



Government of the People's Republic of Bangladesh
Ministry of Local Government Rural Development and Cooperatives

TERMS OF REFERENCE
OF THE
CONSULTANCY SERVICES FOR PMU SUPPORT
(INDIVIDUAL COVID-19 RESPONSE CONSULTANT)
FOR
Western Economic Corridor & Regional Enhancement Program (WeCARE) Phase-I:
Rural Connectivity, Market and Logistic Infrastructure Improvement Project (RCMLIIP)

December 2020

Local Government Engineering Department

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PMULocal Government Division

List of Abbreviations:

IDA	:	International Development Association
IFAD	:	International Fund for Agricultural Development
IFC	:	International Finance Corporation
INDC	:	Intended Nationally Determined Contribution
GOB	:	Government of Bangladesh
LGED	:	Local Government Engineering Department
PPA	:	Public Procurement Act
PPR	:	Public Procurement Rule
PMC	:	Project Management Consultant
RHD	:	Roads and Highways Department
SAARC	:	South Asian Association for Regional Cooperation
WB	:	World Bank
WeCARE	:	Western Economic Corridor and Regional Enhancement
WHO	:	World Health Organization


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CONSULTANCY SERVICES FOR PMU SUPPORT
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1. INTRODUCTION AND BACKGROUND

INTRODUCTION

- 1.1 The Local Government Engineering Department (LGED) seeks to engage a qualified and experienced individual to provide support to the Project Management Unit (PMU) of WeCARE Phase – I for conducting project activities in a safe and reliable manner and prevent COVID-19 infection.

BACKGROUND

- 1.2 WeCARE program is aimed at providing efficient, safe, and resilient connectivity along a section of a regional transport corridor in Western Bangladesh. To that end, intended outcomes of the program are: Reduced transport and logistics costs (including post-harvest losses) along a regional transport corridor in Western Bangladesh, Safer and resilient road network in Bangladesh, and Faster and reliable internet connectivity in Western Bangladesh, and
- 1.3 The WeCARE program will support the Bangladesh Roads and Highways Department (RHD) to upgrade 260 km of national highway from a two-lane single carriageway to four lanes which will reduce the time and cost of travel for passengers and freight. The local impacts of the corridor would be transmitted through investments in LGED managed rural roads, local markets, and agro-logistics in the ten districts through which the corridor passes. The World Bank and Asian Infrastructure Investment Bank (AIIB) are joint financing for the Program.
- 1.4 WeCARE is a ten year long Multiphase Programmatic Approach (MPA) initiative. The program will consist of the following five phases:

Phase 1: Upgrading the Jashore- Jhenaidah road section as a smart, resilient and safe highway; and local economic infrastructure

Scope: This phase will upgrade the Jashore-Jhenaidah national highway (about 48km) from a two-lane single carriageway to a climate-resilient four lane dual carriageway. It


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will include separate service lanes for slow moving vehicles and vulnerable users on both sides of the carriageway and installation of OFC, Safe Corridor Demonstration Program (SCDP) and deployment of ITS. It will also finance upgrading of priority Upazila, Union, and village roads and complementary logistics infrastructure at rural markets (commonly referred to as growth centers) in the four (4) Program Districts of Jashore, Jhenaidah, Magura, and Chuadanga. In response to the COVID-19 crisis, this phase will foster employment opportunities through labor intensive civil works and development of a "Pandemic Response Plan" for the leading road agencies in Bangladesh. The phase I will also include required trainings/capacity building activities; Strategic Environmental and Social Assessment (SESA); Establishing a Road Transport Sector Integration and Coordination Platform (RTSICP) and operationalizing the Road Maintenance Fund Board Act; and preparatory studies/activities for subsequent MPA phases.

Phase 2: Road Maintenance Financing; and Strengthening Road Sector Management & Institutional Capacity

Scope: This phase will primarily focus on improving the management and maintenance regime of the primary road network, including the provision of seed funds to reduce the financing gap in the Government of Bangladesh's maintenance budget and operationalization of the road maintenance fund. Considering the significant infrastructure gaps in the sector, this phase will seek to advance the corporatization agenda, autonomy of agencies and transfer of requisite assets to help them raise commercial financing on their balance sheets, which would represent a significant departure from the current practice of accessing financing through government funds and MDB support. This will help the government to allocate sector financing more efficiently from annual budgeting and increase the role of corporatized SOEs to focus on sub-sector services.

This Phase will include the development of a Transport Sector Master Plan to enhance multi-modal transport integration and reduce institutional fragmentation in planning, implementation and operations; a comprehensive "Business Delivery Process Review"; and introduction and mainstreaming of good industry practices in areas of private sector financing and investment, contracting, road safety, value engineering, asset management, environment and social safeguards, climate resilience in design, construction and highway operations. The phase will also build on the reform efforts under the Bank's ongoing LGED portfolio, including reforming the maintenance regime of rural economic infrastructure. Training and capacity building activities of the RHD and LGED as well as the industry (e.g. consultants, contractors) will also be financed under this Phase.

Phase 3: Upgrading of Bhomra – Satkhira-Navaron road section as a smart, resilient and safe highway; and local economic infrastructure

Scope: This phase will upgrade the Bhomra – Satkhira - Navaron national highway (62km) from a two-lane single carriageway to a climate-resilient four lane dual carriageway. It will include separate service lanes for slow moving vehicles and vulnerable users on both sides of the carriageway, installation of OFC, and deployment of ITS. It will also finance priority Upazila, Union, and village roads and complementary logistics infrastructure in the three (3) Program Districts of Jashore, Satkhira and Meherpur. This Phase would comprehensively focus on Maximizing Finance for

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Development (MFD) approach and help Government attract alternative source of financing including use of an IDA guarantee, subject to a request from the Government of Bangladesh.

Phase 4: Upgrading of Local Economic Infrastructure

Scope: This phase will upgrade priority Upazila, Union, and village roads and complementary logistics infrastructure in the four (4) Program Districts of Natore, Shirajganj, Pabna, and Kushtia.

1.5 WeCARE Phase 1 has the following components:

Component 1: Upgrading the National Highway Corridor and Enhancing Digital Connectivity (Total Cost: US\$495.1 million; IDA: US\$314.2 million)

This component will be implemented by RHD and support the following:

- (a) Upgrading the Section¹ from a two-lane single carriageway to a climate-resilient four-lane dual carriage way with a service lane on each side;
- (b) (i) supporting the design of a climate-resilient optical fiber cable (OFC) system and intelligent transport system (ITS) for the Program Corridor; and (ii) supporting the installation, and operations and maintenance of the climate-resilient OFC system and the ITS;
- (c) (i) supporting the design of a pilot safe corridor demonstration program (SCDP) for the Section; and (ii) supporting the implementation of the SCDP along the Section, including: (A) implementing road safety countermeasures; (B) providing support for enhancing enforcement of traffic rules, including, *inter alia*: (I) the acquisition of patrol vehicles and motorcycles, breathalyzers and speed control radar guns; and (II) speed enforcement through CCTV cameras linked to control centers, all for the exclusive use of traffic control; (C) providing support for post-crash response and rescue, including the acquisition of ambulances, tow trucks (wreckers), cranes and metal-cutting equipment; and (D) carrying out public awareness campaigns; and
- (d) supporting studies, assessments, surveys, and data collection in relation to, *inter alia*, the feasibility, design, supervision, and technical aspects of the activities listed in (a) to (c) above, with respect to the Program Corridor or Section, as applicable.

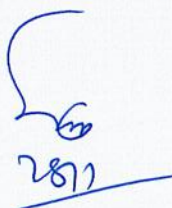
Component 2: Upgrading Secondary and Tertiary Roads; and Complementary Logistics Infrastructure and Services (Total Cost: US\$247 million; IDA: US\$171 million)

This component will be implemented by LGED and support the following:

- (a) Supporting, in the Project Districts²: (i) the development and upgrading of complementary logistics infrastructure, including, *inter alia*: (A) selected markets and

¹ "Section" means about 48 kilometers of the national highway N7 connecting the towns/cities of Jashore and Jhenaidah.

² "Project Districts" means the districts of Jashore, Jhenaidah, Magura, and Chuadanga.


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logistics infrastructure for selected agriculture value chains, livestock and fishing; and (B) amenities associated with such selected markets and logistics infrastructure; and (ii) the provision of relevant services; and

- (b) Upgrading around 600 kilometers of selected priority village roads, Upazila roads and Union roads, serving selected markets in the Project Districts, to all weather climate-resilient roads.

Component 3: Project Implementation Support and Sustainability (Total Cost: US\$6.7 million; IDA: US\$5.6 million)

This component will be implemented by both RHD and LGED and will support the following:

- (a) Providing training and supporting capacity building activities of RHD and LGED, and industry stakeholders on selected priority areas and Project management, including procurement, financial management, and environmental and social aspects;
- (b) Carrying out a Strategic Environmental and Social Assessment;
- (c) Supporting the establishment of a Fiduciary Advisory Consultant Panel (FACP);
- (d) Supporting the establishment of a Road Transport Sector Integration and Coordination Platform (RTSICP), and supporting the implementation of the Road Maintenance Fund Board Act; and
- (e) Providing support for preparatory activities for subsequent MPA Program phases.

Component 4: COVID-19 Relief and Recovery (Total Cost: US\$9.6 million; IDA: US\$9.2 million)

This component will be implemented by both RHD and LGED and will support the following:

- (a) Designing and implementing a program to foster employment opportunities for vulnerable local populations, including, on routine maintenance of roads, clearing of water passages, and hygiene-related small works; and as relevant, the provision of working tools and personal protective equipment;
- (b) Supporting the development and dissemination of an emergency response plan for COVID-19 for RHD and LGED; and
- (c) Supporting the provision of necessary upgrades at RHD and LGED offices to ensure business continuity and improve work environment safety.

Component 5: Contingent Emergency Response Component (CERC) (Total Cost: zero)

This component will provide immediate response to an Eligible Crisis or Emergency, as needed.

1.4 The scope of work for the consultant pertains to the WeCARE activities to be implemented by LGED, i.e. components 2(a) and 2(b) and component 4 for Phase -1.

2. OBJECTIVE

The main objective of this consultancy service is to support and advise the PMU in COVID-19 prevention, mitigation and response for activities implementation under Phase – I of WeCARE project.

In doing so, the consultant will undertake necessary tasks to develop Emergency Response and Action Plans for COVID-19 and support PMU for their implementation. The work of the consultant relates to COVID-19 prevention, mitigation, and response for activities under various project components, as well as, the day-to-day operation of the PMU and related LGED facilities.

The consulting services shall be provided by an experienced and qualified individual.

3. TASKS OF THE CONSULTANCY SERVICES

3.1 Task Summary

Following the WBG guideline “ESF/Safeguards interim note: COVID-19 considerations in construction/civil works projects” (Annex-1) and Government of Bangladesh’s prevention and quarantine policies and procedures, the individual will assist PMU for formulation of COVID-19 response plan and action plan development, integration of the plan and ensure that a safe working environment exists in the project area by applying the plans. The specific tasks to be undertaken by the consultant include:

1. Help PMU to monitor COVID 19 situation in country and project locations.
2. Ensure that the project is in compliance with World Bank ESF, particularly regarding ESS1, 2 and 4.
3. Performing situation analysis of impact of COVID-19 on project activities and identification/development of possible scenarios.
4. Leading the formulation of and supporting the implementation of an “COVID-19 Emergency Response Plan” for the project activities. The response plan should ensure safe work environment in terms of infection prevention, mitigation, and response in project area.



5. Leading the formulation of and supporting the implementation of a "COVID-19 Action Plan" to ensure that the day-to-day business of the PMU and LGED offices associated with the project is carried in a safe manner (in an environment unlikely to experience infection outbreak) and the protocols are in place to effectively respond to outbreaks.
6. Training project personnel on infection prevention and response.

3.2 Detailed Tasks

1. Monitoring COVID Situation: The consultant will help the PMU in monitoring the Pandemic/COVID-19 situation (i.e. daily cases being recorded, recovered, active cases and deaths) at all project locations.
2. Compliance with ESF: The consultant must ensure that the project is in compliance with World Bank ESF, particularly regarding ESS1, 2 and 4. The consultant needs to advise the PMU to ensure the world Bank groups "ESF/Safeguards interim note: COVID-19 considerations in construction/civil works projects" (Annex-1) is followed in all works carried out under the project.
3. Situation Analysis: Assess the nature of work to be conducted in various locations (sometimes simultaneously) for project implementation in view of infectious disease prevention (specially COVID-19) containment and mitigation. The work locations include but are not limited to PMU office and related LGED offices, consultant's offices, contractor's offices and work sites. The consultant needs to review project design and feasibility documentation for this task, and also needs to visit work locations upon consultation with the PMU. The consultant also needs to visit PMU, requisite LGED offices, and contractor offices to assess any existing COVID-19 prevention and response protocols and their implementation.
4. COVID-19 Emergency Response Plan:
 - a. This plan relates to project investment. Given the nature of work to be implemented, the consultant needs to develop a broad emergency COVID-19 response plan for the PMU.
 - b. Intent of the emergency plan is for the project authority to be ready for all possible developments regarding COVID-19 infection, treatment, and vaccination. The plan should identify all COVID-19 related probable situations (ranging from localized infection of few people to infection outbreak leading to closure of work) that may arise during project preparation and implementation of the project. For every possible situation, the plan should describe how the PMU should react (with a list of most reliable remedial measure and public health guidance) for minimizing damage of project personnel.
 - c. After the plan is submitted and when accepted by the PMU, the consultant will monitor implementation status and assist PMU in following the implementation guidelines. With availability of updated medical information, the plan should be updated in consultation with the PMU.
 - d. All necessary actionable procedures and protocols should be developed.

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5. COVID-19 Action Plan:

- a. This plan relates to project offices (PMU, related LGED offices, contractor offices etc). The emergency plan should formulate workplace controls and a hierarchy of controls for systematically prevent and remove infection from the workplace in the event there is infection among project personnel.
- b. Depending on the possible different outbreak scenarios, Prepare and implement basic COVID-19 action plans for WeCARE. The action plans will lay out safe work procedure for normal condition as well as for different tier of infections incidents. for all project related tasks. It should contain the cleaning, disinfection routine for all project offices. It should also include the process to be followed for various supplies needed for construction works and for people at work sites.
- c. All necessary actionable procedures and protocols should be developed.
- d. Some elements of the action plan are provided below but the consultant should expand the umbrella and include all relevant elements to ensure safe working environment.
 - Identify critical cleaning procedure and routine to be in various offices.
 - Demonstrate safe hand washing and other practices that should be used on a regular basis to remain safe and to keep the human contacts safe.
 - Means to promptly identify and isolate potentially infectious individuals as a critical step towards protecting workers, visitors, and others at an office or a worksite.
 - Train how the project personnel can self-monitor for signs and symptoms for COVID-19.
 - Develop policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19.
 - Develop the requirements of personal protective equipment at different scenarios.
 - For regular continuation of business, establish routine and safe practices.
 - Identify and categorize the tasks carried out for project implementation in terms of exposure risk. Formulate ways to eliminate, and if impossible, significantly minimize exposure risk for all categories/classes of jobs involved in the project.

6. Training project personnel

- a. Formulate communication strategy to disseminate safe practices and other information required to ensure prevention.
- b. Conduct training on relevant topics to ensure prevention and mitigation against COVID-19. The consultant should formulate a training schedule pertaining to both the emergency response and action plan. Upon approval from the PMU,


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- s/he should conduct training in different project related offices. Refresher trainings will be needed through out the life of the project.
- c. Inspect and report infectious disease safety status of various offices and facilities to PMU with recommendations to enhance safety. Prior approval may be required from PMU to inspect certain facilities and offices.
 - d. Any other relevant tasks assigned by PMU.
7. While developing the different Response/Action plans/documents, consultants must ensure that PMU is also in compliance with the Government of Bangladesh's prevention and quarantine policies and procedures that are applicable to construction works and the workers tested positive for Covid-19 and those who have had close contact with Covid-19 infected persons.

4.0 DURATION

Duration of the consultancy services would be approximately for -12 (twelve) months which may be intermittently used over a duration of two years.

5.0 INSTITUTIONAL ARRANGEMENT

The Consultant will work under direct control of the Project Director. S/he will report directly to the Project Director with close collaboration with other officials of the Project. The Consultant shall be accountable to the Project Director for his day to day activities. For payment purpose, 22 business days of service will be considered a month and eight working hours a day.

The consultant may be involved with other tasks with different employer if the roles are not conflicting and does not hamper with the tasks required for this project. The consultant must disclose all other ongoing or previous employment records to the PMU.

6.0 DELIVERABLES

The Consultant need to submit the following reports at a minimum. The PMU may require other relevant reports in addition to the following.

- i. Inception report
- ii. COVID-19 Monitoring Report
- iii. Emergency COVID-19 response plan
- iv. COVID-19 action plan
- v. Trainings Delivery and Completion Report
- vi. Quarterly status report on action plan implementation
- vii. Quarterly ESF compliance report related to COVID-19 guideline by World Bank and Government of Bangladesh.
- viii. Any other report requested by PMU.

7.0 EDUCATION AND EXPERIENCE

She/He should have an appropriate graduate degree (preferably in medical science or public health) as a minimum and a postgraduate degree or training on epidemiology. At

least 10(ten) years of experience as an epidemiologist to prevention and controlling disease, at least two years with infectious disease.

Additional experience, certification or training on COVID-19 response is preferred. Familiarity with COVID-19 related research finding and changing guidelines from international organizations like WHO is required.

8.0 SELECTION PROCEDURE

Selection of the consultant will follow the procedures for selecting Individual Consultants (ICS) described in the World Bank's Procurement Regulation for IPF Borrowers, July 2016.

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ANNEX-1

ESF/SAFEGUARDS INTERIM NOTE: COVID-19 CONSIDERATIONS IN CONSTRUCTION/CIVIL WORKS PROJECTS

This note was issued on April 7, 2020 and includes links to the latest guidance as of this date (e.g. from WHO). Given the COVID-19 situation is rapidly evolving, when using this note it is important to check whether any updates to these external resources have been issued.

1. INTRODUCTION

The COVID-19 pandemic presents Governments with unprecedented challenges. Addressing COVID-19 related issues in both existing and new operations starts with recognizing that this is not business as usual and that circumstances require a highly adaptive responsive management design to avoid, minimize and manage what may be a rapidly evolving situation. In many cases, we will ask Borrowers to use reasonable efforts in the circumstances, recognizing that what may be possible today may be different next week (both positively, because more supplies and guidance may be available, and negatively, because the spread of the virus may have accelerated).

This interim note is intended to provide guidance to teams on how to support Borrowers in addressing key issues associated with COVID-19, and consolidates the advice that has already been provided over the past month. As such, it should be used in place of other guidance that has been provided to date. This note will be developed as the global situation and the Bank's learning (and that of others) develops. This is not a time when 'one size fits all'. More than ever, teams will need to work with Borrowers and projects to understand the activities being carried out and the risks that these activities may entail. Support will be needed in designing mitigation measures that are implementable in the context of the project. These measures will need to take into account capacity of the Government agencies, availability of supplies and the practical challenges of operations on-the-ground, including stakeholder engagement, supervision and monitoring. In many circumstances, communication itself may be challenging, where face-to-face meetings are restricted or prohibited, and where IT solutions are limited or unreliable.

This note emphasizes the importance of careful scenario planning, clear procedures and protocols, management systems, effective communication and coordination, and the need for high levels of responsiveness in a changing environment. It recommends assessing the current situation of the project, putting in place mitigation measures to avoid or minimize the chance of infection, and planning what to do if either project workers become infected or the work force includes workers from proximate communities affected by COVID-19. In many projects, measures to avoid or minimize will need to be implemented at the same time as dealing with sick workers and relations with the community, some of whom may also be ill or concerned about infection. Borrowers should understand the obligations that contractors have under their existing contracts (see Section 3), require contractors to put in place appropriate organizational structures (see Section 4) and develop procedures to address different aspects of COVID-19 (see Section 5).



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2. CHALLENGES WITH CONSTRUCTION/CIVIL WORKS

Projects involving construction/civil works frequently involve a large work force, together with suppliers and supporting functions and services. The work force may comprise workers from international, national, regional, and local labor markets. They may need to live in on-site accommodation, lodge within communities close to work sites or return to their homes after work. There may be different contractors permanently present on site, carrying out different activities, each with their own dedicated workers. Supply chains may involve international, regional and national suppliers facilitating the regular flow of goods and services to the project (including supplies essential to the project such as fuel, food, and water). As such there will also be regular flow of parties entering and exiting the site; support services, such as catering, cleaning services, equipment, material and supply deliveries, and specialist sub-contractors, brought in to deliver specific elements of the works.

Given the complexity and the concentrated number of workers, the potential for the spread of infectious disease in projects involving construction is extremely serious, as are the implications of such a spread. Projects may experience large numbers of the work force becoming ill, which will strain the project's health facilities, have implications for local emergency and health services and may jeopardize the progress of the construction work and the schedule of the project. Such impacts will be exacerbated where a work force is large and/or the project is in remote or under-serviced areas. In such circumstances, relationships with the community can be strained or difficult and conflict can arise, particularly if people feel they are being exposed to disease by the project or are having to compete for scarce resources. The project must also exercise appropriate precautions against introducing the infection to local communities.

3. DOES THE CONSTRUCTION CONTRACT COVER THIS SITUATION?

Given the unprecedented nature of the COVID-19 pandemic, it is unlikely that the existing construction/civil works contracts will cover all the things that a prudent contractor will need to do. Nevertheless, the first place for a Borrower to start is with the contract, determining what a contractor's existing obligations are, and how these relate to the current situation.

The obligations on health and safety will depend on what kind of contract exists (between the Borrower and the main contractor; between the main contractors and the sub-contractors). It will differ if the Borrower used the World Bank's standard procurement documents (SPDs) or used national bidding documents. If a FIDIC document has been used, there will be general provisions relating to health and safety. For example, the standard FIDIC, Conditions of Contract for Construction (Second Edition 2017), which contains no 'ESF enhancements', states (in the General Conditions, clause 6.7) that the Contractor will be required:

- to take all necessary precautions to maintain the health and safety of the Contractor's Personnel



- to appoint a health and safety officer at site, who will have the authority to issue directives for the purpose of maintaining the health and safety of all personnel authorized to enter and or work on the site and to take protective measures to prevent accidents
- to ensure, in collaboration with local health authorities, that medical staff, first aid facilities, sick bay, ambulance services and any other medical services specified are available at all times at the site and at any accommodation
- to ensure suitable arrangements are made for all necessary welfare and hygiene requirements and for the prevention of epidemics

These requirements have been enhanced through the introduction of the ESF into the SPDs (edition dated July 2019). The general FIDIC clause referred to above has been strengthened to reflect the requirements of the ESF. Beyond FIDIC's general requirements discussed above, the Bank's Particular Conditions include a number of relevant requirements on the Contractor, including:

- to provide health and safety training for Contractor's Personnel (which include project workers and all personnel that the Contractor uses on site, including staff and other employees of the Contractor and Subcontractors and any other personnel assisting the Contractor in carrying out project activities)
- to put in place workplace processes for Contractor's Personnel to report work situations that are not safe or healthy
- gives Contractor's Personnel the right to report work situations which they believe are not safe or healthy, and to remove themselves from a work situation which they have a reasonable justification to believe presents an imminent and serious danger to their life or health (with no reprisal for reporting or removing themselves)
- requires measures to be in place to avoid or minimize the spread of diseases including measures to avoid or minimize the transmission of communicable diseases that may be associated with the influx of temporary or permanent contract-related labor
- to provide an easily accessible grievance mechanism to raise workplace concerns

Where the contract form used is FIDIC, the Borrower (as the Employer) will be represented by the Engineer (also referred to in this note as the Supervising Engineer). The Engineer will be authorized to exercise authority specified in or necessarily implied from the construction contract. In such cases, the Engineer (through its staff on site) will be the interface between the PMU and the Contractor. It is important therefore to understand the scope of the Engineer's responsibilities. It is also important to recognize that in the case of infectious diseases such as COVID-19, project management – through the Contractor/subcontractor hierarchy – is only as effective as the weakest link. A thorough review of management procedures/plans as they will be implemented through the entire contractor hierarchy is important. Existing contracts provide the outline of this structure; they form the basis for the Borrower to understand how proposed mitigation measures will be designed and how adaptive management will be implemented, and to start a conversation with the Contractor on measures to address COVID-19 in the project.

4. WHAT PLANNING SHOULD THE BORROWER BE DOING?

Task teams should work with Borrowers (PMUs) to confirm that projects (i) are taking adequate precautions to prevent or minimize an outbreak of COVID-19, and (ii) have identified what to do in the event of an outbreak. Suggestions on how to do this are set out below:

- The PMU, either directly or through the Supervising Engineer, should request details in writing from the main Contractor of the measures being taken to address the risks. As stated in Section 3, the construction contract should include health and safety requirements, and these can be used as the basis for identification of, and requirements to implement, COVID-19 specific measures. The measures may be presented as a contingency plan, as an extension of the existing project emergency and preparedness plan or as standalone procedures. The measures may be reflected in revisions to the project's health and safety manual. This request should be made in writing (following any relevant procedure set out in the contract between the Borrower and the contractor).
- In making the request, it may be helpful for the PMU to specify the areas that should be covered. This should include the items set out in Section 5 below and take into account current and relevant guidance provided by national authorities, WHO and other organizations. See the list of references in the Annex to this note.
- The PMU should require the Contractor to convene regular meetings with the project health and safety specialists and medical staff (and where appropriate the local health authorities), and to take their advice in designing and implementing the agreed measures.
- Where possible, a senior person should be identified as a focal point to deal with COVID-19 issues. This can be a work supervisor or a health and safety specialist. This person can be responsible for coordinating preparation of the site and making sure that the measures taken are communicated to the workers, those entering the site and the local community. It is also advisable to designate at least one back-up person, in case the focal point becomes ill; that person should be aware of the arrangements that are in place.
- On sites where there are a number of contractors and therefore (in effect) different work forces, the request should emphasize the importance of coordination and communication between the different parties. Where necessary, the PMU should request the main contractor to put in place a protocol for regular meetings of the different contractors, requiring each to appoint a designated staff member (with back up) to attend such meetings. If meetings cannot be held in person, they should be conducted using whatever IT is available. The effectiveness of mitigation measures will depend on the weakest implementation, and therefore it is important that all contractors and sub-contractors understand the risks and the procedure to be followed.

- The PMU, either directly or through the Supervising Engineer, may provide support to projects in identifying appropriate mitigation measures, particularly where these will involve interface with local services, in particular health and emergency services. In many cases, the PMU can play a valuable role in connecting project representatives with local Government agencies, and helping coordinate a strategic response, which takes into account the availability of resources. To be most effective, projects should consult and coordinate with relevant Government agencies and other projects in the vicinity.
- Workers should be encouraged to use the existing project grievance mechanism to report concerns relating to COVID-19, preparations being made by the project to address COVID-19 related issues, how procedures are being implemented, and concerns about the health of their co-workers and other staff.

5. WHAT SHOULD THE CONTRACTOR COVER?

The Contractor should identify measures to address the COVID-19 situation. What will be possible will depend on the context of the project: the location, existing project resources, availability of supplies, capacity of local emergency/health services, the extent to which the virus already exist in the area. A systematic approach to planning, recognizing the challenges associated with rapidly changing circumstances, will help the project put in place the best measures possible to address the situation. As discussed above, measures to address COVID-19 may be presented in different ways (as a contingency plan, as an extension of the existing project emergency and preparedness plan or as standalone procedures). PMUs and contractors should refer to guidance issued by relevant authorities, both national and international (e.g. WHO), which is regularly updated (see sample References and links provided in the Annex).

Addressing COVID-19 at a project site goes beyond occupational health and safety, and is a broader project issue which will require the involvement of different members of a project management team. In many cases, the most effective approach will be to establish procedures to address the issues, and then to ensure that these procedures are implemented systematically. Where appropriate given the project context, a designated team should be established to address COVID-19 issues, including PMU representatives, the Supervising Engineer, management (e.g. the project manager) of the contractor and sub-contractors, security, and medical and OHS professionals. Procedures should be clear and straightforward, improved as necessary, and supervised and monitored by the COVID-19 focal point(s). Procedures should be documented, distributed to all contractors, and discussed at regular meetings to facilitate adaptive management. The issues set out below include a number that represent expected good workplace management but are especially pertinent in preparing the project response to COVID-19.

(a) ASSESSING WORKFORCE CHARACTERISTICS

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Many construction sites will have a mix of workers e.g. workers from the local communities; workers from a different part of the country; workers from another country. Workers will be employed under different terms and conditions and be accommodated in different ways. Assessing these different aspects of the workforce will help in identifying appropriate mitigation measures:

- The Contractor should prepare a detailed profile of the project work force, key work activities, schedule for carrying out such activities, different durations of contract and rotations (e.g. 4 weeks on, 4 weeks off).
- This should include a breakdown of workers who reside at home (i.e. workers from the community), workers who lodge within the local community and workers in on-site accommodation. Where possible, it should also identify workers that may be more at risk from COVID-19, those with underlying health issues or who may be otherwise at risk.
- Consideration should be given to ways in which to minimize movement in and out of site. This could include lengthening the term of existing contracts, to avoid workers returning home to affected areas, or returning to site from affected areas.
- Workers accommodated on site should be required to minimize contact with people near the site, and in certain cases be prohibited from leaving the site for the duration of their contract, so that contact with local communities is avoided.
- Consideration should be given to requiring workers lodging in the local community to move to site accommodation (subject to availability) where they would be subject to the same restrictions.
- Workers from local communities, who return home daily, weekly or monthly, will be more difficult to manage. They should be subject to health checks at entry to the site (as set out above) and at some point, circumstances may make it necessary to require them to either use accommodation on site or not to come to work.

(b) ENTRY/EXIT TO THE WORK SITE AND CHECKS ON COMMENCEMENT OF WORK

Entry/exit to the work site should be controlled and documented for both workers and other parties, including support staff and suppliers. Possible measures may include: Establishing a system for controlling entry/exit to the site, securing the boundaries of the site, and establishing designating entry/exit points (if they do not already exist). Entry/exit to the site should be documented.

- Training security staff on the (enhanced) system that has been put in place for securing the site and controlling entry and exit, the behaviors required of them in enforcing such system and any COVID 19 specific considerations.
- Training staff who will be monitoring entry to the site, providing them with the resources they need to document entry of workers, conducting temperature checks and recording details of any worker that is denied entry.
- Confirming that workers are fit for work before they enter the site or start work. While procedures should already be in place for this, special attention should be paid to workers



with underlying health issues or who may be otherwise at risk. Consideration should be given to demobilization of staff with underlying health issues.

- Checking and recording temperatures of workers and other people entering the site or requiring self-reporting prior to or on entering the site.
- Providing daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures, using demonstrations and participatory methods.
- During the daily briefings, reminding workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor or the COVID-19 focal point if they have symptoms or are feeling unwell.
- Preventing a worker from an affected area or who has been in contact with an infected person from returning to the site for 14 days or (if that is not possible) isolating such worker for 14 days.
- Preventing a sick worker from entering the site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days.

(c) GENERAL HYGIENE

Requirements on general hygiene should be communicated and monitored, to include:

- Training workers and staff on site on the signs and symptoms of COVID-19, how it is spread, how to protect themselves (including regular handwashing and social distancing) and what to do if they or other people have symptoms (for further information see WHO COVID-19 advice for the public).
- Placing posters and signs around the site, with images and text in local languages.
- Ensuring handwashing facilities supplied with soap, disposable paper towels and closed waste bins exist at key places throughout site, including at entrances/exits to work areas; where there is a toilet, canteen or food distribution, or provision of drinking water; in worker accommodation; at waste stations; at stores; and in common spaces. Where handwashing facilities do not exist or are not adequate, arrangements should be made to set them up. Alcohol based sanitizer (if available, 60-95% alcohol) can also be used.
- Review worker accommodations, and assess them in light of the requirements set out in IFC/EBRD guidance on Workers' Accommodation: processes and standards, which provides valuable guidance as to good practice for accommodation.
- Setting aside part of worker accommodation for precautionary self-quarantine as well as more formal isolation of staff who may be infected (see paragraph (f)).

(d) CLEANING AND WASTE DISPOSAL



Conduct regular and thorough cleaning of all site facilities, including offices, accommodation, canteens, common spaces. Review cleaning protocols for key construction equipment (particularly if it is being operated by different workers). This should include:

- Providing cleaning staff with adequate cleaning equipment, materials and disinfectant.
- Review general cleaning systems, training cleaning staff on appropriate cleaning procedures and appropriate frequency in high use or high-risk areas.
- Where it is anticipated that cleaners will be required to clean areas that have been or are suspected to have been contaminated with COVID-19, providing them with appropriate PPE: gowns or aprons, gloves, eye protection (masks, goggles or face screens) and boots or closed work shoes. If appropriate PPE is not available, cleaners should be provided with best available alternatives.
- Training cleaners in proper hygiene (including handwashing) prior to, during and after conducting cleaning activities; how to safely use PPE (where required); in waste control (including for used PPE and cleaning materials).
- Any medical waste produced during the care of ill workers should be collected safely in designated containers or bags and treated and disposed of following relevant requirements (e.g., national, WHO). If open burning and incineration of medical wastes is necessary, this should be for as limited a duration as possible. Waste should be reduced and segregated, so that only the smallest amount of waste is incinerated (for further information see WHO interim guidance on water, sanitation and waste management for COVID-19).

(e) ADJUSTING WORK PRACTICES

Consider changes to work processes and timings to reduce or minimize contact between workers, recognizing that this is likely to impact the project schedule. Such measures could include:

- Decreasing the size of work teams.
- Limiting the number of workers on site at any one time.
- Changing to a 24-hour work rotation.
- Adapting or redesigning work processes for specific work activities and tasks to enable social distancing, and training workers on these processes.
- Continuing with the usual safety trainings, adding COVID-19 specific considerations. Training should include proper use of normal PPE. While as of the date of this note, general advice is that construction workers do not require COVID-19 specific PPE, this should be kept under review (for further information see WHO interim guidance on rational use of personal protective equipment (PPE) for COVID-19).
- Reviewing work methods to reduce use of construction PPE, in case supplies become scarce or the PPE is needed for medical workers or cleaners. This could include, e.g. trying to reduce the need for dust masks by checking that water sprinkling systems are in good working order and are maintained or reducing the speed limit for haul trucks.

- Arranging (where possible) for work breaks to be taken in outdoor areas within the site.
- Consider changing canteen layouts and phasing meal times to allow for social distancing and phasing access to and/or temporarily restricting access to leisure facilities that may exist on site, including gyms.

At some point, it may be necessary to review the overall project schedule, to assess the extent to which it needs to be adjusted (or work stopped completely) to reflect prudent work practices, potential exposure of both workers and the community and availability of supplies, taking into account Government advice and instructions.

(f) PROJECT MEDICAL SERVICES

Consider whether existing project medical services are adequate, taking into account existing infrastructure (size of clinic/medical post, number of beds, isolation facilities), medical staff, equipment and supplies, procedures and training. Where these are not adequate, consider upgrading services where possible, including:

- Expanding medical infrastructure and preparing areas where patients can be isolated. Guidance on setting up isolation facilities is set out in WHO interim guidance on considerations for quarantine of individuals in the context of containment for COVID-19. Isolation facilities should be located away from worker accommodation and ongoing work activities. Where possible, workers should be provided with a single well-ventilated room (open windows and door). Where this is not possible, isolation facilities should allow at least 1 meter between workers in the same room, separating workers with curtains, if possible. Sick workers should limit their movements, avoiding common areas and facilities and not be allowed visitors until they have been clear of symptoms for 14 days. If they need to use common areas and facilities (e.g. kitchens or canteens), they should only do so when unaffected workers are not present and the area/facilities should be cleaned prior to and after such use.
- Training medical staff, which should include current WHO advice on COVID-19 and recommendations on the specifics of COVID-19. Where COVID-19 infection is suspected, medical providers on site should follow WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected.
- Training medical staff in testing, if testing is available.
- Assessing the current stock of equipment, supplies and medicines on site, and obtaining additional stock, where required and possible. This could include medical PPE, such as gowns, aprons, medical masks, gloves, and eye protection. Refer to WHO guidance as to what is advised (for further information see WHO interim guidance on rational use of personal protective equipment (PPE) for COVID-19).
- If PPE items are unavailable due to world-wide shortages, medical staff on the project should agree on alternatives and try to procure them. Alternatives that may commonly be found on construction sites include dust masks, construction gloves and eye goggles. While these items are not recommended, they should be used as a last resort if no medical PPE is available.

- Ventilators will not normally be available on work sites, and in any event, intubation should only be conducted by experienced medical staff. If a worker is extremely ill and unable to breathe properly on his or her own, they should be referred immediately to the local hospital (see (g) below).
- Review existing methods for dealing with medical waste, including systems for storage and disposal (for further information see WHO interim guidance on water, sanitation and waste management for COVID-19, and WHO guidance on safe management of wastes from health-care activities).

(g) LOCAL MEDICAL AND OTHER SERVICES

Given the limited scope of project medical services, the project may need to refer sick workers to local medical services. Preparation for this includes:

- Obtaining information as to the resources and capacity of local medical services (e.g. number of beds, availability of trained staff and essential supplies).
- Conducting preliminary discussions with specific medical facilities, to agree what should be done in the event of ill workers needing to be referred.
- Considering ways in which the project may be able to support local medical services in preparing for members of the community becoming ill, recognizing that the elderly or those with pre-existing medical conditions require additional support to access appropriate treatment if they become ill.
- Clarifying the way in which an ill worker will be transported to the medical facility, and checking availability of such transportation.
- Establishing an agreed protocol for communications with local emergency/medical services.
- Agreeing with the local medical services/specific medical facilities the scope of services to be provided, the procedure for in-take of patients and (where relevant) any costs or payments that may be involved.
- A procedure should also be prepared so that project management knows what to do in the unfortunate event that a worker ill with COVID-19 dies. While normal project procedures will continue to apply, COVID-19 may raise other issues because of the infectious nature of the disease. The project should liaise with the relevant local authorities to coordinate what should be done, including any reporting or other requirements under national law.

(h) INSTANCES OR SPREAD OF THE VIRUS

WHO provides detailed advice on what should be done to treat a person who becomes sick or displays symptoms that could be associated with the COVID-19 virus (for further information see WHO interim guidance on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected). The project should set out risk-based procedures to be followed, with differentiated approaches based on case severity (mild, moderate, severe,

critical) and risk factors (such as age, hypertension, diabetes) (for further information see WHO interim guidance on operational considerations for case management of COVID-19 in health facility and community). These may include the following:

- If a worker has symptoms of COVID-19 (e.g. fever, dry cough, fatigue) the worker should be removed immediately from work activities and isolated on site.
- If testing is available on site, the worker should be tested on site. If a test is not available at site, the worker should be transported to the local health facilities to be tested (if testing is available).
- If the test is positive for COVID-19 or no testing is available, the worker should continue to be isolated. This will either be at the work site or at home. If at home, the worker should be transported to their home in transportation provided by the project.
- Extensive cleaning procedures with high-alcohol content disinfectant should be undertaken in the area where the worker was present, prior to any further work being undertaken in that area. Tools used by the worker should be cleaned using disinfectant and PPE disposed of.
- Co-workers (i.e. workers with whom the sick worker was in close contact) should be required to stop work, and be required to quarantine themselves for 14 days, even if they have no symptoms.

Family and other close contacts of the worker should be required to quarantine themselves for 14 days, even if they have no symptoms.

- If a case of COVID-19 is confirmed in a worker on the site, visitors should be restricted from entering the site and worker groups should be isolated from each other as much as possible.
- If workers live at home and has a family member who has a confirmed or suspected case of COVID19, the worker should quarantine themselves and not be allowed on the project site for 14 days, even if they have no symptoms.
- Workers should continue to be paid throughout periods of illness, isolation or quarantine, or if they are required to stop work, in accordance with national law.
- Medical care (whether on site or in a local hospital or clinic) required by a worker should be paid for by the employer.

(i) CONTINUITY OF SUPPLIES AND PROJECT ACTIVITIES

Where COVID-19 occurs, either in the project site or the community, access to the project site may be restricted, and movement of supplies may be affected.

- Identify back-up individuals, in case key people within the project management team (PMU, Supervising Engineer, Contractor, sub-contractors) become ill, and communicate who these are so that people are aware of the arrangements that have been put in place.
- Document procedures, so that people know what they are, and are not reliant on one person's knowledge.

- Understand the supply chain for necessary supplies of energy, water, food, medical supplies and cleaning equipment, consider how it could be impacted, and what alternatives are available. Early pro-active review of international, regional and national supply chains, especially for those supplies that are critical for the project, is important (e.g. fuel, food, medical, cleaning and other essential supplies). Planning for a 1-2 month interruption of critical goods may be appropriate for projects in more remote areas.
- Place orders for/procure critical supplies. If not available, consider alternatives (where feasible).
- Consider existing security arrangements, and whether these will be adequate in the event of interruption to normal project operations.
- Consider at what point it may become necessary for the project to significantly reduce activities or to stop work completely, and what should be done to prepare for this, and to re-start work when it becomes possible or feasible.

(j) TRAINING AND COMMUNICATION WITH WORKERS

Workers need to be provided with regular opportunities to understand their situation, and how they can best protect themselves, their families and the community. They should be made aware of the procedures that have been put in place by the project, and their own responsibilities in implementing them.

- It is important to be aware that in communities close to the site and amongst workers without access to project management, social media is likely to be a major source of information. This raises the importance of regular information and engagement with workers (e.g. through training, town halls, tool boxes) that emphasizes what management is doing to deal with the risks of COVID-19. Allaying fear is an important aspect of work force peace of mind and business continuity. Workers should be given an opportunity to ask questions, express their concerns, and make suggestions.
- Training of workers should be conducted regularly, as discussed in the sections above, providing workers with a clear understanding of how they are expected to behave and carry out their work duties.
- Training should address issues of discrimination or prejudice if a worker becomes ill and provide an understanding of the trajectory of the virus, where workers return to work.
- Training should cover all issues that would normally be required on the work site, including use of safety procedures, use of construction PPE, occupational health and safety issues, and code of conduct, taking into account that work practices may have been adjusted.
- Communications should be clear, based on fact and designed to be easily understood by workers, for example by displaying posters on handwashing and social distancing, and what to do if a worker displays symptoms.

(k) COMMUNICATION AND CONTACT WITH THE COMMUNITY

Relations with the community should be carefully managed, with a focus on measures that are being implemented to safeguard both workers and the community. The community may be concerned about the presence of non-local workers, or the risks posed to the community by local workers presence on the project site. The project should set out risk-based procedures to be followed , which may reflect WHO guidance (for further information see WHO Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response). The following good practice should be considered:

- Communications should be clear, regular, based on fact and designed to be easily understood by community members.
- Communications should utilize available means. In most cases, face-to-face meetings with the community or community representatives will not be possible. Other forms of communication should be used; posters, pamphlets, radio, text message, electronic meetings. The means used should take into account the ability of different members of the community to access them, to make sure that communication reaches these groups.
- The community should be made aware of procedures put in place at site to address issues related to COVID-19. This should include all measures being implemented to limit or prohibit contact between workers and the community. These need to be communicated clearly, as some measures will have financial implications for the community (e.g. if workers are paying for lodging or using local facilities). The community should be made aware of the procedure for entry/exit to the site, the training being given to workers and the procedure that will be followed by the project if a worker becomes sick.
- If project representatives, contractors or workers are interacting with the community, they should practice social distancing and follow other COVID-19 guidance issued by relevant authorities, both national and international (e.g. WHO).

6. EMERGENCY POWERS AND LEGISLATION

Many Borrowers are enacting emergency legislation. The scope of such legislation, and the way it interacts with other legal requirements, will vary from country to country. Such legislation can cover a range of issues, for example:

- Declaring a public health emergency
Authorizing the use of police or military in certain activities (e.g. enforcing curfews or restrictions on movement)
- Ordering certain categories of employees to work longer hours, not to take holiday or not to leave their job (e.g. health workers)
- Ordering non-essential workers to stay at home, for reduced pay or compulsory holiday

Except in exceptional circumstances (after referral to the World Bank's Operations Environmental and Social Review Committee (OESRC)), projects will need to follow emergency legislation to the extent that these are mandatory or advisable. It is important that the Borrower understands how mandatory requirements of the legislation will impact the project. Teams should require Borrowers (and in turn, Borrowers should request Contractors) to consider how the emergency legislation will impact the obligations of the Borrower set out in the legal agreement and the obligations set out in the construction contracts. Where the legislation requires a material departure from existing contractual obligations, this should be documented, setting out the relevant provisions.

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ANNEX

WHO Guidance

Advice for the public

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

Technical guidance

Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected, issued on 19 March 2020

Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, issued on 18 March 2020

Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response, issued on 16 March 2020

Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), issued on 19 March 2020

Operational considerations for case management of COVID-19 in health facility and community, issued on 19 March 2020

Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19), issued on 27 February 2020

Getting your workplace ready for COVID-19, issued on 19 March 2020

Water, sanitation, hygiene and waste management for COVID-19, issued on 19 March 2020

Safe management of wastes from health-care activities issued in 2014

Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (COVID-19) outbreak, issued on March 19, 2020

A. ILO GUIDANCE

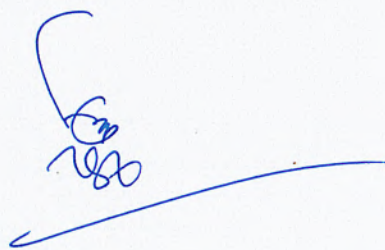
ILO Standards and COVID-19 FAQ, issued on March 23, 2020 (provides a compilation of answers to most frequently asked questions related to international labor standards and COVID-19)

B. MFI GUIDANCE

IDB Invest Guidance for Infrastructure Projects on COVID-19: A Rapid Risk Profile and Decision Framework

KfW DEG COVID-19 Guidance for employers, issued on 31 March 2020

CDC Group COVID-19 Guidance for Employers, issued on 23 March 2020

A handwritten signature in blue ink, appearing to be 'J. M.', with the date '2020' written below it. A long, horizontal blue line is drawn underneath the signature and date.