



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/30/2020 | Report No: ESRSA00783



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
Kosovo	EUROPE AND CENTRAL ASIA	P173819	
Project Name	KOSOVO EMERGENCY COVID-19 PROJECT		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/30/2020	5/8/2020
Borrower(s)	Implementing Agency(ies)		
Republic of Kosovo	Ministry of Health, Ministry of Finance and Transfers		

Proposed Development Objective(s)

The project development objective is to prevent, detect, and respond to the threat posed by the COVID-19 and strengthen national systems for public health preparedness in Kosovo

Financing (in USD Million)	Amount
Total Project Cost	48.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

The project is in response to the request of the Government of Kosovo for support in preparing for and responding to the COVID-19 pandemic and sustaining their efforts to prevent future outbreaks of emerging infectious diseases. The project is prepared under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank’s Board of Executive Directors on April 2, 2020 (PCBASIC0219761) with an overall Program financing envelope of up to US\$6.00 billion.



The project has three components: (1) Health care delivery and health system strengthening; (2) Supporting households to comply with public health containment measures; (3) Project implementation, communication and community engagement.

Component 1 provides immediate support to the government to prevent new cases of COVID-19, limit local transmission through contact-tracing and containment strategies, and to treat established cases, including the most severe. It supports the enhancement of disease detection capacities through the provision of technical expertise, laboratory equipment, and systems to ensure prompt case finding and contact tracing. The project will also contribute to the strengthening of health system preparedness, quality of medical care provided to COVID-19 patients, whilst minimizing the risks for health personnel and patients, through the provision of PPE and infection control materials in Kosovo's regional hospitals and primary health care facilities. It will also enable the government to mobilize surge response capacity through trained and well-equipped frontline health workers.

Component 2 will support the Government to provide income support to the poor and vulnerable households in Kosovo to enable them to comply with the social distancing measures the Government has introduced to contain the COVID-19 pandemic. This component will fund the Social Assistance Scheme (SAS) to (i) ensure that existing social assistance payments are delivered on time, given the emerging fiscal constraints the country faces; (ii) finance an increase in the value of the benefits provided to SAS beneficiaries to assist them to meet their basic needs in face for rising health care costs and loss of other income sources; and (iii) expand the coverage of the SAS to additional households, which have lost their sources of income as result of the pandemic and do not receive support from other government programs.

Component 3 will fund the consultancy and operating costs required to deliver the emergency project at a rapid speed, while ensuring that the systems are transparent and accountable, well communicated to the general public and responsive to feedback from communities.

D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]
Kosovo has some of the worst health outcomes in Europe. Total health expenditure and the share of the state budget devoted to health in Kosovo is low compared to regional and GDP per capita comparators, indicating the need to increase public expenditure on health.

In mid-March Kosovo was hit with the global pandemic of COVID-19. By April 20 the total number of registered COVID-19 cases in the country is 423 with 9 fatalities. The Government of Kosovo acted quickly, declaring a Public Health Emergency for the entire country as of March 15, 2020. The country is currently at level 4 of emergency situation, with clusters of localized transmission of COVID-19.

The response to the pandemic is led by the health system in Kosovo, which has limited capacity to response to the rising demands due to COVID-19. While Kosovo still lacks universal medical coverage, health care services are under-resourced and characterized by a weak delivery system.



In addition to its direct effects on the health sector, the COVID-19 pandemic directly compromises the livelihoods of Kosovar citizens, with an expected increase in poverty. Within Kosovo's social protection system, the Social Assistance Scheme (SAS) is uniquely positioned to provide emergency financial assistance to poor households to help them comply with public health measures. The WB has reviewed this system and identified its areas of weakness and strength. Kosovo's social protection system is dominated by old-age pensions and war-related benefits, while spending on the country's only poverty targeted program, the SAS, decreased to 0.45 percent of GDP in 2018. In terms of performance, the SAS, is well targeted, with 70 percent of beneficiaries and 68 percent of benefits going to households in the bottom quintile. It represents a significant share of beneficiary households' consumption. At the same time, as a result of categorical and exclusionary filters in the process of beneficiary selection, the SAS suffers from high errors of exclusion, reaching only 10 percent of all households and excluding nearly two-thirds of households in the bottom quintile. Overall, the ability of Kosovo's social protection system to respond rapidly to shocks is undermined by the lack of any unemployment insurance, rigid and narrow targeting criteria for social assistance, and a lack of a registry of potential beneficiaries, which could support the government to rapidly expand emergency cash transfer support. As a result, despite certain shortcomings, the SAS remains the only instrument within the social protection system in Kosovo capable of rapidly reaching a significant share of the poor and vulnerable with cash transfer support. Under the SAS, a system is already in place to identify, process and make payments to eligible households. This includes a registry of program beneficiaries as well as the necessary IT infrastructure to cross-check household eligibility and process payments, as well as service agreements in place to make payments through regulated providers. While the government is seeking to reform the SAS to improve its poverty impacts, these systems can be leveraged to increase payments to existing beneficiaries as well as expand eligibility to quickly provide financial support to poor households adversely affected by the COVID-19 crisis.

All project activities will be implemented countrywide. This includes both the health component (support for detection, tracing, supplies, Intensive Care Units (ICUs), equipment, personal protective equipment (PPE), medical and technician personnel) and the social component- Financial Support to Households (income support and social assistance). At this time, neither the specific facilities nor their location to be supported are yet specified.

The project will involve minor civil works as it supports the renovation of Infectious Disease Clinic's wards to allow more patients to be isolated in single-occupancy rooms, and finance the rehabilitation of other University Clinical Center of Kosovo (UCCCK) clinics i.e. dermatology, pulmonology, and sports to provide extended capacity for additional beds as necessary. No land other than within the grounds of existing facilities, hospitals and clinical centers or other unencumbered public lands, will be used to establish, upgrade or adapt isolation and care units.

All environment and social risks such as medical waste, worker safety etc. will be addressed through the Environmental and Social Management Framework (ESMF), which sets out environmental and social (E&S) risk assessment requirements of each sub-component/activity (including all refurbishments and/or construction). It also provides guidance on the preparation of site-specific Environmental and Social Management Plans (ESMPs) as well as Infection Prevention and Control and Waste Management Plans (IPC & WMPs). The ESMF will include a section on Occupational Health and Safety (OHS) of workers that will be described in the Project's labor management procedures (LMP) as part of the ESMF. It will consider national and international protocols for infectious disease control and will include updated provisions on medical waste management. Any identified gaps in the medical waste management will be addressed through the project ESMF that is being developed.



The Stakeholder Engagement Plan (SEP) has identified primary stakeholders and will guide all outreach and communication for both the emergency Covid-19 medical response as well as the social support activities to target beneficiary groups, and has been embedded within Component 3 of project design.

D. 2. Borrower’s Institutional Capacity

The project will be implemented over a period of 2 years, with the Ministry of Finance and Transfers (MoFT) and the Ministry of Health (MoH) as the key implementing agencies.

The MoH and MoFT will be accountable for execution of project activities and implementation would rely on their existing structures, with the additional support of the Project Coordination Unit (PCU) that has already been established for the WB supported Kosovo Health Project (KHP) (P147402).

The existing Project Coordination Unit (PCU) established for the parent Kosovo Health Project (KHP) housed by the Ministry of Health will be accountable for the implementation of Component 1 (Health care delivery and health system strengthening) on health sector activities. Decisions will be made by the Ministry of Health (MoH) in coordination with the National Institute and Centers for Public Health and other institutions involved in COVID-19 related activities.

MoFT will be primarily responsible for Component 2 (Supporting households to comply with public health containment measures). Component 2 will be implemented by MoFT, through the Social Assistance Scheme (SAS) Division, closely coordinating with and assisted by the Department for Social Policies and Family (which is now in the MOH). The Centers for Social Works (CSWs) which are part of the Dept. For Social Policies and Family will assist beneficiaries on the ground.

The overall project PCU in the MoH, aside from coordinating Component 1, will also be responsible for (i) preparation of required financial reports and withdrawal applications; (ii) any necessary procurement activities; (iii) compliance with the ESF; and (iv) monitoring and evaluation for all project components.

The directors of relevant departments of the MoH (such as HR department and the Department of health services) will be responsible for the technical implementation of Project activities. Both ministries have experience in implementing World Bank projects. The current PCU is staffed with a Project coordinator, a Procurement specialist, a Financial Management specialist, a monitoring and evaluation specialist and an assistant. The KHP was prepared under the World Bank’s Safeguards with an Environmental Risk Rating of category “C” and had no related safeguards issues and hence no relevant qualified staff to cope with the substantial risk rating for the current project, the capacity of the PCU will be strengthened through hiring of an environment and a social standards specialist. They will be supported by the World Bank team to ensure adequate knowledge of the ESF and compliance with it. These staff will be financed through the KHP which is currently being restructured, but will work on managing the E & S requirements of both, the restructured KHP and the current Kosovo Covid-19 Emergency Project.

Public Disclosure

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)	Substantial
Environmental Risk Rating	Substantial



The project will have long term positive environmental and social impacts, as it should improve COVID-19 surveillance, monitoring, treatment and containment. Nevertheless, there is a number of substantial short-term environmental risks that need to be taken into account. Uncertainty remains around specific activities and locations.

The main environmental risks identified are: (i) the Occupational Health and Safety issues related to testing and handling of supplies, etc. during treatment to a large extent as well as due to civil works renovations inside functional health care facilities to a lesser extent. The OHS issues are also related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner;

(ii) production and management of medical healthcare waste; and

(iii) medical waste management and community health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste.

The main environmental impacts associated with minor civil works include dust and noise, construction waste management (including demolition of any hazardous waste or asbestos containing materials) from the facility and worker safety. These are all temporary and easily to mitigate through adherence to the ESMF and the site specific ESMFs that will be developed once the activities and project locations are better defined.

Health care waste and chemical wastes (including water, reagents, infected materials, etc.) generated from disease detection capacities to be supported can have substantial impact on environment and human health. Wastes that may be generated from health facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from laboratories used in diagnosis and treatment. All of this requires special handling and awareness as it may pose a huge risk to health care workers from occupational infections and to the communities if not disposed properly.

The implementing agency has committed to prepare, during project implementation and no later than 1 month after project Effective date, an ESMF that covers the environmental and social mitigation measures to be implemented for the various proposed activities. Mitigation measures will largely be based on WHO technical guidance on COVID-19 response on limiting viral contagion in healthcare facilities World Bank Group EHS Guidelines and other good international industry practice (GIIP). The ESMF will include an Infection Prevention and Control and Waste Management Plan (IPC & WMP) which will include specific guidance and protocols on developing site-specific plans.

The mitigation measures should include an elaboration of roles and responsibilities within the Ministry of Health and responsible implementation agencies, training requirements, timing of implementation and budgets. Procurement of goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved using WHO protocols. The ESMF including relevant management plans should be finalized before deployment of medical equipment or establishing the isolation units and laboratory facilities. In addition, any activities that have been screened for adverse environmental and social risks will not be carried out without the completed, consulted and disclosed ESMF.

Social Risk Rating

Substantial

The social risks are considered Substantial. While some social risks and impacts are substantial, they are considered temporary, predictable, and readily managed through project design features and mitigation measures. No major civil



works are expected under this project. All works under the health component are expected on existing facilities, and as such neither land acquisition nor involuntary resettlement impacts will occur. While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities ranging from medical facility operation through to on-ground public engagement exercises have the potential to contribute to virus transmission and other community health and safety issues.

Component 1 activities present increased health and safety risks for project workers, particularly those working in medical and laboratory facilities and those working in the renovation of the healthcare facilities. The risk of infection is a major risk to the above groups as well as to communities at large. Access to PPE, procedures around medical waste disposal, relevant occupational health and safety measures and clear communication of risks and prevention measures (e.g. social distancing, wearing PPE) within training and stakeholder engagement activities will be addressed through the project's ESMF, SEP and communication strategy.

The social risks arising from component 2 and linked to exclusion from benefits are likely to be amplified unless (i) targets are precisely defined; (ii) financial assistance is premised and relates to income and living conditions; and (iii) an effective outreach program to ensure awareness and responsive service delivery. While (i) is well defined for (ii) and (iii) the project will introduce means tests to allow for transparent targeting and the project envisages budget for comprehensive outreach activities. The WB has done a good assessment of the SAS, assessment and recommendations available at <http://documents.worldbank.org/curated/en/994991557470271998/pdf/Kosovo-Social-Assistance-Scheme-Study-Assessment-and-Reform-Options.pdf>, which will be used to deliver this component and is aware of its weak and strong points. The outreach program delivered through component 3 will target the identified weak areas to mitigate exclusion risks to the extent possible. Equal access to social protection benefits will be addressed in the project design by providing expanded eligibility criteria for social assistance. MOFT commits to carrying out the SAS according to transparent eligibility criteria and targeting method that will be published, as well as ensuring a well functioning component related GRM.

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, isolated groups, Roma Ashkali and Egyptian communities - RAE) and exclusion from the social protection measures.

Social risks associated with the first component of the project will be addressed through the project's ESMF, SEP (including a Grievance Redress Mechanism/GRM) and Labor Management Procedures (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF and the WHO COVID-19 guidance for preparedness and response. The Borrower will commit this through the Environmental and Social Commitment Plan (ESCP). The project incorporates budget for outreach activities and communication campaign which will minimize the risks of the exclusion of the vulnerable especially from the social protection component. This is guided by the Stakeholder Engagement Plan (SEP) which identifies a strategy to reach direct stakeholders and other interested parties, with a particular focus on the vulnerable

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts



Overview of the relevance of the Standard for the Project:

The project is expected to have positive environmental and social impacts through improvements in COVID-19 surveillance, detection and containment; provisions of protective equipment and implementation of COVID-19 specific OHS procedures for healthcare workers, improvements in medical waste management, and provision of in-kind care and emergency cash assistance for vulnerable and poorest households. The project could also cause environmental, health and safety risks due to the dangerous nature of the pathogen and reagents and other materials to be used in the supported health facilities and laboratories. The physical distancing restrictions and reduced capacity of centers for social work could also pose challenges to providing assistance to households and vulnerable groups.

To manage these risks the PCU will prepare two instruments:

(i) Environmental and Social Management Framework (ESMF) - to identify risks and potential environmental and social impacts and outline appropriate mitigation measures mostly on adopting WHO guidance, World Bank Group EHS Guidelines and other good international industry practices (GIIP). For activities under Component 1, the ESMF will include a Code of Environmental Practice (CoEP) for minor works associated with project activities; Environmental and Social Management Plans (ESMPs) and Infection Prevention and Control and Waste Management Plans (IPC & WMP) for all facilities including laboratories. The ESMF will also include labor management procedures (LMP) for the Project's direct and contracted workers to ensure proper working conditions and management of worker relationships, occupational health and safety, and to prevent potential sexual harassment. The ESMF will be prepared to a standard acceptable to the Bank and disclosed no later than 1 month after the project Effective date; until the ESMF has been approved, the Project will follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.

Cash transfers as social assistance activities may have real or perceived exclusion from project benefits of marginalized and vulnerable groups, in a way that undermines the objectives of the project. Exclusion could be exacerbated by inadequate coverage (difficult to estimate demand; applications processed on a first serve basis; difficulties for households without the necessary internet access to apply for support or in person at the center for social work to fill the necessary paperwork and to declare that they meet the eligibility criteria for the SAS) and lack of timely information and/or required documentation to access temporary benefits. The national current social assistance program, targeting unemployed, poorest households, those with dependents and disabled persons, will be expanded to provide temporary cash assistance to households affected by the adverse economic impacts of COVID-19. The ESMF will propose quick assessment to profile those mostly affected and the SEP will propose targeted outreach to existing and potential new beneficiaries and the project design will propose flexible registration through e-mail and through a web-based platform that would enable people to apply on-line. Regular registration will also take place at local centers for social work to make the registration process as easier as possible. The proposed alternative forms of registration (e-mail/online) have not yet been tested in Kosovo and their implementability and effects are uncertain. Internet penetration is high in Kosovo (according to survey data, 93.2% of households have access to the internet from home and 78.9% have access to the internet through their phone) and the application process is simplified to the extent possible, without the need for supporting documentation.

Small scale civil works. Under component 1, the project will refurbish health care facilities and will put mobile facilities to respond to increasing demand for hospital beds, created by COVID-19. Expected risks are typical for small



civil works and include emissions of dust, noise, generation of construction waste, small quantities of hazardous and other wastes, and worker health and safety. The ESMF will provide a template of ESMP for the activities

The ESMF will focus also on two key issues:

Medical Waste Management and Disposal. Wastes that may be generated at Clinic of Infectious Diseases (CID), from labs, screening posts and treatment facilities to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. In Kosovo, despite the country's alignment to the EU legal framework on waste management, the health and environmental risks associated with the handling, treatment and disposal facilities of health-care waste are substantial. This is due to lack of hazardous waste storage therefore there is no proper treatment process. Seven plants have been built for sterilization of medical and infectious waste in main hospital centers of Kosovo and four furnaces for incineration of medical waste. In order to mitigate the risks associated with medical waste management and disposal, the Project will either ensure all medical waste are transported safely to the incinerator in Prishtina or invest in the procurement of appropriate waste management infrastructure, including containers, PPE, high pressure autoclaves and/or incinerators, as well as training of medical, laboratory and waste management personnel to ensure compliance with the IPC&WMP, WHO guidance and GIIP. This will be documented in the ESMF in the IPC&WMP.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness and death among health and laboratory workers. The IPC&WMP will include detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary personal protective equipment (PPE). Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included.

(ii) Stakeholder Engagement Plan (SEP) (and Grievance Redress Mechanism) - establishing a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (poor, disabled, elderly, isolated communities, RAE), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public meetings as a result of COVID-19. A preliminary SEP including GRM has been prepared and will be updated by the PCU and disclosed within 1 month after the Effective date.

The Project's E&S instruments will also include attention to the following three areas:

Community Health and Safety. All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The operation of laboratories, health centers have a serious potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. The project's ESMF will outline procedures for each project activity commensurate to the risk. The IPC&WMP being developed will contain detailed procedures, based on WHO guidance, for the operation of health facilities.



Vulnerable Groups Access to Project Services and Facilities. A key social risk related to this kind of an operation is that marginalized and vulnerable social groups are excluded from the SAS, social protection component and/or are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. To mitigate this risk MoFT and MoH, in the ESCP will commit to the provision of social assistance as per agreed criteria, of services and supplies to all people, regardless of their social status based on the urgency of the need, in line with the latest data related to the prevalence of the cases. This is guided by the SEP which identifies a strategy to reach direct stakeholders and other interested parties.

Gender-based Violence(GBV). The initial assessment indicates that the risk of SEA/SH in Kosovo associated with project is low. Criminal code defines domestic violence as a criminal offense. Kosovo has enacted laws and policies to address gender inequalities. Integrated database is created in 2019 to track fighting domestic violence. The project will include a limited number of contracted workers in minor repair works, and workforce of health care workers. SEA/SH risks will be assessed and addressed during implementation through the ESMF, including screening and design of measures to address the SEA/SH risks, and in the SEP's GRM. The Borrower, in the ESCP, will commit to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for SEA/SH prevention.

Consultations and disclosure for the ESMF will be carried out in line with the recommended measures for COVID-19 prevention and will make use of IT based technology.

This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility.

ESS10 Stakeholder Engagement and Information Disclosure

The standard is relevant. A preliminary Stakeholder Engagement Plan (SEP) has been prepared for the project with consultation activities at key Governmental and Ministerial stakeholder level, as the entire process was adapted to the global COVID-19 prevention efforts and combating the evolving COVID-19 situation. These measures are underlined by physical distancing requirements, bans of public gatherings, lockdowns and mobility restrictions.

The SEP covers the broader project, identifies and analyses key stakeholders (i.e. affected parties, other interested parties and disadvantaged and vulnerable groups) and describes the process and modalities for sharing information on the project activities, incorporating stakeholder feedback into the Project and reporting and disclosure of project documents. Project preparation has included a detailed mapping of the stakeholders. Direct beneficiaries have been identified as COVID-19 infected people in hospitals and their families, people in quarantine/isolation centers and their families, frontline health workers and technicians in facilities, hospitals, laboratories, public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, Laboratory Technicians, Sanitary Workers), vulnerable groups such as elderly and immune-compromised among others; and those who are eligible to access the social assistance scheme, including marginalized ,vulnerable and social groups living in remote or inaccessible area.

The project, through the SEP and communication strategy (component 3) will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services



and other challenges they face at home, at workplaces and in their communities. In addition to specific consultations with vulnerable groups and women, the project will partner with agencies like UNICEF to engage children and adolescents to understand their concerns, fears and needs. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable groups are detailed in the SEP and include (a) ensuring community engagement teams are gender-balanced; (b) consider provisions for childcare, transport, and safety for women; (c) targeting measures to areas where Roma Ashkali and Egyptian (RAE) live to inform them about safety measures and benefits under component 2.; (d) education materials for pregnant women on Covid prevention; (e) tailor messages to elderly and those with medical risks including their target family members and health care providers; (f) information for disabled in accessible formats, like braille, large print; text captioning; videos etc.; (g) for Component 2 use local level structures like social work centers to identify eligible families like RAE and wage labor.

Stakeholder engagement strategies will be steered to minimize close contact and following the recommended good hygiene procedures as outlined in WHO guidance. The project will allocate funds under Component 3 for communication and engagement that will support the SEP implementation. SEP implementation will be in compliance and a complement to government actions and measures which are daily communicated through various channels of communication and disclosed in <https://msh.rks-gov.net/category/projekti-i-shendetesise-kosovare-pshk/> , which is helping suppress false COVID-19 related information and ensure equitable access to COVID-19 services. The SEP will be disclosed on the both MoFT and MoH websites.

The SEP also outlines the project’s Grievance Redress Mechanism (GRM) which will enable stakeholders to raise project related concerns and grievances - including adequately trained staff with GRM responsibilities, community awareness tools, grievance lodgment tools, and investigation and feedback processes. The SEP will be updated within one month from the project Effective date, with more details on the environmental and social risks associated with the Project activities and refined consultation strategies and modalities with due consideration of measures in place at such time. The approach to stakeholder engagement shall guide all project activities including the process of updating the ESMF .

The final SEP (and GRM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). A dedicated hotline and email will be established for grievances and feedback.

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

This standard is relevant. Most activities under the project will be conducted by PCU staff, health care workers, and contracted workers for repair works associated with the project's health component.

The project workforce is expected to include direct workers and contracted workers. Direct workers could be either government staff, workers in healthcare facilities and centers for social work, and consultants engaged directly by the PCU. The civil servants are governed by Civil Servant Code of Conduct of the Republic of Kosovo whereas healthcare



workers, social workers, and consultants are subject to the Kosovo Labor Law. Civil works will be of minor scale and thus pose limited risks, but these contracted workers will have access to necessary PPE and handwashing stations. Labor influx is not expected.

Contracted workers could include workers hired by consultancy firms engaged to provide services under the project (e.g. develop and implement trainings, communication and educational materials on COVID-19), private healthcare institutions engaged temporarily to assist the crises response, and contractors hired through third parties for small scale civil refurbishment works on medical facilities which are expected to be locally hired.

The key risk for the project workers is infection with COVID-19 or other contagious diseases which can lead to illness and fatality. Risky environments include laboratories, hospitals and health care centers, isolation centers and the broader community where project workers may be exposed to the virus. Project workers are also at greater risk of psychological distress, fatigue and stigma due to the nature of their work. The project will ensure the application of OHS measures as outlined in WHO guidelines which will be captured in the ESMF. The IPC&WMP being developed will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as the environmental health and safety guidelines for project workers, including the availability of necessary PPE. Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers (the project can promise this?) will be included. The project will also support improvements in medical waste management, which will contribute to minimize the risk of infection for medical waste collection and disposal workers. The client will also provide COVID-19 specific occupational health and safety directives to social workers to minimize their risk of infection when in contact with social assistance applicants and during in-home visits.

The Borrower, in the ESCP, has committed to the preparation of the LMP as part of the ESMF which will: (i) respond to the specific health and safety issues posed by COVID-19; and (ii) protect workers' rights as set out in ESS2. Health and safety issues associated with project financed activities will be managed through the ESMF which will incorporate the WHO guidance tools for COVID-19 preparedness and healthcare facility management with the information, procedures, and tools required to safely and effectively work. The project will also ensure a basic, responsive grievance redress mechanism to allow workers to quickly inform management of labor issues, such as lack of PPE and unreasonable overtime via the Project PCU. All civil works contracts will include industry standards Codes of Conduct that includes measures to prevent Gender Based Violence/Sexual Exploitation and Abuse (GBN/SEA), which will also be described in the LMP.

No child or forced labor is permitted under the Project

ESS3 Resource Efficiency and Pollution Prevention and Management

This Standard is relevant. Pollution prevention and management – specifically medical waste management – will be a particularly important activity under the Project. Medical wastes and chemical wastes (including water, reagents, infected materials, etc.) from the health centers and home quarantine (drugs, supplies and medical equipment) can



have an adverse impact on the environment and human health if not properly handled, transported and disposed. These wastes could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs and quarantine and isolation centers including sharp items used in diagnosis and treatment. Existing capacity for ensuring proper medical waste management at hospitals across Kosovo varies, and will therefore be a key area of focus of capacity building and supervision under the project, considering in particular the risks of further COVID-19 spread if waste is not handled properly. The requirements for adequate mitigation of the risks will be part of the ESMF as described under ESS1.

ESS4 Community Health and Safety

This standard is relevant. Protecting the health of communities from infection with COVID-19 is a central part of the project. Without adequate controls and procedures, project activities have the potential to contribute to the spread of the virus and may also contribute to social conflict.

In line with safety provisions in ESS2, it is equally important to ensure the safety of communities from infection with COVID-19. Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of being contaminated with the coronavirus or other micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for these infectious microorganisms to be transmitted to members of the public if not well contained within laboratories or appropriately isolated areas of hospitals and medical centers, or due to accidents or emergencies (i.e. a fire or disasters such as seismic events). Measures for waste management to be included in the ESMF, as described under ESS1 and 3, will build on international good practice and WHO protocols to describe: i) how Project activities involving the COVID-19 pathogen or waste generated in its identification and treatment will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (such as WHO guidelines) ii) measures in place to prevent or minimize the spread of infectious diseases, and iii) emergency preparedness measures. Information on preventive health measures to communities surrounding health facilities will be provided periodically through continuous stakeholder engagement.

Sexual Exploitation and Abuse (SEA)/ Sexual Harassment (SH) risks will be assessed and addressed in implementation, including screening and putting in the corresponding measures to prevent and mitigate the SEA/SH risks. The Project will promote the avoidance of SEA by relying on the WHO Code of Ethics and Professional Conduct for all workers in the quarantine facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough light in quarantine and isolation centers.

The Project will also ensure via the above noted provisions, including stakeholder engagement, that quarantine and isolation centers and screening posts are operated effectively throughout the country, including in remote and border areas. In case quarantine and isolation centers are to be protected by security personnel, it will be ensured that the security personnel follow a strict code of conduct and avoid any escalation of situation, taking into consideration the above noted needs of quarantined persons as well as the potential stress related to it. The ESMF will lay out measures for security personnel.



ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

The Standard is not relevant

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

The Standard is not relevant

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

The Standard is not relevant

ESS8 Cultural Heritage

The Standard is not relevant

ESS9 Financial Intermediaries

The Standard is not relevant

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways

No

OP 7.60 Projects in Disputed Areas

No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts Timeline: To address the Borrowers capacity related risk, the PCU will appoint Environmental and Social specialists no later than 1 month after the Effectiveness date.	06/2020
Prepare a project ESMF Timeline: The ESMF will be finalized no later than 1 month after the Effectiveness date. Between project approval and the approval of the ESMF, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale	06/2020
ESS 10 Stakeholder Engagement and Information Disclosure	



Public Disclosure

ESS 10 Stakeholder Engagement and Information Disclosure Updated Stakeholder Engagement Plan The SEP will be updated and re-disclosed within 1 month from Effective date. The SEP will then be continuously updated during project implementation	04/2020
Adopt the Grievance Redress Mechanism and establish a dedicated grievance / feedback hotline for the Project Timeline: The GRM will be updated and hotline established within 1 month from Effective date.	06/2020
ESS 2 Labor and Working Conditions	
ESS 2 Labor and Working Conditions Labor Management Procedures Timeline: The LMP as part of the ESMF will be finalized within 1 month from Effectiveness date. Establish worker’s GRM	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	
Infection Prevention Control and Waste Management Plan Timeline: The IPC & WMP will be finalized within 1 month of Effectiveness as part of the ESMF	06/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered, as needed and incorporated into the ESMF	06/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where “Use of Borrower Framework” is being considered:

No

IV. CONTACT POINTS

World Bank



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Borrower/Client/Recipient

Borrower: Republic of Kosovo

Implementing Agency(ies)

Implementing Agency: Ministry of Health

Implementing Agency: Ministry of Finance and Transfers

V. FOR MORE INFORMATION CONTACT

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VI. APPROVAL

Task Team Leader(s):	Stefanie Koettl-Brodmann, Lorena Kostallari
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 30-Apr-2020 at 17:54:29 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 30-Apr-2020 at 21:20:16 EDT