

# Republic of The Gambia



## Ministry of Health

### **Gambia COVID-19 PREPAREDNESS AND RESPONSE PROJECT (P173798)**

#### **ENVIRONMENTAL AND SOCIAL MANAGEMENT PLAN (ESMP) For Medical Equipment and Supplies**

**Draft 18 May 2020**

## 1. Introduction and Background

This Environmental and Social Management Plan (ESMP) is developed to manage the potential environment and social risks for **Distribution of Medical Equipment and Supplies** financed by the World Bank Group Fast Track COVID-19 Facility (FCTF) to Gambia's COVID-19 Emergency Response Project (P173798)<sup>1</sup>. The Ministry of Health (MOH) is implementing the Project which was approved by the World Bank Board on April 2, 2020 and was effective on 3 April 2020. It is noted that the MOH has generated this ESMP from the contents of the still to be completed ESMF that is scheduled to be formally submitted to the World bank in June 2020.

The Government of The Gambia has developed a National COVID-19 Preparedness and Response Plan (COVID-19). The COVID-19 Plan focuses on scaling-up and strengthening all aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilization, psychosocial as well as logistics and safety. The National Health Emergency Committee (NHEC) oversees the overall coordination and implementation of the COVID-19 Plan. The implementation is in line with other regional projects such as Regional Disease Surveillance Systems Enhancement (REDISSE) and Africa Centers for Disease Control and Prevention (CDC).

Building on global experience, the Project's design follows the cross-sectoral One Health Approach within the framework of a Fast Track COVID-19 Response Program, focusing on both short-term rapid-response needs and longer-term actions to strengthen the capacity of health systems to respond to new public health emergencies. The Project draws upon lessons learned from past WBG responses to Avian and Human Influenza in 2006-2010. Swift detection of an outbreak, assessment of its epidemic potential and rapid emergency response can reduce avoidable mortality and morbidity and mitigate the economic, social, and security impacts. Failure in the rapid mobilization of financing and coordination of response results in unnecessary casualties and adverse socioeconomic consequences.

This COVID-19 ESMP follows World Bank Environmental and Social Framework mandates defined in three documents previously issued: Environmental and Social Review Summary (ESRS)<sup>2</sup>, Environmental and Social Commitment Plan (ESCP)<sup>3</sup>, and the Stakeholder Engagement Plan (SEP)<sup>4</sup>. As part of the World Bank support, the Ministry of Health developed this ESMP as well as the full ESMF which is being finalized.

### 1.2 Objectives of the ESMP and the Full ESMF

The objective of this ESMP is to assess and mitigate potential negative environment and social (E&S) risks and impacts of the **Purchase and Distribution of Medical Equipment and Supplies** consistently with

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<sup>1</sup> This Project is part of the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) with a financing envelop of \$US2.7 billion IBRD and \$1.3 billion from IDA Crisis Response Window approved by the Board on March 17, 2020. The MPA Program development objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

<sup>2</sup> <http://documents.worldbank.org/curated/en/529861585162707149/Appraisal-Environmental-and-Social-Review-Summary-ESRS-The-Gambia-COVID-19-Preparedness-and-Response-Project-P173798>

<sup>3</sup> <http://documents.worldbank.org/curated/en/680291585230449529/Environmental-and-Social-Commitment-Plan-ESCP-The-Gambia-COVID-19-Preparedness-and-Response-Project-P173798>

<sup>4</sup> <http://documents.worldbank.org/curated/en/795671585162699097/Stakeholder-Engagement-Plan-SEP-The-Gambia-COVID-19-Preparedness-and-Response-Project-P173798>

the Environmental and Social Standards (ESSs) of the World Bank Environmental and Social Framework (ESF).

Specific objectives of the full ESMF are to: (a) assess the potential E&S risks and impacts of the Project and propose their mitigation measures; (b) establish procedures for the E&S screening, review, approval, and implementation of activities and subprojects; (c) specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring E&S issues/ concerns 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.

The ESMF under preparation provides principles and specific process and technical guidance to the Project implementing agencies and their consultants to assess the E&S risks and impacts of the Project activities, including ensuring that individuals or groups who, because of their particular circumstances, may be disadvantaged or vulnerable, have access to the development benefits resulting from the Project. This ESMF is connected to the Stakeholder Engagement Plan (SEP) and other specific plans (such as ESCP, LMP, ESHS, etc.) that have been or to be prepared for the Project. This ESMF will be applied to all activities (works, good/services, technical assistance and research activities) to be financed by the Project and/or its subprojects.

## 2. Project Description

With a total cost of approximately \$10 million, The COVID-19 Response and Preparedness Project seeks to prevent, detect and respond to the threat posed by COVID-19 and strengthen national system for public health preparedness. The project consists of four components discussed below.

### **Component 1: Emergency COVID-19 Response (US\$4 million equivalent)**

A number of activities are proposed covering **case detection, confirmation, tracing, recording and reporting** through: (a) strengthening disease surveillance systems; (b) strengthening the capacity of the Public Health Emergency Operation Center (PHEOC); (c) combining detection of new cases with active contact tracing locally and at various points of entry; (d) providing on-time data and information for guiding decision-making, response and mitigation activities; (e) strengthening the health management information system to facilitate recording and on-time virtual sharing of information; (f) developing a public health emergency plan; and (g) implementing the Recipient's health care waste management plan including and establishing disposal systems such as non-incineration cluster treatment in health facilities.

Significant efforts are also directed at **supporting social distancing measures** through: (a) developing and implementing guidelines related to social distancing measures; (b) developing and production of risk communication and community engagement materials; (c) community engagement and social mobilization of target audiences; (d) operationalizing existing or new laws and regulations on social distancing measures; and (e) supporting preventative actions complementary to social distancing including the promotion of personal hygiene; the promotion of handwashing and proper cooking; the distribution and use of masks, and the promotion of community participation in slowing the spread of the pandemic.

This component will also contribute to: i) strengthening the **supply chain management system**; ii) developing a 2021-2023 **national emergency preparedness plan** anchored in 2021-2025 national health

sector strategic plan; iii) capacity building for strengthening the national results-based financing program; and iv) finalizing the *essential healthcare package* and improving quality of care.

### **Component 2: Strengthening Multi-sector, National Institutions and Platforms for Policy Development**

The project will provide support to strengthen national public health preparedness using the one health approach. This will require information systems to be established with proper equipment and logistics support for a functional e-surveillance system for all hazards and emergencies at all levels to be in place.

### **Component 3: Supporting National and Sub-national, Prevention and Preparedness**

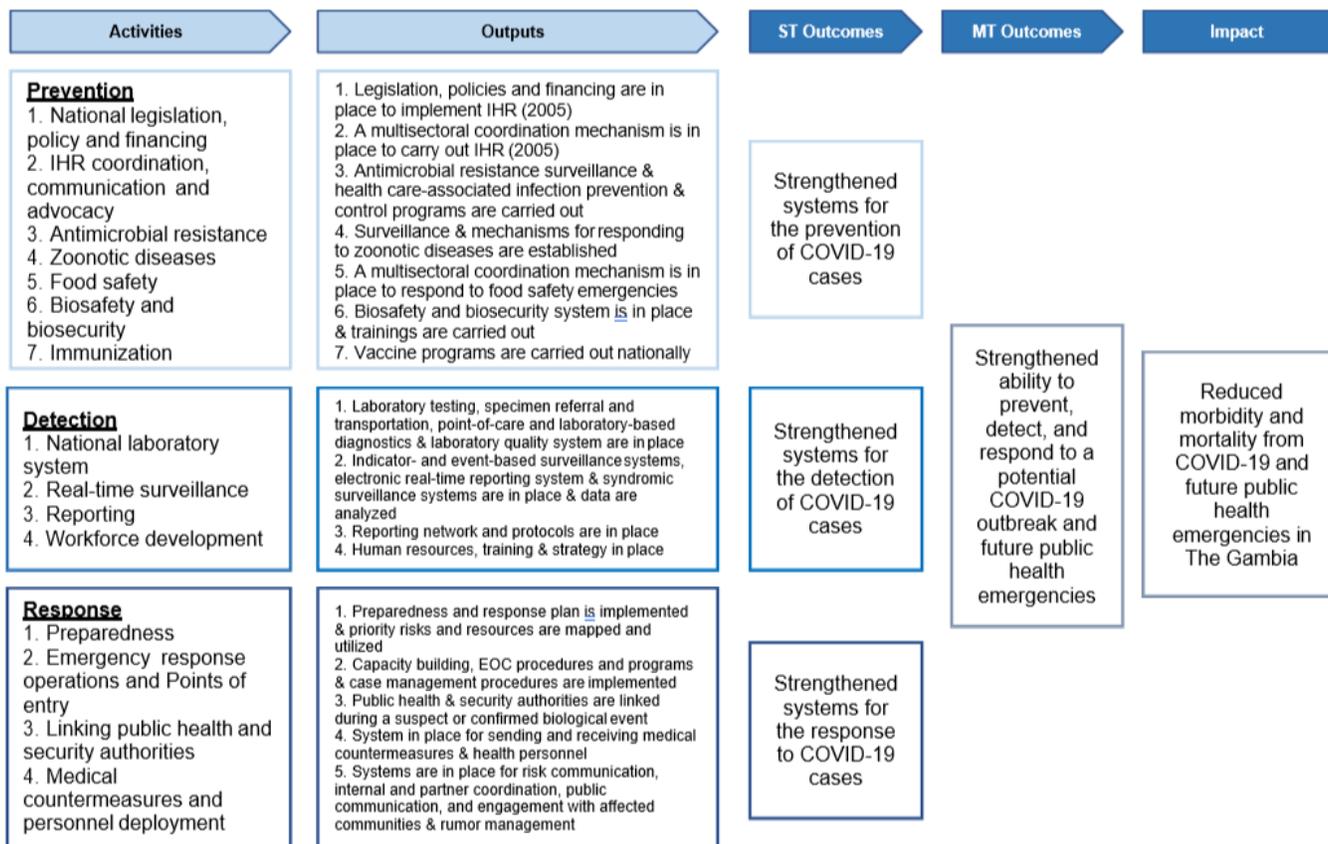
This component will involve activities to support the collection, packaging, transportation and testing of COVID-19 samples to the WHO recommended laboratories inside and outside the country. Capacity of medical laboratories will be strengthened for provision of full hematology, biochemistry, microbiology and other critical services. In addition, provision of critical consumables, reagents, PPEs such as gloves, surgical mask, respirator, eye protection and isolation gowns to health workers for their safety is prioritized. Other infection prevention and control materials (including detergents and disinfectants, and safety/sharp boxes), and other equipment stock for emergencies will be procured. Ambulances, motorcycles, and cargo trucks will be acquired to support the emergency operations and transportation of biological surveillance samples and blood products. Training to medical and veterinary laboratory personnel on handling highly specialized PPE and testing of hazardous biological samples efficiently and effectively are also included. In addition, construction of both the National Emergency Treatment Centre and the National Public Health Laboratory and Training Centre (near Brusibi on the costal road) will be financed under this component.

### **Component 4: Implementation Management and Monitoring and Evaluation**

The MoH Project Coordination Unit (PCU) is coordinating project activities, as well as fiduciary tasks of procurement and financial management (FM). Capacity building is ongoing for the PCU and the MoH for day to day implementation, coordination, supervision and overall management (including, fiduciary aspects, M&E, carrying out of audits and reporting) of project activities. This capacity will be provided through technical advisory services, training, operating costs, non-consulting services and acquisition of goods. A Senior Operations Officer has been recruited to support project implementation including, inter alia, a) assist the MoH Environmental and Social Safeguards focal points to implement the Environmental and Social Commitment Plan and help ensure the project is carried out in accordance with the Environmental and Social Standards; b) develop and follow-up with the implementation of the project operations manual; and c) prepare project reports.

The MOH following WHO guidance and recommended practices has a strategic vision to address this COVID-19 emergency for the short, medium and longer term. The above project activities are designed to accomplish these targets as illustrated in figure 1.

Figure 1.1 The Gambia COVID-19 Results Chain



### 3. Policy, Legal and Regulatory Framework

Key Gambian policies and legislation governing this project are:

#### Policies

- Gambia Environment Action Plan, GEAP (2009-2018)
- National Energy Policy (2014 – 2018)
- Forestry Policy (2010-2019)
- Wildlife Sector Policy (2013 – 2020)
- National Health Policy (2012-2020)
- National Climate Change Policy (2016 – 2025)
- Gambia National Gender & Women Empowerment Policy (2010– 2020)
- National Youth Policy (2009 – 2018)
- National Strategic Environmental Assessment Policy (2017- 2021)

#### Acts and Regulations

- Labour Act, 2007
- National Environment Management Act, NEMA, 1994
- Environmental Impact Assessment Regulations, 2014
- The Forest Act, 1998
- The Anti-littering Regulations, 2007
- Local Government Act, 2002

- State Lands Act, 1990 (Amended 2008)
- Land Acquisition & Compensation Act, 1990
- Physical Planning and Development Control Act, 1991
- Development Control Regulations, 1995
- Public Health Act, 1990
- The Gambia Roads and Technical Services Authority Act, 2003

**International policies and treaties ratified by The Gambia that are most relevant to this project include:**

- Stockholm Convention on Persistent Organic Pollutants (POPs) 2004
- UN Framework Convention on Climate Change (UNFCCC) 1994

Relevant institutions to be involved in the implementation and monitoring of the ESMF are:

- Ministry of Health and Social Welfare (MoH&SW)
- National Environment Agency (NEA)
- Ministry of Environment, Climate Change and Natural Resources (MECCNAR)
- National Water and Electricity Company (NAWEC)
- Public Utilities Regulatory Authority (PURA)
- Ministry of Lands and Regional Government (MoLRG)

Highlights and specific aspects of these pertinent laws/requirements are available the full ESMF annexes.

**Environmental Assessment, Review and Permitting**

Although several public institutions have responsibility in managing the environment in The Gambia the National Environment Agency (NEA) is the lead agency responsible for environment policy formulation and coordination of all environment related activities.

Established in 1994 through the National Environment Management Act (NEMA) 1994, the National Environment Agency (NEA) has the responsibility to implement the GEAP and oversee the EIA. The Act provides for the establishment of the National Environmental Management Council (NEMC) which oversees environmental policies, environmental standards, guidelines and regulations proposed by the NEA and the Technical Advisory Committee (TAC). NEMA also established two other institutions involved in EIA process: the National Environmental Management Council (NEMAC) and the Technical Advisory Committee (TAC).

All projects likely to have significant environmental impacts are obliged by the Environmental Act to carry out an EIA prior to authorisation. Legislation stipulates that it is NEA's role to coordinate, assess, control and evaluate the utilization of the natural resources of the country, and in doing so, to promote their preservation and rational use. It should also coordinate the activities in the area of environment, in order to ensure the integration of environmental variables in the process of planning and managing socio-economic development.

In the environmental management of the construction of both the national reference laboratory and emergency treatment center, the NEA will be responsible for giving the final approval of environmental assessments and certifying the compliance of the proposed activities with Gambia's environmental protection legislation. This process will include the following:

- Review, evaluate, and approve submitted EIA in collaboration with other concerned ministries; and
- Monitor to ensure that the MOH and its contractors satisfactorily implements the Environment Management Plan (EMP) throughout pre-construction, construction and operational phases of the projects.

Important procedures regarding EIA screening and associated obligations are presented in full ESMF Annexes.

### **Infection Prevention and Control and Health Care Waste Management**

The Ministry of Health (MOH) is responsible for providing the legal framework managing environmental and social risks in the health sector and develop various instruments to address priority Health issues. These instruments include the National Health Policy, the Health Sector Strategic Plan, the Health Care Waste Management Plan and the Healthcare Waste Management Policy<sup>5</sup>. The national health policy emphasizes the provision of preventive, promotive, curative and rehabilitative services, and is buttressed by the HCWM Policy which specifically highlights HCWM as a priority. The HCWM plan then defines in a clear and precise way the roles, responsibilities and field competencies of actors involved in HCWM, outlining the processes of HCW collection, transportation, storage and treatment. The plan sets out the health promotion and prevention actions that can be used to prevent diseases and injuries that can be caused by poorly managed HCW.

To operationalise the HCWM plan, the Ministry of Health has developed Health Care Waste Management – Standard Operating Procedures (HCWM SOP). The SOP has been designed as a means of accomplishing what is embodied in the HCWM policy and plan. It provides instructions on how to carry out the policy expressed in the plan and communicates who will perform the task, what materials are necessary, where the task will take place, when the task shall be performed, and how the responsible person will actually execute the task. The SOP covers all the relevant activities that are necessary to manage any HCW that can be generated from any Health Care Facility. It traces the activities from “cradle to grave”.

Health Care Waste Management has been developed by the MOH (detailed above for use by health care facilities) in handling and disposal of health care waste. Additional guidelines on injection safety have also been developed by the MOH to provide specific guidance to health care facilities on the distribution, use, collection and safe destruction of disposable syringes and safety boxes. Training on the HCWM has been provided to health facility staff in 5 of the 7 health regions that implemented the World Bank-financed Maternal and Child Nutrition and Health Results Project (MCNHRP; P143650). Potential risks to environmental and human health associated with hospital wastes, particularly hazardous chemical and infectious wastes are well-defined. The MOH is also incorporating WHO COVID-19 guidance taking a proactive role in addressing COVID-19 Prevention, Surveillance, Case Management and Risk Communication and Community Engagement. Current updates are available in joint MOH/WHO COVID-19 Outbreak Situation Reports<sup>6</sup> issued by the Epidemiology and Disease Control Unit. In

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<sup>5</sup> The Gambia - National Health Care Waste Management Standard Operating Procedure, 2015  
<http://documents.worldbank.org/curated/en/764301468024555870/National-health-care-waste-management-standard>

<sup>6</sup> The Gambia COVID-19 Outbreak Situational Report, [http://www.moh.gov.gm/wp-content/uploads/2020/05/Gambia\\_COVID-19\\_Sitrep-01-05-2020.pdf](http://www.moh.gov.gm/wp-content/uploads/2020/05/Gambia_COVID-19_Sitrep-01-05-2020.pdf)

collboartion with UNFPA a social media campaign provides key messages on COVID-19 prevention measures in Mandika, Wollof, Fula and Jola<sup>7</sup>. In addition, the UN Risk Communication and Community Engagement Committee supported the Ministry of Health in producing TV and radio spots in local languages and are currently being disseminated on TV and radio stations across the country. Paradise foundation is also supporting the MOH in producing social media awareness videos that are being disseminated on MOH social media pages.

### Applicable World Bank Environmental and Social Standards

The Environmental and Social risk is classified as ‘Substantial’ for the Project. Five of the ten Environmental and Social Standards (ESSs) of the WB’s Environmental and Social Framework (ESF) have been screened as relevant. The screening of social risks and impacts is based on discussion with the task team and consultations with MOH. The Project is not expected to impact natural habitats or cultural sites. In addition, all activities financed through the project are subject to the World Bank Group Environmental, Health and Safety (EHS) Guidelines (see Annex 4 Resources) including those on “healthcare facilities”, “waste management”, “hazardous materials management”, and “construction and decommissioning”.

<b>Relevant Environmental &amp; Social Standard</b>	<b>Required Measures and Actions</b>
<b>ESS1 Assessment and Management of Environmental and Social Risks and Impacts</b>	<p>Ministry of Health (MOH) shall establish and maintain assigned departments/institutes with qualified staff and resources to support the management of ESHS risks and impacts of the Project including environmental and social risk management specialists.</p> <p>The Environmental and Social Management Framework (ESMF) shall be prepared within 60 days after the project effectiveness.</p> <p>Infection Prevention and Control and Waste Management Plan (IPC&amp;WMP) acceptable to the Association will be prepared before beginning the relevant Project activities.</p>
<b>ESS2 Labor and Working Conditions</b>	<p><b>Labor Management Procedures (LMPs)</b> for the project will establish how project workers will be managed in accordance with the requirements of national laws and legislation. The LMP will contain terms and conditions of employment, nondiscrimination and equal opportunity, and establishing/managing worker’s organizations for construction companies. Restrictions on child labor and forced labor are also to be included. The LMP will include measures to ensure that labor is provided on a voluntary basis. It will also have the proper considerations for the COVID-19 situations. This ESMP includes measures for working conditions, Occupational Health and Safety (OHS), grievance redress and Sexual Exploitation and Abuse/ Sexual Harassment (SEA/SH) and Violence Against Children (VAC).</p> <p><b>Occupational Health and Safety (OHS) measures</b> to ensure the health and safety of workers, especially women, are given adequate attention in line with the ESMF, LMP, IPC&amp;WMP. WHO guidelines on COVID19 shall be established and complied in all facilities, including laboratories, quarantine and isolation centers, and screening posts.</p> <p>A <b>Grievance Redress Mechanism</b> for workers and the roles and responsibilities for monitoring such workers shall be established within MOH</p> <p>Provisions to prevent <b>SEA/SH and/or VAC</b>, including Code of Conduct for PCU’s staff and contracted workers in line with relevant national laws and legislation shall be included at the project’s LMP, adopted and applied under the project.</p>

<sup>7</sup> [https://www.youtube.com/watch?time\\_continue=6&v=zYrLrhFXVwQ&feature=emb\\_title](https://www.youtube.com/watch?time_continue=6&v=zYrLrhFXVwQ&feature=emb_title)

<b>ESS3 Resource Efficiency and Pollution Prevention and Management</b>	<p><b>IPC&amp;WMP</b> acceptable to the Association will be prepared before beginning the relevant Project activities</p> <p><b>Site Environmental and Social Management Plans</b> will be required for rehabilitation and new construction by contractors.</p>
<b>ESS4 Community Health and Safety</b>	<p>Precaution measures in line with the ESMF, IPC&amp;WMP and WHO guidelines on COVID19 shall be put in place to prevent or minimize the spread of the infectious disease/COVID-19 from laboratories, quarantine and isolation centers and screening posts to the community.</p> <p>The quarantine and isolation centers will also ensure that communities, COVID-19 patients and their families are treated with respect and dignity, in reference to infrastructure, accommodation and supplies, and communication.</p> <p>The project will put in measures to avoid any form of Sexual Exploitation and Abuse/Harassment (SEA/H) by following the WHO Code of Ethics and Professional conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and adequate light in quarantine and isolation centers.</p> <p>Also, special attention will be given to remote and border areas.</p>
<b>ESS10 Stakeholder Engagement and Information Disclosure</b>	<p>The government will ensure there is adequate public outreach/communications on the distribution of medical equipment and supplies.</p> <p>A draft <b>Stakeholder Engagement Plan (SEP)</b> including a <b>Grievance Mechanism</b> shall be prepared, consulted and disclosed.</p> <p>The SEP shall be updated throughout project implementation.</p> <p><b>Grievance Mechanism</b> shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Association.</p>

The Environmental and Social Review Summary (ESRS) was prepared by the Bank covering all environmental and social risks and impacts as well as measures to manage these risks and impacts in alignment with the World Bank ESSs. The Environmental and Social Commitment Plan (ESCP) has been prepared to ensure adequate budget, staffing and operational arrangements for Project E&S risk management. The appraisal Stakeholder Engagement Plan (SEP) was also prepared describing a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle recognizing the need for an effective and inclusive engagement with all of the relevant stakeholders and the population at large. Considering the serious challenges associated with COVID-19, dissemination of clear messages around social distancing, high risk demographics, self-quarantine, and, when necessary, mandatory quarantine is critical.

Meaningful consultation, particularly when public meetings are counter to the aims of the SEP, and disclosure of appropriate information assume huge significance for ensuring public health and safety from all perspectives – social, environmental, economic, and medical/ health. In this backdrop, the project has prepared a SEP which serves the following purposes: (i) stakeholder identification and analysis; (ii) planning engagement modalities viz., effective communication tool for consultations and disclosure; and (iii) enabling platforms for influencing decisions; (iv) defining roles and responsibilities of different actors in implementing the Plan; and (iv) a grievance redress mechanism (GRM). Provisions have been included to reach and meaningfully engage vulnerable and disadvantaged groups (elderly, children, poor households, ethnic minorities, resident in rural areas, disabled, SOGI etc.).

The SEP also outlines the Project team’s communication process and includes a mechanism for people to raise concerns, provide feedback, or make complaints about project and any activities related to the project. MOH has incorporated the WHO guidance on Risk Communication and Community Engagement and on preventing and addressing social stigma associated with COVID-19. The Grievance Redress

Mechanism (GRM) is summarized in the full ESMF and will be further detailed in the revised SEP as additional communication with affected and interested stakeholders unfolds.

#### **4. Potential Environment and Social Risks and Impacts and Mitigation for Procurement and Distribution of Medical Equipment and Supplies**

To provide an early screening and understanding of national and World Bank environmental and social due diligence requirements, a three-tiered classification system is part of the full ESMF. The purpose of this screening is to: (i) determine whether activities are likely to have potential negative environmental and social risks and impacts; (ii) identify appropriate mitigation measures for activities with adverse risks or impacts; and (iii) incorporate mitigation measures into implementation of the activity.

To facilitate rapid screening, all Gambia COVID-19 activities are classified as Tier 1, Tier 2 or Tier 3 based on the list of Project components. Tier 1 activities have low or no E&S risk or impact, as determined using the checklist to confirm they are Tier 1. These activities can proceed with all procurement and approvals immediately applying specific environmental and social management provisions as indicated in the table under risks and impacts and mitigation measures.

Tier 2 activities that have moderate to low E&S risks and impacts are NOT included in this ESMP and will be managed through provisions described in detail in the full ESMF being prepared for the project. These Tier 2 activities include upgrading medical facilities such as laboratories and isolation centers and screening posts.

Tier 3 activities are more complex, include construction of two complexes. These will be designed in the early stage of the project with detailed bidding documents drafted during later implementation stages. Appropriate ESS measures will be required for these subprojects and are also NOT addressed in this ESMP but will be described in the full ESMF being prepared for the project.

The MOH Projects Coordination Unit must first confirm that the proposed activities and subprojects are NOT on the Prohibited List in Table 4.2 and verifies the preliminary environmental and social screening of proposed activities by using the E&S risk and impacts classification checklist in Tables 4.1. The PCU has verified the preliminary environmental and social screening of proposed procurement for **medical supplies and equipment** by using the E&S risk and impacts classification checklist in Tables 4.1 and 4.2.

The PCU has confirmed that the activities financed under the project are NOT on the Prohibited List in Table 4.2. The procurement of drugs, supplies and medical equipment have limited, if any, impacts and are classified as Tier 1 activities. In this ESMP, only Tier 1 activities are listed. Tier 1 activities have low or no E&S risk or impact, as determined using the checklist to confirm they are Tier 1. A detailed list of these supplies and equipment are provided in the Annex. These activities, all screened as Tier 1 activities, can proceed with all procurement and approvals immediately applying specific environmental and social management provisions as indicated in the table 4.1 under risks and impacts and mitigation measures. Environmental and Social Codes of Practice (ESCP) checklists, which draw on the requirements of the ESF, Good International Industry Practice (GIIP), and WHO and Centers for Disease Control protocols, are included in this ESMP to guide appropriate measures for managing environmental and social risks and impacts. The appropriate mitigation measures for both Group A and Group B Tier 1 activities are detailed in the ESCOP checklists found at the end of this document.

The full ESMF ESCP checklists cover 5 major themes that include current COVID-19 OHS, waste management and labor management measures applicable to these activities following WHO and GIIP, World Bank guidance and national requirements. For this ESMP the following ESCOP checklists apply:

- Checklist 1. Exposure at Health Care Facility
- Checklist 2. Waste Management Procedures
- Checklist 3. Codes of Conduct

**Table 4.1: Indicative Screening Guidance for list of Medical Equipment and Supplies**

Goods & Supplies – Tier 1	Risks and Impacts and Mitigation Measures*
<p><b><u>GROUP A</u></b></p> <ul style="list-style-type: none"> <li>• <b>Intensive Unit Care Equipment</b> - 1 ultrasound scanner (handheld), 20 ventilators, 10 multi parameter patient monitors, 1 biphasic defibrillator, and 2 ECG machines</li> <li>• <b>Ecosteryl Model 250 Shredder Waste Treatment Machines</b></li> <li>• <b>Non-perishable foods, bottled water and containers</b></li> <li>• <b>Gasoline and diesel</b> and engine lubricants</li> <li>• <b>Spare Parts, Equipment and Supplies</b> for engines, transport, construction vehicles</li> <li>• <b>Lease/Purchase of vehicles</b> (ambulances, motorbikes, medical waste disposal trucks, 15 ton cargo trucks and SUVs)</li> <li>• <b>Tools and Construction Supplies</b> (roofing, cement, iron, stone, blocks, etc.)</li> <li>• <b>IT, Communications and Broadcasting</b> equipment and supplies for (billboards, posters, radios, antennas, batteries)</li> <li>• <b>Cargos, equipment to allow Mobilization to Rural Sites</b></li> <li>• <b>Equipment and Supplies (Points of Entry)</b> <ul style="list-style-type: none"> <li>- gas stoves, utensils, tents, beds, sleeping bags, mattresses, blankets, hammocks, mosquito nets, kit of personal and family hygiene, etc.</li> </ul> </li> <li>• <b>Furniture Acquisition</b></li> <li>• <b>Network Installation</b></li> </ul> <p><b><u>GROUP B</u></b></p> <ul style="list-style-type: none"> <li>• <b>Medical Supplies</b> <ul style="list-style-type: none"> <li>- rehydration fluids, antibiotics, drugs, medicines, vaccines, antivirals, safety/sharp boxes</li> </ul> </li> <li>• <b>Medical Equipment PCR Machine</b> <ul style="list-style-type: none"> <li>- ventilators, respiratory care equipment, IV pumps, referral equipment, isolation area equipment</li> </ul> </li> <li>• <b>Diagnostic and Test Kits</b></li> <li>• <b>Morgue Packs</b></li> <li>• <b>Hematology Systems</b></li> <li>• <b>Chemistry Systems</b></li> <li>• <b>Microbiology Systems</b></li> <li>• <b>Cleaning Supplies</b> including hand hygiene and disinfectants</li> <li>• <b>Personal Protective Equipment (PPE)</b> stockpiles, including masks, eye protection, gowns and gloves, respirators,</li> <li>• <b>Laboratory Supplies</b></li> </ul>	<p><b><i>GROUP A - None</i></b></p> <p><b><i>GROUP B - Low</i></b></p> <ul style="list-style-type: none"> <li>• Follow appropriate recommended good international industry practice for collection and disposal</li> <li>• Apply ESCOP Checklist 1 Exposure at Health Care Facility</li> <li>• Apply ESCOP Checklist 2 Waste Management Procedures</li> <li>• Apply ESCOP Checklist 3 Codes of Conduct</li> <li>• IPC&amp;WMP</li> <li>• LMP</li> <li>• SEP</li> </ul>

\*\*Key OHS, waste management and labor management measures applicable to these activities follow GIIP, World Bank guidance and national requirements. The checklists are found in the Annex and additional useful resources and protocols are included in full ESMF Annexes.

**Table 4.2: Prohibited Activities\***

- Activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly.
- Activities that could adversely affect forest and forest health.
- Activities that could affect sites with archaeological, paleontological, historical, religious, or unique natural values.
- Activities that will result in the involuntary taking of land, relocation of households, loss of assets or access to assets that leads to loss of income sources or other means of livelihoods, and interference with households' use of land and livelihoods.
- Activities that have a high probability of causing serious adverse effects to human health and/or the environment.
- Activities that may have significant adverse social impacts and may give rise to significant social conflict
- Use of goods and equipment on lands abandoned due to social tension / conflict, or the ownership of the land is disputed or cannot be ascertained.
- Activities that may affect land rights or rights of any vulnerable communities.
- Use of goods and equipment to demolish or remove assets, unless the ownership of the assets can be ascertained, and the owners are consulted.
- Uses of goods and equipment involving forced labour, child labour<sup>8</sup>, or other harmful or exploitative forms of labour.
- Uses of goods and equipment for military or paramilitary purposes;

\* List developed from ESCP and general COVID-19 exclusions

These 3 ESCOP checklists are attached at the end of this report. More details around these provisions and specific ESS alignment is highlighted below.

### **Environmental, Health and Safety**

Under Gambia's NEMA and environmental assessment requirements, an environmental assessment is not required for any of these Tier 1 activities. However, medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the labs, quarantine, and screening posts to be supported (drugs, supplies and medical equipment) are of concern due to potential risk on the environment and human health. Wastes that may be generated from medical facilities and labs could include liquid contaminated waste, chemicals, and other infectious hazardous materials, and other waste from labs and quarantine and isolation centers including sharps, used in diagnosis and treatment. Each medical facility/lab, following the requirements of the full ESMF, will prepare an IPC&WMP to prevent or minimize such adverse impacts based on WHO COVID-19 guidance documents, and other best international practices. The IPC&WMP will mandate that how waste associated with COVID-19 testing or treatment will be managed including appropriate incineration on sites. It will also contain strict protocols for disinfecting and packing such waste for further disposal. The full ESMF also includes guidance related to transportation and management of samples and medical goods or expired chemical products, as well as small scale rehabilitation activities.

The project will ensure the application of OHS measures as outlined in the full ESMF's Labor Management Procedures (including ESMP and Infection Prevention and Control Plan) noted under ESS1 as well as WHO guidelines. This encompasses procedures for entry into health care facilities, including minimizing visitors and undergoing strict checks before entering; procedures for protection of workers in relation to infection control precautions; provision of immediate and ongoing training on the procedures to all categories of workers, and post signage in all public spaces mandating hand hygiene and PPE; ensuring adequate supplies of PPE (particularly facemask, gowns, gloves, handwashing soap and sanitizer); and overall ensuring adequate OHS protections in accordance with General EHSs and

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<sup>8</sup> This refers to any activity in which minors of an age below the national age for legal employment are likely to be employed or engaged or any activity where minors are engaged in activities which are prohibited or considered to be hazardous.

industry specific EHSs and follow evolving international best practice in relation to protection from COVID-19. Also, the project will regularly integrate the latest guidance by WHO as it develops over time and experience addressing COVID-19 globally.

### **Community Health and Safety**

The operation of quarantine and isolation centers needs to be implemented in a way that staff, patients, and the wider public follow and are treated in line with international best practice as outlined in WHO guidance for COVID-19 response as above under ESS 1, ESS 2 and ES4. The full ESMF describes under ESS 10, the provisions for widespread engagement with communities to disseminate information related to community health and safety, particularly around social distancing, high risk demographics, self-quarantine, and mandatory quarantine.

As a result of the COVID-19 pandemic, the Ministry created a call center to support COVID-19 surveillance activities and for enquiries and other COVID-19 related calls. The Call Center is an important communications link to the public and is a significant source of contact for public requesting information on COVID-19, and the primary contact point for responding to public and media inquiries (in Table 4.3). The Call Center centrally manages all calls coming into the center via a dedicated toll-free hotline telephone number (1025) using normal simple phones.

The project will mitigate the risk of Sexual Exploitation and Abuse by applying the WHO Code of Ethics and Professional Conduct ( "Codes of Conduct" using WB's terminology) for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers. The project's LMP, currently under preparation, will also include provisions to prevent Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) and/or Violence Against Children (VAC). Training on community interaction and SEA/SH/VAC will be provided for all teams, staff (civil servants and outsources staff/contractors) to ensure the teams respect local communities and their culture and will not involve in misconduct behaviors. For the purposes of this ESMP, the ESCOP checklist will guide appropriate measures for dealing with SEA/SH and VAC risks.

**Table 4.3 Call Center and Hotline Actions**

- Ministry of Health (MOH) has a toll-free line COVID-19 phone line. Currently the toll call center is using mobile phones that are operational and is free of charge. Anyone can make a call free of charge.
- The toll center is using four mobile network providers with each having 5 sim cards making the total operational toll lines twenty.
- The toll center has 27 staff that handles the call and 3 supervisors and operate under three shifts. Each shift has 9 staff with one supervisor. The shifts are: (i) morning shift-from 8am-2pm; (ii) afternoon shift-from 2pm-8pm; (iii) Night (evening shift)-from 8pm-8am
- The program manager from the MoH Health Communication Unit manages the SBCC and the Risk Communication and Community Engagement (RCCE)
- There is a Standard Operation Procedure (SOP) available for the call center which guides the operationalizing of the call center including execution of duties.
- The ministry is working to shift the call center from mobile phones to switch board. All the hardware required is in place except the software that will help to connect to the mainline. This will make the call center to receive feedback which the current system lacks. The current system does not have call waiting system is a gap which the Ministry is working to address by operationalizing the switch board system
- Each phone operator has an account and agent name which is data based and accessed by MoH. A call operator enters data during a call on their computers which records in an excel sheet on monthly bases. The report includes distribution of call per, type of call (whether related to COVID or not), what it is about and so on. Data is easily generated from the platform.
- The MOH is updating the switch board system and enhancing its services (such as call waiting, feedback mechanisms). Additional training for staff using the system is also planned accordingly.

be included in the letter of PCU's staff appointment and contracts (for contracted workers) in line with relevant national laws and legislations to be adopted and applied under the project.

#### **Labor Management Procedures**

The distribution of medical supplies and equipment procured with World Bank funding to health facilities and treatment centers is anticipated to commence immediately. This process is the responsibility of Ministry of Health staff. The Logistics and Safety Technical Committee headed by the MOH Director of Pharmaceutical Services handles distribution of the medical equipment and supplies. Approximately 49 staff will be engaged in the distribution of medical equipment and supplies. MOH uses its own transport vehicles and drivers for transport and distribution of MOH supplies.

The potential risks associated with this activity include:

- the emergency nature of these activities and the urgency of the tasks pose the risk of excessive working hours by drivers and potential risks of accidents and
- there is the possibility of interactions with health care workers and exposure to contaminated materials at HCF facilities

Both these risks are considered moderate, in light of the finite duration of the activity, and will be mitigated in accordance with national labor and OHS policies as well adhering to appropriate ESCOP actions listed at the end of this document. The main piece of labor legislation in The Gambia is the Labour Act of 2007. However, the Labour Act is silent on working hours and the LMP in the full ESMF proposes a 40-hour work week (8 hours per day). The employees will have an additional break of 1 hour each workday for meals. The duration of rest between working days shall not be less than 12 hours.

Article 72 of the Labour Act defines basic requirements and general principles of occupational safety for jobs that are dangerous, hard, harmful, and/or hazardous (discussed in the section above). The MOH is

following several WHO COVID-19 guidance including the Interim Guidance on Infection prevention and control. (see ESCOP Checklists). Additional consideration regarding minimizing risks with these delivery operations are listed below in table 4.4.

### **Table 4.4 Environmental and Social Codes of Practice – MEDICAL EQUIPMENT AND SUPPLIES - DELIVERY**

**Target: Distribution Center and Warehouse Staff/Drivers/Health Care Workers**

- ✓ **General Infection Prevention and Control**
- ✓ Provide adequate facilities for hand washing – this may mean setting up additional facilities throughout health centers and supply warehouse/stores.
- ✓ Provide soap and/or alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks to warehouse workers and drivers
- ✓ Establish procedures for delivery truck arrival and unloading at all facilities
- ✓ Prohibit entry into health care facilities
- ✓ **Vehicle Maintenance and Safety**
- ✓ Maintain vehicle inspection log per MOH standards
- ✓ Keep travel and work log for all vehicles and drivers
- ✓ Report on all vehicle accidents or mishaps
- ✓ **Safe Vehicle Operation**
- ✓ Operation of vehicles is only by licensed drivers
- ✓ Drivers must obey all traffic laws, speed zones and other conditions
- ✓ **Driver Occupational Health and Safety**
- ✓ Ensure transfer, loading and delivery actions by driver and staff adhere to supply/equipment weight and size conditions
- ✓ Loads need to be properly secured
- ✓ Delivery personnel must wear standard back and hand safety measures (back straps, gloves, etc.)
- ✓ Normal working hours adhere to 8-hour day with proper break time and meals

The PCU will inform the Bank about any significant labor issues in relation to the distribution of medical supplies and equipment as soon as reasonably practicable, but no later than five calendar days after the incident. The PCU will prepare a report on the incident and the corrective action and submit to the Bank within 30 calendar days of the event.

Any grievances and complaints arising out of the distribution of the equipment can be addressed through the project’s Grievance Redress Mechanism by using the available Call Centre and Hotline (summarized below in table 4.3). The PCU will register and deal with any labor-related complaints through its GRM. If there is not a satisfactory solution in using the GRM, alternative informal or formal labor dispute resolution procedures will be considered following national legislation.

## **5. Implementation Arrangements and Responsibilities**

The Ministry of Health (MOH) Project Coordination Unit (PCU) is responsible for the day-to-day implementation of the World Bank COVID-19 Preparedness and Response Project. The NHEC provides strategic guidance for overall COVID-19 implementation while a multi-agency coordination group (including the World Bank and other development partners) holds daily meetings to discuss operational issues. This coordination group operates with the following technical committees: (i) coordination; (ii)

epidemiology and laboratory surveillance; (iii) case management, psychosocial support, IPC; (iv) risk communication and community engagement ; (v) Finance and Admin; and (vi) logistics and safety.

This project is the first World Bank-financed operation to be implemented by the current PCU but the PCU has experience working on other multilateral development projects. The MOH recruited a Senior Operations Officer in May 2020 to oversee all activities of this GC19 project including fiduciary management and environmental and social due diligence of the project. This officer will also coordinate with the MoH Environmental Health and Social Safeguards focal points to ensure compliance with the provisions described in this ESMF. The Senior Operations Officer is also responsible for the Project monitoring, evaluation and reporting. The World Bank will provide procurement capacity building and training for environmental and social management as discussed below.

## ESCOPE Checklists

### **CHECKLIST 1 Environmental and Social Codes of Practice – COVID 19 INFECTION PREVENTION AND CONTROL - EXPOSURE AT HEALTH CARE FACILITY**

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

#### **General Infection Prevention and Control**

- ✓ Procedures for entry into health care facilities, such as ensuring social distancing in queues, minimizing visitors and visitor hours, taking temperature checks and having separate area (including entry area) for patients presenting with COVID-19 symptoms/respiratory illness, who should be taken to a different area and given a face mask. All persons visiting hospitals should wash hands before entering and before leaving.
- ✓ Simple poster/signage (can be A4 paper) in local languages explaining entry procedures.
- ✓ Signage available in hospitals to remind health personnel to wear masks if necessary and wash hands before entering/leaving.
- ✓ Minimize contact between patients and other persons in the facility: health care professionals should be the only persons having contact with patients suspected of having COVID-19 and this should be restricted to essential personnel only (except in cases of young children or other persons requiring assistance, then a family member may be present but they must also be wearing PPE – at least gloves and mask – and adhering to protocols).
- ✓ Adequate facilities for hand washing available – this may mean setting up additional facilities throughout health centers.
- ✓ Provide soap and/or alcohol-based hand sanitizer (60-95% alcohol), tissues and facemasks in waiting rooms and patient rooms.
- ✓ All facility staff to be in adequate PPE at all times (especially those doing triage at facility entrances)

#### **Isolation and Treatment**

- ✓ Isolate patients as much as possible, separate from people presenting with COVID-19. People with COVID-19 should be separate from each other by curtains or in different rooms if possible. Only place together in the same room patients who are have all contracted COVID-19. People with COVID-19 must be separated at all times from other hospital patients and health and other staff. This means there must be dedicated toilet facilities (or bedpans), hand washing facilities, and medical equipment (stethoscope, blood pressure machine, etc.) for patients with COVID-19 only.
- ✓ Use of Personnel Protection Equipment (PPE) at all times for medical staff and cleaners as needed (particularly facemask, gowns, gloves, eye protection and potentially face shield) when in contact with someone who may have COVID-19/ who is presenting with a respiratory illness, including for those caring directly for patients, cleaners entering patient's room, or where patient has been treated, and lab technicians handling blood samples. Train staff on how to use the PPE. Put reminders in hospitals (paper/signage) in local languages.

#### **Staff Occupational Health and Safety**

- ✓ Immediate and ongoing training on the procedures to all categories of workers (lab technicians, doctors, nurses, cleaning staff, etc.) on use of PPE, personal hygiene and thorough disinfecting of surfaces on a regular basis (multiple times per day using a high-alcohol based cleaner to wipe down all surfaces and when COVID-19 patients are discharged; wash instruments with soap and water and then wipe down with high-alcohol based cleaner; dispose of rubbish by burning etc.) Put signage in hospital as a reminder.
- ✓ Make particular efforts to ensure that all staff (such as cleaners and those doing the washing) are able to understand these procedures and have access to the necessary PPE.
- ✓ Laboratories undertaking testing for COVID-19 virus should adhere strictly to appropriate biosafety practices and WHO guidelines on Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases.
- ✓ Labor personnel needs to be trained and acquainted with key provisions in Labor Management Plan (LMP), in particular Occupational Health and Safety (OHS) aspects.
- ✓ All staff to be trained and reminded of hand washing procedures, and signage included in bathrooms and other key health center areas. Hand washing should involve use of soap / detergent, rubbing to cause friction, and placing hands under running water. Washings of hands should be undertaken before and after direct patient contacts and

contact with patient blood, body fluids, secretions, excretions, or contact with equipment or articles contaminated by patients (including wastes, clothes and linen). Washing of hands should also be undertaken before and after work shifts; eating; smoking; use of personal protective equipment (PPE); and use of bathrooms. If hand washing is not possible, appropriate antiseptic hand cleanser and clean cloths / antiseptic towelettes should be provided. Hands should then be washed with soap and running water as soon as practical. Reminders should be placed throughout the health care facility, including pictorial on how to properly hand wash

#### **Sanitation and Waste Management**

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

#### **REFERENCES**

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

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

**Target: Health Care Workers/Health Care Facilities/Laboratories**

#### **General Instructions**

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

- ✓ Ensure staff wear PPE when handling and disposing waste according to HCW guideline.
- ✓ Undertake proper segregation at source including:
  - Ensure all staff are provided training on color coding and handling of infectious and hazardous waste
  - All departments, laboratories and service delivery areas should be provided with appropriate equipment (needle cutters; sharps boxes) and color-coded bins

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

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

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

- ✓ Collect in small biohazard red bags
- ✓ Close, seal the bag with cable ties and tie lose when 2/3 full
- ✓ Transfer the waste to a temporary storage point for medical waste along a specified route at a fixed time point and store the waste separately at a fixed location
- ✓ Securely transfer to approved and professionally managed MOH incinerators
- ✓ Transport other infectious waste according to general medical waste protocols

**Sharp Waste**

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

**REFERENCES**

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

## **CHECKLIST 3 Environmental and Social Codes of Practice – COVID 19 CODES OF CONDUCT**

### **Target: Contractors/Subcontractors/Project Personnel**

#### **Contractors Code of Conduct Obligations**

- ✓ Bidder shall submit its Code of Conduct that will apply to Contractor's Personnel (as defined in Sub-Clause 1.1.17 of the General Conditions of Contract), to ensure compliance with the Contractor's Environmental and Social (ES) obligations under the Contract.
- ✓ The Bidder shall use for this purpose an approved Code of Conduct form
- ✓ No substantial modifications shall be made to this form, except that the Bidder may introduce additional requirements, including as necessary to take into account specific Contract issues/risks.
- ✓ This Code of Conduct is part of overall ESCOP measures to deal with environmental and social risks related to the Construction Works.
- ✓ The Code of Conduct applies to all staff, labourers and other employees at the Works Site or other places where the Works are being carried out.
- ✓ The Code of Conduct also applies to the personnel of each subcontractor and any other personnel assisting in the execution of the Works.
- ✓ All such persons are referred to as "Contractor's Personnel" and are subject to this Code of Conduct.
- ✓ The Code of Conduct has explicit requirements, language and subsequent actions to ensure that the workplace is an environment where unsafe, offensive, abusive or violent behavior will not be tolerated and where all persons should feel comfortable raising issues or concerns without fear of retaliation

#### **Required Conduct for all Employees and Staff in Individual Contracts**

- ✓ carry out his/her duties competently and diligently;
- ✓ comply with this Code of Conduct and all applicable laws, regulations, and other requirements, including requirements to protect the health, safety and well-being of other Contractor's Personnel and any other person;
- ✓ ensuring that workplaces, machinery, equipment and processes under each person's control are safe and without risk to health;
- ✓ wearing required personal protective equipment;
- ✓ using appropriate measures relating to chemical, physical and biological substances and agents; and
- ✓ following applicable emergency operating procedures.
- ✓ report work situations that he/she believes are not safe or healthy and remove himself/herself from a work situation which he/she reasonably believes presents an imminent and serious danger to his/her life or health;
- ✓ treat other people with respect, and not discriminate against specific groups such as women, the elderly, people with disabilities, migrant workers or children;
- ✓ not engage in any violence against children, including physical or psychological abuse;
- ✓ not engage in Sexual Harassment, which means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature with other Contractor's or Employer's Personnel;
- ✓ not engage in Sexual Exploitation, which means any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another;
- ✓ not engage in Sexual Abuse, which means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions;
- ✓ not engage in any form of sexual activity with individuals under the age of 18, except in case of pre-existing marriage;
- ✓ complete relevant training courses that will be provided related to the environmental and social aspects of the Contract, including on health and safety matters, Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH);
- ✓ report violations of this Code of Conduct; and
- ✓ not retaliate against any person who reports violations of this Code of Conduct, whether to us or the Employer, or who makes use of the grievance mechanism for Contractor's Personnel or the project's Grievance Redress Mechanism.

#### **Raising Concerns**

- ✓ Persons that observe behavior that he/she believes may represent a violation of this Code of Conduct, or that otherwise concerns him/her, he/she should raise the issue promptly by:

- Contact [enter name of the Contractor’s Social Expert with relevant experience in handling sexual exploitation, sexual abuse and sexual harassment cases, or if such person is not required under the Contract, another individual designated by the Contractor to handle these matters] in writing at this address [ ] or by telephone at [ ] or in person at [ ]; or
  - Call [ ] to reach the Contractor’s hotline (if any) and leave a message.
  - ✓ The person’s identity will be kept confidential, unless reporting of allegations is mandated by the country law.
  - ✓ Anonymous complaints or allegations may also be submitted and will be given all due and appropriate consideration.
  - ✓ All reports of possible misconduct will be investigated, and appropriate action taken.
  - ✓ Referral to service providers are required for support to the person who experienced the alleged incident.
  - ✓ There will be no retaliation against any person who raises a concern in good faith about any behavior prohibited by this Code of Conduct.
- Consequences of Violating the Code of Conduct**
- ✓ All personnel will be notified and acknowledge that any violation of this Code of Conduct may result in serious consequences, up to and including termination and possible referral to legal authorities.

#### REFERENCES

- WHO Risk Communication and Community Engagement (RCCE) Guidance, [https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)
- IFRC, UNICEF, WHO Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma, <https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19>
- Human Rights Watch COVID-19 A Human Rights Checklist: [https://www.hrw.org/sites/default/files/supporting\\_resources/202004\\_northamerica\\_us\\_covid19\\_checklist2.pdf](https://www.hrw.org/sites/default/files/supporting_resources/202004_northamerica_us_covid19_checklist2.pdf)

**Annex: Gambia COVID-19 Procurement List of Medical equipment and supplies  
(as of May 5, 2020) requested by the Ministry of Health**

Item No	Name of Goods	Specifications	Quantities
1	Examination glove medium	Elastic structure, it provides ease of use in sectors such as hospitals, cleaning, clinics, etc. It provides perfect movement thanks to its structure suitable for both hands. It is not sterile. Disposable Medium Size	900,000
2	Examination glove Large	Elastic structure, it provides ease of use in sectors such as hospitals, cleaning, clinics, etc. It provides perfect movement thanks to its structure suitable for both hands. It is not sterile. Disposable Large Size	150,000
3	Examination glove, nitrile, s.u., non sterile, large	Nitrile Exam Gloves are single-use and powder-free. It prevents any slippage from hand by providing comfortable grip of any medical device. It provides superior grip with its soft and elastic structure. It is compatible with both hands. Non-sterile. Single use. Large Size	10,000
4	Examination glove, nitrile, s.u., non sterile, medium	Nitrile Exam Gloves are single-use and powder-free. It prevents any slippage from hand by providing comfortable grip of any medical device. It provides superior grip with its soft and elastic structure. It is compatible with both hands. Non-sterile. Single use Medium Size	12,000
5	Surgical gloves size 7.5	It is produced in a special mold that fits in the hand and prevents pain without pressing on the palm. - It allows surgical interventions to be performed more easily. - Ergonomically contoured hand and increased grip make surgical interventions safer. - Protects your hands for a longer period of time thanks to the reduced amount of protein. - Disposable - It is sterile. Size 7,5	70,000
6	Surgical gloves size 8	It is produced in a special mold that fits in the hand and prevents pain without pressing on the palm. - It allows surgical interventions to be performed more easily. - Ergonomically contoured hand and increased grip make surgical interventions safer. - Protects your hands for a longer period of time thanks to the reduced amount of protein. - Disposable - It is sterile. Size 8,0	80,000
7	scrubs Tops	It is a comfortable and stylish model for all sectors around the nurse, doctor, technician and white/Blue/any color coat. It does not sweat and absorbs the sweat formed on the body. It can be made up to 40 degrees C in the working machine.	700
8	Scrubs Pants	It is a comfortable and stylish model for all sectors around the nurse, doctor, technician and white/Blue/any color pant. It does not sweat and absorbs the sweat formed on the body. It can be made up to 40 degrees C in the working machine	700
9	Alcohol based hand rub	Hand Disinfectant Cleaner 1000 ml. Suggested Use: In clinics and surgeries, injection, hope to protect and maintain personal hygiene in the pre-function antisept, especially in the winter months, in schools and public transportation areas, to prevent the spread of flu diseases in the risky areas such as surgery, intensive	1,000

		care services and doctors' offices. It is used in all places where hand and skin hygiene is required after the common use of all kinds of vehicles in open areas. It does not wear out the hands and skin, it provides softness in depth thanks to its additive.	
10	Alcohol based hand rub	Hand Disinfectant Cleaner 500 ml. Suggested Use: In clinics and surgeries, injection, hope to protect and maintain personal hygiene in the pre-function antisept, especially in the winter months, in schools and public transportation areas, to prevent the spread of flu diseases in the risky areas such as surgery, intensive care services and doctors' offices. It is used in all places where hand and skin hygiene is required after the common use of all kinds of vehicles in open areas. It does not wear out the hands and skin, it provides softness in depth thanks to its additive.	600
11	Biohazard Bag	Medical waste bags in red/any color, as plain and/or shirred. The medical waste bag is specially produced for hospitals. Dimensions: Around 80 x 110 cm	60,000
12	plastic pedal Bin	Plastic Pedal Dustbin; It takes less space thanks to its ergonomic structure.	300
13	Bag, Bodyplastic, white, 300 microns, adult, 250 x 120 cm	Bag, plastic, white/other color, adult size, around 250 x 120 cm size	620
14	Bag, Body, plastic, white, 300 microns, child, 150 x 100 cm	Bag, plastic, white/other color, adult size, around 150 x 100 cm size	80
15	safety/sharp Boxes	Security Cardboard/Other Type Sharp trash bin	10,000
16	Liquid Soap	Liquid Soap 400ml	3,600
17	Hand Drying Tissue	Hand drying Tissue. Tissue works while helping to create in hygienic environments.	6,000
18	Chlorine/Bleach	Chlorine/Bleach 1 tablet around	6,000
19	Chest Drain	Cheat Drain, Handle for patient convenience. Easy to write on drainage	100
20	Chest Drain Tubes	Chest Drain Tubes easy to use on patients.	100
21	Oxygen concentrator	Oxygen concentrator .For patients with high flow oxygen needs – easy to operate Reliable, long operating life; does not need any refills, just plug and play. Different brands will be accepted as total number of unit	44
22	oxygen prongs	Oxygen prongs. Medical grade PVC material Standart connector	1,400
23	oxygen prongs	Oxygen prongs. Medical grade PVC material Standart connector, adult	100
24	Oxygen Mask, adult size	Oxygen mask .Medical grade PVC material standard adult	4,000
25	Oxygen Mask, paediatric size	Oxygen mask .Medical grade PVC material standard pediatric	1,000
26	Pulse Oksimetre	SpO <sub>2</sub> technology which has the equivalent performance as the industry leaders. Its size design makes it extremely suitable for spot-checks and ambulatories. Compact & lightweight	100

27	Ultrasound scanner	Ultrasound scanner. It maximizes the efficiency of ultrasound scanning, leaving the sonographer free to concentrate on the patient more.	4
28	Ambu Bags	Ambu bag; 2m oxygen tubing, PVC/PE reservoir, Silicone mask, Autoclavable until 134 degrees C.	50
29	Ambu Bags	Ambu bag; 2m oxygen tubing, PVC/PE reservoir, Silicone mask, Autoclavable until 134 degrees C.	20
30	Face mask,disposable,paed	Disposable face masks are suitable for doctor, hospital, travel, airplane, breathing, medical mask, pediatric, dental, health, lab. Surgical face Masks, disposable pediatric	5,000
31	Face (surgical) mask,disposal,adult	Disposable face masks are suitable for doctor, hospital, travel, airplane, breathing, medical mask, pediatric, dental, health, lab. Surgical face Masks, disposable adult	600,000
32	guedel airway	Guedel airway. Anatomic design, Atraumatic soft rounded edges, color coded	50
33	guedel airway	Guedel airway. Anatomic design, Atraumatic soft rounded edges, color coded	100
34	giving sets	IV sets plastic disposable.	30,000
35	thermometers digital	Infrared Thermometer. This is Infrared Thermometer is suitable for body temperature measurement of adults, children and neonates.	400
36	blood pressure machine(electronic)	Blood Pressure Digital Machine Electronic Upper Arm blood pressure monitor will measure, store and let you review reading.	60
37	blood sugar machine	Blood Glucose Monitoring System is intended for use in professional settings to monitor whole blood glucose levels obtained from the fingertip, palm and forearm. Backlight design enables people to read the test result even in the dark.	100
38	Bm Strips 50/pkt	Bm Strips 50/each package	5,000
39	BOX ISOTHERM, triple pack., biological substance (UN3373)	BOX ISOTHERM, triple pack., biological substance (UN3373)	20
40	BOX ISOTHERM, triple pack., infectious substance (UN2814)	BOX ISOTHERM, triple pack., infectious substance (UN2814)	20
41	BOX, triple packaging, biological substance (UN3373)	BOX, triple packaging, biological substance (UN3373)	30
42	BOX, triple packaging, infectious substance (UN2814)	BOX, triple packaging, infectious substance (UN2814)	30
43	LARYNGOSCOPE + 6 blades + bulb, fiber optic	LARYNGOSCOPE + 6 blades + bulb, fiber optic	1
44	MANUAL VACUUM ASPIRATION SET autocl. syr., 8 instr. + 5 dil.	MANUAL VACUUM ASPIRATION SET autocl. syr., 8 instr. + 5 dil.	4
45	Vaccine Carrier,cold box larg storage capacity	Vaccine Carrier, cold box large storage capacity	40
46	Face shields (NEW)	Face shields, face protection clear view.	20,000

47	PPE's(Coverall)	PPE's (Coverall), Personnel Protection Equipment Coverall.	25,000
48	RESPIRATOR, FFP2 or N95 (PFR95) medium (NEW)	Masks , FFP2 or N95 type various brand will be accepted.	30,000
49	Free Flight phase 3 (FFP3) masks	Masks , FFP3 type various brand will be accepted	300
50	Goggles/Trench (NEW)	Goggles/Trench plastic type various brand will be accepted.	15,000
51	BLANKET, FLEECE, 1.5 x 2 m, green and red (for suspected + confirmed cases)	BLANKET, FLEECE, 1.5 x 2 m (for suspected + confirmed cases) various brand will be accepted.	200
52	BLANKET, SURVIVAL, 220 x 140 cm, thickness 12 microns	BLANKET, SURVIVAL, around 220 x 140 cm, thickness around 12 microns various brand will be accepted	500
53	SPRAYER, DISINFECTANT (IK-12 BS), 12 litres	SPRAYER, DISINFECTANT 12 liters various brand will be accepted	70
54	Ambulance	Ambulance, Emergency	10
55	Infusion pumps	Should compatible with most of the IV sets.	40
56	Suction machines (Eurovac with back up battery)	LifeTime Surgical Aspirator, surgery in operating rooms During operations, patients are operated to drain fluid accumulated in areas and Gynecology / To be used in dermatology (liposuction) applications It is designed to be. Optional electronically controlled foot pedal - vacuum capacity alternatives - collection at different capacities jar options, wide range of operators offers	60
57	Fingertip Oximeters (hand held)	Specially designed for pediatric patients, Low cost, clear, bright color OLED display, automatic power-off when finger is removed	20
58	Autoclave (Steam, Pressure)	150 lt Steam, Pressure	4
59	Mobile X-ray (High frequency with built in battery)	Provides a New Solution with Compact Digital X-ray. Cart system for Critical Moments you face every day.	1
60	Mobile X-ray (High frequency with built in battery)	Provides a New Solution with Compact Digital X-ray. Cart system for Critical Moments you face every day.	2
61	Multi parameter patient monitors	The device should be used for monitoring patient parameters.	20
62	ICU beds	Electronic adjustment of backrest, legrest, height-up & down, Trendelenburg, Reverse Trendelenburg, Cardiac and Fowler positions, Nurse Control · Remote Control.Panel	60
63	Oxygen flowmeters	Oxygen flowmeters according to their gas flow scale, connection types and humidity jars that can be used with oxygen. Flowmeters can be either connected to medical gas outlets directly or attached on rail system and connected to the outlets by flexible hoses.	205

64	Biphasic Defibrillators	Energy selection in the range of Biphasic 2 J-360J, Built-in large color TFT display, ECG monitoring, Synchronized operating mode	4
65	Ultrasound machine (digital portable with 4D color dopler)	Should be used in the diagnosis of many diseases and in the treatment of some diseases with interventional methods. Furthermore, the system has an optional offer a large variety of mobile solutions to meet any possible need, application and location. The system can be foldable trolley that can be easily transported. Height-adjustable trolley. simply operated, placed on a desk or installed on a versatile	3
66	Washing Machine (30Kg)	Fully Automatic Laundry Wash. Stylish. Mak., Electric 30 kg	7
67	Clothes Dryer Machine (30Kg)	Tumble Dryer, Electric 30 kg	7
68	Television sets (32")	Resolution HD Processor Single Core Inch / Screen Size 32 / 80 cm Product Color Black	10
69	Sphigmomanometers (BP machines) - Anaeroid type	Blood pressure measurements are made using the cuff/stethoscope listening method. Safer thanks to this feature	303
70	ECG machines - digital 12 channel	7" color LCD screen, 12 channels waveform can be watched simultaneously, 12 channels can be written on a single page at the same time, electrode connection status can be displayed, easy information entry with alphanumeric keypad, automatic baseline adjustment, manual and automatic shooting mode	5
71	Thermometers (Non touch)	Digital Non-Contact Fever Meter Thermometer	100
72	Nebulizers	Steam machine developed for clinical environments	25
73	Medical trolley	Designed for surgical operation rooms and all hygienic rooms	40
74	Air conditioners - 18,000 BTU	Inverter, Dehumidification, Capacity: 18.000 BTU, Type: Wall Type (Split), Quiet Operation, Washable Filter, White, A ++.	4
75	Air conditioners - 24,000 BTU	Inverter, Dehumidification, Capacity: 24.000 BTU, Type: Wall Type (Split), Quiet Operation, Washable Filter, White, A ++.	2
76	Generator ((75KVA)	It operates manually under different loads. Must contain sound isolation cabinet	1

## Laboratory equipment and supplies

LABORATORY STORES REFURBISHMENT/REQUIREMENTS	
ITEM/Activity	SPECIFICATION
Leakage	
Issuing Counter	
Laptop	
Airconditioner	
Extractor fan	

Upright trolley	Load Capacity (50-100kg), Max Height 3-4 feet; 4 wheels
Flat trolley	900*600*850mm; Loading Capacity: 500kg
Pallet truck	Manual Pallet Truck; Load Capacity: 1T-5T; Red; Specification: 150*1150*1200mm
Lighting	
<b>GRAND TOTAL</b>	

Item	SPECIFICATION
CELLPACK DCL (20L)	CT661628
SULFOLYSER (3x 500 mL)	90411317
LYSERCELL WDF (2L)	AZ124801
FLUOROCELL WDF (2 X 22 ML)	BC843604
CELLCLEAN (1 x 50mL)	83401621
CELLPACK DFL (2 x 1.5L)	BT965910
FLUOROCELL RET (2 x 12mL)	CU920210
XN-L CHECK 3ML L1	213570
XN-L CHECK 3ML L2	213571
XN-L CHECK 3ML L3	213572
LYSERCELL M (1L)	CJ760691
Fluorocell M (2 x 12 ml)	CA006592
XN CHECK LEVEL 1 (8 x 3 ml)	213484
XN CHECK LEVEL 2 (8 x 3 ml)	213485
XN CHECK LEVEL 3 (8 x 3 ml)	213486
<b>GRAND TOTAL</b>	

Item	SPECIFICATION
INNOVIN 10 X 4ML	B 4212-40
ACTIN FS 10 X 2ML	B 4218-20
CI-TROL 1E 10 X 1ML	291070
CI-TROL 2E 10 X 1ML	291071
CALC. CHLORIDE (25MM) 10 X 15ML	ORHO37
THROMBIN (100 NIH) 10 X 1ML	
OWREN'S VERONAL BUFFER *)	
STANDARD HUMAN PLASMA 10 X 1ML	ORKL17
CONTROL PLASMA N 10 X 1ML	ORKE41
CONTROL PLASMA P 10 X 1 ML	OUPZ17
FACTOR VIII DEFICIENT PLASMA 8	

FACTOR IX DEFICIENT PLASMA	
INNOVANCE D-DIMER K IT (150)	
PT MULTICALIBRATOR 6 X 1 ML	OPAT03
INNOVANCE D-DIMER CONTROLS	
Multifibren U (10 x 2 ml)	OWZG19
Kaolin Suspension (50 ml)	OQAB45
Fibrinogen Calibrator kit (6 x 1 ml)	OQVK11
SUL-400° CUVETTE FL COMPLETE	AG405069
CA-104 Thermal Paper (5 rolls/pack)	AC845489
DIN 18 SILICONZED 8ML WHITE	CE414580
CA-CLEAN I 50ML	
CA-CLEAN II 500ML	
REACTION TUBE SU-40 (3000 PCS)	
<b>GRAND TOTAL</b>	

<b>Product Description</b>	<b>Test Qty</b>
CALCIUM liquicolor [HumaStar, 3 x 100 tests]	3 x 100 Tests
CHOLESTEROL liquicolor [HumaStar, 2x100 tests]	2 x 100 Tests
CREATININE (enzym) liquicolor [HumaStar, 1 x 95 tests]	95 tests
HDL CHOLESTEROL liquicolor [HumaStar, 2 x 100 tests]	2 x 100 Tests
LDL CHOLESTEROL liquicolor HumaStar 150SR	2 x 25 Tests
SODIUM liquicolor	1 x 75 Tests
POTASSIUM liquiUV	1 x 75 Tests
GLUCOSE liquicolor [HumaStar, 2 x 150 tests]	2 x 150 Tests
UREA liquiUV [HumaStar, 2 x 150 tests]	2 x 150 Tests
ALBUMIN liquicolor HumaStar 150SR	3 x 50 Tests
TOTAL PROTEIN liquicolor [HumaStar, 2x150 tests]	2 x 150 Tests
URIC ACID liquicolor plus [HumaStar, 2 x 100 tests]	2 x 100 Tests
ACID PHOSPHATASE [HumaStar, 3x50 tests]	3 x 50 Tests
TRIGLYCERIDES liquicolor mono [HumaStar, 3x60 tests]	3 x 60 Tests
auto-BILIRUBIN-D liquicolor [HumaStar, 2x100 tests]	2 x 100 Tests
auto-BILIRUBIN-T liquicolor [HumaStar, 2 x 150 tests]	2 x 150 Tests
HbA1c liquidirect [HumaStar, 1 x 135 tests]	135 Tests
CRP [HumaStar, 1 x 100 tests]	100 Tests
anti-STREPTOLYSIN-O [HumaStar, 1x100 tests]	100 Tests
RHEUMATOID FACTORS [HumaStar, 1 x 100 tests]	100 Tests
LIPASE liquicolor [HumaStar, 2 x 100 tests]	2 x 100 Tests
alpha-AMYLASE liquicolor [HumaStar, 2 x 100 tests]	2 x 100 Tests
LDH SCE mod. liquiUV [HumaStar 2 x 100 tests]	2 x 100 Tests
GOT (ASAT) IFCC mod. liquiUV [HumaStar, 2 x 200 tests]	2 x 200 Tests
GPT (ALAT) IFCC mod. liquiUV [HumaStar, 2 x 200 tests]	2 x 200 Tests

gamma-GT liquicolor [HumaStar, 2 x 100 tests]	2 x 100 Tests
ALKALINE PHOSPHATASE opt. liquicolor [HumaStar, 2x150 tests]	2 x 150 Tests
CK-MB liquiUV [HumaStar, 2 x 100 tests]	2 x 100 Tests
<b>TOTAL</b>	

<b>ITEM</b>	<b>SPECIFICATION</b>
High through-put Fully Automated Clinical Chemistry System	HumaStar 600 (Random Access Clinical Chemistry System; Including installation, training and reagents)
Clinical Chemistry with ISE Reagents	HumaStar 600 Analyser
<b>Xpert Xpress SARS-CoV-2 Cartridges</b>	<b>GeneXpert</b>
Haematology Full Blood Count with WBC Differential	XN-350 RET
Haematology Full Blood Count with WBC Differential	XN-330 (5PD)
Automated Haematology Analyzer: (Malaria + CBC)	XN-31
Blood Coagulation Analyzer - Semi Automated	CA-104
Blood Coagulation Analyzer - Fully Automated:	CA-660
Reagents for Haematology Analyzers	(XN-330 + XN-350 RET + XN-31)
Reagents for Automated COAG Systems	(CA-104 + CA-660)
BACTEC Automated Blood Culture System	FX40
BACTEC Blood Culture Bottles	PEDS Plus F, 40ml
BACTEC Blood Culture Bottles	Aerobic, 30ml
BACTEC Blood Culture Bottles	Anaerobic, 25ml
Colorimeter	CO7000WPA
Cover Glass	24 x 60mm Size, No. 1 Thickness
Antisera Blood Grouping	Antisera A, Serum 10ml
Antisera Blood Grouping	Antisera AB
Antisera Blood Grouping	Antisera B Serum 10ml
Antisera Blood Grouping	Antisera D Serum 10ml
Blood bags	Double 450ml CPDA

Blood bags	Single 150ml CPDA
Blood bags	Single 450ml CPDA
HB Standards	High/Low/Normal
Drapkin Capsule	(6 x 6pcs)
Field Stain A,	Solution (500ml)
Field Stain B,	Solution (500ml)
Microscope Slides	76x26mm Twin Frosted End (50pcs)
Coombs Test	kit (10ml)
Anaerobic jar,	3.5 litre
Atmosphere generation system Anaerogen gas Thermo Scientific™ Oxoid AnaeroGen 3.5L Sachet is for use with Thermo Scientific™ Oxoid Anaerobic 3.5L jars,	Part No. HP0011A, HP0031A (10 sachets)
API 20E Strips + Media	Biomerieux
Innoculating Loops	Disposable Plastic, 10-200ul
Culture swabs	Plain With Viscose Tip & Polystyrene Shaft Single in a Tube
Bijou Bottles	Plastic, 7ml
Blood Agar Base	No. 2, Thermo Scientific™ Oxoid™
C.L.E.D. Agar Medium	w/Andrade's Thermo Scientific™ Oxoid™
Nutrient Agar	Oxoid
ISO Sensitest Agar	Oxoid
TCBS Agar	Oxoid
Cholera antiserum, Bottle/2ml	Bottle
Crystal Violet, Bottle/100g	Bottle/powder
DCLS Agar 500g	Oxoid
Desoxycholate Agar Oxoid, Bottle/500g	Oxoid
GC Agar Base, Bottle/500g	Oxoid
Haemoglobin Powder Soluble, Oxoid, Bottle/400g	Oxoid
Haemophilus Influenzae Antisera Poly O A-G, Bottle/2ml	Oxoid
Haemophilus Influenzae Antisera Type B, Bottle/2ml	Oxoid
Innoculation Loops	Disposable, 1µl

MacConkey Agar	No. 3, Thermo Scientific™ Oxoid™
Magnetic Stirrer	Stuart Scientific
Malachite Green	GRG-C.I 4200
Measuring Cylinder 2000ml,	Glass tpx class A compliant with 150 6706, 2000ml
Measuring Cylinder	Plastic, 1000ml
Mueller Hinton Agar, Bottle/500g	Oxoid
Neisseria Meningitidis W135 Antiserum, Bottle/2ml	Oxoid
Neisseria Meningitidis A Antiserum, Bottle/2ml	Oxoid
Neisseria Meningitidis B Antiserum, Bottle/2ml	Oxoid
Neisseria Meningitidis C Antiserum, Bottle/2ml	Oxoid
Neisseria Meningitidis D Antiserum, Bottle/2ml	Oxoid
Neutral Red	Powder
Optochin discs	Oxoid
Petri Dishes	Single Vent Plastic Sterile, 90x15mm
Petri-Dishes	90mm Double Compartment
Sabouraud Dextrose Agar, Bottle/500g	Oxoid
Salmonella A Serum, , Bottle/2ml	MonoV Somatic, Poly O, A-G
Salmonella a Serum, , Bottle/2ml	Monovalent Group B, Factor 4
Salmonella a Serum, , Bottle/2ml	Monovalent Group B, Factor 9
Salmonella a Serum, , Bottle/2ml	Monovalent Group B, factor d
Salmonella a Serum, , Bottle/2ml	Monovalent Group B, factor i
Salmonella a Serum, , Bottle/2ml	Monovalent Group B, factor Vi
Salmonella Antisera , Bottle/2ml	Polyvalent Flagella, H Phase 1 & 2
Salmonella Selective Supplement	Oxoid
Selenite Broth Base	Rapidlabs ref.: CM-SBB046
Sodium biselenite	Oxoid ref.: LP0121A
Antimicrobial Disc Dispenser	Oxoid
Sheep Blood	Defibrinated
Shigella Group Antisera	(flexneri, boydii, dysenteriae, sonnei)
Slidex Staph Kit	Biomerieux
Slidex Strepto plus	Biomerieux
T.C.B.S. Agar, Bottle/500g	Oxoid
Triple Sugar Iron Agar (TSI), Bottle/500g	Oxoid
V.C.N.T. Selective Supplement	10vials for 1L Medium

Vitox Supplement	Rehydrates to 500ml Medium Oxoid
Urea agar	Oxoid
Urea	40% solution
Vitox supplement	2 x 5 x 10ml vials
X-Factor	Oxoid
V-Factor	Oxoid
XV-Factor	Oxoid
Counting chamber	Improved Neubaur, double chamber
Tabletop Autoclaves	Fisher Scientific™ SterilElite™
Biosafety cabinet	Class 1
Pasteurex Latex Agglutination kit	Meningitis Kit
Rotavirus Rapid test kit	Kit
N,N-dimethyl-p-phenylenediamine	(oxidase reagent)
API20E reagent kit	Kit
Racks, Bijou	Metal
Racks, Universal	Metal
Measuring cylinder	Plastic, 500ml
Measuring cylinder	Plastic, 1000ml
Iodine crystals	Crystals
Potassium iodide	Powder
Pipette tips	2-200ul yellow
Pipette Tips	Blue 1000ul
Medonic Blood Controls including freight	Boule Con-Diff Tri-L 6x4.5 ml
Incubator, laboratory	240V, 70L, 30-75C
Xylene	Low in Sulphur GRG
Acetone	Liquid
Neutral red	Powder
Crystal violet	Powder
Ammonium oxalate	Crystals
Light Microscope (Bright field)	Humasope Advanced LED
Bottle, reagent	Glass, 1000ml, with blue screw cap
Urine Container	Sterile, Sterilin
Amoxicillin clavulanate discs	20/10µg
Erythromycin discs	30µg
Cefuroxime	30ug
Benzylpenicillin discs	1ug
Cephalaxin discs	10ug
Tetracycline discs	10µg
Tetracycline discs	30µg

Ampicillin discs	10µg
Cefotaxime discs	30µg
Ceftazidime discs	30µg
Ceftriazone discs	30µg
Cefuroxime discs	30µg
Chloramphenicol discs	10µg
Chloramphenicol discs	30µg
Ciprofloxacin discs	10µg
Gentamicin discs	10µg
Polymixin B discs	300µg
Ciprofloxacin discs	5µg
Clofazimine discs	5µg
Cotrimoxazole discs	30µg
Erythromycin discs	10µg
Nitrofurantoin discs	300µg
ALKALINE PHOSPHATASE liquicolor	HumaLyzer 3000 reagent
BILIRUBIN liquicolor	HumaLyzer 3000 reagent
CREATININE liquicolor	HumaLyzer 3000 reagent
GOT (ASAT) IFCC mod. liquiUV	HumaLyzer 3000 reagent
GPT (ALAT) IFCC Mod. liquiUV	HumaLyzer 3000 reagent
Total PROTEIN liquicolor	HumaLyzer 3000 reagent
UREA liquicolor	HumaLyzer 3000 reagent
CHOLESTEROL liquicolor	HumaLyzer 3000 reagent
GLUCOSE liquicolor	HumaLyzer 3000 reagent
ALBUMIN liquicolor	HumaLyzer 3000 reagent
Disposable Macro Cuvettes	HumaLyzer supplies
Ethanol absolute	99.8-100% Alcohol UN1170
Hycolin	Disinfectant
Test Tubes	Plain, With Rim, Soda Glass, 100x11.5mm
Thermometer	Fridge/Freezer With Probe
ESR tubes	Plugged Dispette (FH-1530)
ESR stand	Steel
Disposable wipes	tissue paper 30x30cm
Hycolin cleaner & Disinfectant	Disinfectant (concentrated HYC001)
Laboratory shoe covers	Polypropylene fabric
Laboratory Coat	Non disposable, Cotton, White
Pasteur Pipettes	Plastic, Sterile, 3ml, Individually Wrapped

Phosphate Buffer Saline	Tablets
Centrifuge	Bench Top
Single Door Blood Bank Refrigerator	120L
Single Door Blood Bank Refrigerator	210L
Formaldehyde Solution -	37% min GRG (100% Formalin)
Funnel	150cm, PP
Glycerol	(C <sub>3</sub> H <sub>8</sub> O <sub>3</sub> ), Bottle
12-Well Manual Stainer	Stainless Steel Rack with 12 Green Dishes and Lids
OS-315 Rotary Microtome	Section thickness range: 0- 60um
Eosin Y Stain	Powder, CAS#17372-87-1, C.I. 45380
Harris hematoxylin stain	Nuclear staining solution C0286
Papanicolaou stain	OG-6
Papanicolaou's Solution	EA50 (PAP 3b)
ROUTINE MICROTOME BLADE	CELLEDGE S+
Surgical Scalpel Blade	#21
Ammonia Solution	25% extra pure (Sp. Gr. 0.91)
Picric Acid Solution	4% in Methanol
Mercuric Oxide	Red Chemical
Mercury (II) Oxide Red	99% Min GRG
Microtome Blades	N35
Papanicalaous Stain	EA 50
Papanicolaou Stain	OG6
Paraffin Wax	54-56 C GRG
Tissue cassette	Square Mesh Cassette, White (70072-W)
Triton X-100	Surfactant UN 3082
DAPI	
DPX (Dibutylphthalate Polystyrene Xylene) Mountant	Refractive index 1.518 - 1.521 (20 °C); Viscosity 600 – 700 mPa.s (20°C); Flash point > 25°C
HER 1/2	
Ethidium bromide	1%
KI-67	Monoclonal antibody (DIA-670-P1)

Blood Weighing Scale	Maximum Weighing range: 3 kg
Blood Pressure Machines	Omron Upper Arm Blood Pressure Monitor, 3 Series
Water Bath (with lid)	HumAqua 5(230 VAC)
Thermo Scientific GLP SVC FREEZER OR FRIDGE(EA)	Thermo Scientific
Plasma Extractor	PE-1020
Bleeding couches (Blood collection chairs)	Blood Donour Chair cum Bed Manual
Cold Box for Transportation of Blood	Helapet BloodPorter for Blood transport

<b>ITEM</b>	<b>Pack size</b>
Nasopharyngeal swabs in viral transport medium	Pack
Virkon	Bottle
Microcentrifuge (with Biocontainment lid)- Thermo Scientific microCL 17 microcentrifuge with 24 x 1.5/2.0ml rotor and ClickSeal lid	1
Microcentrifuge; IKA Mini centrifuge CEN4606	1
-80°C refrigerator	1
-20°C refrigerator (CryoCube F101h)	1
2" drawer rack, F101h/U101; steel, upright freezer, stainless steel	6
Goggles	50
Free Flight phase 3 (FFP3) masks (M 9332+ Aura)	10
Rubber clogs (Crocs-Unisex-Adult-Bistro-Sandal UK Size 7)	Each
Rubber clogs (Crocs-Unisex-Adult-Bistro-Sandal UK Size 8)	Each
Rubber clogs (Crocs-Unisex-Adult-Bistro-Sandal UK Size 9)	Each
Hospital Scrubs (Medical-Reversible-Scrub-TUNIC-TROUSER Small)	Each
Hospital Scrubs (Medical-Reversible-Scrub-TUNIC-TROUSER Small)	Each
Hospital Scrubs (Medical-Reversible-Scrub-TUNIC-TROUSER Small)	Each
Biosafety cabinet class III	1

Biosafety cabinet class 1	1
2 – 8°C refrigerator	2
100 reaction Superscript III one-step Qrt-pcr kit with platinum Taq (11732-020)	20
TIB MolBiol kits for RdRP-gene (Cat No: 53-0777-96)	20
TIB MolBiol kits for E-gene or N-gene (Cat No: 53-0775-96, 53-0776-96)	20
TIB MolBiol Kits for EAV internal control (Cat No: 66-0909-96)	20
Molecular grade water, nuclease-free	1
Internet connection for Stores and Biomed	1
iPad	1
Laptop	1
QIAamp cadof pathogen mini kits + Other consumables	10
qPCR for influenza	1
Centrifuge Eppendorf 5702R refrigerated	1
Aerosol-tight caps for 100ml buckets	2
Adaptors for 5 round-bottom tubes	2
BioRAD CFX 96 Real-Time PCR Systems with SDS 1.4 software	1
Microplate centrifuge	1
Vortex mixer (Stuart Vortex Mixer SA7 Fixed Speed)	1
Multichannel micropipette (1-10 µl)	1
Multichannel micropipette (1-20µl)	1
Multichannel micropipette (20-200µl)	1
Single channel micropipette (1-10 µl)	1
Single channel micropipette (100 µl)	1
Single channel micropipette (200 µl)	1
Techne DB200/3 Digital Dri Block Heating block	1
Techne Insert Block for 20x 2ml Micro	1
Grant JB Nova 18L Digital Unstirred	1
Pedal metal bin (Sack Holder 79x41x42cm Freestanding)	1
Coat Hangers (iron type)	1
Shoe Rack	1
Emergency spill kit (Guest Spill Kit)	Unit
Extension	Unit
3 pin adapter	Unit
Shower curtain rods	Unit
Shower curtain	Unit
Adhesive Hook	Unit
Iron bucket (to be used as sand bucket)	Unit
Toner Cartridge (Brother) for the MGIT printer	Unit
Potassium phosphate monobasic (KH <sub>2</sub> PO <sub>4</sub> )	100kg Bottle
N-acetyl L-cystein (NaIC)	100g Bottle

Disposable gowns	60/Case
Glass beads	1Kg Pack
Oxalic acid	500g Bottle
Fire extinguisher (CO2)	5Kg
First Aid Box	Unit
N95 fit testing kit	Unit
Millipore Millex Sterile Syringe Filters 33mm	Pack
Microcentrifuge tubes (DNase/RNase free)	Unit
EZ1 Advanced XL, Priority Package Plus(Cat No./ID: 9001876)	1
Sterile pipette tips with filters (P10)	Pack
Sterile pipette tips with filters (P200)	Pack
Sterile pipette tips with filters (P100)	Pack
Sterile pipette tips with filters (P1000)	Pack
Permanent fine tip pens - black	Pack/12
Permanent fine tip pens - red	Pack/12
Spray bottles 500ml	Pack/5
Sterile Swabs (Pack of 1000)	Pack/1000
3 tier test tube rack	Each
Polythene bags (in-cabinet waste) 1000 (Small Clear bags)	Pack/1000
Bio-bins 1 lt (Small waste bin for inside cabinet)	Each
Waste Sacks; Plastic H/Duty Yellow (1000)	Pack/1000
Biohazard tape	Each
Lab signage - hazardous waste	Each
4.5g haz tabs (100 tabs)	Pack/12
Fumigant -formaldehyde 40%	2.5 Litres