 and No: 29186. • Preparation of Spatial Plans Regulation, Official Gazette date: June 14, 2014 and No:29030. • Regulation on Environmental Permit and Licenses, Official Gazette date: September 10, 2014, No: 29115. • Regulation for Starting up and Operating a Work Place, Official Gazette date: August 10, 2005, No: 25902. • Building Earthquake Regulation, Official Gazette date: March 18, 2018, No: 30364. <p>Air Quality Control and Management</p> <ul style="list-style-type: none"> • Regulation Concerning Follow up of Greenhouse Gas Emissions, Official Gazette date: May 31, 2014, No: 29003. • Regulation on the Control of Air Pollution from Heating, Official Gazette date: January 13, 2005, No: 25699. • Regulation on the Control of Exhaust Emissions, Official Gazette date: March 11, 2017, No: 30004. • Industrial Air Pollution Control Regulation, Official Gazette date: December 20, 2009, No: 27277. • Regulation on Assessment and Management of Air Quality, Official Gazette date: June 6, 2008, No: 26898. <p>Energy Efficiency and Climate Change</p> <ul style="list-style-type: none"> • Energy Efficiency Law (Law No: 5627, Date of Ratification: 2007). • Regulation on Decrease of Ozone Depleting Substances, Official Gazette date: April 7, 2017, No: 30031. • Regulation on Increase of Efficiency in the Usage of Energy and Energy Resources, Official Gazette date: October 27, 2011, No: 28097. <p>Noise Control and Management</p> <ul style="list-style-type: none"> • Environmental Noise Control Regulation, Official Gazette date: November 30, 2022, No: 32029. • Regulation on the Environmental Noise Emission caused by Equipment used Outdoors, Official Gazette date: December 30, 2016, No: 26392. <p>Waste Management</p> <ul style="list-style-type: none"> • Regulation of Waste Management, Official Gazette date: April 2, 2015, No: 29314. • Regulation Concerning the Landfill of Wastes, Official Gazette date: March 26, 2010, No: 27533.

Topic	Relevant Laws, Regulations, Communiqués And Ordinances
	<ul style="list-style-type: none"> ● Regulation on the Control of Excavation Materials, Construction and Demolition Wastes, Official Gazette date: March 18, 2004, No: 25406. ● Regulation on the Control of Medical Wastes, Official Gazette date: January 25, 2017, No: 29959. ● Regulation on the Control of Packaging Wastes, Official Gazette date: December 27, 2017, No: 30283. ● Regulation on the Control of Waste Batteries and Accumulators, Official Gazette date: August 31, 2004, No: 25569. ● Regulation on Management of Waste Oils, Official Gazette date: December 21, 2019, No: 30985. ● Zero Waste Regulation, Official Gazette date: July 12, 2019, No: 30829. ● Regulation on the Control of Waste Tires, Official Gazette date: November 25, 2006, No: 26357. <p>Water and Groundwater Management</p> <ul style="list-style-type: none"> ● Groundwater Law (Law No: 167, Date of Ratification: 1960) ● Ordinance on Groundwater Resources, Official Gazette date: August 8, 1961, No: 10875. ● Regulation on Protection of Ground Waters against Pollution and Deterioration, Official Gazette date: April 7, 2012, No: 28257. ● Regulation on the Quality and Treatment of Water Intended for Potable Water Supply, Official Gazette date: July 6, 2019, No: 30823. ● Regulation on Water for Human Consumption, Official Gazette date: February 17, 2013, No: 25730. ● Regulation on the Control of Pollution Caused by Dangerous Substances in Water Environment, Official Gazette date: November 26, 2005, No: 26005. ● Regulation on Pit Opening Where Sewer System Construction is not Applicable, Official Gazette date: March 19, 1971, No: 13783. ● Regulation on Surface Water Quality, Official Gazette date: November 30, 2012, No: 28483. ● Urban Wastewater Treatment Regulation, Official Gazette date: January 8, 2006, No: 26047. ● Regulation on Wastewater Collection and Disposal Systems, Official Gazette date: January 6, 2017, No: 29940. ● Water Pollution Control Regulation, Official Gazette date: December 31, 2004, No: 25687. <p>Nature Protection</p> <ul style="list-style-type: none"> ● National Parks Law (Law No: 2873, Date of Ratification: 1983) ● Land Hunting Law (Law No: 5919, Date of Ratification: 2003) ● Forestry Law (Law No: 6831, Date of Ratification: 1956) ● Law on Soil Protection and Land Use (Law No: 5403; Date of Ratification 2005) ● Pastures Law (Law No: 4342, Date of Ratification: 1998) ● Regulation on Pastures, Official Gazette date: July 31, 1998, No: 23419. ● Regulation on the Protection of Wetlands, Official Gazette date: April 4, 2014, No: 28962. ● Regulation on Procedures and Principles on the Protection of Game and Wild Animals and their Habitats and Combat with their Pests, Official Gazette date: October 24, 2005, No: 25976. <p>Soil Quality Management</p> <ul style="list-style-type: none"> ● Implementing Regulation on Conservation, Use and Planning of Agricultural Land, Official Gazette date: December 9, 2017, No: 30265.

Topic	Relevant Laws, Regulations, Communiqués And Ordinances
	<ul style="list-style-type: none"> Regulation on the Control of Soil Pollution and Polluted Areas by Point Sources, Official Gazette date: June 8, 2010, No: 27605.
Occupational Health and Safety (“OHS”)	<ul style="list-style-type: none"> OHS Law (Law No: 6331, Date of Ratification: 2012) Public Health Law (Law No: 1593, Date of Ratification: 1930) Social Insurances and General Health Insurance Law (Law No: 5510, Date of Ratification: 2006) Communiqué on Hazard Classes List related to OHS, Official Gazette date: December 26, 2012, No: 28509. First Aid Regulation, Official Gazette date: July 29, 2015, No: 29429. Health and Safety Signs Regulation, Official Gazette date: September 11, 2013, No: 28762 (based on EU Council Directive 92/58/EEC dated June 24, 1992). Regulation on the Use of Personal Protection Equipment at Workplaces, Official Gazette date: July 2, 2013, No: 28695 (based on EU Council Directive 89/656/EEC dated November 30, 1989). Regulation on Health and Safety in Fixed Term and Temporary Employment, Official Gazette date August 23, 2013, No: 28744 Regulation on Health and Safety Measures in the Use of Work Equipment, Official Gazette date: April 25, 2013, No: 28628. Regulation on Health and Safety Measures to be taken at Works Involving Chemicals, Official Gazette date: August 12, 2013, No: 28733. Regulation on Methods and Essentials of Work Health and Safety Training for Workers, Official Gazette date: May 15, 2013, No: 28648. Regulation on OHS Services, Official Gazette date: December 29, 2012, No: 28512) Regulation on Radiation Safety, Official Gazette date: March 24, 2000, No: 23999. Regulation on Control of Large-Scale Industrial Accidents, Official Gazette date: December 30, 2013, No: 28867. Management of Chemicals and Other Dangerous Substances Regulation on the Classification, Packaging, and Labeling of Dangerous Substances and Preparations, Official Gazette date: December 11, 2013, No: 28848, repeated. Regulation on the Material Safety Data Sheets for the Dangerous Substances and Preparations, Official Gazette date: December 13, 2014, No: 29204. Regulation on Registration, Evaluation, Authorization and Restriction of Chemicals, Official Gazette date: June 23, 2017, No: 30115.
Cultural Heritage	<ul style="list-style-type: none"> Protection of Cultural and Natural Heritage Law (Law No: 2863, Date of Ratification: 1983)
Labor	<ul style="list-style-type: none"> Labor Law (Law No: 4857, Date of Ratification: 2003) Law on Private Security Services (Law No: 5188, Date of Ratification: 2004) Regulation on the Implementation of the Law on Private Security Services, Official Gazette date: September 26, 2009, No: 27358.
Land Acquisition	<ul style="list-style-type: none"> Expropriation Law (Law No: 2942, Date of Ratification: 1983)
Grievance Redress	<ul style="list-style-type: none"> Civil Law (Law No: 4721, Date of Ratification: 2001) Law on the Right to Information (Law No: 4982, Date of Ratification: 2003) Law on the Use of Right to Petition (Law No: 3071, Date of Ratification: 1984)
International Agreements and Conventions	<ul style="list-style-type: none"> Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal Bern Convention on Protection of Europe’s Wild Life and Living Environment

Topic	Relevant Laws, Regulations, Communiqués And Ordinances
	<ul style="list-style-type: none"> • Convention on International Trade in Endangered Species of Wild Flora and Fauna (“CITES”) • Convention on Long-range Transboundary Air Pollution • European Convention on the Protection of the Archaeological Heritage • European Landscape Convention • International Convention for the Protection of Birds • Montreal Protocol on Substances that Deplete the Ozone Layer • Paris Convention on the Protection of the World Cultural and Natural Heritage • Ramsar Convention on Wetlands of International Importance Especially as Wildfowl Habitat • Stockholm Convention on Persistent Organic Pollutants • United Nations Convention to Combat Desertification in Countries Experiencing Serious Drought and/or Desertification, Particularly in Africa • United Nations (“UN”) Framework Convention on Climate Change (Kyoto Protocol) • UN (Rio) Convention on Biological Diversity • Vienna Convention on the Protection of the Ozone Layer • International Labour Organization (“ILO”) Occupational Safety and Health Convention • Occupational Health Services Convention • Labor Inspection Convention • Promotional Framework for Occupational Safety and Health Convention • Worst Forms of Child Labor Convention

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