

Clarification no. 1 of the Bidding Documents regarding the Procurement of the modular prefabricated containers Ref. No: MK/ERCPC # 1.1.7

1. (ii) Experience and Technical Capacity

- The bidder should have performed at least two assignments in the past ten years, similar to the one described in this bidding document (name of the assignment, description, duration, contract amount, reference). Total value of the contract must be at least 75% of equal or higher value than the bid price offered. The similarity shall be based on the specific type of equipment. Substantial completion shall be based on 100% delivery completed under the contract. The list shall be supported with certificates on fulfilled contract obligations. In a case of Joint Venture (JV) the qualifications of the JV partners will be cumulated, and the fulfillment of this criteria will be determined if the Leading partner has completed at least one (1) successful contract

Question by the Bidder 1:

Total value of both contracts-references must be at least 75% of equal or higher value than the bid price offered

or

Total value per each contract-reference must be at least 75% of equal or higher value than the bid price offered?

Clarification: Total value per each contract must be at least 75% of equal or higher value than the bid price offered.

2. **Question by the Bidder 2:**

You are kindly requested to clarify us point 3.1 Qualification Criteria (ITB 37.1) - (i) Financial Capability: is there any specific minimum criteria to be fulfilled by the bidder concerning the financial capability, like minimum annual turnovers that the bidder shall fulfilled for the last (3) three years, because it is not stated in the Bid documents. Many thanks and best regards.

Clarification: Please refer to the page 42 from the ICB Document: Section III – Evaluation and Qualification Criteria, point 3. Qualification (ITB 37); 3.1 Qualification Criteria (ITB 37.1), (i) Financial Capability below:

3. Qualification (ITB 37)

3.1 Qualification Criteria (ITB 37.1)

After determining the substantially responsive Bid which offers the lowest-evaluated cost in accordance with ITB 34, and, if applicable, the assessment of any Abnormally Low Bid (in accordance with ITB 36) the Purchaser shall carry out the post-qualification of the Bidder in accordance with ITB 37, using only the requirements specified. Requirements not included in the text below shall not be used in the evaluation of the Bidder's qualifications.

(i) Financial Capability

- Bidders must be able to prove financial stability and solvency in the form of approved and notarized financial statements for the last three (3) years (2017, 2018 and 2019).
In a case of Joint Venture this qualification criteria must be fulfilled by all partners of the Joint Venture

Clarification no. 2 regarding the Procurement of the modular prefabricated containers Ref. No: MK/ERCP # 1.1.7

1. Question by the Bidder 1:

Could you clarify us which table for delivery terms is required to be fulfilled? Table with price schedule or List of goods and delivery schedule (page 86) or which table precedes because we have different criteria for fulfilling.

At table "list of goods and delivery schedule" is required to be fulfilled with delivery dates by location and type of object (A,B,C,D) but at table "Price schedule" its defined delivery time by type of container.

Our opinion is that relevant table for fulfilling is table "list of goods and delivery schedule" (page 86) please confirm or precise?

Clarification: None of the table proceeds, they are all connected and request different information. The price tables are for the prices offered (there is no requested information regarding the delivery time line), The table- List of goods and delivery schedule is for offering delivery time line.

2. Question by the Bidder 2:

At "MONITORING PLAN" please clarify us who is Project budget and who is contractor budget?

Clarification: The budget is not a public information

3. Question by the Bidder 3:

Could you send us contact person for each location defined at this tender procedure in order to make site inspection on each location?

Clarification: Site visits are not envisaged in this tender procedure. Please check the published environmental and social management plan (ESMP) check lists for more information - <http://mtsp.gov.mk/ercp.nsp>

4. Question by the Bidder 4:

The drawings for type of Covid-19 hospital is not clear, would you send us separate clear ones?

Clarification: The drawings are sent as a zip document along with this Clarification No. 2 document.

5. Question by the Bidder 5:

Deadline for submission and way of submission, since of Covid-19, the express is delayed not as normal, so we wonder if you agree us to submit our proposal by security email of yours, if agree, please share

the email address. And please kindly consider to extend deadline of bid for an extra two weeks for us to prepare and update our proposal to the most suitable one.

Clarification: This type of procurement does not allow electronic submission of bids and due to the urgency of the procurement we are not able to extend the deadline for submission of bids for an extra two weeks.

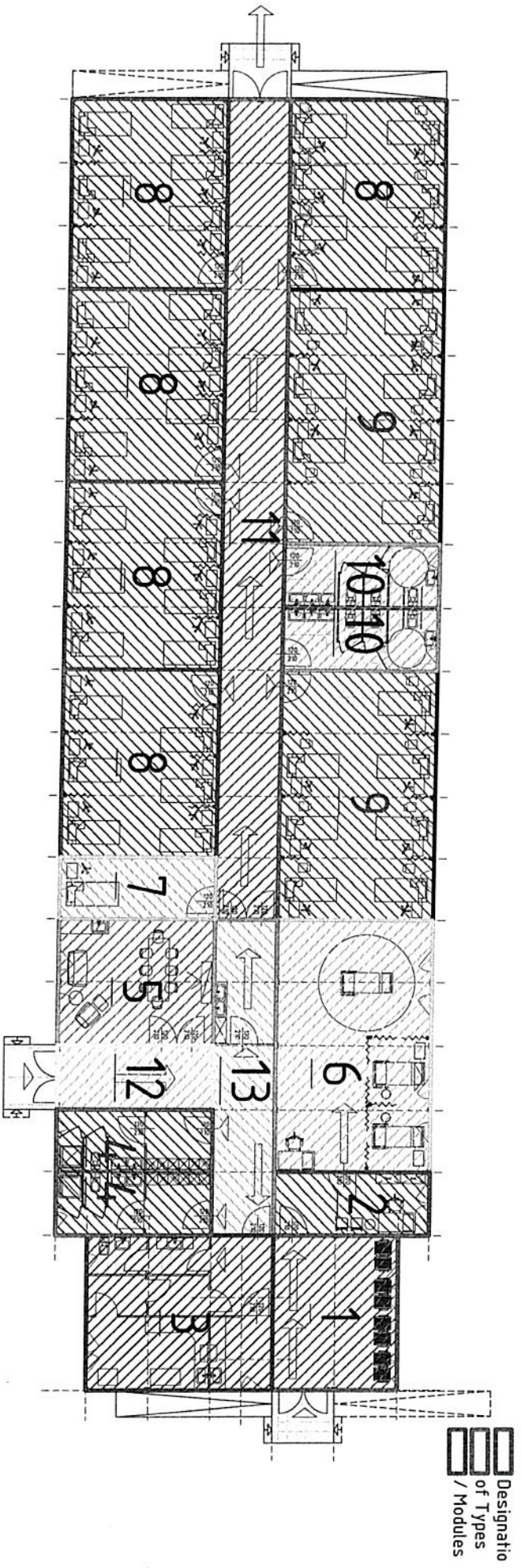
- 6. Question by the Bidder 6:** Delivery time, would you kindly consider to extend for an extra month since we need more time to ship from out of North Macedonia.

Clarification: Due to the urgency of the procurement we are also unable to extend the delivery time.

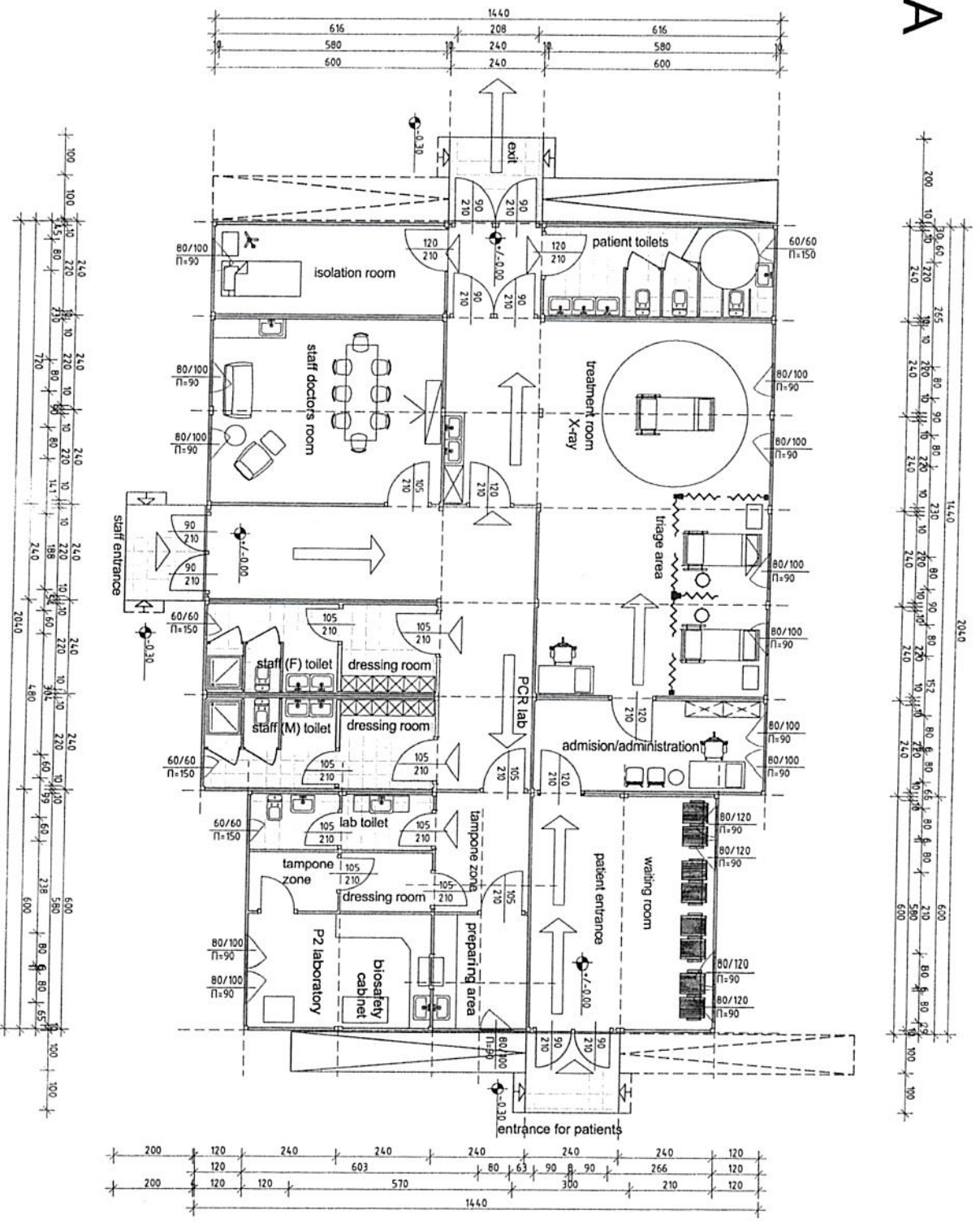
- 7. Question by the Bidder 7:** Will the 19 hospitals in 17 areas be needed in the same time and will be placed in one order?

Clarification : Please consider that this procurement is not divided by lots. All containers will be placed within 90 days according to the table, with the exception of those 4 which are within 60 days, which means that all 17 locations should be worked on at the same time ...

DESIGNATION OF ROOMS BY TYPES

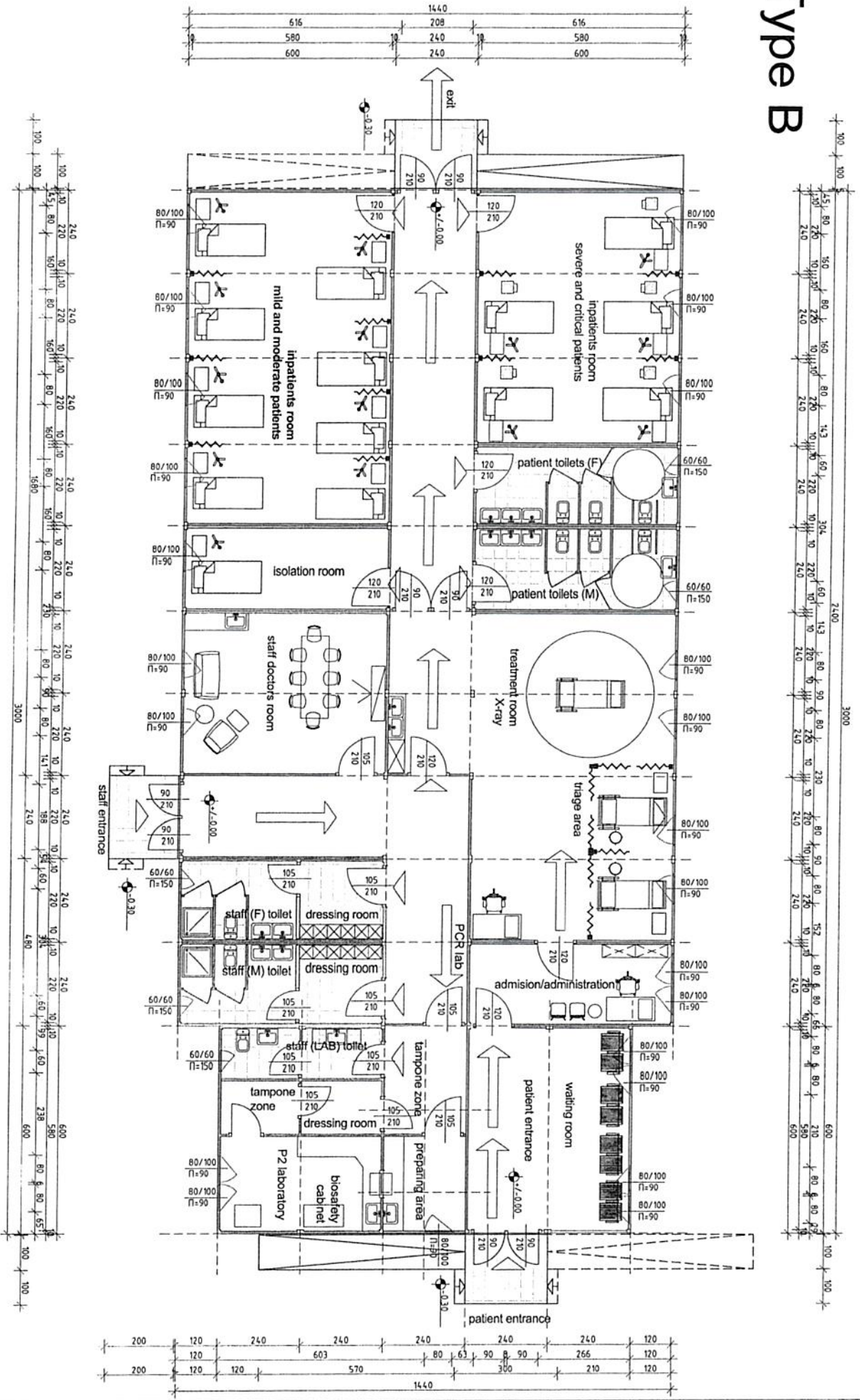


Type A



Additional capacity for admission, triage and testing
 Bitola, Debar and PHI Institute for lung diseases in children Kozle Skopje
 GROUND FLOOR area = 280sqm

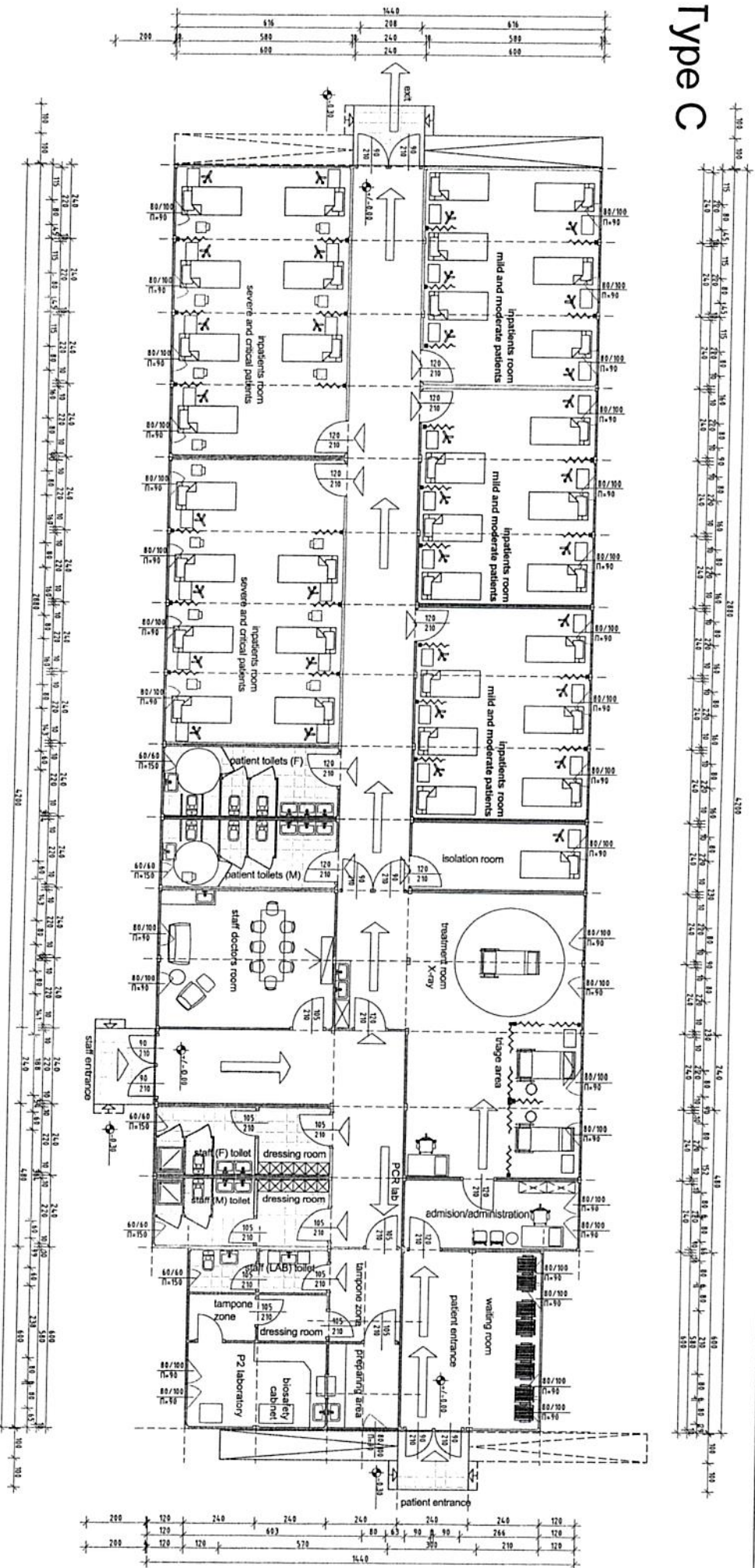
Type B



Additional capacity for admission, triage, testing and inpatient rooms

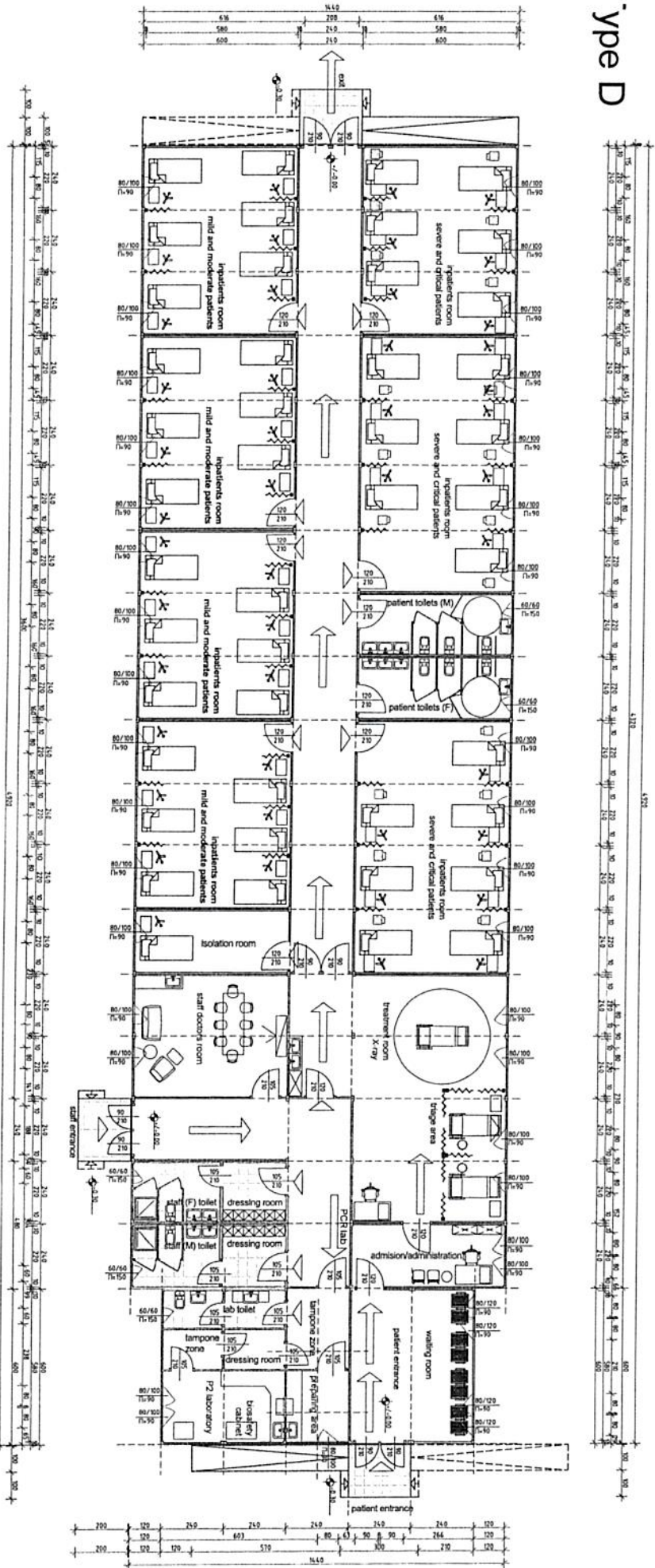
Gevgelija and Resen
GROUND FLOOR area = 417sqm

Type C



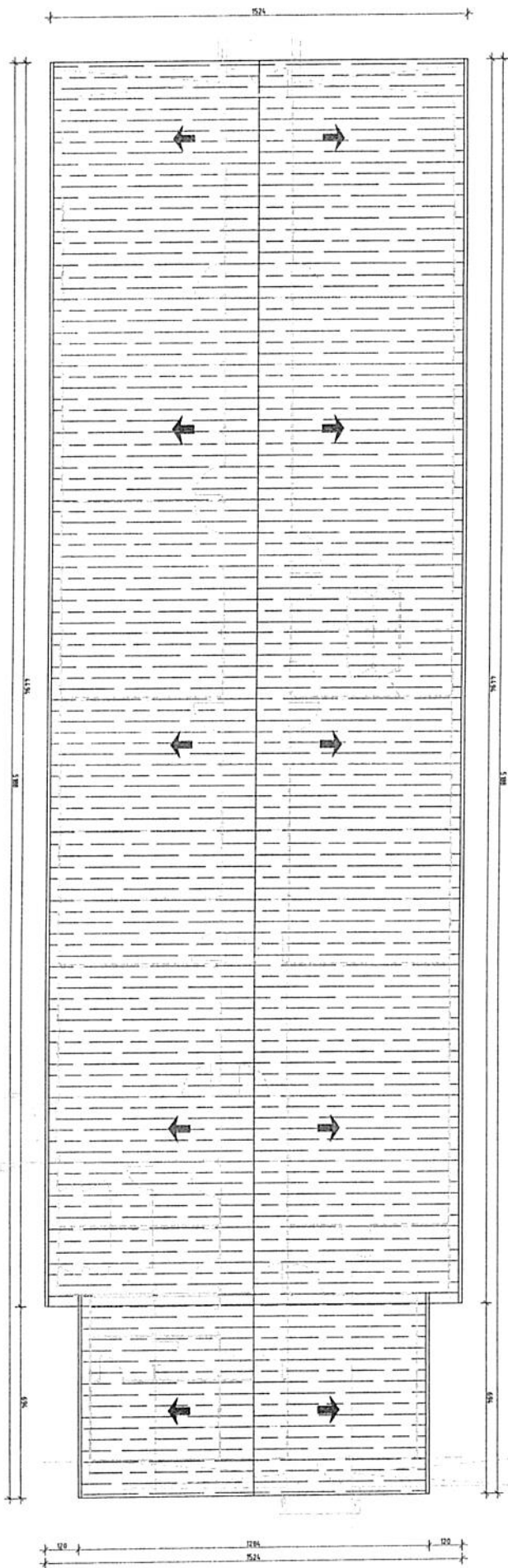
Additional capacity for admission, triage, testing and inpatient rooms
 Kumanovo, Kavadarci, Strumica, Gostivar, Struga, Kochani, Ohrid, Tetovo and Prilep
 GROUND FLOOR area = 590sqm

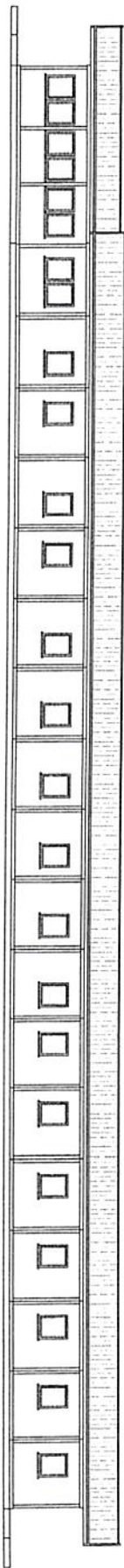
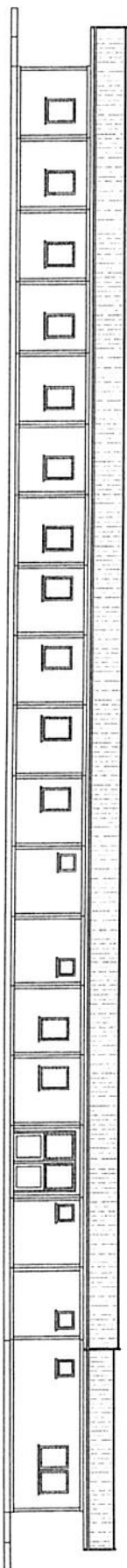
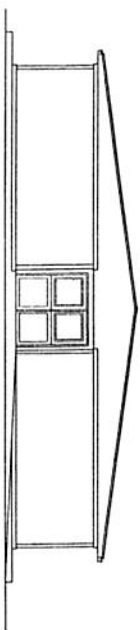
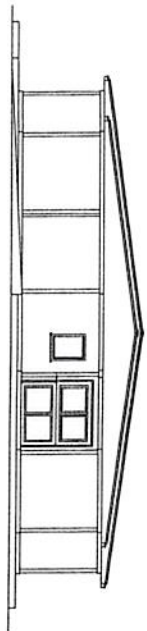
type D



Additional capacity for admission, triage, testing and inpatient rooms
 Veleš, Bitola, Štip and Kichevo
 GROUND FLOOR PLAN, area = 694sqm

ROOF LAYOUT PLAN





FACADE PLAN

**Clarification no. 3 of the Bidding Documents regarding the Procurement of
the modular prefabricated containers Ref. No: MK/ERCP # 1.1.7**

1. **Question by the Bidder 1:**

Reference to the ITB documents, Article 3. Technical Documents (from page 88 on).
We found you have mentioned there are drawings with regard to “Carpentry”, “Cooling and heating system” “Installation: water supply and sanitation” “Electrical installation” etc..
Please kindly send us the drawings.

Btw, please kindly advise if we just need to follow the technical requirement set in your tender documents? Since we found it is not containing all parts fulfill of Covid-19 hospital function. Even very important parts are not in this tender requirement.

We confirm we could provide full scope of supply and should you have further tender on other parts, please also send us the tender on which we will provide our best efforts to support you.

Clarification: The technical specifications state the needs for providing appropriate connections for water supply, sewerage and electrical installation. Your request refers to the need to provide drawings with a solution for the listed plugins. Due to the fact that we would not know the method of manufacturing, transporting and assembling the modular containers by the bidders / economic operators and due to the specific circumstances of the equipment, we expect each bidder to develop its own method of setting up and installing the listed installations. Please, refer to the description for each specific type of container in the technical specification, and the disposition of the elements (installations) according to the drawings attached in this mail, where all the necessary information and minimal requirements are contained.

According to your second question, we would like to inform you that this tender is exclusively for the procurement of specific containers in accordance with the domestic needs regarding the management and fight against the coronavirus. All other items, equipment, inventory and medical equipment will be procured additionally, in order to form a functional unit in temporary auxiliary facilities that will be in function of the general hospitals for COVID-19 patients.

The drawings that were send as a zip document along with the Clarification No. 2 document, we are sending once again.

2. **Question by the Bidder 2:**

You have stated that the site will need to be cleared but we would expect the locations to be in a reasonable state before any work commences so clearing work is kept to a minimum.

Clarification:

Preparation of construction site is one of the points (point 15) in technical specification, and all the assumed works that would need to be done are listed and described as sub-points. In that sense, the clearing, disposing, leveling and substrate (if any), is included, having on mind that until now the locations have not been used for urban and construction development (the sites are near the existing hospitals, as green zone, parking lots, etc). Regarding the structural changes, this type of modular container systems by nature are temporary facilities, and therefore their formation for the establishment of acute or non-acute care should be with minimal changes of the existing structures in order to minimal reconstructions when returning to the original condition of the existing hospital infrastructure.

3. **Question by the Bidder 3:**

There is also mention of decommissioning of the buildings when their time for use has expired. Do you expect our team to come back to each site and fully dismantle the buildings then? Or was this just an environmental consideration for materials used, etc.?

Clarification:

The future dismantling is not the supplier's responsibility as we can not guess how long they will have to stay on site. According to the laws, temporary facilities are set for 10 years and the contract would not be valid for that long.

Regarding the dismantling, please read the parts of the tender documentation and the checklists:

6. Potential Environmental and Social Risks and Mitigation
2. Project Description and planned activities

in the attachment We also like those parts in full which are sent as the attachments in this mail.

4. **Question by the Bidder 4:**

Does the project have access to any construction machinery at each site or will we be expected to ship own equipment or hire it locally to complete the work?

Clarification:

In terms of construction machinery consumed to perform the point 15 of the technical specifications, we inform you that, it is the obligation of the Supplier. Of course, the local community, the municipality and the hospitals, will provide technical support to the supplier on site, in terms of connection of all installations for water, electricity, fire, oxygen supply and others.

5. **Question by the Bidder 5:**

Is there a team of staff ready to assist with the work or again, are we expected to have a team travel and stay at each site until construction is complete?

Clarification:

The manner in which the contract would be implemented and realized is on the side by the Supplier.

6. **Question by the Bidder 6:**

The deadline for bids is also fairly tight. I know it is because of the urgency of the request but I imagine myself and other potential bidders would need more time to get a bid together.

Clarification:

Due to the urgency of the procurement we are not able to extend the deadline for submission of bids.

7. **Question by the Bidder 7:**

At tender documentation "Bidder information form", point 7 is mention: "Articles of Incorporation (or equivalent documents of constitution or association), and/or documents of registration of the legal entity named above, in accordance with ITB 4.4."

Could you clarify us which document / s were required: act of establishment of the company or current status of the company issued from Central register?

Clarification:

Document for the company registration issued by the country in which the Bidder have the nationality.

6. Potential Environmental and Social Risks and Mitigation

The North Macedonia COVID – 19 Project would finance a number of subprojects that focus on:

- a) *Procurement of goods* such as: diagnostic kits, reagents, consumables, PPE, equipment, medical supplies, devices, and equipment necessary for evaluation, treatment, and monitoring, including ventilators and other equipment necessary for oxygen therapy (oxygen concentrators, pulse oximeters, etc.), infusion pumps, defibrillators, monitors, suction equipment, equipment and supplies to set up new ICU beds, mobile x-rays, mobile echo devices, PCR laboratory, non-medical equipment and inventory (triage), modular hospital (triage and stationary center) and other equipment; provision of food and basic supplies to quarantined populations and COVID-19-affected households, vulnerable groups, beneficiaries of means-tested programs .
- b) *Services*: provisions to address capacity building needs of the medical service providers and supporting staff training related to COVID-19 emergency preparedness, infection control and medical waste management; strengthen the project's emergency response (e.g., installation of mobile COVID 19 hospitals for admission, triage, testing and accommodation of patients in a Stationary center; development of testing, treatment, referral and discharge protocols, streamlining of Employment Agency procedures);
- c) Communication, outreach, and awareness-building campaigns to ensure that relevant information is disseminated to properly sensitize citizens to the risks related to COVID-19 and to inform them about the cash and in-kind benefits and health activities financed under the project, to ensure communities can provide just-in-time-feedback to government to ensure that investments respond to local needs and reach vulnerable groups.
- d) *Works*: limited renovations, if needed to operationalize additional ICU beds, and for medical waste management and disposal systems and repurpose of existing HCF to meet the expected surge in demand for hospital beds, especially isolation and intensive care beds; to establish specialized units in a limited number of selected hospitals (focusing primarily on Infectious Diseases Clinic, the Clinic for Children's Diseases, the Clinic for Neurosurgery, and the Center for Anesthesiology, Resuscitation and Intensive Care), and installation of 17 mobile COVID 19 hospitals within the existing hospitals (in Gevgelija, Kumanovo, Kavadarci, Strumica, Kicevo, Tetovo, Debar, Gostivar, Struga, Kocani, Ohrid, Shtip, Bitola, Veles, Prilep, Resen and Institute for Lung Diseases – Kozle Skopje).

The main environmental and social risks from the Project are: the occupational health and safety issues related to testing and handling of supplies; medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare wastes and other generated types of waste during the all project's phases; medium scale construction impacts (due to short term construction works in area located in hospital borders where will be installed mobile COVID 19 hospitals) related to air, water, noise emissions and waste generation (different types of hazardous and non - hazardous waste), traffic safety, OH&S and community health and safety.

Non-segregation of wastes, treatment, and uncontrolled medical waste disposal should contaminate soil and groundwater from leachates, surface runoff and transmission of infectious diseases. Appropriate mitigation measures should be implemented during all project phases, especially during the operational and decommissioning phase of the mobile COVID 19 hospitals.

According the assessment of ES risk, both the Environmental and Social risks are categorized as Substantial. It will require appropriate precautionary measures to be planned and implemented.

Generated medical waste from the hospitals is stored temporary within the hospital storage area, and then collected and transported by the companies that have permits for medical waste management in special vehicles for medical waste transportation. They collect the temporary stored medical waste (packed in appropriate packaging according to the provisions of national legislation), from HCFs in strict time as agreed in the Contracts for collection, transport and treatment of medical waste, infectious waste. All workers that collect and transport medical waste wear appropriate PPE and regularly do cleaning and disinfection of vehicles for transportation, equipment machinery and processing area and loads. Only trained personnel is allowed to operate machinery such as autoclaves as these reduce the risk operational injuries.

Each HCF have multiple waste storage areas designed for different types of wastes and has adopted practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/ carts and routes (separately for hazardous and non – hazardous). Proper maintenance and disinfection of the storage areas is carried out regularly. Waste, especially hazardous waste is never transported by hand due to the risk of accident or injury from infectious material or incorrectly disposed sharps that may protrude from a container. All waste bag seals should be in place and intact at the end of transportation. Some of the HCFs need more space for temporary storage of the medical waste or upgrading of the capacity of existing ones (e.g. hospital in Kumanovo mentioned in the questionnaire that need more capacity for medical waste storage).

Part of medical waste (collected in yellow bags/boxes) is sterilized in autoclave by licensed company Remondis Medison Bitola (has all needed permits for medical waste management) in the facility in Skopje and then disposed as communal waste on the landfill Drisla. Other medical waste (collected in red bags as pathological waste) is transported for incineration in the PE Drisla Skopje.

PLANNING AND DESIGN STAGE

Key E&S risks and impacts that should be considered during planning and design phase:

- ***Procurement of goods and supplies:***
 - Surfaces of imported materials may be contaminated and handling during transportation may result in spreading diseases
 - Incorrect standard or quality of PPE leads to spread of infection to healthcare workers
 - Procured equipment not corresponding the required technical specifications
 - Inadequate handwashing facilities/disinfectants are provided for handling
- ***Services:***
 - Preparation of the Letter of Intention for construction and installation of mobile COVID 19 hospitals within the 17 existing hospitals within the country and submission to the MOEPP
 - Designing proper structural and equipment safety, universal access to HCFs
 - Inadequate treatment of generated different types of waste (hazardous and non - hazardous waste)
 - Designing the sub projects to minimize impacts on nearby sensitive social receptors (such as hospitals, residential area or school; etc.).
- ***Works:***
 - Proper identification of the needs for workforce and type of sub –project workers

No land acquisition is envisaged since civil work involved will be refurbishment and rehabilitation of HCFs. Existing waste management facilities will be used for waste disposal and no additional waste management facilities/ dumpsite/ landfill will be required.

Mitigation measures that should be considered during planning and design phase:

- ***Procurement of goods and supplies:***
 - If concerned (for example when dealing with goods that have come from countries with high numbers of infected people) a surface or equipment may be decontaminated using disinfectant. After disinfecting, workers should wash hands with soap and water or use alcohol -based hand disinfectant;
 - If available, mopping up the equipment which is recommended by WHO (Cleaning and Disinfection should be done first;
 - WHO interim guidance on rational use of PPE for coronavirus disease 2019 provided further details on the types of PPE that are required for different functions;
 - The project HCF should establish and apply procedures for use of PPE in line with WHO guidelines;
 - Procure goods and supplies based on technical specifications provided by WHO interim guidance for Coronavirus disease 2019;
 - The HCFs should ensure that adequate handwashing facilities with soap (liquid), water and paper towels for hand drying, plus closed waste bin for paper towels are available. If water and soap handwashing facilities are not possible, alcohol-based hand rubs may be provided according procedures for hand hygiene in line with WHO guidelines.
- ***Services:***

- Compliance with relevant national environmental legislation and procedures for EIA and WB, and also waste management, ambient air quality, noise and wastewater;
- Proper design and functional layout of healthcare facilities, should fulfill the following:
 - Minimization of structural and equipment safety risk;
 - Provide universal access;
 - Provide nosocomial infection control;
 - Provide proper waste management (segregation, storage and processing);
- Develop appropriate protocols for the collection of waste and transportation to storage/disposal areas in accordance with WHO guidance. Design training for staff in the segregation of wastes at the time of use
- Preparation of a health care facility specific ICWMP
- Consider the proximity to sensitive areas or sensitive social receptors (such as a residential area or school and availability of municipal services such as public water supply, sewage and waste collection services, etc.) at the project location. The environmental and social assessment should identify and examine the E&S characteristics in the HCF area.

Works:

- Identify numbers and types of workers
- Consider accommodation and measures to minimize cross infection
- Apply the LMP for workers

CONSTRUCTION STAGE

Key E&S risks and impacts associated with construction (including expansion and installation of mobile COVID 19 hospitals, upgrading and rehabilitation) of HCFs and related waste management facilities during construction/rehabilitation phase:

- Possible air, water, noise emissions and waste waters generated from minor/medium civil works
- Solid waste generated from civil works, and hazardous waste: grease, oil containers and chemicals from maintenance of the equipment.
- Asbestos containing materials (ACM) generated from rehabilitation or minor civil works
- OH&S and community health and safety during the performing of civil works
- Safety risks during works, health staff, patients and their relatives regarding COVID -19.
- Workers do not receive the care needed if infected with COVID-19
- Traffic management during renovation/adaptation works of HCFs and installation of a 17 mobile COVID 19 hospitals.

No major civil works are expected under this project. All works under the health component are expected to be carried out in existing facilities, hospitals, and clinical centers, to establish, upgrade, or adapt ICUs within existing facilities/grounds, and no new land will be acquired or accessed. During construction and installation of mobile COVID 19 hospitals, potential risks and impacts are expected to be temporary and/or reversible; low in magnitude and site-specific (in the borders of existing hospital). A key social risk is the potential for inequitable access to project-supported facilities and services, particularly for vulnerable and high-risk social groups (poor, disabled, elderly) and exclusion from the social protection measures.

The PMU will ensure that all construction work done under the project will be carried out in compliance with a site-specific ESMP Checklist based on the template in Annex III of this ESMF. The PMU will develop site specific ESMPs Checklist for each of the mobile COVID 19 hospitals through the E&S consultants hired for the project. The site-specific ESMP Checklist is divided in 4 parts:

- ✓ Introduction in which the project type is described, definition of the environmental category, and Checklist ESMP concept explained;

- ✓ Part 1 - Descriptive part of the project ("site passport") location, project description, legislation and public consultation process is given;
- ✓ Part 2 - Analysis of the environmental and social aspects for every activity through yes/no questions followed by mitigation measures for each activity;
- ✓ Part 3 - Plan for monitoring of the activities during the 3 phases: preparation, construction/installation and operation.

The whole ESMP Checklist filled in table for each of the type of work will be attached as integral part of bidding and work contracts and as analogue with all technical and commercial conditions which should be signed by the contracting parties.

Mitigation measures that should be considered during construction phase for mobile COVID 19 hospitals:

- Good construction practices have to be implemented – including fencing and protection of construction site according to national legislation;
- Identification of the different waste types at the construction site (soil, bottles, food, paper, inert waste, hazardous, etc.) and classification of waste according the national List of Waste (Official Gazette no.100/05)
- Collection of the generated waste on daily basis, selection of waste, transportation and final disposal on appropriate places (according the type of waste);
- The materials should be covered during the transportation to avoid waste dispersion;
- Vehicles and construction machinery will be required to be properly maintained and to comply with relevant emission standards;
- All roads and asphalt surfaces should be maintained clean in order to prevent runoffs from them into the ground water and other water flows;
- Implement technically and financially feasible measures for improving efficient consumption of energy, water, and raw materials, as well as other resources.
- The level of noise should be not exceed more that national limited level (according to national legislation and EU requirement);
- The construction work should be not permitted during the nights, the operations on site shall be restricted to the hours 7.00 -19.00;
- Safe removal of any asbestos-containing materials or other toxic substances shall be performed and disposed of by specially trained workers from authorized companies in line with the WB Guidelines on asbestos management
- The contract with the company for Asbestos containing waste collection and transportation should be signed for collection and transport of asbestos sheets;
- No ACM will be used for renovation works/new mobile hospitals
- All workers shall have or receive minimum required training on occupational safety regulations and use of personal protective equipment (PPE)
- Health and Safety measures should be applied: a) Security measures like: perimeter fence, life jackets, use of proper protective clothing and equipment by employees, warning signs for the public around the construction site; b) Maintain a good level of personal hygiene-have on site installations for washing, cleaning; c) Health protection-first aid kits and medical service on sites d) Apply the emergency and normal first aid procedure for any injury if such occur through construction work;
- The personal protective equipment must be provided to all workers (full body covering including the head, water proof foot and hand protection and eye protection, dust mask
- The mobile toilet should be placed on the construction sites and regularly maintained;
- Contractors should ensure that contracted workers have medical insurance, covering treatment of COVID-19 as per the LMP
- Implement procedures to confirm workers are fit for work before they start work, paying special to workers with underlying health issues or who may be otherwise at risk

- Check and record temperatures of workers and other people entering the construction area/site or require self-reporting prior to or on entering
- Provide daily briefings to workers prior to commencing work, focusing on COVID-19 specific considerations including cough etiquette, hand hygiene and distancing measures.
- Require workers to self-monitor for possible symptoms (fever, cough) and to report to their supervisor if they have symptoms or are feeling unwell
- Prevent a worker from an affected area or who has been in contact with an infected person from entering the construction area/site for 14 days
- Preventing a sick worker from entering the construction area/site, referring them to local health facilities if necessary or requiring them to isolate at home for 14 days
- Preparation of the Traffic Management Plan together with the municipal staff where the project site is located;
- Provide the information via local radio/TV station/local newspaper about the construction activities – start and finish of work for each day and location of activities, duration of work and traffic access on other streets

OPERATIONAL STAGE

Key E&S risks and impacts during operational phase:

- Improper collection, transport, treatment and disposal of infectious waste becomes a vector for the spread of the virus.
- Improper implementation of the mitigation measures from the ICWMP
- Hazardous materials used and generated during the provision of COVID-19 diagnosis, care and treatment services.
- Emergency events:
 - spillage;
 - occupational exposure to infectious disease;
 - accidental releases of infectious or hazardous substances to the environment;
 - medical equipment failure;
 - Failure of solid waste and wastewater treatment facilities;
 - Fire;
 - earthquake,
 - and other emergent events
- Improper maintenance of the installations (water supply, sewage network, electricity, heating) within the hospitals
- Improper collection of samples, transport of samples, and testing for COVID-19 and inappropriate laboratory biosafety could result in spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples.
- Weak compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases spreads COVID-19 infections in healthcare facilities;
- lack of hygiene measures, poor sanitation protocols or non-well set isolation and/or treatment centers in health facilities may expose health care workers and hospital staff, including patients or hospital visitors, or other workers, to COVID-19
- Refusing the overtime working by health personnel (especially nurses) and cleaners, to respond to the COVID-19 pandemic.
- Transport of wastes, transport of people who have tested positive with COVID-19 and movement of health workers and other staff in contact with patients with COVID-19, has the potential to spread the virus in the community. (Note transport of medical supplies and equipment is not expected to result in virus transmission.)
- Health workers, may face discrimination and harassment when going back to their communities due to people's fear in contracting the virus, frustrations over medical care or misinformation.
- People with COVID-19 who are taken to hospitals may face discrimination from community members when coming back, over fears that they could transmit the virus

- COVID-19 information materials developed could exclude the most vulnerable, who are also less likely to have access or be active on social media.
- The most vulnerable may face more challenges in accessing needed health services
- School closures would mean children are at home and this could increase risk of VAC and GBV
- Risk of fear and/or stigma towards the virus, which may make people hide symptoms, avoid getting tested and even reject hygiene measures or wearing PPE equipment
- Focus on COVID-19 may redirect staff and resources at health facilities and negatively impact other areas, such as maternal health check-ups, vaccinations for children and treatment of chronic diseases.
- Vulnerable groups may be less able to access clean water and be able to practice proper hand hygiene, particularly in rural areas.
- If stakeholders are not properly consulted, information is not disclosed and people are not informed about their rights, options for grievance redress or project timelines, there could be misunderstandings, conflict, stigma, false rumors or loss of confidence in the community regarding the project.

The PMU and HCFs will ensure the following regarding the medical waste management and disposal:

- Each HCF is operated in accordance with the ICWMP prepared for the project;
- Waste segregation, packaging, collection, storage disposal, and transport is conducted in compliance with the ICWMP and WHO COVID-19 Guidelines;
- HCF should strictly conduct waste segregation at the point of generation. Internationally adopted method for packaging, color coding and labeling the wastes should be followed.
 - Onsite waste management and disposal will be reviewed regularly and training on protocols contained in the ICWMP conducted on a weekly basis;
 - The PMU will audit any off-site waste disposal required on a monthly basis and institute any remedial measures required to ensure compliance; and
- Waste generation, minimization, reuse and recycling are practiced where practical in the COVID-19 context.
- HCF wastewater is related to hazardous waste management practices. Proper waste segregation and handling should be conducted to minimize entry of solid waste into the wastewater stream. In case wastewater is discharged into municipal sewer sewerage system, the HCF should ensure that wastewater effluent comply with all applicable permits and standards, and the municipal wastewater treatment plant (WWTP) is capable of handling the type of effluent discharged. In cases where municipal sewage system is not in place, HCF should build and properly operate onsite primary and secondary wastewater treatment works, including disinfection. Residuals of the onsite wastewater treatment works, such as sludge, should be properly disposed of as well.
- HCF should adopt practices and procedures to timely remove properly packaged and labelled wastes using designated trolleys/carts and routes. Disinfection of pertaining tools and spaces should be routinely conducted. Hygiene and safety of involved supporting medical workers such as cleaners should be ensured.
- Proper maintenance and disinfection of the storage areas should be carried out. Existing reports suggest that during the COVID-19 outbreak, infectious wastes should be removed from HCF's storage area for disposal within 24 hours.
- Generated medical waste from each HCFs is collected and transported by an authorized company for medical waste transportation and treatment in the incinerator for medical waste in PE Drisla Skopje:
 - mitigation measures will be taken to control emissions to air (dioxins, furans and particulate matter from incineration of medical waste) in line with national legislation for safe management of waste generated from healthcare activities. The good practice as follow:
 - ✓ Waste reduction and segregation to minimize quantities of waste to be incinerated;
 - ✓ A clearly described method of operation to achieve the desired combustion conditions and emissions; for example, appropriate start-up and cool-down procedures, achievement and maintenance of a minimum temperature before waste is burned, use of appropriate loading/charging rates (both fuel and waste) to maintain appropriate temperatures, proper disposal of ash and equipment to safeguard workers;

- ✓ Alternative treatments should be designed into longer term projects, such as steam treatment methods. Once treated, sterile/noninfectious waste may be shredded and disposed of in suitable waste facilities/ municipal landfill.
- Non – hazardous waste generated in HCFs should be collected separately, and than to be disposed on the municipal landfill.

Regarding protecting healthcare workers, the PMU and HCFs will ensure the following:

- HCF should adopt practice and procedures to minimize risks associated with handling and storage of hazardous materials.
- Regular delivery and proper storage of goods, including samples, pharmaceuticals, disinfectant, reagents, other hazardous materials, PPEs, etc.;
- Ensure protocols for regular disinfection of public spaces, wards, ICUs, equipment, tools, and waste are in place and followed;
- Ensure hand washing and other sanitary stations are always supplied with clean water, soap, and disinfectant;
- Ensure equipment such as autoclaves are in working order; and
- Provide regular testing to healthcare workers routinely in contact with COVID-19 patients.
- Ensure that if health care workers are pushed to work without proper PPEs, they can access the GRM register for complaint. Refer to LMP for issues related to raising concern about workplace safety.
- Provide proper collection of samples, transport of samples and appropriate laboratory biosafety in order to prevent spread of disease to medical workers or laboratory workers, or population during the transport of potentially affected samples.
- Ensure hand washing and other sanitary stations are always supplied with clean water, soap, and disinfectant;
- Contractors and MoH should ensure that contracted workers and other relevant project staff, have medical insurance and/or are able to receive free treatment of COVID-19, or can continue to receive if need to self-isolate, as per the LMP
- Health care workers must be actively supported by their employers and commended for their work, as well as offered psychological, emotional or mental support if possible.

For the containment of COVID-19, the PMU and HCFs will ensure the following:

- Provide compliance with the precaution measures for infection prevention and control in isolation and treatment of infected cases spreads COVID-19 infections in HCFs;
- Quarantine procedures for COVID-19 patients are maintained;
- Patients in quarantine are not discriminated due to socioeconomic status, level of education, gender, disabilities and any other vulnerabilities.
- When practical, COVID-19 patients are given access to phone or other means of contact with family and friends to lessen the isolation of quarantine;
- Patients in quarantine have access to development and project related information and should be able to take part in consultation through appropriate means;
- The public is regularly updated on the situation and reminded of protocols to prevent the spread of COVID-19; and
- Members of the general public (family and friends) who have been exposed to confirmed COVID-19 patients are tested when practical.

DECOMMISSIONING STAGE

The E&S risks and assessment due to decommissioning of the temporary mobile hospitals are almost the same as in the construction/installation phase and same mitigation measures should be implemented as in construction phase.

Mitigation measures that should be considered during the decommissioning phase:

- **Decommissioning plan or procedure should be prepared for each sub-project;**
- **The facility will be sprayed with disinfectant prior to demolition/dismantling and generated waste will be managed according the Decommissioning Plan**

- All workers participating in these activities will adhere to the typical occupational health and safety requirements outlined in the construction stage section and at minimum ensure adequate PPE is worn, including helmets, boots, gloves and masks
- This decommissioning process should be implemented according to the requirements given in ESF/Safeguards Interim Note: COVID-19 Considerations in Construction/Civil Works Projects, issued on April 7, 2020
- Interim Advice for IFC Clients on Preventing and Managing Health Risks of COVID-19 in the Workplace, issued on April 6, 2020
- Interim Advice for IFC Clients on Supporting Workers in the Context of COVID-19, issued on April 6, 2020
- All medical equipment will be decommissioned as per the manufacturer's requirements and disposed where relevant in accordance with the manufacturer's requirements.

Regular decommissioning should include following steps:

- Description of the overall decommissioning strategy for the site;
 - Justification of the selected decommissioning strategy;
- Integrated management system for decommissioning:
 - The safety policy;
 - The organizational structure, including responsibilities and authorities;
 - Staffing and qualification, including training;
 - Engagement of interested parties, including interfaces with the regulatory body;
 - Document and records management;
 - The approach to project management, including the involvement of contractors and subcontractors;
 - Conduct of decommissioning actions:
 - The work breakdown structure, including related tasks, resources and schedule of work;
 - Contaminated structures, systems and equipment;
 - Decontamination and dismantling methods and techniques including demolition techniques;
 - Waste management and material management:
 - Identification of waste, waste classification and waste streams, waste acceptance criteria and criteria for clearance from regulatory control;
 - Management of solid and liquid waste, including waste from supporting facilities;
 - Storage and disposal of waste;
 - Clearance actions, including records and procedures;
 - Environmental impact assessment:
 - Identification of the discharges in the environment during decommissioning actions;
 - Measures for protection and control;
 - Emergency arrangements:
 - Basis for emergency planning, including possible emergency situations and potential consequences;
 - Organization and responsibilities;
 - Plans and procedures for emergency response;

2. Project Description and planned activities

The project area is located in urban area of Municipality of Bitola, precisely in central hospital Clinical Hospital dr. Trifun Panovski in Bitola.

Project activities in the design phase:

- Planning the construction works - construction of 1 mobile COVID - 19 hospitals
- Concluding agreements with authorized operators for collection, transportation and disposal of hazardous waste
- Procurement of medical equipment, personal protection equipment, etc.
- Hiring workers
- Purchase of land - if necessary somewhere

The planned project activities will be performed in several phases:

- **preparatory activities**
 - clearance of the exciting land and vegetation and transportation of the construction waste and soil waste to a landfill;
 - primary waste selection;
 - transportation of the inert waste, hazardous waste, pipes, cables and their final disposal
- **construction of the mobile COVID hospital**
 - Structure: Made out of structural anticorrosive iron steel, epoxy coated with 4 layers of paint;
 - Walls: Ecological wall panels (PUR) with proper thermal and sound isolation;
 - Floor: Cement table 10mm with amortization and thermal isolation with Vinyl PVC Flooring;
 - Ceiling: Ecological wall panels (PUR) with proper thermal and sound isolation;
 - Carpentry: PVC hung windows, and interior doors;
 - Cooling and heating system: Air conditioning inverter system/ electrical panels;
 - Electrical installation: LED lights, power outlets, switchboard, IP board;
- **operational phase**
 - procurement and installation of equipment, treatment or management of infectious waste.
- **Decommissioning phase:**
 - Decommissioning of interim COVID 19 hospital
 - Decommissioning of medical equipment

Clarification no. 4 of the Bidding Documents regarding the Procurement of the modular prefabricated containers Ref. No: MK/ERCP # 1.1.7

Question by the Bidder 1: If at some location there is an existing object, temporary or permanent construction, whose responsibility is its removal?

Clarification: In the implementation and realization of the contract would be only what is already stated in the tender documentation
Removal of the existing object (if any) is in the competence and responsibility of the municipalities.

Clarification no. 5 of the Bidding Documents regarding the Procurement of the modular prefabricated containers Ref. No: MK/ERCP # 1.1.7

Question by the Bidder 1:

Namely, in the case of JV if the party that is the leader of JV has two references required in accordance with the relevant criteria and the other part (second part) of JV not , whether this condition is cumulated and fulfill requirements according Qualification Criteria (ITB 37.1) - (ii) Experience and Technical Capacity ?

or

Each of the two parties from JV should have at least one reference according to the criteria defined in Qualification Criteria (ITB 37.1) - (ii) Experience and Technical Capacity in order to fulfill requirements according this criteria and of this way cumulation will be done .

Clarification: Please refer to the paragraph 3.1. **Qualification Criteria (ITB 37.1)** Section III - Evaluation and Qualification Criteria below:

(ii) Experience and Technical Capacity

- The bidder should have performed at least two assignments in the past ten years, similar to the one described in this bidding document (name of the assignment, description, duration, contract amount, reference). Total value of the contract must be at least 75% of equal or higher value than the bid price offered. The similarity shall be based on the specific type of equipment. Substantial completion shall be based on 100% delivery completed under the contract. The list shall be supported with certificates on fulfilled contract obligations. In a case of Joint Venture (JV) the qualifications of the JV partners will be cumulated, and the fulfillment of this criteria will be determined if the Leading partner has completed at least one (1) successful contract

Answer: the fulfillment of this criteria will be determined if the Leading partner has completed at least one (1) successful contract

- Bidders must provide documentary evidence that they have been in their current form of business, for at least three years prior the date of issuing of IFB for this Contract. In a case of Joint Venture this qualification criteria must be fulfilled by all partners of the Joint Venture

Answer: this qualification criteria must be fulfilled by all partners of the Joint Venture

Question by the Bidder 1:

Could you please issue an Addendum to allow electronic submission of Bids? We have been informed by all of our express mail service providers that COVID19 causes uncertainties; and hence, they cannot guarantee deliveries of hardcopy bids on time. We will be happy to provide our Tracking Number in advance, but may not be able to guarantee on-time delivery of the hardcopy bid. This is beyond our control, force-majeure turn of event. Do you think we can submit our bid electronically first? Hardcopy submission will be made parallelly, but will most likely arrive in your office after bid opening. Could you please issue an Addendum, in this regard?

Clarification:

We understand with the problem that you are facing regarding the submission of the bid but we regret to inform you that this type of procurement does not allow electronic submission of bids and due to the urgency of the procurement we are not able to extend the deadline for submission of bids. We already clarify this question (please see **Question by the Bidder 5: / Clarification** from the Clarification no. 2 document.)