

KOSOVO EMERGENCY COVID-19 RESPONSE PROJECT

April 22, 2020

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of April 20, 2020, the outbreak has resulted in an estimated 2,425,437 cases 166,058 deaths in 210 countries¹.

With the increasing incidence of COVID-19 in Kosovo, the public health system is under tremendous pressure. By April 17 423 COVID-19 cases were registered in the country with 9 fatalities. The Confirmed cases are spread across 18 municipalities, with the greatest concentration of cases in Malisheva, Pristina, and Gjilan. Around 520 people are under mandatory quarantine as of mid-April, and more than 4,000 others are under public health surveillance. Around 3,400 tests have been carried out. The majority of cases are within the cluster of persons between the age of 20-29, followed by the same number of cases for age groups 30-39, 40-49, and 50-59. The first case reported in Kosovo was an imported case from Italy on March 13, 2020.

The Government of Kosovo acted quickly, declaring a Public Health Emergency for the entire country as of March 15, 2020 and established a National COVID-19 Coordination and Monitoring Committee, which immediately began working with in country health institutions, the United Nations agencies, local security authorities, as well as international donors to set up quarantine arrangements and border controls and medical evacuation of returning citizens. The Ministry of Health (MoH), as the lead agency for COVID-19 national planning and response, has also initiated action plans to respond to the epidemic, including a National Preparedness and Response Plan for COVID-19.

Kosovo has initiated actions to prevent COVID-19 from moving to the community transmission stage and subsequently into an epidemic. As like other countries in the region Kosovo closed all borders including the airport. An all-of-government action has been mobilized to fight the coronavirus, including scaling up emergency response mechanisms in all sectors. There has been a positive response and compliance with measures by the society and elevated confidence in the government's protective measures and instructions for social distancing is evident. The MoH has started a vigorous risk communication campaign through social media, TV broadcasts and other media. On the health front, the country is working hard now to ensure adequacy of hospitalization surge capacity with the necessary personnel in case of larger community-based transmission. Recent emergency actions in this respect have included preparation of the economic fiscal package of 170 mil euro as response to Covid 19 crises. Within this package there are

¹ <https://www.worldometers.info/coronavirus/>

also measures for health sector. As of April 16, the country is under imposed curfew in an effort to limit the spread of COVID-19. The movement of all citizens is restricted to a daily 1.5 hours. The MoH is making COVID -19 related response guidance, information and updates available on its website² for easy access. The government website is updated with all government ordinances and contact telephone numbers of each ministry providing relevant information including online services.

To respond to the outbreak the health system and its infrastructure requires scaling up to strengthen disease surveillance and management capacities. The Constraints include shortage of trained health care providers, health workers, Personal Protection Equipment (PPE), testing kits and labs with required capacities, non-compliance by general public on safety measures and limited number of facilities equipped with isolation wards for quarantine and treatment.

Given that work and travel restrictions within and outside the country, closure of borders and imposed curfews, combined are likely to slow down economic activity and growth, sectors in urgent need of support are receiving designated funds. The Government is however yet to streamline their strategies to strengthen social measures to support vulnerable communities, particularly the elderly, the poor, women and children, people losing income, living in a contained environment, may increase the risk of violence as well as translate to spikes in poverty, food and nutrition insecurity, and reduced access to healthcare far beyond COVID-19, especially if the crisis continues.

The proposed Kosovo Emergency COVID-19 Response Project (P173819) aims **to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Kosovo**. The project supports health sector enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. The World Bank is coordinating closely with partners who are aligned to support the Government, such as the EU delegation and WHO.

The project comprises the following components:

- Component 1: Health care delivery and health system strengthening,
- Component 2: Supporting households to comply with public health containment measures
- Component 3: Project monitoring, communication and community engagement.

Component 1: Health Care delivery and health system strengthening:

- (i) **This component 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

² <https://kosova.health/> ; <https://covid19-rks.net/> ; Institute of Public Health link: <http://niph-rks.org/informata-rreth-covid-19/> and two social network accounts with more than 50Kvisitors

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.

- (ii) **Additional investments will be done in Kosovo's pre-existing health care network and established hierarchy of specialist facilities.** Investments will seek to strengthen the hierarchy of health care facilities in Kosovo, which is well-established and works well, rather than seek to upgrade all health care facilities irrespective of specialization. The Infectious Disease Clinic within the University Clinical Center of Kosovo (UCCK) is the only hospital that currently provides intensive care services; it has 59 rooms with 120 bed capacity. Out of available rooms, only 19 rooms have an oxygen system and four are equipped for intensive care. Kosovo's COVID-19 response plan designates that the UCCK will remain the only hospital that will receive severe COVID-cases requiring ventilatory support. Accordingly, Component 1 will finance equipment and supplies to enable the expansion of the UCCK's Intensive Care Unit (ICU) to about 100 beds. Equipment will include mechanical ventilators, cardiac defibrillators, mobile x-rays, oxygen concentrators, and other equipment essential to the provision of critical care to patients with severe acute respiratory infection. The component will also finance the rehabilitation of UCCK's Infectious Disease Clinic's wards to enable the isolation of more patients in single-occupancy rooms. It will also finance, as necessary, the rehabilitation of the UCCK's dermatology, pulmonology, and sports clinics to increase bed capacity. A preliminary list of equipment needed is provided in Annex 6. Activities were identified in consultation with the Ministries of Finance and of Health, and the National Institute of Public Health of Kosovo, and are outlined below. They are limited to those that require immediate and urgent implementation.

Component 2: Supporting households to comply with public health containment measures

1. This component 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 in meeting their basic needs in the face of 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 which do not receive support from other government programs. Each of these aims is elaborated below:
 - (i) **Ensure that existing social assistance payments are delivered in time given the emerging fiscal constrain the country faces.** This sub-component will finance the SAS to ensure that payments continue to be predictable during the economic crisis that is unfolding in Kosovo. Ensuring predictable cash transfer support to the poorest households during crises has proven to be an effective means of protecting households from the worst effects of such crisis. As described in the sectoral context, as tax revenues shrink as a result of declining economic growth and the measures adopted in the Emergency Plan, there is a risk that the Government may be unable to fund SAS benefits on time or reduce the monthly benefit as foreseen in the Law on Social Assistance in the case of a budgetary shortfall. To mitigate this risk, the

proposed sub-component will fund ongoing SAS payments for a period of an estimated four months, starting in March 2020, when the pandemic hit Kosovo and a public health emergency was declared, both for existing beneficiaries and new beneficiaries who enroll into the SAS.

- (ii) **As part of the Emergency Plan, the Government has doubled the value of the payments to SAS beneficiaries for the months of March, April and May 2020.** The SAS benefit is a flat rate which slowly increases with family size and covers a lower share of the consumption needs of larger families compared with smaller ones. Indexation of the benefit is ad hoc and discretionary despite existing legal rules. As a result, the SAS's benefit adequacy is average by regional standard and declining. Given the emergency nature of this support, and the fact that there is no scope to reform the SAS benefit in the current political context, doubling the payment is an effective means of improving the adequacy of the benefit as poor households experience declining incomes from informal sources, particularly remittances, and rising costs, such as those related to health care.
- (iii) **This sub-component will support the Government to expand the SAS** to provide much needed social assistance to poor households that are negatively affected by the pandemic and are not supported through the other public measures. According to the Government's Emergency Plan, households are eligible for this support when the applicant household member is unemployed, no member of the household receives any other regular assistance from the government, and the household has no source of formal income. Eligible households will receive support for a period of three months (April, May, June 2020), amounting to Euro 130 per month per household. To deliver this support, the Government will use the systems and procedures that have been established for the SAS, with modifications to the application, enrolment and targeting system to comply with the broader eligibility criteria and the social distancing measures adopted by the government.

Component 3: Project monitoring, communication and community engagement:

This component will support project implementation in overall administration of the project (including project management and financial management functions), as well as regular monitoring and reporting of implementation (including the required fiduciary assessments). Existing government structures and capacities will be used to the extent possible. This component will finance operating costs, equipment and training needed for overall project management. These may be strengthened by the appointment and/or recruitment of additional staff/consultants responsible for overall project implementations, including activities related to the Environmental and Social Framework (ESF), communications and outreach, procurement, financial management, and other technical areas. In addition, the component will support the consultancies and purchase of equipment required to operationalize the new measures outlined under Component 2 and to support the Government in longer-term reforms to enable its social protection system to respond to shocks.

This component will also support (i) the development and distribution of basic communication materials on COVID-19 for the general public (e.g., fact sheets or 'dos' and 'dont's' for the general public, TV ads, awareness videos etc.); (ii) the development and implementation of outreach and awareness building materials and activities designed to reach the vulnerable, including the elderly; and, (iii) receive inputs and feedback from communities and social assistance beneficiaries, including monitoring by the government of the effectiveness of these interventions. To simplify outreach and build on existing

government systems, the component will support the development of digital platforms and social media campaigns that are mobile friendly and able to reach vulnerable groups.

The Kosovo COVID-19 Emergency Response Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 on "Stakeholder Engagement and Information Disclosure", the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make grievances about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and
- (ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liason link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Depending on the different needs of the identified stakeholders, the legitimacy of the community representatives can be verified by checking with a random sample of community members using techniques that would be appropriate and effective considering the need to also prevent coronavirus transmission.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

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

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status³ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

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

- COVID-19 infected people in hospitals and their families & relatives;
- Health service employees in the Infectious Disease within the University Clinical Center of Kosovo UCKK;
- Employees in other health service facilities that will receive the TA and equipment;
- People in quarantine/isolation centers and their families & relatives;
- Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories;

³ Vulnerable status may stem from an individual's or group's, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- People at risk of contracting COVID-19 (e.g. tourists, tour guides, hotels and guest house operators & their staff, associates of those infected, inhabitants of areas where cases have been identified);
- Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff) and other staff;
- Local Government administrations in affected regions;
- Public Enterprises providing communal services in affected regions;
- MoH officials;
- Employment Agency and the local branches;
- CSW – Centers for Social Work;
- Beneficiaries under the current SAS (Social Assistance Scheme).

2.3. Other interested parties

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

- The public at large;
- Community based organizations, national civil society groups;
- Goods and service providers involved in the project’s wider supply chain;
- Media and other interest groups, including social media & the Government Information Department;
- Interested international NGOs, Diplomatic missions and UN agencies (especially UNICEF, WHO etc.);
- Interested businesses;
- Schools, universities and other education institutions closed down due to the virus;
- Religious institutions, and
- Transport workers (e.g. cab/taxi drivers)

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to define and understand vulnerability in the project context and assess whether vulnerability arises because adverse project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, or vulnerability arises because vulnerable groups are limited in their ability to take advantage of project benefits and/or because they are more likely to be excluded from/unable to participate fully in the mainstream consultation process. The vulnerability may stem from person’s origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

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

- Elderly,
- Individuals with chronic diseases and pre-existing medical conditions;
- People with disabilities,
- Pregnant women,
- Women, girls and female headed households,
- Children,
- Daily wage earners,

- Those living below poverty line,
- Unemployed,
- Communities in remote villages and communities living in neglected urban settlements, and
- Members of the RAE (Roma, Ashkali and Egyptian Communities).

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with State of Emergency and the government restrictions on gatherings of people) has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and will be disclosed prior to project approval, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. The World Bank team, including Country Management Unit representatives of the World Bank office in Kosovo, held a series of meetings, in March 2020, with the Government aimed at discussing the impact of the pandemic to the social sectors and economy and how the World Bank can help government in responding to the pandemic. The Government sought the World Bank assistance in coping with the pandemic i.e. strengthening the public health sector preparedness and the social safety net response to the crisis. After these initial meetings the World Bank team had follow up meetings with the MoH and Ministry of Transfers and Finance to discuss the scope of the operation. The World Bank and Government preparation teams received regular updates about the conclusions of the donor coordination meetings regarding the pandemic, and teams are in regular communication especially with the WHO and EU Delegation

This SEP as well as the Environmental and Social Management Framework (ESMF) that will be prepared under the project will be consulted on and disclosed. The project includes considerable resources to implement the actions included in the Plan. A more detailed account of these actions will be prepared as part of the update of this SEP, which is expected to take place within 1 month after the project Effective date. The SEP will be continuously updated throughout the project implementation period, as required.

3.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

Strong citizen and community engagement are preconditions for the effectiveness of the project. Stakeholder engagement under the project will be carried out on two dimensions: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and grievances about the project and any activities related to the project; and to improve the design and implementation of the project and (ii) awareness-raising activities to sensitize communities on risks of COVID-19 as well as the financial support to households.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within 1 month after the project Effective

date as mentioned above, and continuously updated throughout the project implementation period when required, will clearly lay out:

- Type of Stakeholder to be consulted,
- Anticipated Issues and Interests,
- Stages of Involvement,
- Methods of Involvement,
- Proposed Communications Methods,
- Information Disclosure, and
- Responsible authority/institutions.

With the evolving situation, as the GoK has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, the general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. Hence, alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission.

These alternate approaches that will be practiced for stakeholder engagement will include: reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype etc.); but much more diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, Instagram WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, SMS broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

For the public outreach and awareness-raising activities supported through the third component, project activities will support awareness around these aspects: (i) benefits around social protection and (ii) social distancing measures such as in schools, restaurants, religious institutions, and café closures as well as reducing large gatherings (e.g. weddings); preventive actions such as personal hygiene promotion, including promoting handwashing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic;

WB's Environmental and Social Standard (ESS) 10 "Stakeholder Engagement and Information Disclosure and the relevant national policy or strategy for health communication & WHO's "COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response" (2020) will be the basis for the second aspect of the project's stakeholder engagement plan.

3.3. Stakeholder Engagement Plan

The Stakeholder engagement will involve: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and grievances, (ii) awareness-raising activities to sensitize communities on a) risks of COVID-19 and b) the component on supporting households to comply with public health containment measures . The SEP will be primarily be implemented through and build on component 3 of the project, which has a focus on communication and outreach. The communication and outreach will in scope, cover all relevant project activities, including those in components 1 and 2 for which stakeholder engagement and community outreach is crucial. The

SEP will be financed through the budget defined in the component 3, as part of the communication and outreach program.

3.3. (i) Stakeholder consultations related to Emergency Response Project ⁴

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	<ul style="list-style-type: none"> • <i>Need of the project</i> • planned activities • E&S principles, Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) • Health and safety impacts • Supporting households to comply with public health containment measures component 	<ul style="list-style-type: none"> • <i>Phone, email, letters</i> • <i>One-on-one meetings</i> • <i>FGDs</i> • <i>Outreach activities</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Government officials from relevant line agencies at local level</i> • <i>Health institutions</i> • <i>Health workers and experts</i> • <i>Local governments or association of local governments</i> • <i>Centers for Social Work</i> • <i>Employment Agency</i> 	<p>Environment and Social Specialist M&E specialist</p> <p>Project Coordination Unit (PCU)</p>
	<ul style="list-style-type: none"> • <i>Need of the project</i> • planned activities • Environment and social risk and impact management/ESMF • Grievance Redress mechanisms (GRM) • Supporting households to comply with public health containment measures component 	<ul style="list-style-type: none"> • <i>Outreach activities that are culturally appropriate</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> • <i>Use of social networks. Through specially established accounts for the project and the</i> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Local communities</i> • <i>Vulnerable groups</i> • <i>Employment Agency</i> • <i>Centers for Social Work</i> 	<p>Environment and Social Specialist</p> <p>M&E Specialist PCU</p>

⁴ The strategies for consultation will include also use of online platforms.

		<p>accounts of local governments</p> <ul style="list-style-type: none"> • Use of network of social assistance centers in local level • Use of network of regional red cross offices to be used to be sure that social protection measures are disseminated well 		
Implementation	<ul style="list-style-type: none"> • Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Supporting households to comply with public health containment measures Component • Health and safety • Environmental concerns 	<ul style="list-style-type: none"> • Training and workshops • Disclosure of information through Brochures, flyers, website, etc. • Information desks at municipalities offices and health facilities • Appropriate adjustments to be made to consider the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.) 	<ul style="list-style-type: none"> • Government officials from relevant line agencies at local level • Health institutions • Health workers and experts • Centers for Social Work • Local Employment Offices 	<p>Environment and Social Specialist M&E Component- Coordinators</p> <p>PCU</p>
	<ul style="list-style-type: none"> • Project scope and ongoing activities • ESMF and other instruments • SEP • GRM • Supporting households to comply with public health containment measures Component • Health and safety • Environmental concerns 	<ul style="list-style-type: none"> • Public meetings in affected municipalities/villages • Brochures, posters • Information desks in local government offices and health facilities. • Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, radio, tv etc.) • Social Networks 	<ul style="list-style-type: none"> • Affected individuals and their families • Local communities • Vulnerable groups 	<p>Environment and Social Specialist</p> <p>PCU</p>

		<ul style="list-style-type: none"> • <i>Information through local social assistance centers</i> • <i>Information through local Employment Agencies</i> 		
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3.3 (ii) Public awareness on the project⁵:

For stakeholder engagement relating to public awareness, the following steps will be taken:

Step	Actions to be taken
1	A) Implement risk communication strategy and community engagement plan for COVID- 19 including details of anticipated public health measures
	B) Implement the communication and dialogue strategy for the social protection measures.
	A) For the health component - Conduct behavior assessment to understand target audience, perceptions, concerns, influencers and preferred communication channels
	B) For the Supporting households to comply with public health containment measures component – The target audience are those people who currently receive support from the SAS and potential beneficiaries of Measure 15. The measure is described in the annex 1.
	Prepare local messages and test them, specifically target risk groups and key stakeholders for both components
	Identify community groups and local networks for both components
2	Finalize the messages and complete materials in local languages and prepare communication channels for both components
	A) Engage with existing public health, community-based networks, media, local CSOs, schools, local governments and other private sector actors for consistent mechanism of communication
	B) Engage with social assistance centers, charity organizations, Employment Agency, Chamber of commerce
	Utilize two way of communication for both components
	A) Establish large scale community engagement for social and behavior change to ensure preventive community and individual health and hygiene practices in line with national public health containment recommendations
B) Establish large scale community engagement for the beneficiaries from the second component – Supporting households to comply with public health containment measures component	
3	For both components, systematically establish community information and feedback mechanism including through social media, community perception, knowledge, attitude and practice surveys and if possible direct dialogue and consultation for both components
	Ensure changes to community engagement are based on evidence and needs and ensure the engagement is culturally appropriate for both components
	Document lessons learned to inform future preparedness and response activities for both components

⁵ The Public awareness will include different strategies including online platforms

Step 1: Design of communication strategy

- Assess the level of Information and Communications Technology (ICT) penetration among key stakeholder groups by using secondary sources to identify the type of communication channels that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT. This is for components one and two
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels. This is for components one and two
- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them. This is for components one and two
- Prepare local messages and pre-test, especially targeting key stakeholders, vulnerable groups and at-risk populations. This is for both components
- Identify & partner with tele/mobile communication companies, ICT service providers and trusted community groups (e.g. Other community-based organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in local languages (Albanian and Serbian) and also in English, where relevant, for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels) (Both components).
- Project will take measure to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones (Health Component).
- Project will take measure to ensure that women and other vulnerable groups are able to access information and benefit from the measures defined in Social Component
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent GBV/SEA in quarantine facilities, managing increased burden of care work and also as female hospital workers. Communication campaign would also be crafted in partnership with UNICEF targeting children to communicate child protection protocols to be implemented at quarantine facilities (Health Component).
- Engage with existing health and community-based networks media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication (Health Component).
- Engage with social assistance centers, employment agencies, charity organizations, local media, local governments using consistent mechanism of communication. Social protection component
- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation (Both components).
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc. (Health component).

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys mostly online, and direct dialogues and consultations. This is for components one and two
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic. Health component
- Document lessons learned to inform future preparedness and response activities. This is for both components

For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized, applies to both components:

- Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women's groups. will be carried out virtually to prevent COVID 19 transmission.
- Individual communities should be reached through alternative ways given social distancing measures to engage with women groups, edutainment, youth groups, training of peer educators, etc. Social media/Online platforms, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), trusted organizations' websites, Social media (Facebook, Twitter, or other or customized online platforms etc.), Text messages for mobile phones, Hand-outs and brochures in community and health centers, at offices of Local Governments, Community health boards, Social Assistance Centers, Employment Agency Billboards Plan, will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

3.4. Proposed strategy for information disclosure

The project will ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive. Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from project activities. This will include among others, household-outreach through SMS, telephone calls, social networks and social assistance center networks etc., depending on the social distancing requirements, in local languages both in Albanian and Serbian, the use of verbal communication, audiovisuals or pictures instead of text, etc. Specific communications in every local government (especially for the second component) will be established, providing contacts and information for the specific Social Work Centers. Communication on Component 1 will target hotels, schools, hospitals, quarantine centers and laboratories, and Social Work Centers.

A preliminary strategy for information disclosure is as follows:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Preparation of Health Component	<i>Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others</i>	<i>Project concept, E&S principles and obligations, documents, Consultation process/SEP, Project documents- ESMF, ESCP, GRM procedure, update on project development</i>	<i>Dissemination of information via dedicated project website, Facebook site, SMS broadcasting (for those who do not have smart phones) including hard copies at designated public locations; Information leaflets and brochures; and meetings, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing.</i>
Preparation of Supporting households to comply with public health containment measures component	<ul style="list-style-type: none"> <i>Vulnerable Groups, Charity organizations, Employees, Social Centers for Social Work, Employment agencies</i> 	<i>Social Protection Measures</i>	<i>Dissemination of information via dedicated website, social network accounts, charity-based organizations, employment agencies, local government department for local economic development</i>
Implementation of public awareness campaigns applicable for both components	<i>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</i>	<i>Update on project development; the social distancing and SBCC strategy</i>	<i>Public notices; Electronic publications via online/social media and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
Site selection for local isolation units and quarantine	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of</i>	<i>Project documents, technical designs of the isolation</i>	<i>Public notices; Electronic publications and press releases on the Project website & via social media; Dissemination of hard copies at designated public</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
facilities. Health component	<i>patients/affected people; neighboring communities; public health workers; other public authorities; Municipal & Provincial councils; District/Divisional Secretaries, civil society organizations, Religious Institutions/bodies.</i>	<i>units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
<i>During preparation of ESMF, ESIA, ESMP Applicable both components</i>	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal councils; Civil society organizations, Religious Institutions/bodies. Centers for Social Work , Employment agencies</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project website & via social media;; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
<i>During project implementation</i>	<i>COVID-affected persons and their families, neighboring communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MoH, airline and border control staff, police, military, government entities, Municipal councils;</i>	<i>SEP, relevant E&S documents; GRM procedure; regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project website & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
<i>During project implementation</i> Supporting households to comply with public health containment measures component	<i>Beneficiaries, vulnerable groups, Centers for Social Work, chamber of commerce, Employment Agencies</i>	<i>Project activities of the Financial support to household's component</i>	<i>Social network, through social assistance centers, through employment agencies, local media</i>

3.5. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases their families as well as project beneficiaries of the social protection component

3.6 Proposed strategy to incorporate the views of vulnerable groups

The project 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 will be:

- Women: ensure that community engagement teams are gender-balanced and promote women’s leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities.
- Members of the RAE communities: Special targeting measures to areas where RAE live to inform them about safety measures like social distancing, masks and PPE. Use local government bodies to target RAE families who are likely to be eligible for benefits under component 2.
- Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.

- People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.
- Outreach of the vulnerable for the Component 2 will be done also through Social Work Centers, Information posted in the Centers and Local Governments as these local level structures are in better position to target and outreach vulnerable population. There will be mechanisms to allow people to access the social support program through a range of means, with special outreach via media to the relevant identified vulnerable groups like RAE and wage labour.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The MoH and the Ministry of Finance and Transfers (MoFT) will be the implementing entities for the project. The Project Coordination Unit (PCU), established within the Ministry of Health under the World Bank assisted Kosovo Health Project (KHP) will oversee implementation of stakeholder engagement activities which will be financed through Component 3- Project monitoring, communication and community engagement

The budget for the SEP is included under Component 3, and is approximately US 1.0 Mil USD

4.2. Management functions and responsibilities

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 Kosov Covid-19 Emergency Project.

The PCU will implement the behavior change communication activities in partnership with MoH, MoFT and Institute for Public Health. At the local level, PCU will collaborate with the Primary, Secondary, Tertiary hospitals, local government authorities and Centers for Social Work and employment agencies (local branches).

The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

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

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

Because of the separate nature of the activities in the Component 1 and 2 there will be separate mechanisms for each Components

5.1. Description of GRM

For the Component 1 An on-line Grievance mechanism and registry has been established within the Project PCU (Ministry of Health) (<https://msh.rks-gov.net/>). This GRM will be strengthened further and

described in the updated SEP. The aim is to inform all stakeholders of the procedures for submitting grievances/suggestions regarding the Project and receiving responses on the submitted grievance. The same mechanism will be available at the dedicated social network accounts for the project. Information about the GRM shall be locally advertised i.e. at social work centres and local governments.

In addition to the on-line submission avenue, any comments/concerns/grievance can be submitted to the MoH verbally (personally or by telephone) or in writing by filling in the Project Grievance Form (by personal delivery, post, fax or e-mail to the MoH contact person). Individuals who submit comments or grievances have the right to request that their name be kept confidential. Grievances may be submitted anonymously, although in such cases, the person will not receive any response though the case will be reviewed. All comments and grievances will be responded to either verbally or in writing, in accordance with the preferred method of communication specified by the complainant, if contact details of the complainant are provided. There will be outreach campaigns to inform people about the Grievance mechanism and information will be disseminated via a range of channels. This will serve general project related grievances as well as those specific to components 1 and 3 of the project.

For component 2, there will be separate channel for the Grievance. The complainant can contact the local CSW or Division for Social Assistance Services (SAS) at the Central level via phone and present their complaint to the officer. The outreach activities financed through Component 3, will inform people about the SAS GRM, through local governments and Centres for Social Work. The dissemination channels and the procedure for submission of a complaint will be defined in the updated SEP. Current GRM process for the Component 2 is elaborated in the Annex 2. This will be detailed and further strengthened in the updated SEP.

SAS telephone number: +38338212504 and +383211010.

SAS Email: sns@rks-gov.net

Complainant feedback on the resolution for the For the Component 1

The complainant will be informed about the proposed corrective action and follow-up of corrective action within 15 calendar days upon the acknowledgement of grievance. The acknowledgment will be done within 48 hours. In situation when the grievance is not able to be addressed or if action is not required, the PCU will provide a detailed explanation/ justification on why the issue was not addressed. The response will also contain an explanation on how the person/ organisation that raised the grievance can proceed with the grievance in case the outcome is not satisfactory. At all times, complainants may seek other legal remedies in accordance with the national legal framework, including formal judicial appeal.

Contact information for enquiries and grievances:

Rapid Response COVID- 19 Project

Ministry of Health

Address:

Rr. Zagrebit Nr. 60
10000, Prishtinë
Republic of Kosovo
Division for Public Communication and Relations
E-mail: msh.info@rks-gov.net
Telephone: +383 38 200 24 131; +383 38 200 24 020

The GRM will include the following steps:

- **Step 1:** Submission of grievances either orally, in writing via suggestion/grievance box, through telephone hotline/mobile, mail, SMS, social media (WhatsApp, Viber, FB etc.), email, website, and via any local institution partner of the project
- The GRM will also allow anonymous grievances to be raised and addressed.
- **Step 2:** Recording of grievance, classifying the grievances based on the typology of grievances and the complainants in order to provide more efficient response, and providing the initial response immediately as possible at the local partner or PCU level. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and the nature of the grievance
- **Step 3:** Investigating the grievance and Communication of the Response within 15 days
- **Step 4:** Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the MoFT formal Ministry level 2nd tier complain commission (part of the administrative proceedings)

Monthly/quarterly reports in the form of a summary of grievances, types, actions taken, and progress made in terms of resolving of pending issues will be submitted for the review to all focal points at the implantation structures in the MoH and MoFT. Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

Handling GBV issues. Although the risk from project activities and in the Kosovo context is low, the first responders will be trained on how to handle disclosures of GBV. Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centers to provide care on the spot. This will be integrated into the project design and be part of the outreach to health workers. GBV referral pathway will be established in line with healthcare structures of the country. The project communication campaign and outreach will make sure that there is information available on the helplines and organisations in country that provide support to GBV survivors who may be affected by the pandemic. The GRM that will be in place for the project will also be used for addressing GBV-related issues exacerbated by project activities and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. The project will also educate the public that for project related activities, the GRM can be utilized to raise concerns or complaints related to GBV and SEA/Sexual Harassment (SH) issues. Thus, the existing GRM will also be strengthened with procedures to handle allegations of GBV/SEA/SH violations which will be outlined in the updated SEP.

The updated version of the SEP will focus on typology of grievances and complainants to provide more efficient management. Possible examples: the highly vulnerable i.e. persons with disabilities, people facing language barriers, disruptions in areas neighboring facilities, RAE, etc.

5.2 World Bank Grievance Redress System

Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond.

For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions, will be collated by the designated GRM officer, and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of grievances and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator will be determined in the updated SEP and may include: number of consultations, including by using telecommunications carried out within a reporting period (e.g. monthly, quarterly, or annually); number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media.

Further details on the SEP will be outlined in the updated SEP, to be prepared and disclosed within 1 month of the project effective date.

Annex 1 – Explanation of the Measure 15

Expanding the SAS to new households: Measure 15. According to the Government’s Emergency Plan households are eligible for this support when the applicant household member is unemployed, no member of the household receives any other regular assistance from the Government, and the household has no source of formal income. Eligible households will receive support for a period of three months (planned for April, May, June 2020), amounting to Euro 130 per month per household. To deliver this support, the Government will use the systems and procedures that have been established for the SAS, including payment procedures, with modifications to the enrolment and targeting system. More specifically, one member of the household will apply to receive this emergency support to MoFT on behalf of his or her household. Given the need to start quickly, this application process will initially be in the form of an email to a dedicated email account staffed by the SAS Division. Through this application, the individual will provide the list of household members and ID numbers. Alternatively, for households without the necessary internet access, there is also the option to apply to this emergency support in person at the CSWs. Efforts are underway to build a web-based enrolment system that would enable people to apply for support by entering their national ID number, name and a few key variables.

1. This application form will be reviewed by the SAS Division for completeness and then sent to the respective CSW, where the staff will enter it into the SAS MIS, in which the SAS MIS targeting module will carry-out the means-test of the SAS to determine if the household has sources of formal income or receives monthly support from other Government programs. This is carried-out by cross-referencing the national ID number with Government databases in the Tax Administration and MoFT. All households that receive regular public benefits and social security payments will be excluded. There will also be a cross-reference with the Employment Agency of Kosovo (EARK) to confirm that the applicant is registered as unemployed

2. Initially, the threshold for the means-test is set such that eligible households will have no source of formal income. However, analysis shows that even a considerable share of households in the top 60 percent have no formal sources of income. Many households in Kosovo rely on informal sources of income, including remittances. The anticipated effects of the crisis are likely to be much wider and deeper, with anticipated reductions in sources of informal income, including remittances from abroad. For this reason, efforts are underway to introduce a second targeting criteria based on a proxy-means test (PMT) to better assess the poverty status of households. Should this emergency measure be extended, it is anticipated that this second targeting method will be introduced, and, to this end, the enrolment form will be adapted to include questions that are necessary for the PMT.

3. The proposed project will invest in adapting the SAS MIS to enable it to support the emergency payments, specifically the development of the web-based enrollment capability, and to explore the possibility of communication through mobile phones. Drawing on the experience of the emergency operation, the aim is to support the MoFT to further strengthen the systems of the SAS to enable it to better response to future emergencies. It is anticipated that this will include adopting a poverty-targeting system, which includes the flexibility to respond to crisis, and the design of the architecture for a social registry, which would support the rapid scaling up of the SAS in the face of any future shock.

Annex 2 – Explanation of the GRM for the Component 2

SAS Grievance and Redress Mechanism

1. **The main objective of a Grievance Redress Mechanism (GRM) for the Component 2 is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved.** Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Reduces the scope of complaint cases that are brought to court to be resolved through judicial proceedings.

2. **The decision-making responsibility for approval or rejection of applications for the SAS benefit rests with the Head of the SAS Division in the respective CSW** (Law No.04/L-096, Art. 3.5). It is based on the information on the case which is collected ex officio and through a field visit and fed in the SAS Management Information System (MIS) with the MLSW by CSW SAS Unit employees (case managers and IT administrators). The MIS cross-checks data on eligibility of each case on a monthly basis, confirms eligibility or rejects it and communicates back to the CSWs the identified reasons for rejection. Subject of the appeal / grievance procedure is the Decision made by the Head of the SAS Unit in the respective CSW. All applicants for SAS who are not satisfied with the decision of the respective CSW not to honor their applications, have the right to appeal the decision for rejection.

3. The grievance procedure is organized in two instances which could be followed by a third stage - court appeal. The steps / stages to be followed with the grievance procedure are as follows:

4. **First instance grievance procedure.** The first instance body is the CSW which has processed the application. The grievance procedure is initiated by the applicant whose application has been rejected or by his/her legal representative. The appeal is addressed to the Head of the SAS unit and should be filed no later than five (5) days after the applicant has been notified about the Decision (Law No.04/L-096, Art. 11.1). Missing to comply with this deadline does not mean losing the right to appeal/complaint at second instance. For starting the grievance/appeal at first instance, the applicant submits a written complaint to the Head of the SAS Division. He/she authorizes a review of the case. The CSW SAS Unit Head is obliged to review the complaint within a timeframe of ten (10) days from the day when the complaint has been received, or – in the same timeframe – to transfer it for resolution to the second instance body. The CSW SAS Unit Head is obliged to report back the status of the disputed decision to the applicant in writing. The CSWs also report annually to MLSW on the number of resolved appeals at first instance, along with the reasons for appeals. MLSW monitors the number of appeals by CSW and the reasons for them.

5. **Second instance grievance procedure.** The MLSW is the second instance body for grievance procedure for this component. The initiative for the second instance grievance procedure is taken by the applicant. The applicant is responsible for filing the grievance / appeal at second instance in writing, if the decision of the first instance is not satisfactory for him/her. Complaints are submitted not later than fifteen (15) days from the date of receiving the Decision from the first instance body. The staff of the CSW supports the applicant in preparing the file with documents needed for the submission of the appeal. MLSW appoints a Complaint Commission which reviews complaints and informs those who complain in writing not later than twenty-one (21) days after receiving the complaint.

6. **Court appeal.** If the applicant is not satisfied with the outcome of the Complaint Commission's Decision outcomes at the second instances, he/she or legal representative can file an appeal with the competent Court. The deadline for court appeal is thirty (30) days from receiving the Decision of the second instance appeal body.

7. **During Project implementation, the typology of appeals and appellants will be monitored closely to ensure efficient GRM management.** Efforts will be made to: (i) identify specific barriers for certain types of applicants to exercise their right to appeal and redress; (ii) increase the benefit take up by reducing bureaucracy associated with grievance and appeal procedures at different instances; (iii) limit, and possibly eliminate, physical presence of appellants in the GRM procedure; and (iv) provide through the CSWs with more detailed and informative data on the reasons for rejection of applications so that an increasing share of appeals are resolved by the first instance body.

8. The CSWs will be tasked with dissemination of information of the available GRM procedures, along with the rights and responsibilities of applicants/beneficiaries and benefit administrators, contact details and deadlines.