Republic of Kosovo
Republika e Kosovës
Republika Kosova

Ministry of Health
Ministria e Shëndetësisë
Ministarstvo Zdravstva

KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project
P179831

ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF)

February 2024

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Abbreviations

AMR	Antimicrobial Resistance
AI	Administrative Instructions
BHIS	Basic Health Information System
CPF	Country Partnership Framework
CSO	Civil Society Organization
E&S	Environmental and Social
ECA	Europe and Central Asia
EHS	Environmental, Health and Safety
EHSGs	Social Standards, WB Group Environmental Health and Safety Guidelines
ESA	Environmental and Social Assessment
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESIA	Environmental & Social Impact Assessment
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
EU	European Union
FY	Fiscal Year
IFI	International Financial Institution
IE	Impact Evaluation
GoK	Government of Kosovo
GRM	Grievance Redress Mechanism
GIIPs	Good International Industrial Practices
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH

HAI	Healthcare Associated Infections
HCWM	Healthcare Waste Management
HMIS	Hospital MIS
IDA	International Development Association / World Bank
IFC	International Finance Corporation
IPF	Investment Project Financing
IPC	Infection Prevention and Control
IPH	Institute of Public health
IR	Involuntary Resettlement
IT	Information Technology
IHIS	Integrated Health Information System
LMP	Labor Management Procedures
LIS	Laboratory IS
MDM	Master Data Management
M&E	Monitoring and Evaluation
MW	Medical waste
MFLT	Ministry of Finance, Labor, and Transfers
MOH	Ministry of Health
MoIE	Ministry of Environment Spatial Planning and Environment
NIPH	National Institute of Public Health
NGO	Non-Governmental Organization
OHS	Occupational Health and Safety
O&M	Operations & Maintenance
RPF	Resettlement Policy Framework
RIS	Radiology IS
PAP	Project Affected Person
PACS	Picture Archiving and Communication Systems
PCBs	Polychlorinated biphenyls (in power transformer oil)
PCP	Public Consultation Program
PCR	Physical Cultural Resources
PDO	Project Development Objective
PHC	Primary Health Care
PCU	Project Coordination Unit
RAP	Resettlement Action Plan
RPF	Resettlement Policy Framework
SA	Social Assessment

SEP	Stakeholder Engagement Plan
UCCK	University Clinic Center of Kosovo
TA	Technical Assistance
QoC	Quality of Care
WB	World Bank
WG	Working Group
WHO	World Health Organization

Executive Summary

The World Bank (WB) will be supporting the Ministry of Health (MoH) in implementing the **"KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project**". The objective of the project is to strengthen the institutional capacity and governance for quality of care. The Project will consist of two technical components and one component for overall project management. The project will support the following activities under respective components:

Component 1: Strengthening health system building blocks for quality of care (cost estimate: US$ 6.87 million). Three main areas of support under this component are envisaged: (i) strengthening public health and PPR (antimicrobial resistance (AMR), infection prevention and control (IPC), and healthcare waste management (HCWM); (ii) improving service delivery; and (iii) technical assistance (TA) to strengthen strategic purchasing functions for quality of care**.**

- ***Public Health Preparedness and Response.*** In this area, the Project would focus on (i) equipment for IPC for health facilities; equipment, consumables, and test kits for public health laboratories to detect new cases of highly resistant bacteria; , (ii) supplies for AMR and HAI surveillance, including costs for proficiency testing samples or panels; (iii) training of healthcare providers on AMR awareness and IPC across all levels of care, (iv) expert consultancy, workshops, printing and distribution of AMR guideline, as wells as equipment and supplies for the Antimicrobial Stewardship Program in hospitals; and (v) implementation of capital investments related to HCWM as based on the recently approved Strategy and Costed Action Plan approved by the MoH on HCWM. The latter would focus on civil works and equipment related to improving the management of healthcare waste, which is one of the public health threats in Kosovo, such as the provision of protective equipment and supplies for HCWM, the adaptation of spaces within health facilities for storage of infectious waste and their preparation for collection, renovation of treatment facilities in seven regional hospitals. These hospitals are responsible for the shredding, sterilizing, and preparing the waste for landfill, procurement of transport vans for waste collection and delivery to treatment facilities, as well as reconstruction/renovation of an annex building for pharmaceutical waste as part of the pharmaceutical warehouse that the MoH plans to reconstruct in 2024.

- **Improving Service Delivery.** The focus of this sub-component would be on key interventions selected for quality of care (QoC) improvement initiatives. The WB team held a workshop with key stakeholders on QoC. With the WB's facilitation, stakeholders identified key interventions, which were also endorsed by MoH management. QoC interventions under the Project would include (i) support the functionalization of the technical teams for QOC within the NIPH and MOH enhance quality oversight within the health system, (ii) support the Annual Regional and National Health Forums, which serve as platforms for discussion, information sharing, and decision-making related to health policies, strategies, and practices, as well as to foster formalized citizen engagement, empowerment, and ignite the demand for high-quality health services, (iii) strengthen the Health Inspectorate through training, provision of IT support, and development and revision of safety and quality standards, (iv) strengthening institutional processes for development, evaluation and adoption of clinical guidelines, (v) development of electronic care pathways and protocols in order to enable their integration into the BHIS, facilitating and providing data for monitoring the use of clinical guidelines, (vi) training of providers on clinical care pathways, clinical audits, and best quality assurance/quality management (QA/QM) practices, (vii) development of quality indicators, clinical audit and feedback manual for quality coordinators.

- **Technical assistance for developing key health financing functions.** Given the uncertainty in the timing of adoption of the revised Health Insurance Law, the subcomponent will focus on a small number of activities that can start without the Law being adopted. Specifically, the Project will support: (i) piloting the ODBP that has been developed; and (ii) developing and implementing case-based payment for hospitals, starting with treatment abroad.

Component 2: Developing an integrated health information system (IHIS) (cost estimate: US$ 12.2 million). Activities to be supported under the Project, which derives from the eHealth Feasibility Study recently completed with support from the COVID-19 Project, have been defined. Three subcomponents are envisaged: (i) legal and regulatory framework for transformed health services delivery through digital systems utilization; (ii) assessment and design of Master Data Management (MDM) standards and systems, such as foundational registries and common coding and classification systems; (iii) design and implementation of the Health Information Exchange (HIE) services; (iv) upgrade of hardware platforms on central locations and in health facilities; (vi) rolling out the BHIS to all PHC facilities (including finalization of patient empanelment and zoning); (vii) upgrading the BHIS functions (automatic update of codes from key registries and allowing dashboard and smart reporting on facility level); and (viii) upgrading the integration with eReferrals system and introduction of eAppointments. The MoH agreed to the proposed institutional arrangements for the eHealth Strategy implementation and design under Component 2, which would include the establishment of an eHealth Body with the main responsibility for the policy and executive governance in the implementation of the eHealth Strategy and delineation of financing of key areas between the Project and the government's budget (e.g., hardware/infrastructure, improvement of the BHIS, etc.).

Component 3: Project Management, Monitoring and Evaluation (cost estimate: US$ 0.94 million). This component would support costs related to the project management, monitoring, and operational support. The component will. finance consulting services, including consultants to staff the Project Coordination Unit (PCU), as well as office equipment, training, audits, filing systems, and operating costs.

The project will be implemented country-wide, with investments targeting Regional Hospitals in Kosovo which are located in urban and peri-urban areas of the country.

This Environmental and Social Management Framework (ESMF) has been prepared to identify the potential environmental and social risks and impacts of proposed Project activities and propose suitable mitigation measures to manage these risks and impacts. It maps out the GoK laws and regulations and the World Bank ESF standards (ESSs) applicable for the Project, and describes the principles, approaches, implementation arrangements, and environmental and social mitigation measures to be followed.

Based on these policies, the overall ***environmental and social risks*** of the project are categorized as moderate.

Environmental risk: The project might have moderate environmental impacts, mostly from, minor civil works aimed at improving Healthcare waste management (HCWM), disposal procedures and equipment at all regional hospitals in Kosovo. Risks arising out of these activities are related to possible refurbishment works in healthcare facilities envisaged for daily storage of HCW and reconstruction/adaptation of the treatment facilities in UCCK and 7 regional hospitals. Risks are also related to improper medical waste management during the operational phase. Medical waste, including chemicals, contaminated PPE, and equipment, will need to be safely and properly collected, stored, transported, treated, and disposed of. The details of the activities are yet unknown, and therefore the exact locations of these interventions are yet to be determined, but all works are expected to be carried out within the existing facilities. Potential adverse environmental impacts may include water pollution from fuel and waste leakage, noise, vibration, and temporary air pollution from construction activities, waste generation including hazardous materials however are all the risks are not expected to generate serious adverse or long-term effects on human health or the environment. These risks will likely be temporary, predictable, and easily mitigable. The activities will not to be in environmentally sensitive areas or near known cultural heritage sites; however, the final districts for Project activities are yet to be identified.

The environmental risks will be easily avoided or minimized with the application of the WB Environmental and Social Standards, through the mitigation measures as per ESMF and the subsequent sub-projects ESMPs, WB Group Environmental Health and Safety Guidelines (EHSGs), and Good International Industrial Practices (GIIPs). Subsequently, site-specific Environmental and Social Management Plans (ESMPs) will be prepared and implemented to manage any risks that may arise during the reconstruction, operations and decommissioning phases. Other components should have no significant environmental impacts as they involve support for strengthening policies to improve sector governance and performance, health financing, service delivery, and capacity building and training. Moreover, the project will bring some positive environmental impacts arising from increasing the capacities of HCWM and adaptation of Standard Operation Procedures (SOP) which are recently prepared by WHO. Given the abovementioned, the environmental risk rating is assessed as moderate.

The overall **social risk** is considered moderate mostly and temporary, predictable, and readily managed through project design features, mitigation measures, and experienced counterparts, as this would be the

fourth operation in a row, with the legacy of two health projects, and one additional finance, implemented recently. No land acquisition or involuntary resettlement impacts will occur under the Project.

The World Bank's environmental and social standards applicable to project activities are summarized below, as well as key gaps between the national framework and the policies.

E&S Standard	Relevance	Key Gaps
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts	ESS1 is relevant for the project because project activities are expected to pose moderate environmental and social risks such as related to OHS issues, improper waste management, and impacts on ground and surface water, soil, and air contamination (dust and noise), workers safety, etc; If the risks and adverse impacts from construction/rehabilitation activities are identified timely and all mitigation measures are applied adequately these should be small in magnitude and temporary. All the risks and impacts are expected to be fully addressed within the specific E&S assessment. An Environmental and Social Management Framework (ESMF) will be prepared and implemented to identify these adverse impacts and risks and manage them properly. Besides other provisions, the ESMF will define the responsibilities for ESF implementation and mitigation measures, a methodology for environmental and social risks and adverse impacts screening, as well as a list of non-eligible activities. The ESMF will also include guidance on Environmental, Health, and Safety General Guidelines (EHSGs) and relevant GIIPs. Further to this, the ESMF will guide the preparation of the site-specific instruments, ESIA/ESMP as per the provisions of the Bank ESF and Kosovo legislation. Depending on the scope of the issue, the ESIA/ESMP may include integrated plans in proportionate to the environmental and social risks and impacts. The TA activities supported by project will be managed provided all are aligned with the relevant ESSs. The Stakeholder Engagement Plan (SEP) and Labour Management procedures (LMP) will be prepared to guide stakeholder management and labor and working conditions in accordance with ESS10 and ESS2. The Project Grievance Mechanism (GR) will be established and equipped to receive sensitive and anonymous complaints. The capacity to carry out environmental and social activities within the project will be strengthened through the hiring of an experienced environmental and social and specialist and healthcare waste management specialist.	National legislation does not include preparation of ESMF, ESMP, LMP and SEP as it is proposed in WB ESF.
ESS 2: Labor and Working Conditions	ESS2 is relevant for the project because there are certain labor risks for project workers. Labor related risks include (i) security risks to project workers, (ii) traffic and road safety issues, (iii) inadequate terms and conditions of employment, and (iv) occupational health and safety risks. There is a low risk of Gender-based violence (GBV)/SH/SEA) as there will be no expected labor influx and general country risk. There are no risks of forced labor or child labor neither for the categories of direct Project workers nor contracted workers. There is no legacy of either forced labor or child labor in the country and sector. As per ESS2, where government civil servants are working in connection with the Project, whether full-time or part-time, they will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement unless there has been an effective legal transfer of their employment or engagement to the Project. ESS2 will not apply to such government civil servants, except for the provisions of paragraphs 17 to 20 (Protecting the Work Force) and paragraphs 24 to 30 (Occupational Health and Safety). If the employment or engagement of a civil servant was transferred to the Project in accordance with all legal requirements, transferred workers will be subject to all requirements of the ESS2. The applicable national legal framework is aligned with ILO conventions and the principles of ESS2. All consultancy firms hired for activities under the Project will be contracted by the Government and will be requested to provide documented evidence that their working conditions are in line with ESS2 i.e. through the terms of employment. This requirement will be reflected in the Project Operational Manual (POM), LMP, bidding documents, and the actual contracts between the PCU and its providers.	National legislation does not include preparation of LMP as it is proposed in WB ESF. Gaps on the grievance mechanism for the employees apart from the contractor.

	To mitigate these risks, the Borrower will prepare and ensure the effective implementation of Labor Management Procedures (LMP) incorporating the relevant requirements of ESS2. The LMP will include provisions on working conditions, workers' organizations, grievance arrangements for all workers, eligible criteria for selecting contracted workers etc. The Project will proactively implement SEA/SH including a Code of Conduct for all workers, a mechanism to report SEA/SH cases, and training and awareness sessions for workers and affected communities as needed. Additionally, relevant ESS2 risk management processes and procedures	
ESS 3: Resource Efficiency and Pollution Prevention and Management	The project is likely to generate medical, solid and liquid wastes including chemicals, contaminated PPE, and equipment. These may affect the health of care givers, local communities and the environment. In line with the guidance of this ESS a Medical Waste Management Plan (MWMP) will be prepared, to assess and manage waste of different kinds (solid, liquid, medical, hazardous and nonhazardous). The plan will include separation of different kinds of waste, collection, treatment, reuse, recycle and transportation, storage and final disposal of wastes in approved sites/ through sterilization/ other methods as per ESS3 and related ESHGs, GIIP, WHO guidelines and national law. Proposed repair and renovation of existing infrastructure particularly minor civil works aimed at improving Healthcare waste management (HCWM), disposal procedures and equipment at all regional hospitals in Kosovo for the rehabilitation (within the existing physical footprint) might increase noise, dust, and air pollution as well as generation of hazardous and non-hazardous waste and could expose construction and health workers and community to health risk. Given that most of the activities have been planned in the hospitals that are in operation, the pollution issues are likely to be more complex. Projects involving construction/civil works require involvement of workforce, together with suppliers and supporting functions and services. There may be different contractors permanently present on site, carrying out different activities, each with their dedicated workers. As such there will also a regular flow of parties entering and exiting the site; support services, such as catering, cleaning services, equipment, material and supply deliveries, and specialist sub-contractors, brought in to deliver specific elements of the works. Solid wastes produced during construction and installation of equipment will be collected in separated containers which will be collected by licensed Regional Waste collection company. Given the nature of the activities of the project, issues related to the consumption of water seems too nominal. However, water efficiency technology will be adopted in construction.	Gap exists for Resource efficiency in the policy. Kosovo does not have a dedicated national resource efficiency strategy or action plan[1]. Some national policies and strategies that address material resource efficiency are: Law on Waste, Waste Management Strategy for the Republic of Kosovo, 2013 –2022 and Law no. 2003/3 on Kosovo's forests. Examples of good practice are not available. Integrated Environmental licenses and permits refer to the largest polluters, the MOIE supervise the efficient implementation of the legal measures provided and their impact on the environment. For other issues, there are no gaps on the policy level.
ESS 4: Community Health and Safety	As noted above, the project is likely to generate medical, solid and liquid wastes including chemicals, contaminated PPE, and equipment which may affect the health of care givers, local communities. These waste streams have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed. There is a possibility for infectious microorganism to be introduced into the environment if not well contained within the point of generation, transportation and disposal (along the disposal chain) or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., floods, landslides). The HCWMP therefore will describe:	National legislation does not foresee creation of Rapid Health Assessment

[1] [1] https://www.eea.europa.eu/publications/more-from-less/kosovo-material-resource-efficiency/view

	• how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines) • emergency preparedness measures. Laboratories, and screening posts, will thereby have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the workplace back into their communities. These provisions are outlined in this ESMF, HCWMP and noted in ESS1. Under the health component, during civil works employers are responsible for providing adequate protective clothing and protective equipment, at no cost to the worker; and information and appropriate training on OHS; consulting workers on OHS aspects associated with their work; providing measures to deal with emergencies; and notifying the labor inspectorate of cases of occupational diseases. Under the social component, additional risks to community are envisaged through possible exposure to infected project workers engaged in the cash transfer program. A project-level GRM will be instituted and will be equipped to respond to grievances the community may have on project related issues and grievances raised from target population, beneficiaries and communities of the social support program.	
ESS 10: Stakeholder Engagement and Information Disclosure	ESS10 is relevant for all projects given the need to engage with beneficiaries and stakeholders on development activities that affect their lives.	Differences there are with regard to disclosure and public consultation. Involvement of the public in ESS10 is very weak. The social assessment/ social inclusion/public consultation during the project preparation is not required with national legislation.

In order to manage and mitigate the identified risks and since the project activities continue to be further defined, the MoH under this project development stage has prepared the E&S framework instruments consisting of the Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP), and Labor Management procedures (LMP) that respectively outline potential adverse E&S impacts and risks and propose adequate management plans and mitigation measures for the project implementation stage. The client has also prepared the Environmental and Social Commitment Plan (ESCP) which sets out material measures and actions, any specific documents, or plans, as well as the timing for each of these. These documents need to be drafted by appraisal. Once the project will become effective and subprojects will be identified, under the guidance of this ESMF the site-specific E&S instruments such us ESIA/ESMP and other specific plans, will be developed respectively.

Implementation Arrangements. The overall responsibility of implementing the ESMF will be with the PCU established under the Ministry of Health (MoH). The PCU at the MoH will coordinate with the Working Group (WG) that has been set up for the preparation of the project which includes heads of key departments within the MoH, as well as representatives from the Ministry of Finance, Labor, and

Transfers (MFLT), Health Insurance Fund (HIF), Institute of Public Health (IPH) and key health institutions. It is expected that the WG, potentially with a small adjustment in member composition, will stay on after the project preparation to provide technical guidance on the project during implementation.
The PCU will be accountable for the implementation of the project, and it will consist of a project coordinator, a procurement specialist, an FM specialist, an M&E specialist, and a full-time environmental and social specialist and it is recommended hiring the healthcare waste management specialist. The PCU is expected to be fully operational and capable prior to the project launch.

1. Introduction

This Environmental and Social Management Framework (ESMF) is developed to support the environment and social due diligence provisions for activities financed by the World Bank (WB) in the **KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project**. The project will support strengthen the institutional capacity and governance for improving the quality of care in country wide. The Ministry of Health (MoH) will be implementing the Project activities.

This ESMF follows the World Bank Environmental and Social Framework (ESF) as well as the national laws and regulations of the government of Kosovo (GoK). The objective of the ESMF is to assess and mitigate potential negative environment and social risks and impacts of the Project consistent with the Environmental and Social Standards (ESSs) of the World Bank ESF and national requirements. More specifically the ESMF aims to: (a) assess the potential environmental and social risks and impacts of the proposed Project and propose mitigation measures; (b) establish procedures for the environmental and social screening, review, approval, and implementation of activities; (c) specify appropriate roles and responsibilities, and outline the necessary reporting procedures, for managing and monitoring environmental and social issues related to the activities; (d) identify the training and capacity building needed to successfully implement the provisions of the ESMF; (e) address mechanisms for public consultation and disclosure of project documents as well as redress of possible grievances; and (f) establish the budget requirements for implementation of the ESMF.

This ESMF should be read together with other plans and ESF instruments prepared for the project, including the Stakeholder Engagement Plan (SEP), the Environmental and Social Commitment Plan (ESCP), and Labor Management Procedures (LMP) document.

2. Project Description

The proposed Project Development Objective (PDO) is to strengthen the institutional capacity and governance for quality of care. The Project will consist of two technical components and one component for overall project management. Agreements on the PDO, components, and activities are presented below. A detailed list of proposed activities is provided in the Annex 1.

2.1 Components Description

- ***Component 1:*** *Strengthening health system building blocks for quality of care (cost estimate: US$ 6.87 million).*
- ***Component 2:*** *Developing an integrated health information system (IHIS) (cost estimate: US$ 12.2 million).*
- ***Component 3:*** *Project Management, Monitoring and Evaluation (cost estimate: US$ 0.8 million). This component would support costs related to the project management, monitoring, and operational support.*

Component 1: Strengthening health system building blocks for quality of care (cost estimate: US$ 6.87 million). Three main areas of support under this component are envisaged: (i) strengthening public health and PPR (antimicrobial resistance (AMR), infection prevention and control (IPC), and healthcare waste management (HCWM); (ii) improving service delivery; and (iii) technical assistance (TA) to strengthen strategic purchasing functions for quality of care.

- **Public Health Preparedness and Response**. In this area, the Project would focus on (i) equipment for IPC for health facilities; equipment, consumables, and test kits for public health laboratories to detect new cases of highly resistant bacteria; , (ii) supplies for AMR and HAI surveillance, including costs for proficiency testing samples or panels; (iii) training of healthcare providers on AMR awareness and IPC across all levels of care, (iv) expert consultancy, workshops, printing and distribution of AMR guideline, as wells as equipment and supplies for the Antimicrobial Stewardship Program in hospitals; and (v) implementation of capital investments related to HCWM as based on the recently approved Strategy and Costed Action Plan approved by the MoH on HCWM. The latter would focus on civil works and equipment related to improving the management of healthcare waste, which is one of the public health threats in Kosovo, such as the provision of protective equipment and supplies for HCWM, the adaptation of spaces within health facilities for storage of infectious waste and their preparation for collection, renovation of treatment facilities in seven regional hospitals. These hospitals are responsible for the shredding, sterilizing, and preparing the waste for landfill, procurement of transport vans for waste collection and delivery to treatment facilities, as well as reconstruction/renovation of an annex building for pharmaceutical waste as part of the pharmaceutical warehouse that the MoH plans to reconstruct in 2024.

- **Improving Service Delivery.** The focus of this sub-component would be on key interventions selected for quality of care (QoC) improvement initiatives. The WB team held a workshop with key stakeholders on QoC. With the WB's facilitation, stakeholders identified key interventions, which were also endorsed by MoH management. QoC interventions under the Project would include (i) support the functionalization of the technical teams for QOC within the NIPH and MOH enhance quality oversight within the health system, (ii) support the Annual Regional and National Health Forums, which serve as platforms for discussion, information sharing, and decision-making related to health policies, strategies, and practices, as well as to foster formalized citizen engagement, empowerment, and ignite the demand for high-quality health services, (iii) strengthen the Health Inspectorate through training, provision of IT support, and development and revision of safety and quality standards, (iv) strengthening institutional processes for development, evaluation and adoption of clinical guidelines, (v) development of electronic care pathways and protocols in order to enable their integration into the BHIS, facilitating and providing data for monitoring the use of clinical guidelines, (vi) training of providers on clinical care pathways, clinical audits, and best quality assurance/quality management (QA/QM)

practices, (vii) development of quality indicators, clinical audit and feedback manual for quality coordinators.

- **Technical assistance for developing key health financing functions.** Given the uncertainty in the timing of adoption of the revised Health Insurance Law, the subcomponent will focus on a small number of activities that can start without the Law being adopted. Specifically, the Project will support: (i) piloting the ODBP that has been developed; and (ii) developing and implementing case-based payment for hospitals, starting with treatment abroad.

Component 2: Developing an integrated health information system (IHIS) (cost estimate: US$ 12.2 million). Activities to be supported under the Project, which derives from the eHealth Feasibility Study recently completed with support from the COVID-19 Project, have been defined. Three subcomponents are envisaged: (i) legal and regulatory framework for transformed health services delivery through digital systems utilization; (ii) assessment and design of Master Data Management (MDM) standards and systems, such as foundational registries and common coding and classification systems; (iii) design and implementation of the Health Information Exchange (HIE) services; (iv) upgrade of hardware platforms on central locations and in health facilities; (vi) rolling out the BHIS to all PHC facilities (including finalization of patient empanelment and zoning); (vii) upgrading the BHIS functions (automatic update of codes from key registries and allowing dashboard and smart reporting on facility level); and (viii) upgrading the integration with eReferrals system and introduction of eAppointments. The MoH agreed to the proposed institutional arrangements for the eHealth Strategy implementation and design under Component 2, which would include the establishment of an eHealth Body with the main responsibility for the policy and executive governance in the implementation of the eHealth Strategy and delineation of financing of key areas between the Project and the government's budget (e.g., hardware/infrastructure, improvement of the BHIS, etc.).

Component 3: Project Management, Monitoring and Evaluation (cost estimate: US$ 0.94 million). *This component would support costs related to the project management, monitoring, and operational support. The component will. finance consulting services, including consultants to staff the Project Coordination Unit (PCU), as well as office equipment, training, audits, filing systems, and operating costs.*

2.2 Project Beneficiaries

The project will be implemented country-wide, with investments targeting Regional Hospitals in Kosovo which are located in urban and peri-urban areas of the country. Project beneficiaries will be, population in general, regional hospitals, clinics, medical workers/personnel, institutions, etc.

3. Environmental and Social Policies, Regulations and Laws

3.1 Kosovo Legal Framework

An overview of laws and regulations that have relevance for environmental and social issues for the **KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project**, are as follows:

Country specific policy, legal and administrative frameworks relevant to the health project:

- Kosovo Health Law 2004_4
- Law for prevention and fighting against infectious diseases; Law No: 02/L-109
- Law on the Sanitary Inspectorate of Kosovo 2003/22
- Law on Medicinal Products and Medical Devices 2003/26
- Law on Public Health 2007_02-L78
- Law on the Rights and Responsibilities of the Citizens in the Health Care 2004_38
- Law on Private Practices in Health 2004_50
- Law on Health Inspectorate 2006_02-L38
- Law on Medical Emergency Services 2006_02-L50
- Law on Reproductive Health 2006_02-L76
- Law on Blood Transfusion, Blood Control and its Products 2007_02-L101
- Law for prevention and fighting against infectious diseases 2007_02-L109
- Law on Amending the Law on Health 2008_03-L-124
- Law on medicinal products and medical devices 04/L-190
- Regulation no. 18/2017 on location, conditions for construction and maintenance of shelters, and technical conditions for shelters and adaptation of buildings for sheltering.

Kosovo Health Law No.2004/4 was adopted by the Assembly of Kosovo, pursuant to the authority given to the Provisional Institutions of Self Government in Kosovo by the Interim Administration of the United Nations Mission in Kosovo (UNMIK) with UNMIK Regulation Nr. 2001/9 dated 15 May 2001.7 An Annex VI of UNMIK Regulation Nr. 2002/5 on the Establishment of the Ministry of Health, based on the Health Policy of Kosovo from February 2001 aimed at establishing legal grounds for the regulation, advancement and the improvement of the provision of health care for the citizens of Kosovo. Healthcare reform is an ongoing process since the end of the conflict in 1999 and has been discussed for a long time now. The Ministry of Health operates under the Kosovo Government in accordance with its Constitution and applicable laws. The Ministry of Health is responsible, among others, for policy drafting, implementation of laws and to promote non-discrimination approach towards its citizens, thus sets norms and standards respecting relevant international health standards.

The Kosovo Ministry of Health was established in February 2002 with its National Institute of Public Health (NIPH). Its responsibility includes but is not limited to policy development, strategic planning, licensing, quality assurance, and budgeting. Its primary role is to monitor, supervise and support both the hospitals and primary health care.

Law for prevention and fighting against infectious diseases; Law No: 02/L-109. The protection from the infectious diseases endangering the whole country will be carried out by Kosovo Institute of Public health (NIPH), Sanitary Inspectorate of Kosovo, Kosovo Health Inspectorate, all public and private health institutions, non-health institutions, municipalities and citizens supervised by Ministry of Health. The measures for prevention and fighting against the infectious diseases are directly applied by health institutions and health professionals in conformity with this law.

Law on the Sanitary Inspectorate of Kosovo 2003/22. It's aim is establishing legal grounds for the regulation and advancement of food quality control, the implementation of measures for fighting and eliminating contagious diseases, as well as performing the hygienic and sanitary control of industrial-food

facilities, food trading, health, catering, pre-school, school, cultural, sports and recreational facilities, facilities for maintaining of personal hygiene, public facilities and public dwellings with the aim of protecting the health of the population of Kosovo.

Law on Medical Emergency Services 2006_02-L50. With the aim of establishing a legal base for regulation, advancement and improvement of medical emergency service. Medical Emergency Service shall be exercised at the primary and secondary level, at referral Centers in Kosovo, at the University Clinical Center of Kosovo (UCCK), including the Emergency Service within the Kosovo Protection Corps (KPC). Medical emergency activities are organized in order to provide proper medical emergency care to the citizens, during ordinary and/or states of emergencies,

Medical Emergency Service takes care of citizens, population or part of the population in states of emergency in cooperation with Fire Department, Police, and KPC:

a) During mass disasters
b) During fires, floods
c) During earthquakes, landslides
d) During big avalanches
e) During mass injuries and poisonings
f) In case of bio-terrorism
g) In case of epidemics and possible pandemics.

Law on Public Health 2007_02-L78. Ministry of Health compiles-sets forth and supervises application of public health policies through the National Institute of Public Health of Kosovo.

National Institute for Public Health of Kosovo (NIPHK) is a public institution which exercises referral activities in the area of public health among others:

a) Epidemiological preparedness and responsibility check
b) Managing and evaluating the epidemiological situation of the infectious disease
c) Managing the exceeded program of immunization
d) Managing the hospitalized intra infections
e) Analyzing and evaluating the Sanitary hygienic situation in public and private facilities
f) Analyzing and evaluating the quality of the drinking water
g) Analyzing and evaluating the sanitation, etc.

In addition to health national legislation and regulations the national environmental and social issues legislation related to the project are:

- Environmental Protection Law (03/L-025-2009)
- The Law on Environmental Impact Assessment (EIA)
- The Law on Waste No.04/L-060 (2012)
- Administrative Instruction of Medical Waste Products 10/2015
- Administrative Instruction for management of medical waste 05/2008
- Administrative Instruction for elimination of medical waste 12/2008
- Administrative Instruction No.22/2013, on the management of medical human and veterinary waste
- Law on Labor (03/L-212)
- Law on Safety and Health at Work (04/L-161)
- Law on the Protection from Discrimination (05/L-021).

The legal framework for waste management in the Republic of Kosovo is comparatively well developed. The key pieces of legislation as they relate to HCW are:

- The Law on Waste, No. 04 / L-060 / 2012

This is the foundation law that regulates the management of all types of waste, including HCW, within the Republic of Kosovo.

Within this law, medical waste is defined as waste created during the performance of medical services – and the law makes provision for the following:

- The role of each stakeholder;
- Rules for licensing and the rights and obligations of licensed persons;
- Rules on classification, treatment methods and conditions of waste management;
- Regulates the import, export, monitoring, inspections, information system and financing of the waste management system.

Based on the Waste Law, there are several Administrative Instructions (AI) that further regulate in detail Medical Waste Management and specify the competencies of the respective authorities – which are summarized in the table below:

ramework

	Description
Administrative Instructions in Kosovo related to the project	
otection No.	Regulates protection of natural resources and any harm that might be done to the environment from human activities.
vironmental	Prevent or mitigate negative impacts of proposed public and private projects and thereby to contribute to the safeguarding and improvement of the environment, the protection of human health, and the improvement of the quality of life. This Law determines procedures for the identification, assessment, reporting of the environmental impacts of proposed projects and provides for associated administrative procedures, in order that, during the decision-making process by the Ministry of Environment and Spatial Planning for issuing the Environmental Consent and all relevant information regarding the environment is provided and taken into account
/L-110	regulates all kind of constructions such as design, construction, reconstruction, and demolition. The aim of this law is to clarify the legal framework for issuing the permits for construction and Use permits. This law specifies that for works such as repairing, renovation, rehabilitation, a construction permit is not required. *However, if the works require intervention on the facades and in the building structure, it is required to obtain the permit from the Municipality.*
ste	Regulates waste management, plans for environmental management, rights and obligations of licensed persons who deal with waste management, manner and conditions of waste collection, transport, treatment, processing, storage and disposal, import, export and waste transit, monitoring, information system and financing.
3 on the Human and	o Article 7 - sets out the obligations of manufacturers or owners of medical waste. Persons engaged in medical activities or providing services that generate medical waste are generators and holders of medical waste that based on the volume are divided into large and small generators of medical waste. Medical waste generators are required by law to take medical waste management measures to segregate waste by type. Facilities in possession of expired medical waste are required to dispose of it properly. All costs of waste treatment, transportation, etc. should be borne by the waste generators. Facilities disposing of medical waste must be licensed.
for Waste oducts:	o Article 5 - establishes the tasks of the competent central level authorities such as MESPI, MAFRD, and MH. MESPI supervises activities related to medical waste treatment, creates databases, inspects and evaluates the condition of waste, establishes appropriate methods for treating such waste, assists in the treatment of waste, etc. MH controls and supervises the management of medical waste generated by healthcare facilities, identifies the facilities that produce waste, identifies medical device waste, directs the method of waste destruction, classifies waste, supervises treatment, etc.

	The implementation of the provisions of Article 5 is executed by the Kosovo Sanitary Inspectorate, Veterinary Inspectorate, and the Inspectorate of Kosovo Agency for Medicinal Products and Equipment.
• **AI No. 03/2021 on Hazardous Waste Management:**	o Chapter III sets out the requirements and obligations for activities during the management of HW; o Article 9 - Organization and planning for management of HW. The Government of Kosovo is responsible for management of HW and according to demands manages objects for treatment, storage, and land-filling of HW. The Government, Ministry shall establish the system for management of HW. o Article 11 - regulates the obligations of the holder of HW; The holder of HW is responsible for management of HW during collection, manufacture, storage, treatment and their land-filling. The holder of HW is obliged to present to MMPHI the report for the management of hazardous waste. The holder of HW is obliged to offer to transporters, exact and completed information on written form for HW.
• **AI – NO.22/2013 on the Management of Medical Human and Veterinary Waste:**	o Article 7 - sets out the obligations of manufacturers or owners of medical waste. Persons engaged in medical activities or providing services that generate medical waste are generators and holders of medical waste that based on the volume are divided into large and small generators of medical waste. Medical waste generators are required by law to take medical waste management measures to segregate waste by type. Facilities in possession of expired medical waste are required to dispose of it properly. All costs of waste treatment, transportation, etc. should be borne by the waste generators. Facilities disposing of medical waste must be licensed. Article 12 - regulates the obligations of the operator for the treatment of HW; Operator for the treatment of HW shall carry out collection, saving or storage, elaboration of waste. The operator of the facility or equipment for the treatment of HW operates based on technical-technological requirements and according to the conditions determined by the relevant permit issued by the Ministry. The operator is obliged to provide the physical insurance of the building and instalment to prohibit the access of unauthorized persons. Treatment of HW is to be done in accordance with characteristics of different types, possibilities for reusing or further treatment. Operator of HW is obliged to report in Ministry for each calendar year. The Operator of HW is obliged to offer to transporters completed information on written form for HW. o Article 13 - regulates the obligation of the transporter of HW Transporter of hazardous waste under the Waste Law, is obliged to make transporting of HW in compliance with the conditions described under the Law on Transporting of Hazardous Goods, to enable the competent body for inspection free access for inspection and controlling of the vehicle, loading burden and the follow-up documentation, to possess notes for each transport of wastes and offering information regarding to transporting of HW.
The Administrative Instruction No. 01/2020 for management of wastes containing asbestos	Determines the condition for the management of wastes containing asbestos, measures to prevent environmental pollution by asbestos in order to protect human health and environment. Based on this all the Municipal Authority is obliged to assign the location and storage place of waste with asbestos.

Law on air protection from pollution (no. 03/L-160),	to regulate and guaranties the right of the citizens to live in a cleaned air by protecting human health, fauna, flora and natural and cultural values. The relation of this Law with the project is the measures to be taken in order to protect from pollution caused by mobile sources. In order to guarantee the protection of air protection from pollution, the producers, suppliers, transporters etc. are obliged to respect local legislation on this issue.
Health and Safety Laws and administrative instructions/regulations in Kosovo related to the project	
Health and Safety Law (04/L-161)	contains the general principles for occupational risks prevention, elimination of risks and accidents, information, consultation, equivalent participation on improvements of health and safety level at working places, employees' trainings, it's representatives the general guidance for this principal implementation.
The Labor Law (03/L-212)	Determines the basic duties, rights and responsibilities of employers and employees in terms of labor protection. It sets the rules and procedures for recruitment process, regulates the protection of rights of employees, from the recruitment phase and onwards.
Regulation on minimum safety and health requirements for the workplace No. 04/2014	Is applied from all workers and workplaces regardless from the type of entity, except for mobile work sites, fishing, and mine activities, means of transport, agriculture and forestry. It sets the minimum requirements for health and safety for the new workplaces and minimum health and safety requirements for workplaces already in use.
Regulation on minimum requirements on health and safety on use of working equipment's on working places MPMS-05/2014	describes the measures that employer shall take to ensure the safety of the work equipment made available to workers and the employer shall keep the work equipment compliant by means of adequate maintenance and ensure that the work equipment is installed correctly and is operating properly by inspection/testing of the work equipment (initial, after assembly, periodic and special) by competent persons.
Regulation on minimum safety and health requirements for the use of personal protective equipment at the workplace MPMS- 02/2016	contains articles on: Employers general obligations, requirements for PPE, Risk assessment on choosing PPE, list of items of PPE, list of sectors/activities that require PPE, training requirements on PPE usage. The regulation within its annexes contains non exhaustive list of items of personal protective equipment, non-exhaustive guide list of activities and sectors of activity which may require the provision of personal protection equipment, and a sample of documents of risk assessment for elaboration of list of PPEs by occupations.
Regulation on minimum requirements for the provision of	contains the articles on general requirements for safety signs at work for all entities that are under the scope of the general law, except for hazard mixtures, products, and equipment and for signs at the rails, roads, air traffic and water traffic. It gives a general minimum requirement concerning safety and health signs at work, general minimum

safety and health signs at work MPMS-04/2016	requirements concerning signboards, minimum requirements governing signs on containers and pipes, minimum requirements for identification and location of firefighting equipment and signs, minimum requirements governing sings used for obstacles and dangerous location and for marking traffic routes, minimum requirements for illuminated signs, minimum requirements for acoustic signs, minimum requirement for verbal communication and minimum requirements for hand signals.
Regulation on minimum safety and health requirements for protection of employees regarding manual handling of loads MPMS-03/2016	defines the issues of employer's obligation, health surveillance for the workers involved in manual handling activities, etc. it also gives the manual handling of loads reference factors, and limit values for manual handling of loads.
Regulation on the protection of employees from risks related to noise at the workspace MPMS-02/2017	defines the noise exposure levels and protection. It gives noise exposure levels and references to recommended standards.
Regulation on safety and health protection of employees from the risk related to chemical agents at works MPMS-10/2017	applies where hazardous chemical agents are present at workplace, at all workplaces regardless the way of organizations. The regulation gives the occupational exposure limit values to chemical agents, binding biological limit values and health surveillance measures and prohibition in manufacture and use.
Regulations on protection of workers from risk related to exposure to biological agents at work MPMS – 05/2017	applies where biological agents are present at workplace, at all workplaces regardless the way of organizations. There is given the indicative list of activities that unwillingly might include biological agents, biohazard signs, list of biological agents classified in groups 2, 3 and 4, practical recommendations for the health surveillance of worker, indications concerning containment measures and containment levels. Containment for industrial processes, recommended practice code for vaccination.
Regulation 04/2017 on protection of employees from risks related to exposure to carcinogens and mutagens at work	which applies for protection of employees that work under the exposure of carcinogens and mutagens.
Regulation No. 05/2017 for minimal requirement for health and safety at temporary or mobile construction sites	describes the general requirement for health and safety on construction sites, for the works that lasts longer than 30 days.

Regulation No. 06/2017 for protection of employees from risk from asbestos exposure	applies to the workers that are directly or indirectly exposed to dust raised from asbestos. It contains the exposure limits, protection measures.
Law on fire protection No. 04/L-012	applies to all categories of the buildings and categorizes the building into four categories and define the responsibilities related to fire protection plans and measures to be taken from the building's owners. The fire protection measures and elaborates are closely link to the building permits and use certificate for the new buildings while also for existing buildings set the criteria for improvement and protection measures on of fire hazards.

3.2 Institutional arrangements for HCWM

Stakeholder Responsibilities

Ministry of Environment, Spatial Planning, and Infrastructure (MESPI) regulated under the AI NO.10/2015 for Waste Treatment of Medical Products:

- Definition of general policies, the drafting of the Strategy, and issuing of legal acts that regulate waste management, plus supervision of their implementation;
- Issuing licenses and permits for import, export, and transit of waste;
- Creating the database and compiling annual waste management reports – evaluating the state of HCW.
- In coordination with the MH, identify the production of medical waste and disposal thereof.
- Supervise the activities related to the treatment of waste from medical products;
- Evaluate, approve, or reject, waste treatment methods proposed by the owner of the HCW including medical products.
- Through the inspectorate, supervise the implementation of the AIs nationwide.

Ministry of Health (MoH) regulated under the AI NO.10/2015 for Waste Treatment of Medical Products:

- Control and supervision of the management of HCW generated by all public and private healthcare institutions;
- Identifies the institutions that produce waste from medical products.
- Identifies the waste from medical products and guides on manner treatment of them;
- Classifies HCW according to their risks to the environment and health;
- Monitors the treatment of waste from medical products containing narcotic and psychotropic substances;
- Coordinate between MESPI, MAFRD, and Ministry if Internal Affairs (MIA) in defining and implementing policies on HCW management and veterinary medicinal products in Kosovo.
- Makes identification, keeps records, and publishes regularly for HCW.

Ministry of Agriculture, Forest, and Rural Development (MAFRD) regulated under the AI NO.10/2015 for Waste Treatment of Medical Products - (has responsibilities only for medical veterinary waste):

- Classifies waste regarding risks to the environment and health;

  Identifies waste and guides on manner disposal and treatment of HCW;
- Monitors the disposal of waste containing narcotics and psychotropic substances;
- In coordination with MH, MESPI, MIA defines medical veterinary waste management policies;
- Produce records of, and make regular publications on, medical veterinary waste.

Municipalities:

Responsibilities of municipalities are regulated under the Waste Law. Only the first-bullet point relates to HCW:

- Responsible Directorate for Health at the Municipal level is obligated to place containers in appropriate public spaces for disposal of unused or expired medical waste (however, in reality this does not happen);
- The provisions of operational budgets for public sector Family Medical Centres, Ambulances, etc.
- Inspection of any property within their municipality (but there this is not undertaken for health clinics as MESPI take the lead.

• Establishing the system and drafting a local plan for waste management that should be in line with the national plan (example available at: https://kk.rks-gov.net/gjakove/wp-content/uploads/sites/2/2018/05/Plani-Lokal-per-Menagjimin-e-Mbeturinave.pdf).
• The provision of services and infrastructure for municipal waste management;
• Draft the annual report on waste management, identify the polluted sites in their territory, and draft remediations projects.
• The provision of waste management services, their implementation, and the organization of waste management in its territory;
• Maintain and manage the public information system and report annually on the waste management situation in their municipality;
• Regulation of application and tendering procedures for the selection of licensed persons for the collection, storage, and transportation of municipal solid waste, bulky waste, and construction and demolition waste;
• Establish the fees and methods of collecting resources for municipal solid waste services;

Producers/owners of HCW (Especially regulated by Article 7 of AI – NO.22/2013 on the Management of Medical Human and Veterinary Waste):

• Those that carry out medical activities or services during which HCW is generated and are obligated to manage their waste either by themselves or by contracting a licensed entity;
• Develop a waste management plan and assign a person responsible for HCW management3 (it is understood that one assigned person can have responsibility for more than one HCF);
• Develop and implement an operational plan for HCW management;
• Maintain accurate HCW records and submit an annual report to the MESPI;
• Provide the appropriate infrastructure to store medical waste;
Implementing separating at source the non-hazardous from hazardous HCW, packaging, labeling, sorting, collection, treatment, transporting, and disposal of HCW;
• Cover the costs of HCW management and costs created in case of environmental or human damage4
• Health institutions that manage their medical waste should be licensed by MESPI – typically this means the regional hospitals.
• Health institutions that do not manage their medical waste must contact an operator licensed by MESPI.
Licensed operators of HCW
• Carry out the shipment, treatment, and disposal of waste under the conditions stipulated within their license;
• Allow free access to relevant authorities for inspection of vehicles, loads, and transport documentation;
• Maintain records on any shipment of waste, and provide any information requested by the Law on Waste and its sub-legal acts.

3.3 National Environmental and Social Assessment and Permitting

Different institutions from central and local government are responsible to manage environmental assessments and permits. The central governmental institutions are responsible mainly for setting the regulations, preparation of policy making and planning documents, financial plans and proposing economic instruments, preparation of guidance and methodologies, providing trainings and dissemination of environmental information. Specific institutions, technical entities or agencies within the ministries and municipalities are responsible for environmental monitoring, assessment, licensing and

permitting procedures, public information and consultation, data collection and reporting of environment.

MESPI is the competent state body regarding the development and implementation of policies (laws, administrative instructions /rules) in environmental protection and improvement. Within MESPI there are several departments, institutes, inspectorates, and agencies that have different roles and responsible in the field of environment, as, monitoring of air, water, soil, solid waste, biodiversity and other natural resources, housing, construction and spatial planning and ozone layer protection. These bodies operate as separate entities within and under the supervision of the MESPI in accordance with legal regulations and other legal acts governing issues of environment.

Environmental monitoring activities are not centralized, as competences are fragmented according to the type of monitoring. In general, the MESPI's Kosovo Environmental Protection Agency (KEPA) and Hydro-Meteorological Institute, are responsible for monitoring activities of water, emissions in air and air quality, waste, and noise disturbance. Other environmental monitoring, environment impact assessment and permits activities are carried on by department of protection of environment and water (DPEW), ARPL and housing and construction department (HCD), Infrastructure departments within the MESPI, as well as by the National Institute of Public Health and other bodies within the Ministry of Economy (ME). The Environment Inspectorate (EI) under the MESPI is the central competent authority for inspection and supervision over the enforcement of laws and regulations governing environment. However, inspectorate functions also exist in other Ministries and in local government.

3.3.1. Environmental Impact Assessment review and approval process

During the decision-making for issuing the Environmental Consent for any proposed projects, MESPI provides and takes into account all administrative procedures and relevant information (identification, assessment, reporting) regarding the environmental impacts by the proposed projects.

Based on the Article 7 of the Law No. 03/L-214 "on Environmental Impact Assessment", an environmental consent shall be required for every public or private project listed in Annex I or Annex II of this Law, which is likely to have significant effects on the environment by virtue, inter alia, of its nature, size, or location.

On the basis of the same Law, all projects which are listed in Annex I of law no.03/L-214 shall be obliged to implement an EIA, asking the corresponding authorization from the Ministry of Environment Spatial Planning and Infrastructure (MESPI), while projects listed in Annex II shall be examined, case by case and in accordance with the criteria set out in Annex III, in order to determine whether they must require an EIA.

It is very important to mention that the MESPI shall not grant any environmental consent mentioned above until an EIA has been carried out on the project and the applicants shall not be granted a construction permit or any other permit (including IPPC) for the projects and he shall not begin to execute any of them, until he has not been granted an environmental consent by the same MESPI.

Only in the case of projects with national defense purposes and upon decision of the Government, the MESPI may allow, for special cases, the non-completion of the EIA. Therefore, an EIA is required for any kind of the new or renovated installation as defined by the Annex I to the Law No. 03/L-214, presented in Annex I.

In accordance with the Law, the EIA procedure includes the following phases: selection; scoping; review of EIA Report and public debate.

Only the main conclusions and recommendations included in the EIA Report and in the proposed decision for environmental consent (not the whole report) are subject to public debate. The Applicant is responsible for organizing the public consultation meeting and for collecting relevant opinions and comments from the public. The Public Consultation Plan (PCP) prepared by the Applicant determines the location, date of the public debate, the mechanisms and times for informing the public, and the locations where the Non-Technical Summary of the EIA Report and the proposed decision will be displayed.

MESPI approves the Public Consultation Plan, and the public debate cannot be held until the Applicant has received written approval from MESPI. The public is usually informed of the EIA, date, place and time of the public debate and availability of documents through public information media, including an announcement in at least one daily newspaper. The public consultation meeting is held within 20 to 30 days from public announcement.

While information dissemination is the responsibility of the Applicant, a public consultation meeting is organized and facilitated by MESPI (including EIA summary presentation). Conducting the EIA procedure in accordance with the Kosovo Legislation is presented below in figure 1.

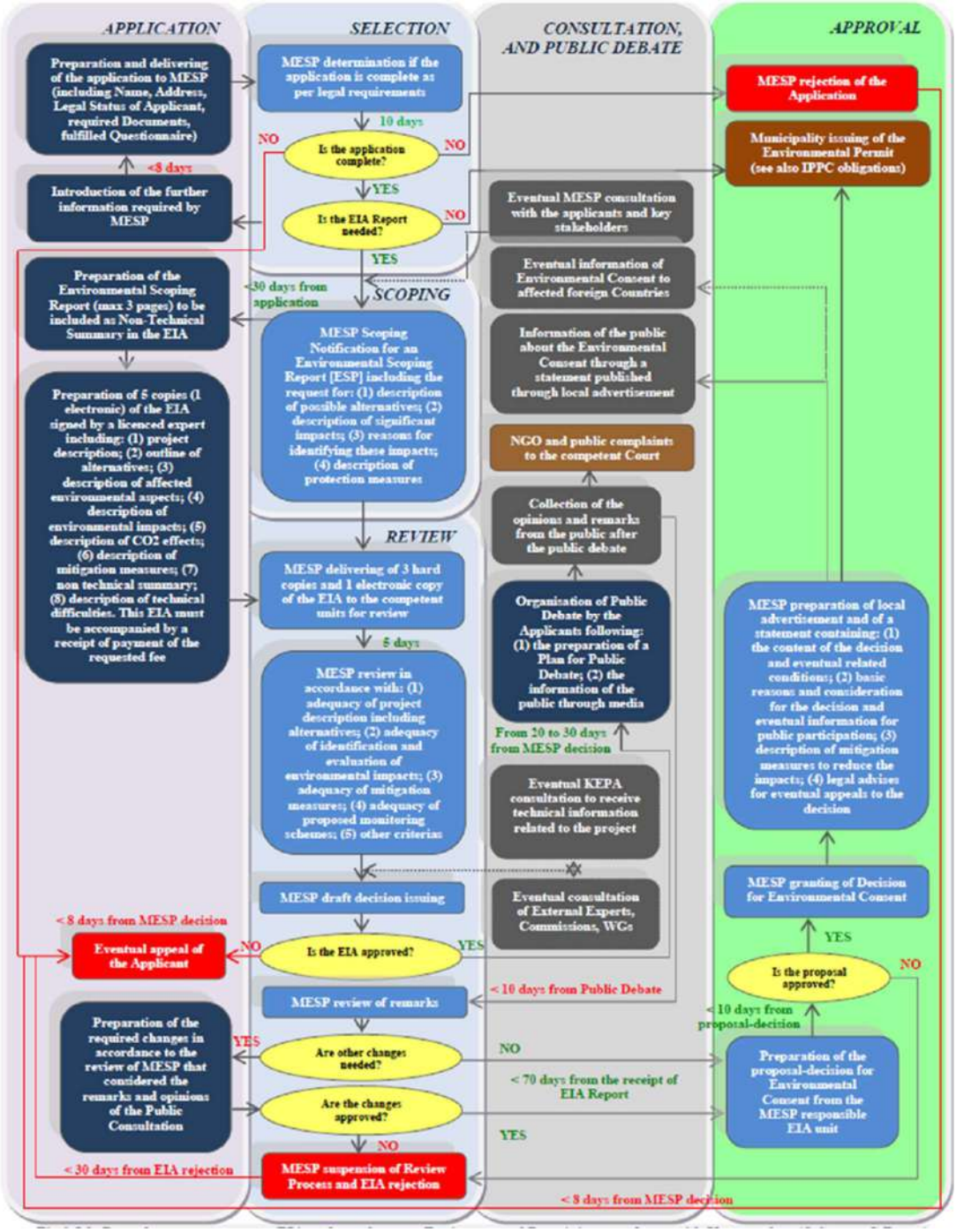


Figure 1: Procedures to approve an EIA and to release an Environmental Permit in accordance with Kosovo law

3.4 Sectoral Strategies

The 2024-2026 "Strategic Plan for Medical Waste Management (MWM) in Kosovo" [2]was developed by a working group appointed by the Ministry of Health (MoH) and officially approved by October 2023. The process involved technical assistance from the German Agency for International Cooperation (GIZ) and a local expert from the WHO Regional Office in Pristina.
The purpose of the plan is to enhance the safe management of medical waste in Kosovo. It addresses existing deficiencies in the MWM sector and outlines three strategic objectives to be implemented.

Strategic Objectives:

1. Standardization of procedures for MWM within health institutions.
2. Development of sustainable services and safe infrastructure for medical waste management in the health sector.
3. Capacity building within the MWM sector.

These objectives were identified through an analysis of problems and their root causes. The plan serves as the government's approach to improving medical waste management in the country. The proposed project financed by the WB is fully aligned.

3.5 World Bank Standards and Key Gaps with the National Framework

The World Bank's Environmental and Social Framework (ESF) sets out the World Bank's commitment to sustainable development, through a Bank Policy and a set of Environmental and Social Standards (ESS) that are designed to support Borrowers' projects, with the aim of ending extreme poverty and promoting shared prosperity.

The project will follow the World Bank environmental and social standards. The World Bank's environmental and social standards applicable to project activities are evaluated to be ESS1, ESS2, ESS3, ESS 4 and ESS 10 meanwhile the ESS5, ESS6, ESS 7, ESS8 and ESS9 are evaluated to be currently not applicable since has been declared from the client during project development that the foreseen proposed activities as per respective subcomponents will take place within the existing HCF footprint which presumes that the implementation of project activities will not take place in environmentally sensitive areas or near known cultural heritage sites and will not affect private properties; however, the final districts for Project activities are yet to be identified.
A detailed evaluation of the triggered ESS as well evaluation of the Gaps between national legislation and WB ESF standards has been presented under Table below.

Based on these policies, the environmental and social risks of the project are categorized as moderate.

[2] "PLANI STRATEGJIK PËR MENAXHIMIN E MBETURINAVE MEDICINALE 2024 – 2026" msh.rks-gov.net/Home/SearchSubService?text=2024

Table 2. Relevant World Bank ESS and Key Gaps with the National Framework

E&S Standard	Relevance/potential E&S Risks	Key Gaps
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts	ESS1 is relevant for the project because project activities are expected to pose moderate environmental and social risks such as related to OHS issues, improper waste management, and impacts on ground and surface water, soil, and air contamination (dust and noise), workers safety, etc; If the risks and adverse impacts from construction/rehabilitation activities are identified timely and all mitigation measures are applied adequately these should be small in magnitude and temporary. All the risks and impacts are expected to be fully addressed within the specific E&S assessment. An Environmental and Social Management Framework (ESMF) will be prepared and implemented to identify these adverse impacts and risks and manage them properly. Besides other provisions, the ESMF will define the responsibilities for ESF implementation and mitigation measures, a methodology for environmental and social risks and adverse impacts screening, as well as a list of non-eligible activities. The ESMF will also include guidance as per the World Bank Group (WBG) Environmental, Health, and Safety General Guidelines (EHSGs) and relevant GIIPs. Further to this, the ESMF will guide the preparation of the site-specific instruments, ESIA/ESMP as per the provisions of the Bank ESF and Kosovo legislation. Depending on the scope of the issue, the ESIA/ESMP may include integrated plans in proportionate to the environmental and social risks and impacts. The TA activities supported by project will be managed provided all are aligned with the relevant ESSs. The Stakeholder Engagement Plan (SEP) and Labour Management procedures (LMP) will be prepared to guide stakeholder management and labor and working conditions in accordance with ESS10 and ESS2. The Project Grievance Mechanism (GR) will be established and equipped to receive sensitive and anonymous complaints. The capacity to carry out environmental and social activities within the project will be strengthened through the hiring of an experienced environmental and social and specialist and healthcare waste management specialist.	National legislation does not include preparation of ESMF, ESMP, LMP and SEP as it is proposed in WB ESF. According to local legislation this is complemented with the preparation of the EIA that requires: all projects which are listed in Annex I of law on EIA shall be obliged to implement an EIA, asking the corresponding authorization from the Ministry of Environment Spatial Planning and Infrastructure (MESPI), while projects listed in Annex II shall be examined, case by case and in accordance with the criteria set out in Annex III of the EIA Law, in order to determine whether they must require an EIA. An environmental consent shall be required for every public or private project listed in Annex I or Annex II of this Law, which is likely to have significant effects on the environment by virtue, inter alia, of its nature, size, or location.
ESS 2: Labor and Working Conditions	ESS2 is relevant for the project because there are certain labor risks for project workers. Labor related risks include (i) security risks to project workers, (ii) traffic and road safety issues, (iii) inadequate terms and conditions of employment, and (iv) occupational health and safety risks. There is a low risk of Gender-based violence (GBV)/SH/SEA) as there will be no expected labor influx and general country risk. There are no risks of forced labor or child labor neither for the categories of direct Project workers nor contracted workers. There is no legacy of either forced labor or child labor in the country and sector. As per ESS2, where government civil servants are working in connection with the Project, whether full-time or part-time, they will remain subject to the terms and conditions of their existing public sector employment agreement or arrangement unless there has been an effective legal transfer of their employment or engagement to the Project. ESS2 will not apply to such government civil servants, except for the provisions of paragraphs 17 to 20 (Protecting the Work Force) and paragraphs 24 to 30 (Occupational Health and Safety). If the employment or engagement of a civil servant was transferred to the Project in accordance with all legal requirements, transferred workers will be subject to all requirements of the ESS2. The applicable national legal framework is aligned with ILO conventions and the principles of ESS2. All consultancy firms hired for activities under the Project will be contracted by the Government and will be requested to provide documented evidence that their working conditions are in line with ESS2 i.e. through the terms of employment. This requirement will be reflected in the Project Operational Manual (POM),	National legislation does not include preparation of LMP as it is proposed in WB ESF. Gaps on the grievance mechanism for the employees apart from the contractor.

	LMP, bidding documents, and the actual contracts between the PCU and its providers. To mitigate these risks, the Borrower will prepare and ensure the effective implementation of Labor Management Procedures (LMP) incorporating the relevant requirements of ESS2. The LMP will include provisions on working conditions, workers' organizations, grievance arrangements for all workers, eligible criteria for selecting contracted workers etc. The Project will proactively implement SEA/SH including a Code of Conduct for all workers, a mechanism to report SEA/SH cases, and training and awareness sessions for workers and affected communities as needed. Additionally, relevant ESS2 risk management processes and procedures	
ESS 3: Resource Efficiency and Pollution Prevention and Management	The project is likely to generate medical, solid and liquid wastes including chemicals, contaminated PPE, and equipment. These may affect the health of care givers, local communities and the environment. In line with the guidance of this ESS a Medical Waste Management Plan (MWMP) will be prepared, to assess and manage waste of different kinds (solid, liquid, medical, hazardous and nonhazardous). The plan will include separation of different kinds of waste, collection, treatment, reuse, recycle and transportation, storage and final disposal of wastes in approved sites/ through sterilization/ other methods as per ESS3 and related ESHGs, GIIP, WHO guidelines and national law. Proposed repair and renovation of existing infrastructure particularly minor civil works aimed at improving Healthcare waste management (HCWM), disposal procedures and equipment at all regional hospitals in Kosovo for the rehabilitation (within the existing physical footprint) might increase noise, dust, and air pollution as well as generation of hazardous and non-hazardous waste and could expose construction and health workers and community to health risk. Given that most of the activities have been planned in the hospitals that are in operation, the pollution issues are likely to be more complex. Projects involving construction/civil works require involvement of workforce, together with suppliers and supporting functions and services. There may be different contractors permanently present on site, carrying out different activities, each with their dedicated workers. As such there will also a regular flow of parties entering and exiting the site; support services, such as catering, cleaning services, equipment, material and supply deliveries, and specialist sub-contractors, brought in to deliver specific elements of the works. Solid wastes produced during construction and installation of equipment will be collected in separated containers which will be collected by licensed Regional Waste collection company. Given the nature of the activities of the project, issues related to the consumption of water seems too nominal. However, water efficiency technology will be adopted in construction.	Gap exists for Resource efficiency in the policy. Kosovo does not have a dedicated national resource efficiency strategy or action plan[3]. Some national policies and strategies that address material resource efficiency are: Law on Waste, Waste Management Strategy for the Republic of Kosovo, 2013 –2022 and Law no. 2003/3 on Kosovo's forests. Examples of good practice are not available. Integrated Environmental licenses and permits refer to the largest polluters, the MOIE supervise the efficient implementation of the legal measures provided and their impact on the environment. For other issues, there are no gaps on the policy level.
ESS 4: Community Health and Safety	As noted above, the project is likely to generate medical, solid and liquid wastes including chemicals, contaminated PPE, and equipment which may affect the health of care givers, local communities. These waste streams have a high potential of carrying micro-organisms that can infect the community at large if they are not properly disposed. There is a possibility for infectious microorganism to be introduced into the environment if not well contained within the point of generation, transportation and disposal (along the disposal chain) or due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., floods, landslides). The HCWMP therefore will describe:	National legislation does not foresee creation of Rapid Health Assessment

3 [3] https://www.eea.europa.eu/publications/more-from-less/kosovo-material-resource-efficiency/view

	• how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines) • emergency preparedness measures. Laboratories, and screening posts, will thereby have to follow respective procedures with a focus on appropriate waste management of contaminated materials as well as protocols on the transport of samples and workers cleaning before leaving the workplace back into their communities. These provisions are outlined in this ESMF, HCWMP and noted in ESS1. Under the health component, during civil works employers are responsible for providing adequate protective clothing and protective equipment, at no cost to the worker; and information and appropriate training on OHS; consulting workers on OHS aspects associated with their work; providing measures to deal with emergencies; and notifying the labor inspectorate of cases of occupational diseases. Under the social component, additional risks to community are envisaged through possible exposure to infected project workers engaged in the cash transfer program. A project-level GRM will be instituted and will be equipped to respond to grievances the community may have on project related issues and grievances raised from target population, beneficiaries and communities of the social support program.	
ESS 10: Stakeholder Engagement and Information Disclosure	ESS10 is relevant for all projects given the need to engage with beneficiaries and stakeholders on development activities that affect their lives.	Differences there are with regard to disclosure and public consultation. Involvement of the public in ESS10 is very weak. The social assessment/ social inclusion/public consultation during the project preparation is not required by national legislation.

3.6

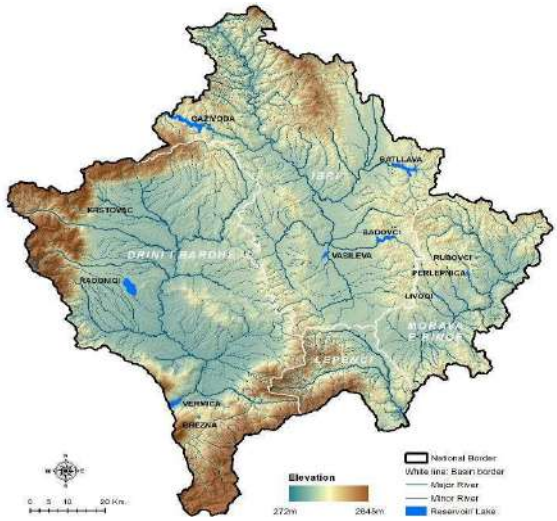
4. Environmental and Social Baseline

4.1. Project Locations and Environmental Characteristics

The project will be implemented country wide in selected health care institutions, with investments targeting Regional Hospitals in Kosovo which are located in urban and peri-urban areas of the country. The details of the activities are yet unknown, and therefore the exact locations of these interventions are yet to be determined, but all works are expected to be carried out within the existing health care facilities (HCF).

Physical Environment. Kosovo is a landlocked country in the center of Southeast Europe bordering on Albania, the North Macedonia, Montenegro, and Serbia. Its total area is 10,887 sq/km. The country is situated at an elevation of 400-700 m above sea level surrounded by several high mountain ranges, with elevations of 2,000 to 2,500 m1.

Kosovo's 1.8 million population increasing growth has led to an increase in settlement expansion and changes in land use.



Kosovo contains the upper watersheds of four rivers that flow into three different seas: the Adriatic, Aegean, and Black. Kosovo provides a catchment for water flowing into neighboring countries, but it does not receive water from outside its borders because of its elevated topography. Climate is a modified continental type, with some elements of a sub-Mediterranean climate in the extreme south and an alpine regime in the higher mountains.

Kosovo is prone to a wide variety of natural hazards – including floods, landslides, droughts, earthquakes, and wildfires — that could pose severe damages to the economy, fiscal balances and well-being of vulnerable populations.

Kosovo is exceptionally rich in plant and tree species considering its relatively small area. Thirteen plant species have been identified that grow only in Kosovo and approximately 200 species that grow only in the Balkans. Kosovo's plant diversity is the result of complex interaction of physical factors creating a wide variety of habitat conditions for plant growth. Kosovo's plant diversity is further enriched by the presence of species driven south during ice age periods. Forests cover about 40% of Kosovo but only about a third of this area is considered ecologically healthy and economically productive. Most of the remaining two- thirds consists of immature trees and bushy low forests that are cut periodically for firewood. The pace of firewood harvesting increased during and since the war, but Kosovo must still import more than half of its fuel wood and most of its construction timber. Mature oak forests are now highly threatened. Several species of plants are known to be on the verge of extinction in Kosovo or are already locally extinct—largely due to human actions.

Kosovo's economy has shown progress in transitioning to a market-based system and maintaining macroeconomic stability. However, it is still highly dependent on the international community and the

diaspora for financial and technical assistance.

Air and Climate. Kosovo's climate is influenced by its proximity to the Adriatic and Aegean Seas as well as the continental European landmass to the north. The overall climate is a modified continental type, with some elements of a sub-Mediterranean climate in the extreme south and an alpine regime in the higher mountains. Winters are cold with an average temperature in January and February of 0 degrees centigrade and with significant accumulation of snow, especially in the mountains. Summers are hot, with extremes of up to 40 degrees. The average annual rainfall in Kosovo is 720 mm but can reach more than 1,000 mm in the mountains. Summer droughts are not uncommon. The varied elevations, climatic influences, and soils within Kosovo provide a wide diversity of microhabitats to which plant and animal species are adapted.

Water Resources. Water resources represent an important factor in the country's economic and social development. It is estimated that Kosovo has 1600 m3/water/year per capita. In hydrographic terms, Kosovo is divided into 5 river basins: Drini i Bardhe, Ibri, Morava e Binçes, Lepenc and Plava. In an average humidity year, approximately 3.8 x 109 or 121.2m^3/s of water flow out of Kosovo's territory.

Water Quality. Kosovo has serious problems with the amount and quality of water. The situation in the field is very intense. If some few mechanical treatments are excluded, Kosovo does not have a treatment of polluted waters, nor from collective polluters, neither from individual ones. As a result of that, the quality of surface and ground water is disturbed.

Wastewater mainly ends up in the groundwater and present a potential risk for water supplying resources, because around 40 % of the population which are outside of the water-supply systems use groundwater as a source for water supplying. These waters contain high concentrations of organic and microbiological pollutants, as a result of urban feces and industrial wastes. Wastewaters from industries and mines are polluted and don't have any kind of monitoring regarding their quality.
Based on the analysis and monitoring conducted in the project for the development of Cadaster of Kosovo water polluters, a total of 368 water polluters were registered on the whole territory of Republic of Kosovo. Out of this number, 266 are collective polluters whereas 102 are special polluters.

Waste Management. The current solid waste management system in Kosovo is environmentally unsustainable. Waste collection, transport and disposal is not provided to all, and therefore uncollected waste is discarded or burned and causes a negative impact on human health, water, air, soil and biodiversity. Similarly, hazardous waste (in municipal waste stream) is not separately collected and treated and ends up being landfilled with municipal waste and presents a threat to the environment. Municipal waste collection, transport and final disposal to a sanitary landfill is one of the basic services that a municipality provides for all those working and living within its territory. The coverage rate with waste collection services in the region is 75 %, by the regional waste company.

Medical waste. Medical waste can be defined as waste generated as a result of diagnosis, treatment, and immunization of humans or animals. In some cases, medical waste can be considered as hazardous waste, that could cause or contribute to the appearance of serious or fatal illness, or when exposure to medical waste increases risk for human health or the environment, in particular if not properly managed or destroyed. The following wastes are grouped into medical waste:

- Biological cultures and their residues, and stocks of contaminated substances and their bio logical components
- Anatomical residues of body tissues, as organs part of the body, including tissue fluids taken

during various surgical interventions, autopsies or medical procedures
- Human blood and its products, materials contaminated with human blood
- Sharp materials such as syringes, pipettes, tools and needles, broken and unbroken glass
- Animal wastes, including body organs, body fluids and other biological animal organs
- Materials for diseases isolation contaminated by blood, secretions, excretions, etc., by people isolated from other people to prevent the spread of diseases
- Contaminated medical devices found in contact with infected material
- Laboratory Residue in contact with biological material

Medical waste treatment. Medical wastes are generated by many medical subjects, which generate a significant amount of hazardous wastes as well. Treatment of these wastes in compliance with environmental criteria is professional and ethical duty of all medical operators. This treatment should eliminate the potential pathogens that this type of waste can contain, in order to reduce environmental pollution, and chemical and radiological toxicity. Medical waste if in contact with skin, eyes, air, mouth, or if penetrate in various forms in the human body, can cause infections. This waste must be treated only in places approved by the Ministry of Environment and Spatial Planning, and operators must be equipped with appropriate permission. Medical waste treatment is regulated by the Administrative Instruction No. 10/2015 for the disposal of waste medicinal products, and the Administrative Instruction No.22/2013 on the management of medical human and veterinary waste. Ministry of Environment has established the medical waste sterilization facilities. This has contributed to some extent the improvement of management of medical waste from regional hospitals in Kosovo but also in reducing the volume of waste disposed of in sanitary landfills. Currently there are operational medical waste treatment plants/sterilization two in Prishtinë, and one in each following municipality: Mitrovicë, Gjilan, Prizren, Gjakovë and Ferizaj, and in Pejë.

The sterilization process uses steam and electricity to process highly infectious hospital waste on-site, without emitting harmful substances. The entire process is automatic, including opening and closing the door, and the sequences of shredding and sterilization. Depending on the capacity, the total cycle time can be as fast as 15-35 minutes up to 150 kg of medical waste which can be processed in this unit. After being treated in the sterilization plant, waste is sterile. The liquid components of the waste are steamed out of the vessel, re-condensed and drained to a municipal sewer. As the waste is dehydrated, there is no risk of contaminated wastewater. Medical waste treated in the sterilization plants consist of sharps waste used/unused sharps such as needles, infusion sets, pipettes knives, blades and broken glasses, paper towels or wipes contaminated, gloves used, syringes etc.

Medical waste treatment plant in Prishtinë - This plant is located in the premises of the UCC. The capacity of this plant for the treatment of medical waste is 250 to 300 kg during a cycle, and within a day 5 to 6 cycles can be conducted. In this plant are treated the medical waste from Health House of Prishtinë, and UCC, and smaller amounts of waste generated by private health entities, Private Clinics, KFOR and EULEX. The state of this plant is acceptable, and it works at full capacity. The monthly average amount of medical waste treated in this plant is about 11,000 kg.


Facility for medical waste treatment


Two sterilization for medical waste disinfection


Medical waste after treatment

In the Prishtina, in UCC, there are two sterilization equipment that treat/disinfect the medical waste and after disinfection the waste is shredded and collected by the licensed Regional Waste Company and transported to the licensed Landfill. Due to increase of the medical waste volume generated as result of COVID-19 the medical waste treatment in Prishtina have indicated that additional capacities are needed to cope with the increased amount of waste.

Medical waste treatment plant in Mitrovicë - This plant is located in the premises of the Regional Hospital of Mitrovicë. Its capacity for medical waste treatment is 250 to 300 kg during a cycle, and 5 to 6 cycles can be developed within a day. In this plant are treated the medical waste from the Centre of Family

Medicine of Mitrovicë town, and from regional hospital of Mitrovicë. The situation at the plant is good. The plant works with incomplete capacity. The monthly average amount of medical waste treated in this plant is approximately 4,700 kg.

Medical waste treatment plant in Gjilan- This plant is located in the premises of the Regional Hospital of Gjilan. Its capacity for medical waste treatment is 250 to 300 kg during a cycle, and 5 to 6 cycles can be developed within a day. In this plant are treated the medical waste from the regional hospital of Gjilan only. Although the plant is in good operational conditions, it works not in full capacity, because there is only one person employed, who same time is responsible for the hospital laundry as well. The monthly average amount of medical waste treated in this plant is approximately 400 kg.

Medical waste treatment plant in Pejë - It is situated in the premises of Pejë Regional Hospital. The plant is in good operational conditions and works in full capacity. Its capacity for medical waste treatment is 250 to 300 kg during a cycle, and 5 to 6 cycles can be developed within a day.

Medical waste treatment plant in Gjakovë- This plant is located in the premises of the Regional Hospital of Gjakovë. Its capacity for medical waste treatment is 250 to 300 kg during a cycle, and 5 to 6 cycles can be developed within a day. Currently the plant is operating only occasionally. Since the beginning of its work,

only 40 treatment cycles were operated within 8 months period. Daily amount of waste that sent to the plant is very small, only about 10 kg per day.

Medical waste treatment plant in Prizren - The plant is located in the premises of the Regional Hospital in Prizren. Its medical waste treatment capacity is 250 to 300 kg per cycle, and 5 to 6 cycles per day. In this plant currently are treated wastes from Prizren Regional Hospital, and from vaccination centers. The plant works at full capacity, and it is in good operating conditions. The monthly average amount of medical waste treated is approximately 4,500 kg.

Medical waste treatment plant in Ferizaj - It is located near the Health Centre in Ferizaj. Its capacity is 250 to 300 kg per cycle. The plant has begun operations in July 2012. Plant is not working at full capacity. Only one cycle of medical waste treatment is performed per day. Currently, the medical wastes from regional hospital of Ferizaj, and wastes from family health centres are treated in this plant. Monthly amount of waste treated at the plant is about 1000 kg.

While the legal framework for waste management in the Republic of Kosovo, established by the Law on Waste (No. 04/L-060/2012), is comprehensive and inclusive, challenges emerge in the structure and implementation of legislation. There are significant gaps in the legislation pertaining to the role of Municipalities. Although the Waste Management Law designates them with responsibilities for municipal waste management, it falls short by excluding provisions for medical waste. Conversely, LAW No. 04/L-125 ON HEALTH allocates responsibilities to healthcare institutions within their jurisdiction but remains silent on the specific management of medical waste. To address these gaps, Article 7 of AI – NO.22/2013 on the Management of Medical Human and Veterinary Waste imposes an obligation on producers and owners of Healthcare Waste (HCW) to develop a waste management plan, underscoring the need for comprehensive planning and regulatory compliance.
Moreover, within the University Clinical Service of Kosovo (UCCK), the Health Acquired Infections Committee (HAIC) assumes responsibility for all clinics, playing a crucial role in formulating the Waste Management Plan (WMP) and Standard Operating Procedures (SOPs). This organizational-level initiative enhances the efficacy and coordination of healthcare waste management practices within UCCK. In the UCCK, there is a unit under the Department of Technical Services, and the individuals managing medical wastes are trained and licensed by the MESPI. The infectious and pathological waste are managed through contracted licensed operators.

Waste segregation is key to effective HCW management as it minimizes the volume of hazardous waste to be safely disposed of. Separating hazardous health care waste from general waste is fundamental to minimizing the quantity of HCW that requires prior treatment and/or special disposal. In Kosovo, a good attempt is made in all the HCFs to segregate waste at the source to a minimum of three categories into standardized color-coded containers – as general, infectious and sharps – which is a very positive aspect.

Wastes Containing Asbestos. Asbestos: All the waste containing asbestos should be removed in compliance with Administrative Instruction Nr. 07/2009. This instruction requires any prevention of asbestos emissions in air, debarkation of asbestos in water or creation of solid waste that contains asbestos, during any activity with materials containing asbestos. It specifies that handling of materials containing asbestos must be by licensed persons/companies, quantities must be tracked properly and transport of waste containing asbestos must be marked in accordance with instructions. As no company in Kosovo is licensed to transport or manage hazardous waste, as per request of MoIE, the Contractor must obtain environmental consent for such activities from MoIE prior to works, and all such activities must be announced to MoIE Inspector.

4.2. Socio-Economic Characteristics

Kosovo, as one of the youngest countries on the continent — both based on its new statehood and the average age of its population (26 years) — has substantial development potential and yet faces challenges. Landlocked, with a population of around 1.8 million and an area of 10,877 km2, Kosovo is one of Europe's poorest countries, with almost a third of its population living below the national poverty line. With policies anchored in its overarching political objective of joining the European Union (EU), Kosovo has made considerable socioeconomic progress in promoting growth, reducing poverty, and improving the business climate since it declared its independence in 2008. Between 2008 and 2016 gross domestic product (GDP) per capita grew an average of 2.8 percent in real terms and reached $3,890. The country moved from 113th to the 40th in the Doing Business Report between 2010 and 2018, the third top-performer in the lower middle-income category. However, barriers to stronger economic growth remain. These include a narrow production base, persistently limited improvement of competitiveness and productivity of the private sector, reliance on an economic growth model of domestic consumption fed by remittances and donor investments, and existing disparities within population along geography, ethnicity, and gender. Addressing these barriers and moving towards the goal of full EU membership requires faster implementation of reforms in Kosovo.

5. Potential Environmental and Social Risks and Standard Mitigation Measures

The overall implementation of the project is anticipated to yield favorable environmental and social outcomes. The project activities showcase the potential for healthcare infrastructure development not only to enhance health outcomes but also to foster sustainable practices and community well-being. The successful execution of these activities may establish a healthcare system that is more resilient and environmentally responsible. Collectively, these initiatives contribute to the creation of a healthcare infrastructure that is sustainable, efficient, and centered around the needs of patients, thereby positively influencing both the environment and the communities served by the healthcare system.

In general terms the potential environmental and social risks and impacts will be linked with the implementation of proposed interventions under Component 1 and Component 2.

Under project component 1: "Building blocks to improve quality care" the main E&S potential risks and impacts are expected to be aligned with activities foreseen under Subcomponent 1.1: Public Health Preparedness and Response, which aims to enhance healthcare infrastructure and practices. Subcomponent 1.1 involves various activities related to antimicrobial resistance (AMR) prevention, infection prevention and control (IPC), and healthcare waste management (HCWM). The activities encompass capital investments, educational initiatives, supplies procurement, capacity building, and infrastructure development. Potential types of Environmental risks are expected to deriver mostly from, minor civil works aimed at improving Healthcare waste management (HCWM), disposal procedures and equipment at all regional hospitals in Kosovo, which can be associated with Inadequate healthcare waste management practices and may lead to environmental pollution.

Under component 2: "Information systems to monitor and improve care": In the pursuit of establishing a foundational environment and systems for the Integrated Health Information System (IHIS), activities such as reviewing the legal framework (A1.01) pose minimal environmental impact but may encounter social challenges, requiring effective stakeholder engagement to address potential community concerns or resistance to regulatory changes. Similarly, supporting the establishment of an eHealth Body (A1.02) is anticipated to have limited environmental consequences unless significant infrastructure changes occur, with potential social risks associated with organizational shifts necessitating careful communication and engagement. The hiring of a consulting company for initial implementation (A1.03) carries potential environmental implications linked to the consultant's operations and social risks, including community disruption. Mastering Data Management (MDM) (A1.04) may have minimal direct environmental impact but requires attention to potential social risks, such as data privacy concerns and resistance to MDM adoption. Overall, effective management of these social factors, along with considerations for environmental impacts, is essential to mitigate potential E&S risks during the foundational phase of IHIS development.

5.1 Environmental and social risk classification as per the World Bank risk classification

The project will follow the World Bank environmental and social standards. The World Bank's environmental and social standards applicable to project activities are evaluated to be ***ESS1, ESS2, ESS3, ESS4 and ESS10*** meanwhile the ESS5, ESS6, ESS7, ESS8 and ESS9 are evaluated to be currently not applicable since has been declared from the client during project development that the foreseen proposed activities as per respective subcomponents will take place within the existing HCF footprint which presumes that the implementation of project activities will not take place in environmentally sensitive areas or near known cultural heritage sites and will not affect private properties; however, the final districts for Project activities are yet to be identified. A detailed evaluation of the triggered ESS as well evaluation of the Gaps between national legislation and WB ESF standards has been presented under Table 2. Relevant World Bank ESS and Key Gaps with the National Framework.

Based on these policies, the environmental and social risks of the project are categorized as moderate.

Environmental risk: The project might have moderate environmental impacts, mostly from, minor civil works aimed at improving Healthcare waste management (HCWM), disposal procedures and equipment at all regional hospitals in Kosovo. Risks arising out of these activities are related to possible refurbishment works in healthcare facilities envisaged for daily storage of HCW and reconstruction/adaptation of the treatment facilities in UCCK and 7 regional hospitals. Risks are also related to improper medical waste management during the operational phase. Medical waste, including chemicals, contaminated PPE, and equipment, will need to be safely and properly collected, stored, transported, treated, and disposed of. The details of the activities are yet unknown, and therefore the exact locations of these interventions are yet to be determined, but all works are expected to be carried out within the existing facilities. Potential adverse environmental impacts may include water pollution from fuel and waste leakage, noise, vibration, and temporary air pollution generated from construction activities, waste generation including hazardous materials however are all the risks are not expected to generate serious adverse or long-term effects on human health or the environment. These risks will likely be temporary, predictable, and easily mitigable. The activities will not to be in environmentally sensitive areas or near known cultural heritage sites; however, the final districts for Project activities are yet to be identified.

The environmental risks will be easily avoided or minimized with the application of the WB Environmental and Social Standards, through the mitigation measures as per ESMF and the subsequent sub-projects ESMPs, WB Group Environmental Health and Safety Guidelines (EHSGs), and Good International Industrial Practices (GIIPs). Subsequently, site-specific Environmental and Social Management Plans (ESMPs) will be prepared and implemented to manage any risks that may arise during the reconstruction and operations phases. Other components should have no significant environmental impacts as they involve support for strengthening policies to improve sector governance and performance, health financing, service delivery, and capacity building and training. Moreover, the project will bring some positive environmental impacts arising from increasing the capacities of HCWM and adaptation of Standard Operation Procedures (SOP) which are recently prepared by WHO. Given the abovementioned, the environmental risk rating is assessed as moderate.

Social risk is assessed as moderate based on the following: The social risks are considered moderate mostly and temporary, predictable, and readily managed through project design features, mitigation measures, and experienced counterparts, as this would be the fourth operation in a row, with the legacy of two health projects, and one additional finance, implemented recently. No land acquisition or involuntary resettlement impacts will occur under the Project.

es and respective potential E&S risks and mitigation measures

ctivity	*Potential Environmental and social Risks*	*Mitigation Measures*
ties are envisaged **ponent 1**: ment and associated t is critical for filling n inputs to service e PHC and hospital operationalizing the mpetence concept; to support AMR veillance; selected hospitals; inor civil works, and ating procedures for ving HCWM; operationalization of uality improvement luding: (i) improving l mechanisms for ical guidelines; (ii) linical protocols, are pathways, and n of selected care the PHC level; (iii) g the quality of PHC ; (iv) strengthening	- *Construction and installation activities may generate construction and electronic waste, impacting the environment, Disposal of outdated surveillance equipment may contribute to electronic waste.* - *Increased energy consumption during the manufacturing and operation of medical equipment and civil works.* - *Use of chemicals in surveillance equipment may pose risks to the environment if not managed properly.* - *Construction activities may lead to air pollution, soil and water pollution from fuel, service disruption, soil erosion etc. Construction runoff may affect local water quality through sedimentation and pollutants.* - *Healthcare waste management activities may involve handling hazardous materials. Incineration and waste management practices may contribute to air pollution.* - *Construction and installation of medical equipment may expose workers to occupational hazards.* -	- *Implement waste management plans, recycle materials, and adhere to local regulations for proper disposal.* - *Promote energy-efficient technologies, explore renewable energy sources, and adopt sustainable construction practices.* - *Implement safe chemical handling practices, proper disposal methods, and adhere to environmental regulations.* - *Implement erosion control measures, minimize disturbance to surrounding areas, implement stormwater management measures, control runoff, and protect water bodies from contamination.* - *Implement strict protocols for safe handling, segregation, and proper disposal of healthcare waste. Explore alternative waste treatment methods, conduct air quality monitoring, and adhere to emission standards.* - *Implement strict protocols for handling equipment used in AMR surveillance, including the use of biological safety cabinets and containment measures*

inspection; and (v) defining and operationalizing the "centers of competence" concept; and f) Technical assistance (TA) for the development of strategic purchasing capacity, focusing on provider payment, contracting for outpatient drugs, and definition of the basic benefit package	- *Handling equipment for AMR surveillance may involve exposure to potentially hazardous biological materials.* - *Construction activities pose general risks to workers, such as falls, machinery accidents, and exposure to construction materials.* - *Unequal distribution of medical equipment and civil works may exacerbate existing disparities in access to quality healthcare services, particularly affecting marginalized or underserved communities.*	*to minimize exposure to hazardous biological materials.* - *Ensure that workers are adequately trained and certified in handling equipment for AMR surveillance, with a focus on biosecurity practices and emergency response procedures.* - *Conduct regular inspections and maintenance of construction machinery, ensuring that all safety features are functional and that workers are trained in safe operation. Conduct a comprehensive needs assessment to identify areas with the greatest gaps in healthcare infrastructure.* - *Prioritize resource allocation to regions with historically limited access to medical facilities and equipment.* - *Implement targeted outreach and awareness programs to ensure all communities are informed about and can access improved healthcare services.* -
Specific activities in Component 2 include: a) Development of a data dictionary, data standards, and requirements for national master indexes	- *Increased demand for electronic devices, servers, and IT equipment may contribute to resource depletion.* - *Expanded IT infrastructure and data storage may result in increased energy consumption.*	- *Implement energy-efficient hardware, promote recycling of electronic waste, and adopt sustainable procurement practices.*

(patient, facilities, procedures, drugs, etc.); b) Development of a national health data security framework and a national electronic health record (EHR) and health information exchange (HIE) architecture; c) Development of a data model to describe the key data flows within and outside of the health system; d) Hiring a technical expert to guide the eHealth development process and supporting the establishment of a national eHealth agency; e) Hardware to support IHIS, including local and wide-area networking; f) Detailed design, development and implementation of IHIS modules, which will include: (i) BHIS (upgrade of existing system to be compatible with new IHIS architecture); (ii) hospital management information system, including laboratory and radiology systems; (iii) upgrade of pharmaceutical stock management and transfusion information systems; (iv) the development of a national electronic EHR and HIE;	- *E-Waste generation, the implementation of new technologies may lead to the disposal of outdated electronic equipment.* - *Construction and operation of data centers may have environmental implications.* - *Procurement and disposal of IT hardware may generate electronic waste and contribute to resource consumption.* - *Printing and distribution of training materials may contribute to resource consumption.* - *Failure to comply with environmental regulations may lead to legal and reputational issues.* - *Unequal access to healthcare data standards may exacerbate disparities in healthcare delivery, affecting marginalized communities.* - *The development of data standards may raise concerns about patient privacy and data security, leading to resistance or skepticism.* - *Inadequate security measures may lead to data breaches, compromising patient privacy and trust in the healthcare system.* - *Implementation of a national EHR may widen the digital divide, with certain populations facing challenges in accessing and using electronic health records.*	- *Optimize data storage practices, use energy-efficient servers, and consider renewable energy sources for data centers.* - *Establish e-waste management protocols, promote recycling, and adhere to proper disposal methods.* - *Adopt green building standards, implement energy-efficient cooling systems, and consider the use of renewable energy.* - Choose durable and upgradeable hardware, implement recycling programs, and consider circular economy principles. - Promote digital training materials, reduce paper usage, and encourage electronic distribution. - Ensure strict adherence to environmental regulations, obtain necessary permits, and follow best practices. - Ensure diverse stakeholder representation in the development of healthcare data standards, including input from marginalized communities and advocacy groups. - Implement targeted training programs to enhance awareness and capabilities among healthcare professionals in marginalized communities. - Develop comprehensive educational campaigns to inform the public about the

(v) development of a patient portal and e-Referral capability; and (vi) public health statistical and surveillance system; g) Development and implementation of change management and knowledge management strategies; and h) Extensive training of all institutions involved.	- *Unequal distribution of technical expertise may result in a skills gap between healthcare institutions, leading to disparities in eHealth implementation.* - *In areas with limited digital infrastructure, the introduction of hardware for IHIS may lead to exclusion of certain communities, exacerbating healthcare inequalities.* - *Healthcare professionals may face challenges in adapting to new IHIS modules, affecting the efficiency of healthcare delivery.* -	stringent privacy measures in place, building trust through transparent communication. - Strengthen data governance policies to ensure robust privacy protections, and communicate these policies clearly to address concerns and build confidence.

- As a result of project construction/rehabilitation works implementation, the following key adverse environmental impacts may occur:

Water pollution. With the leakage of fuels and lubricants (fuel and lubricants) from construction machinery and stored waste, petroleum products and chemicals can pollute the soil, penetrate into groundwater or drain into surface water bodies. Maintenance and cleaning of construction machinery and mechanisms near natural streams can lead to water pollution. If temporary settlements of builders are formed on a construction site, pollution of the environment can be caused by sanitary facilities in settlements.

Noise, vibration and temporary air pollution. Dust will be generated as a result of construction work, transportation of construction materials / waste and traffic of freight vehicles. Strong increase of noise level is expected during construction, material transportation, construction equipment operation. Noise and vibration will cause concern to local residents if the work is carried out in the vicinity of residential areas.

Waste generation, Formation of recovered material and construction debris. The following types of waste may be generated under the constructions activities: (i) construction debris, transportation, handling, compressor works, jackhammers and other construction equipment, soil surpluses and stones, cut trees, bushes, household waste, obsolete equipment and materials, and; (ii) hazardous waste – including Medical Waste

Dangerous production factors as a result of civil works. Direct impact on safety and health of people in civil works can be caused by various factors, for example, high-altitude work, the work of cranes and bulldozers, welding, and sanitary conditions, electric shock, etc. The potential impact on the safety and health of workers is also associated with occupational injuries during construction (falling structures, etc.) or contaminated drinking water or food.

Electric shock injuries. Electric current injury may result from contact with electric chain with voltage and/or current sources able to induce electric flow through a part of the body that came into a contact with electric current. During the construction works and operation of equipment, activities will be carried out ensuring a secure manufacturing job. When operating the electric installations, personal protective equipment will be used. In the course of works, the sites will be fenced and taped off. The access to the site of work for unauthorized persons will be prohibited. Only workers who completed trainings on working with electric equipment and safety techniques when operating electric installations will be allowed to the site of work.

Road traffic limitations. Project construction activities may result on increased road traffic. Any effort will be made to minimize the time spent on construction vehicles and trucks on the roads, in order to prevent any incidents or damage to property. Drivers will be warned that they should move with caution. Speed restriction in work areas and road traffic with heavy machinery will also be regulated. The proper organization of traffic will also prevent a negative impact on traffic, as far as possible.

- As a result of project construction/rehabilitation works implementation, the following key adverse social impacts may occur:

Construction and/or rehabilitation of public buildings such as hospitals might also trigger some inconvenience to the public. The site specific ESMPs prepared under the project will include, as necessary, a mitigation measures to reduce potential adverse impacts and risks.

Inadequate capacity in ESS application at the national and local levels (participatory planning, project management and oversight). Given that the Implementing agency and line ministries have inadequate capacity in ESS application, as well as the local government actors and local civil works providers may not have experience in ESS implementation, training workshops will be provided on the project-related safeguards procedures (mitigating environmental risks, environmental and social screening and Environmental and Social Management Plans).

Labor risks, associated GBV, and child labor are considered low given the small size of subproject investments and the Kosovo's adherence to the national labor code which also prohibits child and forced labor. In order to mitigate the risk, under the ESF package of the project a LMP has been drafted.

Labor risks associated with contracted workers at subproject level. Subprojects will be implemented by local contractors and the majority of contracted workers will be hired locally. All contractors will be required to have a written contract with their workers materially consistent with objective of ESS2, in particular with regard to child and forced labor. In order to mitigate the risk, under the ESF package of the project a LMP has been drafted.

Occupational Health and Safety (OHS) risks are low to moderate and will depend on the type of subproject works to be implemented. The risks are considered low to moderate because the local contract workers are likely to be unskilled. All contractors will be required to develop and implement written labor management procedures, including procedures to establish and maintain a safe working environment as per requirements of ESS2. During subproject preparation, these impacts should be carefully analyzed and identified while preparing ESIAs and ESMPs and adequate mitigation measures should be proposed. Additionally, the selection, design, contracting and monitoring and evaluation of sub-projects will be consistent with the guidelines set out in the annexes.

6. Procedures and Implementation Arrangements

6.1 Environmental and Social Risk Management Procedures

To implement the ESMF, the project team will follow the below described procedures for sub-projects mostly related with the activities foreseen under Component 1 and 2. The environmental and social risk management procedures will be implemented through the Project's subproject selection process. In summary, the procedures aim to do the following:

Table 4. Project Cycle and E&S Management Procedures

Project Stage	E&S Stage	E&S Management Procedures
a. Assessment & Analysis: Subproject identification	Screening	- During subproject identification, ensure subproject eligibility by referring to the ***Exclusion List in Table 5*** below. - For all activities, use the ***Screening Form in Table 6 and table 7*** to identify and assess potential environmental and social impacts, and identify the appropriate mitigation measures for the subproject.
b. Formulation & Planning: Planning for subproject activities, including human and budgetary resources and monitoring measures.	Planning	- Based on ***Screening Form*** adopt and/or prepare relevant environmental and social procedures and plans. - For activities requiring Environmental and Social Management Plans (ESMPs), submit the first 5 ESMPs for prior review and no objection by the World Bank. - Ensure that the contents of the ESMPs are shared with relevant stakeholders in an accessible manner and consultations are held with the affected communities. - Train staff responsible for implementation of plans. - Incorporate relevant environmental and social procedures and plans into contractor bidding documents; train contractors on relevant procedures and plans.
c. Implementation & Monitoring: Implementation support and continuous monitoring for projects.	Implementation	- Ensure implementation of plans through site visits, regular reporting from the field and other planned monitoring. - Track grievances/beneficiary feedback. - Continue awareness raising and/or training for relevant staff, volunteers, contractors, communities.
d. Review & Evaluation: Qualitative, quantitative and/or participatory data collection on a sample basis.	Completion	- Assess whether plans have been effectively implemented. - Ensure that physical sites are properly restored.

Component 3, will support Monitoring and Evaluation (M&E) activities to track, document, and communicate the progress and results of the project. An M&E specialist within MoH/PCU, in collaboration with E&S specialists under the PCU, will be responsible for overall compilation of progress and results.

Environmental and social monitoring system starts from the preparation phase of the subproject through the operation phase in order to prevent negative impacts of the project and observe the effectiveness of mitigation measures. This system helps the WB and the Client to evaluate the success of mitigation as part of project supervision and allows taking an action when needed. The monitoring system provides technical assistance and supervision when needed, early detection of conditions related to mitigation measures, follows up on mitigation results, and provides information of the project progress.

a. Subproject Assessment and Analysis – E&S Screening

All the project activities will be subject to an E&S screening (see table 6 and 7) in order to prevent execution of projects with significant negative environmental and social impacts. An environmental and social impact is an estimate or judgment of the significance and value of environmental effects on physical, biological, social or economic environment. Low, medium and high representing impact or level of importance associated with a factor. The impact level depends on duration, reversibility, magnitude, benefit, significance, etc

The initial screening for the eligibility of the subproject will be based on the list of excluded activities. Therefore, subproject proposals that include these activities will not be considered for financing.

Table 5. Exclusion List

- Require physical relocation or displacement
- Will cause negative impact on income/livelihood resources
- Do not meet the required technical and quality specifications
- Have negative environmental or social impacts that are irreversible, create cumulative impacts and/or cannot be adequately mitigated;
- Exclude the poor/marginalized population or otherwise vulnerable groups;
- Do not provide equal pay for equal work for women and men;
- Are financed, or scheduled to be financed, by the government or other development partners;
- Involve activities that use forced /child labor
- Involve development of new settlements or expansion of existing settlements in critical habitats, protected areas or areas proposed for certain levels of national protection (e.g., reserved forests, cultural heritage...). Support of production of any hazardous good, including alcohol, tobacco, arms, and controlled substances
- Any construction in protected areas or biodiversity areas, as defined in the national law
- Activities that have potential to cause any significant loss or degradation of critical natural habitats whether directly or indirectly or which would lead to adverse impacts on natural habitats
- Activities that have potential to cause significant impact on any ecosystems of importance, especially those supporting rare, threatened or endangered species of flora and fauna
- Activities that involve the use of international waterways
- Any activity affecting physical cultural heritage such as graves, temples, churches, historical relics, archeological sites, and other cultural structures
- Activities that cause or lead to forced labor or child abuse, child labour exploitation or human trafficking or subprojects that employ or engage children, over the minimum age of 14 and under the age of 18, in connection with the project in a manner that is likely to be hazardous or interfere with the child's education or be harmful to the child's health or physical, mental, spiritual, moral or social development

As a second step, the MoH and respective PCU, will use the ***E&S Screening*** *Form illustrated under Table 6 and Table 7***,** to identify and assess relevant environmental and social risks specific to the activities, and identify the appropriate mitigation measures. The *Screening Form* lists the various mitigation measures and plans that may be relevant for the specific activities (such as the ESIA, the ESMP, the LMP etc.)

Construction/rehabilitation works. *Refurbishment works in healthcare facilities envisaged for daily storage of HCW and reconstruction/adaptation of the treatment facilities in UCCK and 7 regional hospitals will include the following: Construction/adaptation of safe storage spaces (warehouses) for infectious and sharp waste, Construction/renovation of follow-up infrastructure for treatment of MW, Renovation of the central warehouse of pharmaceutical waste and monitoring of works etc***.** The PCU E&S expert will screen each sub subject for Potential environmental and social risks as per World Bank Group ESF, EHS

Guidelines, ESF Good Practice Note (GPN) on SEA/SH: Assessing and Managing Risks and Impacts, and national guidelines issued by the MoH, using the screening form contained in Table 6 and Table 7. Screening will include also:

a. Determination of any needed design changes in the facility or its operation with regard to structural and equipment safety, universal access, infection control, safe storage, transport and disposal of medical wastes.

b. Identification of the scope of works expected (i.e. installation/augmentation of water supply, drainage systems, installation of sanitary stations and wastewater treatment)

c. Assessment of the need for land acquisition and/or impacts in terms of restrictions on land use. The project location is in the existing footprints therefore no land accusation will be needed.

d. Incorporate universal access standards, and determine if special consideration is required for differentiated treatment for different users of the facilities, depending on their needs.

e. Determination that utilities (power, water, heat, etc.) are adequate for planned works.

f. Identification of how such works might interfere with normal operation of the HCF.

g. Determination of the number of workers required and whether external or additional security personnel are needed and how many for the civil works.

h. Training on Codes of Conduct and protocols related to GBV, SEA/SH prevention, including to security personnel; Additional training for first line health workers to respond to GBV issues.

i. Preparation of a site-specific ESMP based on the Generic ESMP presented in Annex7.

2. ***Procurement of goods and supplies***: *The project will include the procurement of goods and supplies e.g. Equipment and supplies for AMR and IPC, Supplies for AMR and HAI Surveillance, Equipment for Infection Prevention and Control, Provision of standardized protective equipment and medical waste collection, Replacement of outdated equipment (Autoclaves) for MW treatment, Procurement of transport vehicles for MW, Equipment and supplies for e-inspections, Procure hardware for IHIS building blocks etc.…* and the PCU will be responsible for ensuring that the required technical specifications are met as per WHO guidelines and GIIP. This will involve:

a. Preparation of technical specifications on the PPE for healthcare workers and service staff (e.g., cleaners) according to WHO interim guidance on rational use of PPE for coronavirus disease 2019

b. Safe and secure storage facilities.

c. Procurement of goods and services to meet the specific needs of women and female health workers (e.g., sanitary napkins, hygiene kits, and another consumable).

f. Inclusion of the relevant specification, process and procedures in the site-specific ESMP based on the generic ESMP presented in Annex 7.

3. ***Medical waste management and disposal which includes also minor civil works aimed at improving Healthcare waste management (HCWM), disposal procedures and equipment at all regional hospitals in Kosovo***. The PCU will screen each HCF's medical waste management and disposal practices to determine if they are in keeping with the World Bank Group's EHS Guidelines. The screening will be conducted based on the screening template form found in Table 6 and 7 and include:

a. Identification of current methods of medical waste management and disposal at the HCF

b. Identification of any on-site facilities for disposal of medical waste including incinerators, pits for burning medical waste, pits for burial of medical waste, etc.

c. Identification of any off-site disposal of medical waste, including how material is gathered and stored, routes taken to the disposal facility, and disposal procedures

d. Review of specific protocols put in place for dealing with medical waste

e. Review of training procedures for healthcare workers and other relevant HCF employees for medical waste management and disposal

f. Preparation of an HCWMP. If a HCWMP exists already, review and carry out gap filling as needed for strengthening the waste collection, transportation, treatment and disposal system.
g. Location, type and scale of healthcare facilities and associated waste management facilities, including waste transport routes.

Table 6. Environmental Screening Checklist

1. **Sub-Project Name and Code:**
2. **Brief Description of Sub-project** to include: nature of the project, project cost, physical size, site area, location, property ownership, existence of on-going operations, plans for expansion or new construction (the description can be copied from the subproject proposal and attached).
3. **Will the project have impacts on the environmental parameters** listed below in during the construction or operational phases? Indicate, with a check, during which phase impacts will occurand whether mitigation measures are required.

ENVIRONMENTAL SCREENING			
Will the site activity include/involve any of the following potential issues and/or impacts:	**Activity and potential issues and/or impacts**	**Status**	**Additional references**
	1. Building rehabilitation • Site specific vehicular traffic • Increase in dust and noise from demolition and/or construction • Construction waste	[ ] Yes [X] No	See Section **B** below
	2. New construction • Excavation impacts and soil erosion • Increase sediment loads in receiving waters • Site specific vehicular traffic • Increase in dust and noise from demolition and/or construction • Construction waste	[X] Yes [ ] No	See Section **B** below
	3. Individual wastewater treatment system • Effluent and / or discharges into receiving waters	[] Yes [X] No	See Section **C** below
	4. Historic building(s) and districts • Risk of damage to known/unknown historical or archaeological sites	[ ] Yes [X] No	See Section **D** below
	5.Hazardous or toxic materials[4] • Removal and disposal of toxic and/or hazardous demolition and / or construction waste • Storage of machine oils and lubricants	[ ] Yes [X] No	See Section **F** below
	6.Impacts on forests and/or protected areas • Encroachment on designated forests, buffer and /or protected areas • Disturbance of locally protected animal habitat	[ ] Yes [X] No	See Section **G** below
	7.Handling / management of medical waste • Clinical waste, sharps, pharmaceutical products (toxic and hazardous chemical waste), radioactive waste, organ-ic domestic waste, non-organic domestic waste • On site or off-site disposal of medical waste	[ ] Yes [X] No	See Section **H** below

[4] Toxic / hazardous material includes and is not limited to asbestos, toxic paints, removal of lead paint, etc.

	8.Traffic and Pedestrian Safety • Site specific vehicular traffic • Site is in a populated area	[X] Yes [ ] No	See Section **I** below

ACTIVITY	PARAMETER	GOOD PRACTICES MITIGATION MEASURES CHECKLIST
A. General Conditions	Notification and Worker Safety	(a) Contractors will comply with the Environmental and Social Commitment Plan (ESCP) to ensure adequate ESF compliance; (b) The local construction and environment inspectorates and communities have been notified of upcoming activities (c) The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works) (d) All legally required permits (to include not limited to land use, resource use, dumping, sanitary inspection permit) have been acquired for construction and/or rehabilitation (e) All work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment. (f) Workers' PPE will comply with international good practice (always hardhats, as needed masks, gloves and safety goggles, harnesses and safety boots) (g) Appropriate signposting of the sites will inform workers of key rules and regulations to follow.
B.General Rehabilitation and/or Construction Activities	Air Quality	(a) During interior demolition use debris-chutes above the first floor (b) Keep demolition debris in controlled area and spray with water mist to reduce debris dust (c) Suppress dust during pneumatic drilling/wall destruction by ongoing water spraying and/or installing dust screen enclosures at site (d) Keep surrounding environment (sidewalks, roads) free of debris to minimize dust and accidents (e) There will be no open dumping of construction / waste material at the site (f) There will be no excessive idling of construction vehicles at sites
	Noise	(a) Construction noise will be limited to restricted times agreed to in the permit (b) During operations the engine covers of generators, air compressors and other powered mechanical equipment should be closed, and equipment placed as far away from residential areas as possible
	Water Quality	(a) The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers.
	Waste management	(a) Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities. (b) Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers. (c) Construction waste will be collected and disposed properly by licensed collectors (d) The records of waste disposal will be maintained as proof for proper management as designed. (e) Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos)
C. Individual wastewater treatment system	Water Quality	(a) The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities (b) Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment (c) Monitoring of new wastewater systems (before/after) will be carried out
D. Historic building(s)	Cultural Heritage	(a) If the building is a designated historic structure, very close to such a structure, or located in a designated historic district, notify and obtain approval/permits from local authorities and address all construction activities in line with local and national legislation (b) Ensure that provisions are put in place so that artifacts or other possible "chance finds" encountered in excavation or construction are noted, officials contacted, and works activities delayed or modified to account for such finds.
F. Toxic Materials	Asbestos management	(a) If asbestos is located on the project site, mark clearly as hazardous material (b) When possible, the asbestos will be appropriately contained and sealed to minimize exposure (c) The asbestos prior to removal (if removal is necessary) will be treated with a wetting agent to minimize asbestos dust (d) Asbestos will be handled and disposed by skilled & experienced professionals (e) If asbestos material is be stored temporarily, the wastes should be securely enclosed inside closed containments and marked appropriately

		(f) The removed asbestos will not be reused
	Toxic / hazardous waste management	(a) Temporarily storage on site of all hazardous or toxic substances will be in safe containers labeled with details of composition, properties and handling information (b) The containers of hazardous substances should be placed in a leak-proof container to prevent spillage and leaching (c) The wastes are transported by specially licensed carriers and disposed in a licensed facility. (d) Paints with toxic ingredients or solvents or lead-based paints will not be used
G. Affects forests and/or protected areas	Protection	(a) All recognized natural habitats and protected areas in the immediate vicinity of the activity will not be damaged or exploited, all staff will be strictly prohibited from hunting, foraging, logging or other damaging activities. (b) For large trees in the vicinity of the activity, mark and cordon off with a fence large tress and protect root system and avoid any damage to the trees (c) Adjacent wetlands and streams will be protected, from construction site run-off, with appropriate erosion and sediment control feature to include by not limited to hay bales, silt fences (d) There will be no unlicensed borrow pits, quarries or waste dumps in adjacent areas, especially not in protected areas.
H. Disposal of medical waste	Infrastructure for medical waste management	(a) In compliance with national regulations the contractor will insure that newly constructed and/or rehabilitated health care facilities include sufficient infrastructure for medical waste handling and disposal; this includes and not limited to: ▪ Special facilities for segregated healthcare waste (including soiled instruments "sharps", and human tissue or fluids) from other waste disposal: a. Clinical waste: yellow bags and containers b. Sharps – Special puncture resistant containers/boxes c. Domestic waste (non-organic): black bags and containers ▪ Appropriate storage facilities for medical waste are in place; and ▪ If the activity includes facility-based treatment, appropriate disposal options are in place and operational
I. Traffic and Pedestrian Safety	Direct or indirect hazards to public traffic and pedestrians by construction activities	(b) In compliance with national regulations the contractor will ensure that the construction site is properly secured and construction related traffic regulated. This includes but is not limited to ▪ Signposting, warning signs, barriers and traffic diversions: site will be clearly visible and the public warned of all potential hazards ▪ Traffic management system and staff training, especially for site access and near-site heavy traffic. Provision of safe passages and crossings for pedestrians where construction traffic interferes. ▪ Adjustment of working hours to local traffic patterns, e.g. avoiding major transport activities during rush hours or times of livestock movement ▪ Active traffic management by trained and visible staff at the site, if required for safe and convenient pas- sage for the public. ▪ Ensuring safe and continuous access to office facilities, shops and residences during renovation activities, if the buildings stay open for the public.

Table 7. Social Screening Checklist

	Activities	**Yes**	**No**	**Notes**
1	Purchase of land, buildings (residential and business)			If "Yes", and answers other questions "No", provide relevant documents, available for the final sales transaction
2	Acquisitions or expansion of the business, which will be implemented by the demolition/ relocation homeowners, renters, formal and informal user assets			If yes, exclude from financing
3	Acquisition of assets, which will cause the loss of access of people or a particular community/group, especially ethnic minorities to: · Natural resources · The traditional habitat · The traditional activities · Communal utilities			If yes, exclude from financing
4	Acquisitions/or expansion of a business that canpromote/increase the risk of: 1. Violation of the labor code and laws including the use of childlabor 2. Harassment of ethnic minority groups in the areas of project (related to their identity, dignity and livelihoods of the system of subsistence, cultural identity) 3. Human trafficking and forced labor			If yes, exclude from financing
5	Will there be land acquisition using eminent domain law?			If yes, exclude from financing
6	Will there be permanent or temporary loss of shelter andresidential land due to land acquisition?			If yes, exclude from financing
7	Will there be permanent or temporary loss of private land and other productive assets due to land acquisition?			If yes, exclude from financing
8	Will there be losses of crops, trees, and fixed assets due to land acquisition?			If yes, exclude from financing
9	Will there be permanent or temporary loss of businesses or enterprises due to land acquisition?			If yes, exclude from financing
10	Will there be permanent or temporary loss of income sourcesand means of livelihoods due to land acquisition?			If yes, exclude from financing
11	If land or private property is purchased through negotiated settlement or willing buyer-willing seller, will it result in the permanent or temporary removal or displacement of renters, orleaseholders?			If yes, exclude from financing
12	If land or private property is purchased through negotiated settlement or willing buyer-willing seller, will it result in the permanent or temporary removal or displacement of informal land-users (people without legal rights on the land) or squatters?			If yes, exclude from financing

13	Will the project involve any permanent or temporary restrictions in land use or access to legally designated parks or protected areas and cause people or any community to lose access to natural resources, traditional habitats, communal land,or communal facilities?			If yes, exclude from financing
14	Will the project use government land or any public land or property, which will require the permanent or temporary removal of informal occupants or users (residential or economic)?			If yes, exclude from financing
15	Are there any cultural or archeological sites nearby that couldbe impacted by project activities?			If yes, exclude from financing

Part 2 (to be completed by the MoH PCU based on the findings of the environmental and social screening and scoping process)

RESULTS OF ENVIRONMENTAL AND SOCIAL SCREENING Template

☐ Risk Category "High". Significantimpact, exclude from financing ☐ Risk Category "Substantial". Limited or temporary impact ☐ Category "Moderate" or "Low". Noimpact	Prepared by: (Environmental and/or Social Screener)
	Name and Signature:
	Designation:
	Date:
	Approved by:
	Name and Signature:
	Designation:
	Date:
ESIA and/or ESMP and ESMP Checklist is required (yes or no)	
What are the specific issues to be addressed in the ESIA/ESMP?	

b. Subproject Formulation and Planning – E&S Planning

Based on the process above and the Screening Form, the PCU under the MoH will adopt the necessary environmental and social management measures or develop relevant site-specific environmental and social management plans.

If site-specific ESMPs are necessary, the environmental and social specialist under the PCU will prepare these ESMPs and other applicable documents as needed. The MESPI will provide no objection to and compile ESMPs and other applicable forms. The contents of the ESMPs will be shared with relevant stakeholders in an accessible manner and consultations will be held with the affected communities on the environmental and social risks and mitigation measures.

The ESMPs will also be submitted to the World Bank for prior review and no objection. After this first 5, the World Bank and the PCU will reassess whether prior review is needed for further ESMPs or a certain category of ESMPs (for example, for activities exceeding a certain budget).

At this stage, staff and volunteers who will be working on the various subproject activities should be trained in the environmental and social management plans relevant to the activities they work on. The PCU should provide such training to field staff.

The PCU should also ensure that all selected contractors understand and incorporate environmental and social mitigation measures relevant to them as standard operating procedures for civil works. The E&S specialist under the PCU should provide training to selected contractors to ensure that they understand and incorporate environmental and social mitigation measures.

c. Implementation and Monitoring – E&S Implementation

The PCU is responsible for implementing environmental and social monitoring, providing essential information on key aspects of subprojects. This includes evaluating the project's environmental and social impacts and assessing the effectiveness of mitigation measures. The purpose is to gauge the success of mitigation efforts during project supervision and enable timely corrective actions when necessary.
In addition to the PCU's oversight, larger scale works will have a dedicated supervision engineer. ESMPs will be integrated into contracts for the actual works, forming the initial layer of supervision. The PCU specialist will then supervise these integrated plans, ensuring alignment with monitoring objectives and specifying the types of monitoring needed in relation to impacts and mitigation measures. This integrated approach will ensure comprehensive oversight and proactive management of environmental and social aspects throughout the project's lifecycle.

The PCU's E&S consultant will visit to sub-project sites as and when necessary. If it is found that there is an ESMF and/or ESF/ESS noncompliance, further disbursements will be stopped until compliance is ensured.

The PCU will be responsible for ESMP reporting and will:

- Record and maintain the results of project supervision and monitoring throughout the life of the project. It will present summary progress reports on ESMF/ESMP implementation and the ESF aspects of subprojects on a semi-annual basis to the World Bank, and as part of this reporting, provide updates on any project related as grievances/feedback that was received, that has been addressed and that may be pending.
- Prepare quarterly or biannual reports on the progress of implementation of measures proposed by the ESMP for selected sub-projects;

- Prepare semi-annual reports on the environmental impacts originated during implementation of sub- projects and analyze the efficiency of mitigation measures applied to minimize negative consequences;
- Prepare outlines and requirements for Contractors' reports on environmental protection and mitigation measures, and review Contractor's monitoring plan and reports;
- Present the impact of mitigation and environmental and social protection measures for general public via specific publications or/and by annual public seminars

A Monitoring Plan Format is presented in the *Attachment 3* of the ESMP Checklist enclosed in this document in Annex 7.

Throughout the Project implementation stage, the PCU will continue to provide training and awareness raising to relevant stakeholders, such as staff, selected contractors, and communities, to support the implementation of the environmental and social risk management mitigation measures.

The PCU will also track grievances/beneficiary feedback during project implementation to use as a monitoring tool for implementation of project activities and environmental and social mitigation measures.

Lastly, if the E&S specialist under the PCU becomes aware of a serious incident which may have significant adverse effects on the environment, the affected communities, the public or workers, it should notify the World Bank within 48 hours of becoming aware of such incident. A fatality is automatically classified as a serious incident, as are incidents of forced or child labor, abuses of community members by project workers (including gender-based violence incidents), violent community protests, or kidnappings.

d. Review and Evaluation – E&S Completion

Upon completion of Project activities, the PCU under the MoH will review and evaluate progress and completion of project activities and environmental and social mitigation measures. Especially for civil works, the PCU will monitor activities with regard to site restoration and landscaping in the affected areas to ensure that the activities are done to an appropriate and acceptable standard before closing the contracts. The sites must be restored to at least the same condition and standard that existed prior to commencement of works. Any pending issues must be resolved before a subproject is considered fully completed. The environmental and social specialist under the PCU will prepare the completion report describing the compliance of E&S risk management measures, and submit it to the World Bank.

6.2 Implementation Arrangements

The **MoH** will hold responsibility as Project Implementing Agency. As project implementation requires multisectoral involvement, the MoH is a key player that can bring together all concerned ministries and agencies to deliver the results of the project. The MoH will coordinate with the Working Group (WG) that has been set up for the preparation of the project which includes heads of key departments within the MoH, as well as representatives from the Ministry of Finance, Labor, and Transfers, HIF, IPH and key health institutions and will be responsible for overall implementation, coordination, results monitoring, and communicating with the WB for implementation of all project-related activities. The MoH will host the project PCU.

A Project Coordination Unit (PCU) will be established under the MoH. The PCU's vital roles are to provide technical and operational assistance to MoH and targeted project HCF and respective districts/municipalities/communes in implementing the project activities, such us procurement, FM, and environmental and social risk management responsibilities. The Project Coordinator, will be hired by the MoH to lead the PCU based on terms of reference acceptable to the World Bank. The Project Coordinator will be working closely with management, working group (WG) and all relevant departments of the line ministries to: (i) ensure alignment of planning, budgeting, implementation and monitoring; (ii) prepare technical proposals and provide technical oversight to the project activities for institutionalization and sustainability; (iii) implement selected project activities and monitor others activities. In addition, the PCU will also include other consultants and experts on different technical areas as required for project implementation, including procurement, FM, environmental and social due diligence and M&E.

The PCU will play major roles in implementing the project activities, in coordination with HCF under the leadership of the MoH and the WG. Close collaboration between the line ministries and aligned agencies will be required to ensure harmonized implementation, efficiency of use of resources, avoidance of overlap, and to create a new integrated approach to providing services for the benefit of health system.

***Regional* level**. Most of the project activities will be implemented at the *regional* level. Therefore, the districts, municipalities and communities are expected to play a critical role in identifying their needs, setting priorities and contributing to developing the project activities.

With regards to ESMF implementation, the PCU will lead the process in each target HCF and will provide support with information and capacity building (including the environmental criteria to be used, procedures to conduct the ESIA etc.) in: (i) environmental and social screening and evaluation of subproject eligibility from the ESF point of view; (ii) communication and coordination with ESA competent authorities (Environmental agencies); (iii) ensuring proper implementation of the ESMP and ESMP Checklist requirements as well as E&S due diligence tasks during the subprojects' realization; (v) addressing complaints and feedback from project stakeholders and the public, including grievances regarding environmental/social impacts of subprojects; (iv) supervising environmental protection and mitigation measures stipulated in the ESMPs; (v) monitoring of environmental impacts as part of overall monitoring of the subproject implementation; and (vi) reporting on environmental and social impacts originated during implementation of sub-projects and analyzing the efficiency of mitigation measures applied to minimize negative consequences.

Local contractors will be required to comply with the Project's E&S risk management plans and procedures, including the ESMP, ECOPs, LMP, and local legislation. This provision will be specified in the contractor's agreements. Contractors will be expected to disseminate and create awareness within their workforce of environmental and social E&S risk management compliance for their effective implementation.

Table 8 below summarizes the roles and responsibilities regarding the implementation arrangements for environmental and social management.

Table 8. Implementation Arrangements

Responsible Party	Responsibilities
World Bank	• Review, approve and disclose ESMF, SEP, LMP and ESCP on WB's official website. • Provide support, oversight and quality control to field staff working on environmental and social risk management. • Collect, review, provide quality assurance and no objections to Screening Forms and ESMPs as relevant. Keep documentation of all progress. • Oversee overall implementation and monitoring of environmental and social mitigation activities, compile progress reports from local levels/subprojects, and report to the World Bank on a quarterly basis. • Train field staff and contractors who will be responsible for implementing the ESMF • Review the site-specific ESIA/ESMPs and HCWMPs and provide no objections to MoH/PCU. • Review labor management procedures • Conduct implementation support and supervision missions in order to ensure that theProject is in compliance with WB ESF Standards.
MoH/PCU	• Prepare and implement the ESMF, SEP, LMP and ESCP • Disclose the ESMF, SEP, LMP and ESCP on MoH official website • Prepare ESIAs/ESMPs according to ESMF • Submit ESIAs/ESMPs to the WB for prior review. • Ensure project activities do not fall under the Negative List. Fill out Screening Forms for relevant subproject activities and submit forms to the national level. • Perform the quality control and review of ESMPs and RAPs. • Incorporate ESMPs and other relevant ESF instruments into bidding documents. • Perform inspections of the implementation of ESMP by the construction contractor, make recommendations and decide whether additional measures are needed or not. • Supervise implementation of RAPs and provide regular reporting on implementation to WB; • In case of non-compliance, ensure that the contractor eliminates the noncompliance and inform the WB about the noncompliance. Set up a multi-level GRM, monitor and address grievances related to the project under specified timelines; • Prepare, update and implement a Stakeholder Engagement Plan (SEP) that considers vulnerable groups in addition to paying attention to the gender aspect of the Project, • Summarize the environmental and social issues related to project implementation to WB in regular progress reports. • Is open to comments from affected groups and local environmental authorities regarding environmental aspects of project implementation. Meet with these groups during site visits, as necessary. • Coordinate and liaise with WB supervision missions regarding environmental and social aspects of project implementation. • Conduct regular monitoring activities for the implementation of site specific ESMPs • Prepare/design training and tools for MoH PCU staff and community representatives

Local Contractor	• Comply with the Project's environmental and social mitigation measures, as well as local legislation. • Take all necessary measures to protect the health and safety of workers and community members, and avoid, minimize or mitigate any environmental harm resulting from project activities. • Manage the grievance mechanism at the site level, communicate grievances to PCU/respective municipality regularly through ESMP monitoring reports; • Implement ESMPs on site, if required can propose revising the ESMP together with MoH PCU; • Implement LMP; • Monitor site activities on a regular basis (daily, weekly monthly etc.); • Compensate or fix all damages occurred during construction (i.e. damages to crops, infrastructure) as set out by the ESMP or other associated ESF documents
Health Care Facilities /Municipalities/Communes	• Hold consultation meetings, and prepare and distribute leaflets or other informative documents to inform communities, supported by a community mobilization NGO, about the construction schedule and potential impacts, if any, as well as rights and entitlements of PAPs; • Manage the grievance mechanism at the local level, communicate grievances to PCU regularly through ESMP monitoring reports; • Provide guidance to the construction contractor and engineering supervision firm; • Monitor implementation of ESMPs on site, if required can revise the ESMP together with PCU; • Monitor implementation of labor management procedures at the contractors; • Implement RAPs on sites and provide regular reporting on implementation to PCU; • Ensure that ESMP is implemented correctly and in a timely manner by the contractor and prepare the ESMP progress reports for the review of PCU; • Perform environmental and social monitoring as defined in ESMF and sub- project specific ESMPs

6.3 Proposed Training and Capacity Building

Successful implementation of the Project will depend among others on the effective implementation of the environmental and social risk management measures outlined in this ESMF. Training and capacity building will be necessary for the key stakeholders in order to ensure effective implementation ESMF and the SEP. An initial training approach is outlined in Table 7 below. To the extent possible, training on environmental and social risk management will be integrated into the project cycle and operational procedures. Given the need to raise awareness among project workers and stakeholders at many levels, a cascading model is proposed where information will follow from the national level to the field levels.

To improve institutional capacities with regard to ESMF implementation the WB Environmental and Social Specialists will provide special training for the MoH PCU staff focused on: (i) Procedural aspects of ESA (stages, key actors, main responsibilities etc.); (ii) Assessment of environmental and social impacts potentially related to the subproject supported within the project; (iii) Consulting and approval of the ESA and monitoring plans; and (iii) preparing ESMP Checklist; (iv) Conducting field supervision and preparing progress reports.

Moreover, a training program will be organized through the MoH/PCU to develop and expand professional skills and capacity in environmental and social management issues. This training will reinforce the capacity within the PCU by providing specialized instruction to conduct environmental assessments and manage

and monitor related E&S issues. The program will also support outreach and consultations with local authorities and beneficiaries of sub-projects in the target areas.

Table 9. Proposed Training and Capacity Building Approach

Level	Responsible Party	Audience	Topics / Themes that may be covered
National Level	World Bank	National Staff responsible for overall implementation of ESMF	ESMF and approach: - Identification and assessment of E&S risks - Selection and application of relevant E&S risk management measures / instruments - E&S monitoring and reporting - Incident and accident reporting
Regional Level	National Staff	Regional Hospitals Regional Staff Contractors	ESMF and approach: - Identification and assessment of E&S risks - Selection and application of relevant E&S risk management measures - E&S monitoring and reporting - Incident and accident reporting - Application of SEP and the grievance/beneficiary feedback mechanism
Local/site level	Regional Staff	Local Staff Local Contractors	- Application of SEP and the grievance/beneficiary feedback mechanism - Application of LMP, including Code of Conduct, incident reporting, SEA/SH - Application of ECOPs or ESMPs, as relevant
Community Level	Local staff	Community members Community Workers, if relevant	- Basic OHS measures and Personal Protective Equipment - Community health and safety issues - Worker Code of Conduct - SEA/SH issues, prevention, measures - Grievance redress - Workers' grievance redress

6.4 Estimated Budget

During project implementation including construction and operation, PCU is also responsible for providing funding for installation and other activities to minimize any hazardous environmental impacts to be included in the subproject costs. The amount of required funding will depend on the technique/technologies used for implementing mitigation measures and their scale, number, variety and other factors. In order to ensure successful ESMF implementation, funding is also required to finance capacity building activities. Since it is difficult to prepare budget estimates for capacity building at this stage, this information will be included in the procurement plan.

7. Stakeholder Engagement, Disclosure and Consultations

7.1 ESMF Disclosure

A separate Stakeholder Engagement Plan (SEP) has been prepared for the Project, based on the World Bank's Environmental and Social Standard 10 on Stakeholder Engagement.

This draft ESMF as well as SEP and the Environmental and Social Commitment Plan (ESCP), once cleared from the WB, will be posted on the MoH official website.

The final version of the ESMF will be officially submitted to the World Bank for disclosure in English on the WB external webpage. The English, Albanian and Serbian versions will be also posted on the web page of the MoH. The final version of this document will be used by respective government agencies and other Project stakeholders during the project implementation. Key feedback if any on the disclosed ESMF will be listed on the final version of the document.

7.2 Public Consultations

MoH/PCU will conduct national/local public consultations on this draft ESMF and invite all interested stakeholder organizations including local representatives of the other Government bodies, as per the "**KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project**" project SEP guidance.

Consultation on sub-project environmental and social assessments. The disclosure of environmental documents for Substantial Risk projects is mandatory, and these are to be made accessible to project-affected groups and local NGOs/CSOs. There will be at least one round of consultations after preparation of the ESIA/ESMP.

Consultation on simple subprojects. In the case of new small construction, insignificant reconstruction, material supply and equipment etc., which will not have a significant impact on the environment, public consultations can be conducted virtually or in key sites in local public administration offices. For construction/reconstruction activities a notice plate will be installed at the project sites.

Annexes:

Annex 1. Indicative Activity List for the Proposed KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project

1. Building blocks to improve quality care

1.1 Public Health preparedness and response

1.1.1. Equipment and supplies for AMR and IPC

1.1.1a Capital investments (equipment/supplies)

1.1.1b Educational material and media purchases for AMR Awareness

1.1.1c Supplies for AMR and HAI Surveillance

1.1.1d Capacity building for Antimicrobial Stewardship in Hospitals

1.1.1e Equipment for Infection Prevention and Control

1.1.2. Training in IPC, AMR, and HCWM

1.1.2a Training in IPC, AMR and HCWM

1.1.3. Health care waste management

1.1.3a Provision of standardized protective equipment and medical waste collection

1.1.3b Construction/adaptation of safe storage spaces (warehouses) for infectious and sharp waste

1.1.3c Construction/renovation of follow-up infrastructure for treatment of MW

1.1.3d Replacement of outdated equipment (Autoclaves) for MW treatment

1.1.3e Procurement of transport vehicles for MW

1.1.3f Drafting detailed architectural plan for central warehouse of pharmaceutical waste

1.1.3g Renovation of the central warehouse of pharmaceutical waste and monitoring of works

1.2 Improving service delivery

1.2.1. Annual National District and National Health Forum (Formalized citizen engagement and empowerment)

1.2.1a Annual National District and National Health Forum (Formalized citizen engagement and empowerment)

1.2.2. Clinical Guidelines/Protocols/Pathways

1.2.2a TA on strengthening institutional processes for development of new clinical guidelines

1.2.2b TA on development of clinical care pathways (to be selected during implementation)

1.2.3. Quality Monitoring, Clinical Audit and Feedback

1.2.3a Development of quality indicators, clinical audit and feedback manual for quality coordinators

1.2.4. Capacity building for QoC interventions

1.2.4a Consultant for curriculum design and TOT

1.2.4b Training of providers on clinical care pathways, clinical audits, best QA/QM practices

1.2.4c Support the functionalization of the QoC unit within NIPH/MOH

1.2.5. Strengthening Health Inspectorate

1.2.5a Equipment and supplies for e-inspections

1.2.5b Developing/Standardizing quality and safety standards and work plans

1.2.5c Training and capacity building for health inspectorate

1.3 Developing key health financing functions

1.3.1. Capacity building on strategic purchasing

1.3.1a BBP development, including OPDBP implementation guidance

1.3.1b Provider payments and incentive systems, including options for adjusting CBPP

1.3.1c Options for including the private sector and controlling costs of treatment abroad

2. Information systems to monitor and improve care

2.1.1. Establish foundational environment and systems for IHIS

A1.01 Review legal framework for IHIS and draft legal/regulatory texts

A1.02 Support establishment of eHealth Body
A1.03 Hire consulting company to guide initial implementation
A1.04 Master Data Management (MDM) - assessment/design and investment in system
A1.05 HIE (assessment/design and investment in system)
A1.06 Procure hardware for IHIS building blocks
A1.07 Systems training of relevant health personnel
A1.08 Training of IT administrators and technicians

2.1.2. Support for the reforms envisaged in Component 1

A2.01 Full roll-out of BHIS/infrastructure, printers, etc.
A2.02 Institutionalize and automatize update of key registries/codes in BHIS
A2.03 Allow BHIS reporting/business intelligence at facility level (dashboard)
A2.04 Embed clinical guidelines/pathways into BHIS
A2.05 Finalize patient empanelment/zoning and update BHIS database
A2.06 Upgrade e-referral and introduce e-appointment to BHIS

2.1.3. IHIS building blocks design and implementation

A3.01 Central EHR (design and implementation)
A3.02 HMIS (Hospital MIS) design and implementation
A3.03 Central LIS (Laboratory IS), design and implementation
A3.04 RIS (Radiology IS) including PACS (Picture Archiving and Communication Systems)
A3.05 SMSF upgrade
A3.06 Blood Transfusion IS, connecting regional TC
A3.07 Patient portal (to access personal health record) (to use e-Kosova - through Agency for Information Society)
A3.08 NIPH health data analytics - data warehouse, data transfer interfaces, smart reporting
A3.09 Upgrade of surveillance system of communicable diseases (main system financed through existing project)
A3.10 E-prescription, track and trace
A3.11 E-inspection module

3. Project management

3.1.1. Project management staff
3.1.2. Project operations
3.1.3. Developing M&E framework and surveys for M&E

Annex 2. Example of Adverse Environmental and Social Impacts and Mitigation Measures

Main works expected to generate E&S adverse impacts are foreseen under Component 1 and component 2, specifically Subcomponents aligned with Construction/rehabilitation works and Sub components Procurement of goods and supplies.

Environmental and Social Aspect Impacted	**Mitigation Action**	***Scale of risk or impact (local/ regional; temporary/ permanent)***	**Cost**	**Responsible parties**
Air quality *Air Pollution: Construction activities may lead to temporary air pollution generated from construction activities*	(a) During interior demolition use debris-chutes above the first floor. (b) Keep demolition debris in controlled area and spray with water mist to reduce debris and dust. (c) Suppress dust during pneumatic drilling/wall destruction by ongoing water spraying and/or installing dust screen enclosures at site. (d) Keep surrounding environment (sidewalks, roads) free of debris to minimize dust. (e) There will be no open burning of construction / waste material at the site. (f) There will be no excessive idling of construction vehicles at sites. (g) Soil/sand and cement loads in transit to be well covered to reduce dust levels rising above acceptable levels. (h) Use of good quality fuel and lubricants in vehicles, equipment and machinery (i) Ensure that heaped sand delivered for construction works is covered with tarpaulin to prevent wind and water transport of soil particles (j) Engines of vehicles, machinery, and other equipment to be switched off when not in use. (k) Regular scheduled maintenance and servicing to be carried out on all vehicles and equipment to minimize exhaust emissions (l) Construction and civil works to be phased out or controlled to reduce emissions from equipment and machinery in use	The impacts are evaluated to be moderate, local and temporary present only during project construction stage	Cost of E&S mitigation measures to be estimated during project design stage and the respective BoQ to be included in the constructions cost	The main responsibility for implementation falls under the contractor. Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and respective /Municipalities/ Communes
Noise and vibrations *Generation of noise and vibrations: Construction activities may lead to temporary disturbance by*	(a) Construction noise will be limited to restricted times agreed to in the permit. (b) Excavation and construction activities to be carried out during daylight hours. (c) Concrete mixer and other construction machines and equipment to be located away from sensitive E&S receptors.	The impacts are evaluated to be moderate, local and temporary present only during project construction stage	Cost of E&S mitigation measures to be estimated during project	The main responsibility for implementation falls under the contractor.

noise and vibrations generated from construction activities	(d) Construction equipment and machinery to be regularly maintained and serviced to reduce noise generation when in use. (e) Engines of vehicles, equipment and machinery to be turned off when not in use. (f) Earthworks and other construction activities to be phased out or controlled to reduce noise generation during construction (g) Affected parties to be notified in advance of the project before contractor mobilizes to site (h) Work will not be carried out during sensitive times/ periods of day to avoid disturbance (i) During operations the engine covers of generators, air compressors and other powered mechanical equipment should be closed, and equipment placed as far away from residential areas as possible.		design stage and the respective BoQ to be included in the constructions cost	Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and respective /Municipalities/Communes
Water quality *water pollution may occur from fuel and waste leakage, waste generation including hazardous materials however are all the risks are not expected to generate serious adverse or long-term effects on human health or the environment*	(a) The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approved by the local authorities (b) Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment (c) Works not to be executed under aggressive weather conditions such as rains or stormy conditions (d) No solid waste, fuels, or oils to be discharged into any section of a waterway. (e) Temporary sediment barriers to be installed on slopes to prevent silt from entering water courses. (f) Maintenance, fueling and cleaning of vehicles and equipment to take place at off-site workshop with adequate leakage prevention measures	The impacts are evaluated to be minor, local and temporary present only during project construction stage	Cost of E&S mitigation measures to be estimated during project design stage and the respective BoQ to be included in the constructions cost	The main responsibility for implementation falls under the contractor. Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and respective /Municipalities/Communes
Soil Quality *soil pollution from fuel and waste leakage, waste generation including hazardous materials however are all the risks are not expected to*	(a) Establish and implement appropriate erosion and sediment control measures, such as hay bales and silt fences, to prevent the movement of sediment off-site. This helps in containing soil particles and minimizing the risk of pollution. (b) Develop and enforce stringent measures to prevent fuel and waste leakage. Implement spill response plans, including the use of spill containment kits, to swiftly address any accidental	The impacts are evaluated to be minor, local and temporary present only during project construction stage	Cost of E&S mitigation measures to be estimated during project design stage	The main responsibility for implementation falls under the contractor.

generate serious adverse or long-term effects on human health or the environment	spills and prevent soil contamination. (c) Implement proper waste management practices to ensure the safe handling and disposal of construction and hazardous materials. Separate waste types on-site, and dispose of them in accordance with local regulations and approved facilities. (d) Excavated materials and silt, which cannot be used will be disposed of at appropriate sites as per the Waste Management Plan prepared by contractor and approved by the PCU.		and the respective BoQ to be included in the constructions cost	Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and respective /Municipalities/Communes
Waste management *Waste Generation: Construction activities may generate waste that requires proper handling and disposal.*	(e) To be removed by license contract to places specially allocated for landfills, approved by local authorities. (f) Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition and construction activities. (g) Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemical wastes by on-site sorting and stored in appropriate containers. (h) Construction waste will be collected and disposed properly by licensed collectors. (i) The records of waste disposal will be maintained as proof for proper management as designed. (j) Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos). (k) Apply the principles of Reduce, Recycle, Reuse and Recover for waste management Excavated earth materials will, as much as possible, be re-used for back filling purposes to reduce waste (l) Excavated solid waste from the drain channel that are unsuitable for backfilling will be collected onsite, allowed to drain and collected for disposal at approved landfill sites. (m) Provide bins on site for temporary storage of garbage such as lubricant containers, drinking water sachets and carrier bags/packaging materials. (n) Contractor to work according to a prepared and agreed Solid Waste Management Plan.	The impacts are evaluated to be moderate, local and temporary present only during project construction stage	Cost of E&S mitigation measures to be estimated during project design stage and the respective BoQ to be included in the constructions cost	The main responsibility for implementation falls under the contractor. Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and respective /Municipalities/Communes

Toxic/hazardous management *Handling pharmaceutical waste may pose risks of chemical exposure.* *improper medical waste management during the operational phase. Medical waste, including chemicals, contaminated PPE, and equipment, will need to be safely and properly collected, stored, transported, treated, and disposed of.*	(a) Temporarily storage on site of all hazardous or toxic substances will be in safe containers labeled with details of composition, properties and handling information. (b) The containers of hazardous substances should be placed in a leak-proof container to prevent spillage and leaching. (c) The wastes are transported by specially licensed carriers and disposed in a licensed facility. (d) Paints with toxic ingredients or solvents or lead-based paints will not be used. (e) There will be no unlicensed borrow pits, quarries or waste dumps in adjacent areas, especially not in protected areas.	The impacts are evaluated to be moderate, and local and present during project operation stage	Cost of E&S mitigation measures to be estimated during project design stage and the respective BoQ to be included in the constructions cost	The main responsibility for implementation falls under the contractor. Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and respective /Municipalities/Communes
Asbestos management	(a) If asbestos is located on the project site, mark clearly as hazardous material (b) When possible, the asbestos will be appropriately contained and sealed to minimize exposure (c) The asbestos prior to removal (if removal is necessary) will be treated with a wetting agent to minimize asbestos dust (d) Asbestos will be handled and disposed by skilled & experienced professionals (e) If asbestos material is be stored temporarily, the wastes should be securely enclosed inside closed containments and marked appropriately (f) The removed asbestos will not be reused	The impacts are evaluated to be moderate, and local and present during project construction stage	Cost of E&S mitigation measures to be estimated during project design stage and the respective BoQ to be included in the constructions cost	
Energy Consumption: *Construction activities may consume energy, contributing to environmental impacts*	(a) Energy Efficiency Measures: Implement energy-efficient construction practices and use sustainable materials. (b) The process of upgrading (construction/rehabilitation works) presents a unique opportunity to incorporate resource-efficient design and construction practices. This includes the implementation of environmentally friendly strategies, which helps conserve water resources and reduce the strain on local water supplies. Additionally, the adoption of energy-efficient	The impacts are evaluated to be moderate and temporary present mainly during project construction stage but involve also operation stage.	Cost of E&S mitigation measures to be estimated during project design stage and the	The main responsibility for implementation falls under the contractor.

	lighting and infrastructure for treatment of MW not only reduces energy consumption but also contributes to lower operational costs and a reduced carbon footprint. These provisions under this ESMF will be included in the project design.		respective BoQ to be included in the constructions cost	Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and respective /Municipalities/Communes
Public Health, Safety and Security	Construction phase (c) Warning signs to be posted around work areas to discourage trespassers (d) Contractors to maintain adequate security at construction sites to avoid pilfering or vandalizing of property (e) Visibility to be ensured in the night-time by providing adequate lighting	The impacts are evaluated to be minor and temporary present mainly during project construction stage but involve also operation stage.	Cost of E&S mitigation measures to be estimated during project design stage and the respective BoQ to be included in the constructions cost	The main responsibility for implementation falls under the contractor. Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and respective /Municipalities/Communes
Occupational Health and Safety: *Construction sites pose risks to workers' health and safety.*	(a) Health and Safety Measures: Implement strict health and safety protocols for construction workers. (b) Engage experienced artisans for construction works. (c) All workers should be given proper induction/orientation on safety. (d) The contractors will have a Health & Safety Policy and procedures to guide the construction activities. (e) Regularly service all equipment and machinery to ensure they are in good working condition. (f) Ensure there are first aid kits on site and a trained person to administer first aid provide and enforce the use of appropriate personal protective equipment (PPE) such as safety boots,	The impacts are evaluated to be moderate, present only during project construction stage	Cost of E&S mitigation measures to be estimated during project design stage and the respective BoQ to be included in the	The main responsibility for implementation falls under the contractor. Other responsible parties for monitoring and reporting include: MoH/PCU

	reflective jackets, hard hats, hand gloves, earplugs, nose masks, etc. (g) Proof of competence for all equipment/machine operators will be required and established through inspection of valid drivers or operator's license or documents.		constructions cost	and Health Care Facilities and respective /Municipalities/Communes
Direct or indirect hazards to public traffic and pedestrians *Road traffic limitations. activities may result on increased road traffic. Project construction*	(a) In compliance with national regulations, the contractor will ensure that the construction site is properly secured and construction related traffic regulated. This includes but is not limited to: (b) Signposting, warning signs, barriers and traffic diversions: site will be clearly visible and the public warned of all potential hazards. (c) Traffic management system and staff training, especially for site access and near-site heavy traffic. Provision of safe passages and crossings for pedestrians where construction traffic interferes. (d) Adjustment of working hours to local traffic patterns, e.g. avoiding major transport activities during rush hours or times of livestock movement. (e) Active traffic management by trained and visible staff at the site, if required for safe and convenient passage for the public. (f) Ensuring safe and continuous access to office facilities, shops and residences during renovation activities, if the buildings stay open for the public	The impacts are evaluated to be moderate, local and temporary present only during project construction stage	Cost of E&S mitigation measures to be estimated during project design stage and the respective BoQ to be included in the constructions cost	The main responsibility for implementation falls under the contractor. Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and respective /Municipalities/Communes
Natural Hazard	(a) PCU should develop an emergency preparedness and response plan (EPRP) following the WB EHS Guideline. The EPRP should at a minimum contain information specified in the WB EHS Guideline. (b) Fire extinguishers should be installed at different locations in the project area (c) Disaster management arrangements should be made for disaster prone areas		Cost of E&S mitigation measures to be estimated during project design stage and the respective BoQ to be included in the constructions cost	The main responsibility for implementation falls under the contractor. Other responsible parties for monitoring and reporting include: MoH/PCU

				and Health Care Facilities and respective /Municipalities/Communes
Fire Hazard	• Set up a mustering point in event of fire • Designated bonfire place at the construction camp • Contractor should develop an emergency preparedness and response plan (EPRP) following the WB EHS Guidelines		Cost of E&S mitigation measures to be estimated during project design stage and the respective BoQ to be included in the constructions cost	The main responsibility for implementation falls under the contractor. Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and respective /Municipalities/Communes
Community perception *Community Disruption: Construction activities may disrupt local communities and their daily activities.*	(a) Prioritize the community around the site for construction labor. (b) Approach the community around the location related to the required specifications and labor requirements. (c) Coordinate with local government or community groups related to the labor force. (d) Provide the opportunities for the surrounding community to conduct business as much as the location of activities. (e) Provide a minimum wage equal to the applicable minimum wage. (f) Provide with personal protective equipment on direct construction work.	The impacts are evaluated to be moderate, local.	N/A	The main responsibility for implementation falls under the contractor. Other responsible parties for monitoring and reporting include: MoH/PCU and Health Care Facilities and

				respective /Municipalities/Communes

Note: Costs will depend on project specifics and should be estimated during project planning/design stage.

Main works expected to generate social Impacts are foreseen under Component 1: Subcomponents aligned with capacity building and trainings activities.

Social Aspect Impacted	Mitigation Action	*Scale of risk or impact (local/ regional; temporary/ permanent)*	Cost	Responsible parties
Unacceptable increase in regional hospital staff workloads.	*To mitigate this impact, a detailed training program has to be developed by the PCU and consulted with affected parties in order to mitigate and eliminate the risk.*	The impacts are evaluated to be moderate	N/A	MoH/PCU
Community perception *Planned reforms fail due to poor public perceptions or resistance from health care workers and/or providers.*	Conduct comprehensive stakeholder engagement and communication strategies to address and improve public perceptions **Public Awareness Campaigns:** Develop and execute informational campaigns to educate the public about the benefits and objectives of the planned reforms. Use various media channels, community outreach programs, and online platforms to disseminate accurate and clear information **Stakeholder Consultation:** Involve healthcare workers, providers, and the public in the reform planning process. Seek their input, address concerns, and incorporate valuable insights to ensure a more inclusive and acceptable reform strategy. **Address Concerns Proactively:** Establish mechanisms to identify and address concerns from healthcare workers and providers promptly. An	The impacts are evaluated to be moderate	N/A	MoH/PCU

	open and responsive approach can prevent the escalation of issues and foster a collaborative environment.			

Annex 3. World Bank's EHS Guidelines

The World Bank Groups Environmental, Health, and Safety (EHS) Guidelines are technical reference documents with general and industry specific examples of Good International Industry Practice (GIIP). These industry sector EHS guidelines are designed to be used together with the General EHS Guidelines document, which provides guidance to users on common EHS issues potentially applicable to all industry sectors. EHS Guidelines are applied as required by their respective policies and standards.

The EHS Guidelines contain the performance levels and measures that are generally considered to be achievable in new facilities by existing technology at reasonable costs. Application of the EHS Guidelines to existing facilities may involve the establishment of site-specific targets, with an appropriate timetable for achieving them. The applicability of specific technical recommendations should be based on the professional opinion of qualified and experienced persons. When host country regulations differ from the levels and measures presented in the EHS Guidelines, projects are expected to achieve whichever is more stringent. If less stringent levels or measures than those provided in these EHS Guidelines are appropriate, in view of specific project circumstances, a full and detailed justification for any proposed alternatives is needed as part of the site-specific environmental assessment. This justification should demonstrate that the choice for any alternate performance levels is protective of human health and the environment.

The World Bank Group General EHS Guidelines contain information on cross-cutting environmental, health, and safety issues potentially applicable to construction and can be downloaded via the following link:
https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/sustainability-at-ifc/policies-standards/ehs-guidelines

Relevant EHS Guidelines for the KOMPAS Project:

1. ***General EHS Guidelines:***
    - *Applicable for addressing cross-cutting environmental, health, and safety issues.*
    - *Provisions outline best practices for various industry sectors.*
2. ***ESH Guidelines for Construction Materials Extraction:***
    - *Relevant for guidance on environmental health and safety during construction material extraction.*
    - *Applicable to various materials, including aggregates, limestone, slates, sand, gravel, clay, gypsum, feldspar, silica sands, and quartzite.*
3. ***ESH Guidelines for Hazardous Waste:***
    - *Applicable for the management of infectious and hazardous health care waste.*
    - *Provides guidance on handling hazardous materials and categorizes them based on their properties.*
4. ***EHS Guidelines for Health Care Facilities:***
    - *Relevant for the design and operation of health care facilities.*
    - *Addresses EHS issues associated with various health care facilities, including hospitals, laboratories, research facilities, mortuary centers, blood banks, and collection services.*

The **World Bank Group ESH Guidelines for Construction Materials Extraction** is applicable to the project and used as key guidance provided to contractors on the management of environmental health and safety during construction material extraction in addition to specific guidance provided in the ESMF. This document includes information relevant to construction materials extraction activities such as

aggregates, limestone, slates, sand, gravel, clay, gypsum, feldspar, silica sands, and quartzite, as well as to the extraction of dimension stone. It addresses stand-alone projects and extraction activities supporting construction, civil works, and cement projects. Although the construction materials extraction guidelines Emphasize major and complex extraction schemes, the concepts are also applicable to small operations and should be used for guidance. These guidelines can also be downloaded via the link provided above.

The **World Bank Group ESH Guidelines for Hazardous Waste** is applicable and can be used for guidance on the management of infectious and other forms of health care waste which are categorized as hazardous in nature. These guidelines apply to projects that use, store, or handle any quantity of hazardous materials (Hazmats), defined as materials that represent a risk to human health, property, or the environment due to their physical or chemical characteristics. Hazmats can be classified according to the hazard as explosives; compressed gases, including toxic or flammable gases; flammable liquids; flammable solids; oxidizing substances; toxic materials; radioactive material; and corrosive substances. When a hazardous material is no longer usable for its original purpose and is intended for disposal, but still has hazardous properties, it is considered a hazardous waste. This guidance is intended to be applied in conjunction with traditional occupational health and safety and emergency preparedness programs.

The **World Bank Group EHS Guidelines for Health Care Facilities** is applicable and can be used for guidance for the design and operation of HCFs. It includes information relevant to the management of EHS issues associated with health care facilities (HCF) which includes a diverse range of facilities and activities involving general hospitals and small inpatient primary care hospitals, as well as outpatient, assisted living, and hospice facilities. Ancillary facilities may include medical laboratories and research facilities, mortuary centers, and blood banks and collection services.

ANNEX 5. ENVIRONMENTAL & SOCIAL IMPACT ASSESSMENT REPORT

An Environmental and Social Impact Assessment for Substantial Risk projects focuses on the significant environmental issues raised by a Sub-project. Its primary purpose is to identify environmental impacts and those measures that, if incorporated into the design and implementation of a project can assure that the negative environmental effects will be minimized. The scope and level of detail required in the analysis depend on the magnitude and severity of potential impacts.

The environmental and social impact assessment report should include the following elements:

Executive Summary. This summarizes the significant findings and recommended actions.
Policy, legal and administrative framework. This section summarizes the legal and regulatory framework that applies to environmental management in the jurisdiction where the study is done.*Project Description*. Describes the nature and scope of the project and the geographic, ecological,temporal and socioeconomic context in which the project will be carried out. The description should identify social groups that will be affected, include a map of the project site, identify impacts on land or assets, and identify any off-site or support facilities that will be required for theproject.
Baseline data. Describe relevant physical, biological and social condition including any significantchanges anticipated before the project begins. Data should be relevant to project design, location,operation or mitigation measures.
E*nvironmental and Social Impacts*. Describe the likely or expected positive and negative impactsin quantitative terms to the extent possible. Identify mitigation measures and estimate residual impacts after mitigation. Describe the limits of available data and uncertainties related to the estimation of impacts and the results of proposed mitigation.
A*nalysis of Alternatives*. Systematically compare feasible alternatives to the proposed project location, design and operation including the "without project" alternative in terms of their relativeimpacts, costs and suitability to local conditions. For each of the alternatives quantify and comparethe environmental impacts and costs relative to the proposed plan.
E*nvironmental and Social Management Plan (ESMP).* If significant impacts requiring mitigation are identified, the ESMP defines the mitigation that will be done, identifies key monitoring indicators and any needs for institutional strengthening for effective mitigation and monitoring tobe carried out.

A*ppendices.*

This section should include:

(i) The list of ESA preparers;
(ii) References used in study preparation;
(iii) A chronological record of interagency meetings and consultations with NGOs and effectedconstituents;
(iv) Tables reporting relevant data discussed in the main text, and;

ANNEX 6. ENVIRONMENTAL & SOCIAL MANAGEMENT PLAN

General Remarks. Environmental and Social Management Plan (ESMP) for the substantial Category projects should outline the mitigation, monitoring and administrative measures to be taken during project implementation to avoid or eliminate negative environmental impacts. For projects of intermediate environmental risk (Substantial risk projects), ESMP may also be an effective way of summarizing the activities needed to achieve effective mitigation of negative environmental impacts (**description of Environmental and Social Management Plan** is provided in **Attachment 1 below**).

The Management Plan format provided in **Attachment 2 below.** It represents a model for development of an ESMP. The model divides the project cycle into three phases: construction, operation and decommissioning. For each phase, the preparation team identifies any significant environmental impacts that are anticipated based on the analysis done in the context of preparing an environmental assessment. For each impact, mitigation measures are to be identified and listed.Estimates are made of the cost of mitigation actions broken down by estimates for installation (investment cost) and operation (recurrent cost). The ESMP format also provides for the identification of institutional responsibilities for "installation" and operation of mitigation devicesand methods.

To keep track of the requirements, responsibilities and costs for monitoring the implementation of environmental mitigation identified in the analysis included in an environmental assessment for High Risk and Substantial Risk projects, a monitoring plan may be useful. A **Monitoring Plan format** is provided in **Attachment 3 below**. Like the ESMP the project cycle is broken down intothree phases (construction, operation and decommissioning). The format also includes a row for baseline information that is critical to achieving reliable and credible monitoring. The key elementsof the matrix are:

- What is being monitored?
- Where is monitoring done?
- How is the parameter to be monitored to ensure meaningful comparisons?
- When or how frequently is monitoring necessary or most effective?
- Why is the parameter being monitored (what does it tell us about environmental impact)?

In addition to these questions, it is useful to identify the costs associated with monitoring (both investment and recurrent) and the institutional responsibilities.

When a monitoring plan is developed and put in place in the context of project implementation, the PCU will request reports at appropriate intervals and include the findings in its periodic reporting to the World Bank and make the findings available to Bank staff during supervision missions.

Attachment 1

Description of the of the Environmental and Social Management Plan

The Environmental and Social Management Plan (ESMP) identifies feasible and cost-effective measures that may reduce potentially significant adverse environmental impacts to acceptable levels. The plan includes compensatory measures if mitigation measures are not feasible, cost- effective, or sufficient. Specifically, the ESMP (a) identifies and summarizes all anticipated significant adverse environmental impacts (including those involving indigenous people or involuntary resettlement); (b) describes--with technical details--each mitigation measure, including the type of impact to which it relates and the conditions under which it is required (e.g.,continuously or in the event of contingencies), together with designs, equipment descriptions, andoperating procedures, as appropriate; (c) estimates any potential environmental impacts of these measures; and (d) provides linkage with any other mitigation plans (e.g., for involuntary resettlement, indigenous peoples, or cultural property) required for the project.

Monitoring

Environmental monitoring during project implementation provides information about key environmental aspects of the project, particularly the environmental impacts of the project and the effectiveness of mitigation measures. Such information enables the borrower and the Bank to evaluate the success of mitigation as part of project supervision, and allows corrective action to betaken when needed. Therefore, the ESMP identifies monitoring objectives and specifies the type of monitoring, with linkages to the impacts assessed in the ESA report and the mitigation measuresdescribed in the ESMP. Specifically, the monitoring section of the ESMP provides(a) a specific description, and technical details, of monitoring measures, including the parameters to be measured, methods to be used, sampling locations, frequency of measurements, detection limits (where appropriate), and definition of thresholds that will signal the need for corrective actions; and (b) monitoring and reporting procedures to (i) ensure early detection of conditions that necessitate particular mitigation measures, and (ii) furnish information on the progress and resultsof mitigation.

Capacity Development and Training

To support timely and effective implementation of environmental project components and mitigation measures, the ESMP draws on the EA's assessment of the existence, role, and capabilityof environmental units on site or at the agency and ministry level. If necessary, the ESMP recommends the establishment or expansion of such units, and the training of staff, to allow implementation of EA recommendations. Specifically, the ESMP provides a specific description of institutional arrangements-who is responsible for carrying out the mitigatory and monitoring measures (e.g., for operation, supervision, enforcement, monitoring of implementation, remedial action, financing, reporting, and staff training). To strengthen environmental management capability in the agencies responsible for implementation, most EMPs cover one or more of the following additional topics: (a) technical assistance programs, (b) procurement of equipment and supplies, and (c) organizational changes.

Implementation Schedule and Cost Estimates

For all three aspects (mitigation, monitoring, and capacity development), the EMP provides (a) an implementation schedule for measures that must be carried out as part of the project, showing phasing and coordination with overall project implementation plans; and (b) the capital and recurrent cost estimates and sources of funds for implementing the ESMP. These figures are also integrated into the total project cost tables.

Integration of ESMP with Project

The borrower's decision to proceed with a project, and the Bank's decision to support it, are predicated in part on the expectation that the ESMP will be executed effectively. Consequently, the Bank expects the plan to be specific in its description of the individual mitigation and monitoring measures and its assignment of institutional responsibilities, and it must be integratedinto the project's overall planning, design, budget, and implementation. Such integration isachieved by establishing the ESMP within the project so that the plan will receive funding and supervision along with the other components.

Attachment 2

Environmental Management Plan Format

Phase	**Environmental Impact**	**Mitigating Measure(s)**	**Cost**		**Institutional Responsibility**		**Remarks**
			Install	Operate	Install	Operate	
Construction							
Operation							
Decommissioning							

Attachment 3

Environmental Monitoring Plan Format

Phase	**What** parameter is to be monitored?	**Where** will the parameter be monitored?	**How** will the parameter be monitored?	**When** will the parameter be monitored?	**Why** is the parameter being monitored?	**Cost**		**Institutional Responsibility**	
						Install	**Operate**	**Install**	**Operate**
Baseline									
Construction									
Operation									
De-commissioning									

ANNEX 7. ENVIRONMENTAL & SOCIAL MANAGEMENT CHECKLIST FOR SMALL CONSTRUCTION AND REHABILITATION ACTIVITIES

General Guidelines for use of ESMP checklist

For low-risk topologies, such as school and hospital rehabilitation activities, the ECA ESF team developed an alternative to the current ESMP format to provide an opportunity for a more streamlined approach to preparing ESMPs for minor rehabilitation or small-scale works in buildingconstruction, in the health, education and public services sectors. The checklist-type format has been developed to provide "example good practices" and designed to be user friendly and compatible with safeguard requirements.

The ESMP checklist-type format attempts to cover typical core mitigation approaches to civil works contracts with small, localized impacts. It is accepted that this format provides the key elements of an Environmental and Social Management Plan (ESMP) or Environmental and Social Management Framework (ESMF) to meet World Bank Environmental and Social Assessment requirements under ESS1. The intention of this checklist is that it would be applicable as guidelinesfor the small works contractors and constitute an integral part of bidding documents for contractorscarrying out small civil works under Bank-financed projects.

The checklist has four sections:

Part 1 includes a descriptive part that characterizes the project and specifies in terms the institutional and legislative aspects, the technical project content, the potential need for capacity building program and description of the public consultation process. This section could be up to two pages long. Attachments for additional information can be supplemented when needed.
Part 2 includes an environmental and social screening checklist, where activities and potential environmental issues can be checked in a simple Yes/No format. If any given activity/issue is triggered by checking "yes", a reference is made to the appropriate section in the following table,which contains clearly formulated management and mitigation measures.
Part 3 represents the monitoring plan for activities during project construction and implementation. It retains the same format required for ESMPs proposed under normal Bank requirements for Substantial risk projects. It is the intent of this checklist that Part 2 and Part 3 beincluded into the bidding documents for contractors, priced during the bidding process and diligent implementation supervised during works execution.

Contents of the ESMP Checklist

A. General Project and Site Information
B. ESF Information
C. Mitigation Measures
D. Monitoring Plan

PART A: GENERAL PROJECT AND SITE INFORMATION

SITE DESCRIPTION		
Name of site		
Describe site location		Attachment 1: Site Map [ ]Y [ ] N
Who owns the land?		
Description of geographic, physical, biological, geological, hydrographic and socio-economic context		
Locations and distance for material sourcing, especially aggregates, water, stones?		
LEGISLATION		
Identify national & local legislation & permits that apply to project activity		
PUBLIC CONSULTATION		
Identify when / where the public consultation process took place		
INSTITUTIONAL CAPACITY BUILDING		
Will there be any capacity building?	[ ] N or [ ]Y if Yes, Attachment 2 includes the capacity building program	

PART C: MITIGATION MEASURES

ACTIVITY	PARAMETER	MITIGATION MEASURES CHECKLIST
0.General Conditions	Notification and Worker Safety	The local construction and environment inspectorates and communities have been notified of upcoming activities The public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites(including the site of the works) All legally required permits have been acquired for construction and/or rehabilitation The Contractor formally agrees that all work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment. Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots) Appropriate signposting of the sites will inform workers of key rules and regulations to follow.
A. General Rehabilitation and/or Construction Activities	Air Quality	During interior demolition debris-chutes shall be used above the first floor Demolition debris shall be kept in controlled area and sprayed with water mist to reduce debris dust During pneumatic drilling/wall destruction dust shall be suppressed by ongoing water spraying and/or installing dust screenenclosures at site The surrounding environment (side-walks, roads) shall be kept free of debris to minimize dustThere will be no open burning of construction / waste material at the site There will be no excessive idling of construction vehicles at sites
	Noise	Construction noise will be limited to restricted times agreed to in the permit During operations the engine covers of generators, air compressors and other powered mechanical equipment shall be closed,and equipment placed as far away from residential areas as possible
	Water Quality	The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or silt fences to preventsediment from moving off site and causing excessive turbidity in nearby streams and rivers.
	Waste management	Waste collection and disposal pathways and sites will be identified for all major waste types expected from demolition andconstruction activities. Construction waste will be collected and disposed properly by licensed collectors The records of waste disposal will be maintained as proof for proper management as designed. Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos)

B.Individual wastewater treatment system	Water Quality	The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction) must be approvedby the local authorities Before being discharged into receiving waters, effluents from individual wastewater systems must be treated in order to meetthe minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment Monitoring of new wastewater systems (before/after) will be carried out Construction vehicles and machinery will be washed only in designated areas where runoff will not pollute natural surfacewater bodies.
C.Historic building(s)	Cultural Heritage	If the building is a designated historic structure, very close to such a structure, or located in a designated historic district, notification shall be made and approvals/permits be obtained from local authorities and all construction activities planned andcarried out in line with local and national legislation. It shall be ensured that provisions are put in place so that artifacts or other possible “chance finds” encountered in excavation or construction are noted and registered, responsible officials contacted, and works activities delayed or modified to account for such finds.
ACTIVITY	**PARAMETER**	**MITIGATION MEASURES CHECKLIST**
D. Acquisition of land	Land Use Criteria	No land will be involuntarily acquired Works will utilize vacant government land, occur within existing footprint, or follow right-of-way or easements
E.Toxic Materials	Asbestos managemen t	If asbestos is located on the project site, it shall be marked clearly as hazardous material When possible the asbestos will be appropriately contained and sealed to minimize exposure The asbestos prior to removal (if removal is necessary) will be treated with a wetting agent to minimize asbestos dustAsbestos will be handled and disposed by skilled & experienced professionals If asbestos material is be stored temporarily, the wastes should be securely enclosed inside closed containments and markedappropriately. Security measures will be taken against unauthorized removal from the site. The removed asbestos will not be reused

	Toxic / hazardous waste management	Temporarily storage on site of all hazardous or toxic substances will be in safe containers labeled with details of composition, properties and handling information The containers of hazardous substances shall be placed in a leak-proof container to prevent spillage and leaching The wastes shall be transported by specially licensed carriers and disposed in a licensed facility. Paints with toxic ingredients or solvents or lead-based paints will not be used
F. Disposal of waste	Infrastructure for wastemanagement	In compliance with national regulations the contractor will ensure that newly constructed and/or rehabilitated facilities include sufficient infrastructure for waste handling and disposal;
G Traffic and Pedestrian Safety	Direct or indirect hazards to public traffic and pedestrians by construction activities	(a) In compliance with national regulations the contractor will insure that the construction site is properly secured and construction related traffic regulated. This includes but is not limited to Signposting, warning signs, barriers and traffic diversions: site will be clearly visible and the public warned of all potential hazards Traffic management system and staff training, especially for site access and near-site heavy traffic. Provision of safe passages and crossings for pedestrians where construction traffic interferes. Adjustment of working hours to local traffic patterns, e.g. avoiding major transport activities during rush hours or times of livestock movement Active traffic management by trained and visible staff at the site, if required for safe and convenient passage for the public. Ensuring safe and continuous access to office facilities, shops and residences during renovation activities, if the buildings stay open for the public.

PART D: MONITORING PLAN

Activity	**What** (Is the parameter tobe monitored?)	**Where** (Is the parameter tobe monitored?)	**How** (Is the parameter tobe monitored?)	**When** (Define the frequency /or continuous?)	**Why** (Is the parameter being monitored?)	**Who** (Is responsible for monitoring?)
1. Type of activity						
2. Type of activity						
3. Type of activity						

EXAMPLE OF AN ENVIRONMENTAL MONITORING PLAN FOR SMALL SCALE CONSTRUCTION/REHABILITATIONUNDER SELECTED SUB-PROJECTS

PHASE	**WHAT** is the parameter to bemonitored?	**WHERE** is the parameter to be monitored?	**HOW** is the parameter to bemonitored??	**WHEN** is the parameter to be monitored? (frequency)?	**WHY** is the parameter being monitored?	**COST**	**RESPONSIBILI TY**
Designing	Implementation of ESMP guidelines (RECOMMENDATIONS)	Design project for construction, reconstruction and adaptation.	Review of elaborates and adaptation designs.	Prior approval for construction as part of project monitoring program.	Recommended dueto national legislation requiring a construction permit.	Should be partof the Project	PCU E&S specialists Designer, Contracto r
Construction	Parameters given in construction permit - allspecial conditions of construction issued by different bodies	Main Project documentation	A part of regular inspection by the Environmental Inspection agency the Construction Inspection and Municipality	During construction andprior to issuanceof the operation permit	Regular review stipulated in the Law, and if any public complaint is sent to the Ministry of environment and line agencies as Environmental Inspection agency, orthe Construction Inspection.	Included in the construction phase, costs of Contractors	PCU/E&S Specialists, inspectorate of theministry of environment and Construction Inspection Municipality
	Construction waste management (including hazardous)	Supporting documents for waste, which is submitted to the competent communal enterprise	A part of regular inspection by the Environment al Inspection agency and	After reporting on waste management	Needed in Accordance with the waste-related regulations	Expenditure of the Environmental Inspection agency and the Construction Inspection and	PCU E&S Specialists, inspectorate of theMinistry of environment Construction Inspection Municipality

			Construction Inspection			low costs for the Contractor	
Operation	Waste management	Based on the supporting documents for waste, which is submitted to the Environmental Inspection agency	Reports to the Environmental Inspection agency	After reporting to the Environmental Inspection agency on waste management.	Should be monitored in line with the regulations on waste management.	Costs of the project beneficiary and the Environmental Inspection agency	Project beneficiary, competent communal company and the Environmental Inspection agency

PART 2: ENVIRONMENTAL /SOCIAL SCREENING		
ACTIVITY	**ENVIRONMENTAL ISSUE/ PARAMETER**	**MITIGATION MEASURES CHECKLIST**
A. Contractor mobilization (General Conditions)	Notification and Worker Safety	The local construction and environment inspectorates and communities have been notified of upcoming activitiesThe public has been notified of the works through appropriate notification in the media and/or at publicly accessible sites (including the site of the works) All legally required permits have been acquired for construction and/or rehabilitation All work will be carried out in a safe and disciplined manner designed to minimize impacts on neighboring residents and environment. Workers' PPE will comply with international good practice (always hardhats, as needed masks and safety glasses, harnesses and safety boots) Appropriate signposting of the sites will inform workers of key rules and regulations to follow.
B. Rehabilitation and /or Construction Activities (civil works)	Air Quality	Keep demolition debris in controlled area and spray with water mist to reduce debris dust Suppress dust during pneumatic drilling/wall destruction by ongoing water spraying and/or installing dust screenenclosures at site Keep surrounding environment (side-walks, roads) free of debris to minimize dust There will be no open burning of construction / waste material at the site There will be no excessive idling of construction vehicles at sites
	Noise	Construction noise will be limited to restricted times agreed to in the permit During operations the engine covers of generators, air compressors and other powered mechanical equipmentshould be closed, and equipment placed as far away from residential areas as possible
	Waste management	Waste collection and disposal pathways and sites will be identified for all major waste types expected fromdemolition and construction activities. Mineral construction and demolition wastes will be separated from general refuse, organic, liquid and chemicalwastes by on-site sorting and stored in appropriate containers. Construction waste will be collected and disposed properly by licensed collectors The records of waste disposal will be maintained as proof for proper management as designed. Whenever feasible the contractor will reuse and recycle appropriate and viable materials (except asbestos)

C. Wastewater	Water Quality	The site will establish appropriate erosion and sediment control measures such as e.g. hay bales and / or siltfences to prevent sediment from moving off site and causing excessive turbidity in nearby streams and rivers. The approach to handling sanitary wastes and wastewater from building sites (installation or reconstruction)must be approved by the local authorities Before being discharged into receiving waters, effluents from individual wastewater systems must be treated inorder to meet the minimal quality criteria set out by national guidelines on effluent quality and wastewater treatment Monitoring of new wastewater systems (before/after) will be carried out; Actions of contractors must be accomplished in a way to prevent accidental spilling of waste water from entering to the reservoirs or into groundwater during processing and mixing of concrete. They must not fall into the water courses/canals without special settling in dams (pools), and without passing through special gravel filters and other processing.
D.Toxic Materials/Substances	Asbestos management	If asbestos is located on the project site, mark clearly as hazardous material When possible the asbestos will be appropriately contained and sealed to minimize exposure The asbestos prior to removal (if removal is necessary) will be treated with a wetting agent to minimize asbestosdust Asbestos will be handled and disposed by skilled & experienced professionals If asbestos material is be stored temporarily, the wastes should be securely enclosed inside closed containmentsand marked appropriately The removed asbestos will not be reused and should be buried
	Toxic/hazardous waste management	Temporarily storage on site of all hazardous or toxic substances will be in safe containers labeled with details of composition, properties and handling information The containers of hazardous substances should be placed in an leak-proof container to prevent spillage andleaching The wastes are transported by specially licensed carriers and disposed in a licensed facility.Paints with toxic ingredients or solvents or lead-based paints will not be used
	Oil substances/wastes	Car washes and places of mechanisms and machines service must be equipped with sumps and oil and petrolcatchers; Used oil and technical liquids should pour off into containers and then should send to the recovery; Exclude leakage of petroleum products during transportation; All the oil wastes of operational materials of maintenance should be collected and stored in specially designatedareas with following cleaning in established order.

	Polychlorinated Biphenils (PCBs)	Strictly obey the regulatory documents in terms of getting access and operating while taking oil samples and inparticular the "Safety rules for maintaining of electrical equipment" the II edition issued on 1989, Moscow; Used only glass bottles for oil sampling; In order to prevent the skin from coming into contact with PCBs, use one-way protective gloves.Protect eyes against possible oil splashes by wearing goggles; The sample should be taken by using the drain tap, located at the bottom of the transformer; As there is a risk that highly toxic dioxins are unintentionally formed and released during the Clhorine identification by using applying the Beilstein Method, testing should only be performed in a laboratory by experienced chemists. In the case the Chlorine testing show the transformers contain PCBs it is necessary to follow the rules prescribed in the Guidebook on Environmental Sound PCB Management in Electrical Equipment, labelling the polluted equipment, keeping used oil and contaminated transformers in the tanks in a guarded facility, until when the proper utilization/disposal measures will be in place.
Dismantling/installing old/new equipment and conducting earthworks	Crane/excavators/bulldozers operations	It is strictly imperative to obey the existing national regulations on conducting these activities; While approaching to the air electrical lines under tension the works should be carried out under the supervisionof electricians; The cranes should be installed and fixed in a stable position to prevent their tipping or spontaneous displacementunder the action of its own weight, and the engine. For mechanized management of earthworks, it is necessary to check the serviceability of machineries, availabilityof their fencing and safety devices. Working on defective machines is not permitted; To exclude injuries members of mechanized brigades operating cranes and bulldozers should know and strictly follow all safety engineering rules during operations of relevant machines; Workers serving machines should be provided with instructions, comprising following: (a) Machine controlling instruction and caring about the workplace; (b) Safety engineering requirements; (c) Guidance of signals system; (d) The maximum loads and speeds of machines; (e) The measures have to be taken by the worker in the case ofaccident or malfunction of the machines. To control the machines are allowed people specially trained and have certificate of competence of controlling machines. The basic requirements of cranes and bulldozers operations are as follows: (a) All rotating parts of machines - gears, chain and temporary transfer, fans, flywheels, etc. must be fenced by casing. Turning on the mechanisms without fences is prohibited; (b) Examination, adjustment, tightening bolts, lubrication and preventive maintenance of the equipment during their work is banned; and (c) In areas where these machines work implementation of any other works and existence of people are not allowed. If in exploit soil will be found large stones, stumps or other objects the machine must be stopped and the objects which can cause an accident shouldbe removed.

PART 3 MONITORING PLAN							
Phase/project activity	Is the parameter to be monitored	**Where** Is the parameter to be monitored	**How** Is the parameter to be monitored	**When** Define the frequency/or continuous?)	**Why** Is the parameter to be monitored	**Cost** If not included in project budget	**Who** Is responsible for monitoring?)
During project implementation							
Civil works (construction/ rehabilitation)	Parameters givenin construction permit -all special conditions of construction issued by different bodies	Project documentation ,Construction permits	A part of regular inspection by MoH PCU	During construction and prior to issuance of the Operation permit	Regular review stipulated in the construction permits to ensure compliance with the specified by national legislation and EMP environmental requirements	Included in the costs of Contractors	Supervision MoH/PCU Engineer and Social Specialist
	Air quality and noise	At the construction site	Visually	During construction phase	To avoid environmental pollution and workers health impacts	PMC expenditures as part of the project implementation costs	MoH/PCU Environmental Specialist
	Waste water	At the construction site	Visually	During construction phase	To avoid environmental pollution and workers health impacts	PMC expenditures as part of the project implementation costs	MoH PCU Environmental Department and PI Environment Specialist

	Welding activities	Strictly imperative to obey the existing national regulations on conducting these activities; The personal should have protective equipment, rubber gloves, special boots, as well as special helmets. Prior to starting welding operations, all workers have to pass labor safety training course. Use the protective gear which as minimum includes: (a) Respirator/Welders Mask; (b) Protective clothing: All skin areas need to be protected to protect against molten metal and sparks. This includes: Long sleeve shirts; Pants that cover the tops of shoes; Gloves; Shoes or boots; (c) Eye protection devices against injuries from debris and from the effects of the ultraviolet light; (d) Helmets. Fire protection: prepare and use extinguishers as well as sand and water.
	Dismantling/installing electrical equipment	Strictly obey the existing national regulations on conducting these activities; Carry out the routine inspection of the machinery and equipment for the purpose of trouble shooting and observance of the time of repair; Organize training and instruction of the workers engaged in maintenance of the machinery, tools and equipmenton safe methods and techniques of work; It is prohibited: to distribute faulty or unchecked tools for work performance as well as to leave off-hand mechanical tools connected to the electrical supply network or compressed air pipelines; to pull up and bend thecables and air hose pipes; to lay cables and hose pipes with their intersection by wire ropes, electric cables, to handle the rotating elements of power-driven hand tools.

ANNEX 8. TEMPLATE FOR GRIEVANCE REDRESS LOG

#	Priority	Date Feedback Received	Feedback Channel	Category of feedback	Summary Description	Anonymous (Yes/No)	Person assigned to address feedback	Status (resolved, pending, escalated)	Date of resolution of feedback	Communication about resolution
1										
2										
3										
4										
5										
6										

ANNEX 8. MINUTES OF ESF DISCLOSURE

Ministry of Health

Ministria e Shëndetësisë

Ministarstvo Zdravstva

Pristina, February 01, 2024

Minutes of the Meeting

Topic: Public Discussion on the Environmental and Social Management Framework of the Project: "**KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project" P179831**

Place: Ministry of Health (MOH), Pristina, Kosovo.

Time: 10:00 – 12:00

This public discussion followed the preparatory phase of the KOMPAS Project: Kosovo Comprehensive Approach to Strengthening the Health System (P179831), led by the Ministry of Health, the primary implementing agency responsible for project preparation and related activities.

Representatives from various state institutions, line agencies, non-governmental/non-profit organizations, foreign organizations, and active donors operating in the sector of enhancing the quality of health services in Kosovo were invited and participated in this meeting, demonstrating interest in the project's progress. (The complete list of participants is provided in Annex 1).

AGENDA

Public Consultation

Environmental and Social Framework Instruments

"**KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project" P179831**

Date: February 1, 2024

Time: 10:00 - 12:0

Venue: Kosovo Ministry of Health**,** first Floor, hall no. 128

10:00 -10:30	Opening of the meeting: Representatives from the Project Coordination Unit (PCU) and World Bank
10:00 -10:45	▪ Project presentation - Project Coordination Unit (PCU) ▪ Presentation of the project Environmental and social framework instruments (ESMF, SEP, LMP) - Erjona Bajraktari, project consultant
10:45 -11:45	▪ Open discussion
11:45 – 12:00	▪ Summary and closing of the meeting

Minutes of Meeting:

- The opening speech was held by Mr. Fanol Duli, Representative of the Project Coordination Unit (PCU) under the Ministry of Health, who first expressed his gratitude to the World Bank for making this project possible. He highlighted the importance of improving services in the health sector in Kosovo, and thanked the world bank representatives for the support received during the project design and preparatory stage particularly. He further emphasized that the MOH prioritizes capacity building institutional governance to enhance the quality of care. Therefore, the design of this project holds great importance for the Ministry of Health. In conclusion, he also thanked the consultants engaged in this project, wishing them further success in its continuation.

- Following that, the floor was given to Ms. Mrike Aliu, the representative of the World Bank counterpart, who extended congratulations on behalf of the entire team to the Ministry of Health and the working group for reaching these final steps in project delivery and preparation. She further emphasized that this project addresses the fundamental needs of the country, particularly in enhancing the quality of healthcare services in Kosovo. Ms. Aliu elaborated on the project's components and their societal impact. Additionally, she highlighted that these are just the initial stages of the project, as the project package must undergo approval from the top management of the World Bank and subsequently from the Assembly of Kosovo before the agreement can be officially signed. Upon completion of these phases, the concrete implementation of the project will commence.

- After the speeches by the representatives of the Ministry of Health, Mr. Duli, and the World Bank, Ms. Aliu, the floor was passed to Ms. Erjona Bajraktari, who was engaged by the Ministry of Health as a consultant for preparing documents for the Environmental and Social Framework of the project. She commenced her presentation by introducing the core documents: the Environmental and Social Management Framework (ESMF), designed to prevent, minimize, or mitigate potential negative environmental and social impacts associated with the project implementation; the Labor Management Procedures (LMP), facilitating the identification of essential work requirements, related risks, and necessary resources to address labor issues; and the Stakeholder Engagement Plan (SEP), aiming to involve interested parties at the appropriate stages of project preparation and execution. Mrs. Bajraktari clarified that this project does not entail social risks related to expropriation needs, as it will be carried out within existing facilities of state-owned regional hospitals.

- Project consultant Ms. Bajraktari stated that the overall impacts expected from the full implementation of the project are anticipated to be positive in both environmental and social aspects. This expectation arises from the project's ultimate objective, which is to enhance the quality of healthcare services while also bolstering the capacities of beneficiary institutions in managing hazardous medical waste. Furthermore, Mrs. Bajraktari highlighted that the execution of activities outlined in component 1, such as building reconstruction and waste management capacity enhancement, may entail medium-scale environmental and social impacts of a temporary and localized nature. However, these impacts can be effectively mitigated or minimized by adhering to protective measures outlined in the World Bank ESF standards, occupational health and safety policies, and the environmental and social legal framework of the

Republic of Kosovo. She emphasized that the primary environmental concern to be addressed during project implementation is the management of medical waste and the risk of overlooking the needs of vulnerable and disadvantaged groups, thereby depriving them of project benefits. Mrs. Bajraktari emphasized that the level of environmental and social impacts, primarily associated with the implementation phase of activities outlined in component 1, is estimated to be moderate.

- Further, Mrs. Bajraktari presented the content of the Environmental and Social Management Framework (ESMF) document, which she described as a comprehensive overview based on environmental policies, regulations, and laws. This document entails a detailed examination of the existing laws in Kosovo to ensure compliance with World Bank standards. She specified that the Ministry of Health (MoH) will bear the responsibility for overall implementation, coordination, monitoring of results, and communication with the World Bank regarding all project-related activities. Additionally, she mentioned the establishment of a Central Project Coordination Unit (PCU) within the MoH's administration. This unit will provide ongoing technical and operational support to the MoH and targeted districts/municipalities in project implementation, including functions such as procurement and financial management. Furthermore, Mrs. Bajraktari recommended the inclusion of a specialist expert in medical waste management within this unit to enhance support for hospital waste risk management. She emphasized the importance of instructing operations related to this aspect.

- Further, Mrs. Bajraktari presented the other documents of the Environmental and Social Framework package, specifically the Labor Management Procedures (LMP) and the Stakeholder Engagement Plan (SEP). Bajraktari emphasized that the LMP document aims to address potential work risks assessed to be moderate under this project, with a focus on health and safety at work. She highlighted the document's significant emphasis on awareness of gender-based violence, harassment, and workload challenges. Moreover, the document underscores a commitment to addressing these risks and ensuring fair practices, safety, and compliance with labor regulations. Mrs. Bajraktari explained that the LMP provides an overview of labor legislation, focusing on three main areas: National Legislation, including the Law on Labor (03/L-212) in Kosovo; Legal Provisions on Health and Safety at Work, such as the Law of Kosovo on Safety and Health at Work (04/L-161); and the Environmental and Social Standards of the World Bank (ESS2). She emphasized the project's strong emphasis on fair treatment, discrimination prevention, and ensuring equal opportunities for the workforce.

  The MOH consultant further elaborated that an integral part of the LMP is the Grievance Review Mechanism, serving as a unified platform for addressing complaints and concerns of project workers. She outlined the mechanism's key features, including clear procedures for filing complaints, defined time frames for resolution, escalation mechanisms, representation rights, protection against retaliation, access to legal remedies, and the option to submit anonymous complaints. Mrs. Bajraktari concluded by stating that workers have the right to refuse work if their safety or well-being is at risk or if adequate health and safety measures are lacking.

Further, Bajraktari continued with the presentation of the last document, the Stakeholder Engagement Plan, emphasizing that this document aims to address several key aspects:

i) Identification and analysis of interested parties; ii) Planning engagement modalities and effective communication tools for consultation and discovery; iii) Defining the roles and responsibilities of different actors in the implementation of the SEP; iv) Defining the project's grievance mechanism; v) Providing feedback to interested parties; and vi) Monitoring and reporting on the SEP.

She explained that this plan categorizes project stakeholders into three groups: project-affected parties, other stakeholders, and disadvantaged/vulnerable individuals or groups. Bajraktari highlighted that the project recognizes these groups as primary actors in executing project phases.
Furthermore, she outlined various objectives of the plan, including compliance with Kosovo's legal requirements and World Bank standards, identification of key stakeholders, ensuring effective communication, addressing complaints, and defining roles and responsibilities. Additionally, she stressed the creation of a mechanism for resolving complaints, similar to the previous document. This mechanism includes an online platform and a complaint register, aiming to inform all relevant stakeholders about procedures for filing complaints related to project activities and ensuring timely responses to their concerns.

- After the presentation of these essential project documents, encompassing the social and environmental framework, an open discussion with the participants commenced. Mr. Duli of the Ministry of Health initiated the discussion by stating that these prepared documents will initially be shared in an internal public forum, specifically with the affiliated institutions of the Government of Kosovo. Subsequently, they will be disseminated to a broader audience, allowing for input from individuals not present at the meeting. This inclusive approach aims to gather comments, ideas, and feedback to ensure the completeness of these documents.

- Then, Mr. Beke Veliu, Project Coordinator from UNICEF, took the floor. He began by congratulating the project staff for their hard work and for initiating such an important project for the country. Mr. Veliu expressed his satisfaction with how the project was conceived and highlighted the positive engagement demonstrated in the initial stages. He also emphasized the importance of continuing the involvement of key stakeholders in the project's subsequent stages through the implementation of environmental and social framework mechanisms.

- Following this, Mr. Fisnik Galani, a representative of the non-governmental organization "Handikos," raised an important issue. He emphasized the need for the project to prioritize the necessary infrastructure for quadriplegic individuals, who often face difficulties accessing buildings and facilities for receiving health services due to the lack of specialized infrastructure. Mr. Galani suggested that the project should provide more detailed plans in this regard to ensure that standards are as high as possible.

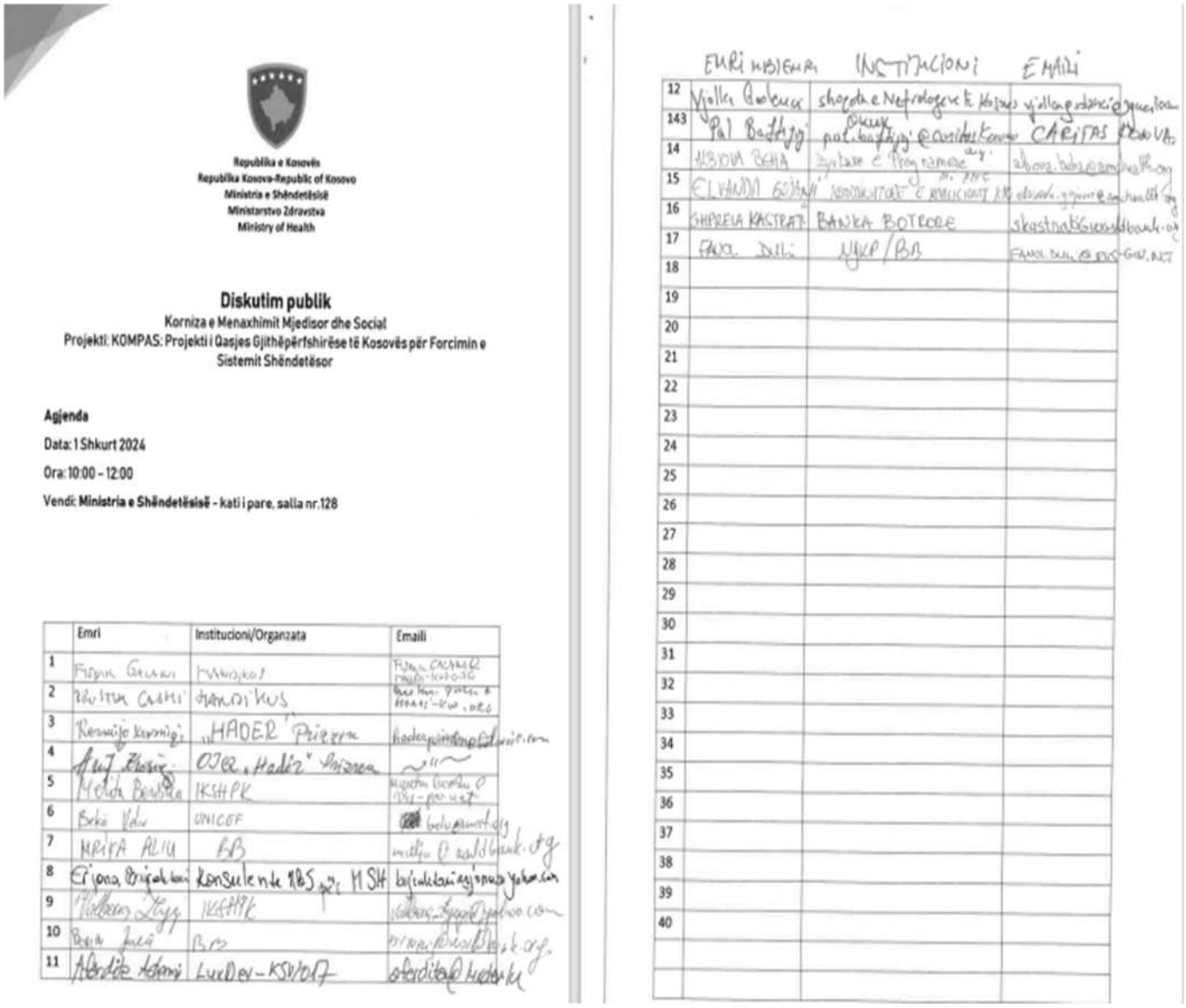
- In response, the members of the project coordination unit acknowledged Mr. Galani's concerns. They explained that, in addition to adhering to the standards outlined in the legislation of the Republic of Kosovo, the project is also obligated to comply with the standards set by the World Bank. Furthermore, they assured Mr. Galani that the project includes provisions to address the needs of the community, particularly vulnerable groups.

- The next speaker was Mrs. Valbona Zhysi, a representative from the IKSHPK division and a member of the project group. She commended the project's efforts and provided detailed insights into the significant and systematic work accomplished by the team. Mrs. Zhysi expressed her high expectations and confidence in the project's success. Additionally, she highlighted the numerous challenges faced by healthcare professionals, such as doctors, nurses, and laboratory technicians, in delivering services. Mrs. Zhysi explained how the project aims to streamline daily operations and overcome existing obstacles within the healthcare infrastructure and legislation. Concluding her remarks, she extended her congratulations to the project staff and expressed her gratitude for the opportunity to be involved from the project's inception, reaffirming her commitment to contribute to its success in the future.

- Next, Mrs. Resmije Krasniqi, Director of the non-governmental organization HADER in Prizren, took the floor. She introduced her organization, outlining its purpose and the work it has undertaken thus far. Mrs. Krasniqi emphasized the importance of the project, stating that it is welcomed by NGOs and families who support individuals with disabilities or mental disorders. She highlighted the need for specialized and appropriate healthcare treatment for this group. In conclusion, Mrs. Krasniqi congratulated the project team and extended an invitation to all guests to visit her NGO's premises, where they provide care for approximately 15 people with disabilities. The guests expressed their gratitude to Mrs. Resmije, gladly accepting the invitation.

- Mrs. Bajraktari concluded the public discussion by expressing gratitude to all participants for their proactive engagement. She hoped that the interest of the invited parties would remain active throughout the project's later stages, ensuring that the demands of interest groups are considered, along with their suggestions and opinions, to maximize positive outcomes. Mrs. Bajraktari assured that the Ministry of Health will maintain coordination with partners regarding planned project activities. Additionally, she mentioned that the documents would be updated based on the feedback received during the meeting and would be made available online on the official website of the Ministry of Health.

Annex 1: List of participants in the public discussion of the Environmental and Social Management Framework of the project: "KOMPAS: Project of the Comprehensive Approach of Kosovo for Strengthening the Health System"



Republika e Kosovës
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Ministria e Shëndetësisë
Ministarstvo Zdravstva
Ministry of Health

Diskutim publik

Korniza e Menaxhimit Mjedisor dhe Social
Projekti: KOMPAS: Projekti i Qasjes Gjithëpërfshirëse të Kosovës për Forcimin e Sistemit Shëndetësor

Agjenda

Data: 1 Shkurt 2024

Ora: 10:00 - 12:00

Vendi: **Ministria e Shëndetësisë** - kati i parë, salla nr.128

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Photo documentation from the Public Discussion of the Environmental and Social Framework Instruments of the project: "KOMPAS: Project of the Comprehensive Approach of Kosovo for Strengthening the Health System"


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MINISTRIA E SHËNDETËSISË
MINISTARSTVO ZDRAVSTVA

References, documents and studies consulted for the development of this ESMF

1. *Document "Assessment Report Healthcare Waste Management in Kosovo Support to Kosovo institutions in developing a National HCWM Plan in line with the Kosovo Integrated Waste Management Strategy". Approved and disclosed in October 2022, Drafted by GIZ*
2. *"STRATEGIC PLAN FOR THE MANAGEMENT OF MEDICAL WASTE 2024-2026", Approved and disclosed in October 2023, Drafted by MoH*
3. *ENVIRONMENTAL AND SOCIAL MANAGEMENT FRAMEWORK (ESMF) FOR KOSOVO EMERGENCY COVID-19 RESPONSE (P 173819), disclosed on April 2021, Drafted by the MoH*