

Republic of Kosovo

Republika e Kosovës

Republika Kosova



Ministry of Health

Ministria e Shëndetësisë

Ministarstvo Zdravstva

LABOR MANAGEMENT PROCEDURES (LMP)

FOR

KOMPAS: Kosovo Comprehensive Approach to Health
System Strengthening Project

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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
IHS	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
M&E	Monitoring and Evaluation
NIPH	National Institute of Public Health
NGO	Non-Governmental Organization
OHS	Occupational Health and Safety
O&M	Operations & Maintenance
OG	Official Gazette
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

Introduction

In order to assist the GoK in improving some of the main challenges of health the sector, 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 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.

Project Description

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; (v) rolling out the BHIS to all PHC facilities (including finalization of patient empanelment and zoning); (vi) 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.

OVERVIEW OF LABOR USE ON THE PROJECT

This Labor Management Procedure (LMP) has been prepared for the “KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening” Project to ensure compliance with Environmental and Social Standard 2 on Labor and Working Conditions (ESS2) of the World Bank's Environmental and Social Framework (ESF) and the national legislation and regulations of the Government of Kosovo (GoK).

Accordingly, the purpose of this LMP is to facilitate the planning and implementation of the project by identifying the main labor requirements, the associated risks, and the procedures and resources necessary

to address the project-related labor issues. The LMP sets out general guidance relevant to different forms of labor but also issues and concerns that relate to medical waste management.

The project will include different categories of workers as per the specific needs for the implementation of project activities throughout different stages of the project cycle. As per ESS2, project workers can be classified into the following four groups: a) **direct workers** PCU consultants and direct hired short term consultants, **contracted workers** (which will be contracted to cover the *Construction/rehabilitation works* Such as *Construction/adaptation of safe storage spaces (warehouses) for infectious and sharp waste* , *Construction/renovation of follow-up infrastructure for treatment of Medical Waste (MW)*, *Renovation of the central warehouse of pharmaceutical waste and monitoring of works* etc.), and **primary supply workers**. Due to the nature of the work that will be done in this project, direct and contract workers will be used for the implementation. There are no community workers foreseen to be engaged on this project.

ASSESSMENT OF KEY POTENTIAL LABOR RISKS

The labor risks for the project can be defined based on the nature and location where project activities will be carried out. At this project stage such locations and specifications are not developed yet but mainly the project will cover selected health care institutions, with investments targeting Regional Hospitals in Kosovo which are located in urban and peri-urban areas of the country.

Overview of Labor Legislation: Terms and Conditions

The Law on Labor (03/L-212) in Kosovo regulates formal employment relationships, covering both private and public sectors. It prohibits discrimination and forced labor, establishes criteria for employment relationships, and outlines working conditions, including working hours and remuneration. Termination of contracts and grievance mechanisms are also addressed. Additional administrative instructions provide guidelines for working arrangements, grievance procedures, maternity leave, and minimum wage. The law guarantees benefits such as paid leave during pregnancy and child care, sick leave, and compensation for work-related injuries.

The Collective Contract, stemming from the Law on Labor, offers detailed guidelines on employee rights, benefits based on years of service, and retirement packages. The law emphasizes the prohibition of discrimination, forced or child labor, and ensures protection for youth, women, and persons with disabilities. Key provisions include a written work contract, a six-month trial period, a 40-hour workweek, a 30-minute break, a four-week annual leave, and a 12-month maternity leave, six of which are paid.

Overview of Labor Legislation: Occupational Health and Safety

Law no. 04/L-161 on Safety and Health at Work (16.05.2013) aims to enhance the safety and health of employees. It outlines working conditions, employer obligations, and general principles for preventing occupational hazards. Employers, based on workforce size, must appoint safety and health experts. The law mandates the Kosovo Government to form a Counsel for Safety at Work and Protection of Workers' Wellbeing. It sets conditions and protective measures to prevent work-related injuries and ensures safety in workplaces for various demographics.

The law applies to public, private, and public-private sectors, excluding specific sectors regulated by special laws. It establishes the National Council for Safety and Health at Work, consisting of government,

employer, employee, and expert representatives. The Council formulates policies, recommends improvements, and monitors the safety and health of employees. The legislation focuses on creating a safe work environment and promoting the welfare of workers.

Overall, these labor laws create a comprehensive framework ensuring fair employment practices, safeguarding worker rights, and prioritizing safety and health in the workplace in Kosovo.

Project Implementation Structure and Responsibilities

The Ministry of Health (MoH) will serve as the Project Implementing Agency, leading a multisectoral effort for project implementation. A Project Coordination Unit (PCU) will operate under the MoH, providing technical and operational support to the MoH. The PCU, will play a pivotal role in implementing project activities at the regional level. Local contractors will be engaged, adhering to the Project's Environmental and Social (E&S) risk management plans and local legislation. Compliance details, including dissemination of awareness within their workforce, will be specified in the contractor's agreements, promoting effective implementation and environmental and social risk management. Overall, the structure ensures efficient coordination, resource utilization, and an integrated approach to healthcare service delivery.

Employment Principles

- Employment is based on non-discrimination and equal opportunity.
- No discrimination in recruitment, compensation, working conditions, training, promotion, or termination.
- Transparent, public, and non-discriminatory recruitment procedures.
- Clear job descriptions provided in advance.
- Written contracts for all workers with explanations of terms and conditions.
- No hiring fees for workers.
- Employment terms communicated in two languages.
- Minimum age requirement of 18 years for civil works.

Terms and Conditions

- Standard working hours: 40 hours per week, with eight hours per workday.
- Age verification required for all workers; minors below the eligible age will not be employed.

Grievance Mechanism

A grievance redress mechanism (GRM) will be established for all project workers where such mechanism is not already in place. The main objective of a worker GRM is to ensure timely, effective and efficient resolution of complaints and grievances related to labor and working conditions.

For **civil servants** the law on civil servants addresses the grievance mechanism in such a way to provide for employment relations and workplace dispute resolution through the Appeals Commission housed within the institution providing employment. The above stated mechanisms provided by the Kosovo's legislation are considered as minimum standard to be achieved in addressing labor dissatisfaction and

perceived maltreatment. Any third party employing and engaging contracted workers are expected to design and implement grievance mechanisms that will be aligned or surpass this standard ensuring an easy access to protective measures and effective remedial actions in work situations that may give rise to grievances and disputes.

For **direct workers** (external consultants) engaged by PCU, a GRM shall be conceived and housed by the MoH. This GRM shall address workplace concerns, specifying procedures as to whom a direct worker should lodge the grievance, a reasonable time frame for receiving a response or feedback and steps to refer to a more senior level, while allowing for transparency, confidentiality and non-retribution practices. Consultants shall be informed about the availability of the GRM upon their engagement.

For **contracted workers** a GRM shall be established in compliance with requirements of this LMP, ESS2 and the national law unless such a mechanism already exists in their facilities. The establishment of a GRM involves informing (for example during training, etc.) all contracted workers about the existence of the mechanism to address the current gap in the labor laws and establishment of the new GRM will involve the following elements:

- procedure to receive grievances such as comment/complaint form, suggestion boxes, email;
- stipulated timeframes to respond to grievances and address cases;
- a grievance log to register and track timely resolution of grievances;
- appointment of a GRM focal point (HR manager), who will inform the health care worker union about filed complaints and outcomes (for HCF workers)
- possibility of submitting a second-instance grievance in case the worker is not satisfied with the solution offered.

The mechanism will be based on the following principles:

- The process will be transparent and allow workers to express their concerns and file grievances.
- There will be no discrimination or sanctions against those who express grievances and any grievances will be treated confidentially.
- Anonymous grievances will be treated equally as other grievances, whose origin is known.
- Management will treat grievances seriously and take timely and appropriate action in response.

The GRM Focal Point will monitor the contractors' recording and resolution of grievances, and report these to PCU in their monthly progress reports. The process will be monitored by the GRM Focal Point, and Environmental and Social Specialist of PCU will be responsible for the project GRM management. Information about the workers' GRM will be provided at induction trainings.

LABOR MANAGEMENT PROCEDURES

1. Introduction/Project Description

Kosovo, since its independence in 2008, has made significant strides in nation-building. However, it grapples with persistent social, economic, and political vulnerabilities. The World Bank's 2021 Risk and Resilience Assessment highlighted three main risks: contested statehood, economic and political disenfranchisement, and institutional weaknesses in the rule of law. As part of its state-building efforts, Kosovo is ambitiously pursuing EU membership, with the EU accession path anchoring democratization, rule of law, and market economy reforms. While achieving upper-middle-income status in 2018, Kosovo faces challenges in reducing poverty and enhancing shared prosperity. The health sector, in particular, confronts issues related to human capital, quality of care, and health system institutional capacity.

Kosovo's health sector is facing a range of interconnected challenges, including infrastructure and equipment deficiencies, operational gaps in evidence-based medicine, and compromised patient outcomes. Governance issues, coupled with political and institutional instability, hamper effective health system functioning. Financial constraints, an absence of a basic benefit package, and inadequate outpatient drug distribution further strain the sector. Critical public health issues, such as antimicrobial resistance and infection prevention, underscore gaps in guidelines and quality assurance. Limited functionality of the health information system and data privacy concerns hinder decision-making and accountability. Bridging alignment gaps with EU standards and addressing workforce and institutional capacity concerns are crucial for overcoming these challenges and establishing a resilient and effective health system in Kosovo.

In order to assist the GoK in improving some of the main challenges of health the sector, 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 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.

The project comprises the following components:

- **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; (v) rolling out the BHIS to all PHC facilities (including finalization of patient empanelment and zoning); (vi) 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. OVERVIEW OF LABOR USE ON THE PROJECT

This Labor Management Procedure (LMP) has been prepared for the "KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening" Project to ensure compliance with Environmental and Social Standard 2 on Labor and Working Conditions (ESS2) of the World Bank's Environmental and Social Framework (ESF) and the national legislation and regulations of the Government of Kosovo (GoK). It is a part of the Environmental and Social Management Framework (ESMF) developed for this project as a guiding document.

Accordingly, the purpose of this LMP is to facilitate the planning and implementation of the project by identifying the main labor requirements, the associated risks, and the procedures and resources necessary to address the project-related labor issues. The LMP sets out general guidance relevant to different forms of labor but also issues and concerns that relate to medical waste management.

The project will include different categories of workers as per the specific needs for the implementation of project activities throughout different stages of the project cycle. As per ESS2, project workers can be classified into the following four groups: a) **direct workers** PCU consultants and direct hired short term consultants, **contracted workers** (which will be contracted to cover the *Construction/rehabilitation works* Such as *Construction/adaptation of safe storage spaces (warehouses) for infectious and sharp waste*

, Construction/renovation of follow-up infrastructure for treatment of Medical Waste (MW), Renovation of the central warehouse of pharmaceutical waste and monitoring of works etc.), and **primary supply workers**. Due to the nature of the work that will be done in this project, direct and contract workers will be used for the implementation. There are no community workers foreseen to be engaged on this project.

The following are the key categories of workers that would be engaged under the project:

Type of project Characteristics & role of project Timing of labor workers requirements		
Direct workers (people employed or engaged directly by the Borrower (including the project proponent and the project implementing agencies) to work specifically in relation to the project)		
PCU staff	<p><i>Permanent staff of PCU:</i> Project Coordinator, Environmental and Social Specialist, Procurement Specialist, FM specialist, Assistant, IT officer, Monitoring and Evaluation Specialist.</p> <p><i>Job roles:</i> Day-to-day project implementation, overall project coordination, monitoring activities, safeguards and fiduciary functions, and reporting</p>	From project preparation until Project completion
Staff of specialized institutions Working group (WG)	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. 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 as Project' Steering Committee	Project commencement until project completion.
Contracted workers (people employed or engaged through third parties to perform work related to core functions of the project mainly to implement the works for construction, adoption and rehabilitation works and waste management)		

Workers contracted to carry out <i>Construction/rehabilitation works</i>	Architects, Engineers, workers with construction skills, supervision engineers etc. <i>Job roles – Construction/rehabilitation works and for medical waste management and disposal systems.</i>	Project start to end
Waste Management Services	Workers dealing with medical waste collection from HCFs and transportation, Waste Collection. <i>Job roles: Protecting/guarding the buildings, cleaning, disinfecting, waste collection, disposal & administration.</i>	Project start to end
Primary supply workers (people employed or engaged by the Borrower's primary suppliers (primary supply workers))		
Service & goods Providers for HCFs	Suppliers providing: <i>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 and Procurement of transport vehicles for MW etc.</i> and training on relevant protocols. <i>Job roles – administrative and technical duties, supplying of the goods and services according to the signed contracts, etc.</i>	Project start to end

Institutional direct beneficiaries will involve the following, MoH as well as all concerned stakeholders, such as the IPH, the HIF, the Medical Chamber, and health facilities and their respective staff which will benefit from capacity building & trainings such as: public health workers in infection prevention, health inspectorate, *IT administrators and technicians* and control and Protocols for medical waste; improving the overall administrative capacity of the Employing Agency. Project beneficiaries will be a subset of the population that will adhere to improved healthcare services as well as private companies involved in the process of the waste management etc.

Timing of Labor Requirements:

The project will be implemented on national level. The project will be implemented over a period of up to four years, with the MoH as the key implementing agency.

The precise number of all project workers who will be employed are not known as of now.

3. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

The labor risks for the project can be defined based on the nature and location where project activities will be carried out. At this project stage such locations and specifications are not developed yet but mainly the project will cover selected health care institutions, with investments targeting Regional Hospitals in Kosovo which are located in urban and peri-urban areas of the country.

Component 3 includes overall project administration, including project management, fiduciary functions (procurement, financial management), monitoring and evaluation, environmental and social compliance, and regular monitoring of and reporting on project implementation. 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.

Labor risks in relation to the activities being carried out by the workers, are described below:

Project Activity	Key Labor Risks
<p>The following activities are envisaged under Component 1:</p> <ul style="list-style-type: none"> a) Equipment to support AMR surveillance and IPC; b) Training of providers in AMR, IPC, and HCWM; c) Equipment, minor civil works, and training for improving HCWM; d) Adoption and operationalization of high-impact quality improvement measures, including: (i) improving institutional mechanisms for adopting clinical guidelines; (ii) developing and adopting clinical protocols, guidelines, care pathways, and digitalization of selected care pathways into BHIS; (iii) developing quality indicators monitoring and feedback mechanisms, (iv) strengthening the quality of PHC coordinators; and (iv) strengthening the 	<ul style="list-style-type: none"> - Construction and installation of medical equipment may expose workers to occupational hazards. - Inadequate skills among the workforce for handling and maintaining medical equipment. - Handling equipment for AMR surveillance may involve exposure to potentially hazardous biological materials. - Insufficient training of personnel for effective use of AMR surveillance equipment. - Construction activities pose general risks to workers, such as falls, machinery accidents, and exposure to construction materials. - Handling equipment and materials related to healthcare waste management may pose biological and chemical risks. <p><i>Risk: Inadequate waste management practices may impact the health and safety of local communities.</i></p> <ul style="list-style-type: none"> - <i>Risk: Inadequate waste management practices may impact the health and safety of local communities.</i> - Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. - Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc. - Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment

<p>operation of the health inspectorate; and</p> <p>e) Technical assistance (TA) for the development of strategic purchasing capacity, focusing on provider payment, outpatient drugs, and definition of the basic benefit package</p>	<ul style="list-style-type: none"> - <i>Risks of contamination during community visits</i> - <i>Risks of child labor and forced labor, though expected to be minimal</i>
<p>Specific activities in Component 2 include:</p> <ul style="list-style-type: none"> a) Hiring a technical expert to guide the eHealth development process and supporting the establishment of a national eHealth agency; b) Hardware to support IHIS, including local and wide-area networking; c) 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) the development of a national electronic EHR; (iv) development of a patient portal and e-Referral capability; and (v) public health statistical and surveillance system; d) Development and implementation of change management and knowledge management strategies; and e) Extensive training of all institutions involved. 	<p>The development and implementation of eHealth infrastructure involve various activities that can pose labor risks. Here are key labor risks associated with each specific activity in Component 2:</p> <ul style="list-style-type: none"> - Skill Gaps: Risk: Insufficient skills among the workforce to develop and maintain a comprehensive data dictionary and standards. - Data Privacy Concerns: - Risk: Workers may encounter sensitive health information during the development process. - Cybersecurity Risks: - Risk: Inadequate cybersecurity measures may expose workers to the risk of data breaches. - Workforce Training: - Risk: Insufficient training for workers involved in the development and maintenance of the health data security framework. - Complexity and Understanding: - Risk: Workers may face challenges in understanding and implementing a complex data model. - Collaboration Challenges: - Risk: Lack of effective collaboration among different departments involved in data modeling. - Mitigation: Facilitate communication and collaboration through regular meetings and shared documentation. - Workforce Transition: - Risk: Resistance to change and potential job displacement during the establishment of a national eHealth agency. - Talent Attraction and Retention: - Risk: Difficulty in attracting and retaining qualified technical experts. - Hardware to support IHIS, including local and wide-area networking: - Physical Strain:

	<ul style="list-style-type: none"> - Risk: Workers involved in the installation and maintenance of hardware may face physical strain and ergonomic challenges. - Occupational Safety: <ul style="list-style-type: none"> - Risk: Hazards associated with working on networking infrastructure, such as electrical risks or falls. - Workload and Stress: <ul style="list-style-type: none"> - Risk: Increased workload and stress among workers during the development and implementation phase. - User Training Challenges: <ul style="list-style-type: none"> - Risk: Difficulties in training healthcare professionals on new IHIS modules. - Resistance to Change: <ul style="list-style-type: none"> - Risk: Resistance from staff during the implementation of change management strategies. - Knowledge Gaps: <ul style="list-style-type: none"> - Risk: Insufficient knowledge management may lead to loss of critical information. - Training Burnout: <ul style="list-style-type: none"> - Risk: Overloading staff with extensive training may lead to burnout. - Inadequate Training Resources: <ul style="list-style-type: none"> - Risk: Insufficient resources for training programs may impact their effectiveness. -
<p>Specific activities in Component 3 include:</p> <p>Project Implementation, Communications, Community Engagement, and Monitoring:</p> <ul style="list-style-type: none"> - support for procurement, financial management (FM), environmental and social safeguards, outreach activities, communication campaigns, monitoring and evaluation (M&E), reporting, and stakeholder engagement; information system maintenance; technical assistance to strengthen the project’s emergency response and longer-term capacity building etc. 	<p>The overall project administration involves various components, and several labor risks may arise during project management, fiduciary functions, monitoring and evaluation, environmental and social compliance, and regular monitoring of project implementation. Here are key labor risks associated with each aspect:</p> <ul style="list-style-type: none"> - Insufficient capacity within the PCU to manage the overall project. - Inadequate communication among project teams, leading to misunderstandings and delays. - Risks related to the procurement process, including corruption and lack of competition. - Lack of effective monitoring systems may result in incomplete or inaccurate data. - Inadequate terms and conditions of employment for employees/ consultants, including those relating to hours of work, wages, overtime, etc. - Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc. - Absence of a mechanism to express grievances and protect rights regarding working conditions;

4. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

Law on Labor (03/L-212) regulates the rights and responsibilities of parties that have established a formal employment relationship. The law regulates employment in both private and public sectors. It bans all forms of discrimination and any form of forced work. Law stipulates terms and criteria for establishing employment relationships and requirements for the working conditions, including working hours, remuneration schedule and other employment benefits. Termination of contracts and grievance mechanisms are also regulated by this law. The law establishes a social dialogue, which is further elaborated in the Collective Contract. The Law on Labor offers general guidance for occupational protection and safety, which is further regulated by the Law on Safety and Health at Work (04/L-161). Working conditions are further regulated by a set of administrative instructions (AI), which prohibit or provide minimum requirements for working arrangements for minors (such as AI no. 05/2013 and AI no. 17/2008), define grievance mechanisms and disciplinary procedures (regulation no. 01/2018), maternity leave and remuneration during maternity leave (AI no. 01/2018, AI no. 07/2014, AI no. 05/2011), establish the minimum wage (AI no. 09/2017), etc.

For those who are employed some benefits are provided in accordance with the provisions of the Law on Labor which gives the right to paid leave during pregnancy and while taking care of a child. This Law also provides an obligation of the Government to establish a minimum wage for the next year which has been proposed by the Socio-Economic Council. The Law provides workers with paid sick leave and compensation in case of injury at work.

Collective Contract is act that derives from the Law on Labor and is compiled with the intention to provide more detailed guidelines and instructions on the rights and responsibilities of parties that have established employment contract. Collective Contract provides additional details regarding employees' benefits deriving from years of employment and retirement financial package.

Among others, Law on Labor (nr. 03/L-212):

- Prohibits all forms of Discrimination: Discrimination is prohibited in employment and occupation in respect of recruitment, training, promotion of employment, terms and conditions of employment, disciplinary measures, cancellation of the contract of employment or other matters arising out of the employment relationship and regulated by Law and other Laws into force;
- Prohibits Forced or Compulsory Labor
- Prohibits Child Labor: An employment relationship may be concluded by any person of eighteen (18) years of age or above. An employment relationship may also be established with a person between fifteen (15) and eighteen (18) years of age, who may be employed for easy labor that do not represent a risk to their health or development and if such a labor is not prohibited by any

Law or sub-legal act. No employer may conclude an employment contract with a person below fifteen (15) years of age.

- Protects Youth, Women and Persons with Disabilities
- Protects of Employee's Rights

The Labor Law defines the following: work contract is only in written form; trial job period lasts only for 6 months at most; working hours are at 40 hours per week; employees are entitled to a 30 minute break; there is a 4 week annual leave, while women are guaranteed a 12 month maternity leave, 6 of which are paid.

5. BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY

Purpose of Law no. 04/L-161 on Safety and Health at Work (16.05.2013) is to set measures for improving the level of safety and health of employees at work. It regulates working conditions at a workplace, rights of employees and employer obligations, in general. It contains general principles for prevention of occupational hazards, elimination of hazardous and accidents factors, information, consultation, balanced participation in improving the level of safety and health at work, treatment of employees, their representatives and general guidelines for implementing such principles.

According to this law , employer employing up to fifty (50) employees, if competent, can personally take over the responsibility for implementing measures determined by this law; Employer employing over fifty (50) employees and less than two hundred and fifty (250) employees, is obliged to appoint an expert, for carrying out tasks related to safety and health at work; Employer employing over two hundred and fifty (250) employees should engage one (1) or more experts to carry out activities related to safety and health at work.

Law on Safety and Health at Work (04/L-161) stipulates conditions and protective measures in the work environments with the intention to prevent work-related injuries and ensure occupational safety and health. Work environment is defined as any environment where work is performed. Law mandates Kosovo Government to form a Counsel for Safety at Work and Protection of Workers' Wellbeing and Working Environments. The law establishes responsibilities of parties included in the work arrangement, as well as ensures additional measures of protection in work environments for youth, women and people with disabilities. The law sets out measures for improving the level of safety and health of employees at work. It contains general principles of prevention of occupational hazards, elimination of causes of hazards and accidents, information, consultation, balanced participation in improving the level of safety and health at work, treatment of employees, their representatives and general guidelines for implementing such principles.

Provisions of this Law are applied in public, private and public-private sector and in state administration sector at central and local level. Provisions of this Law are applied for interns, pupils and students carrying out practical work during their schooling, persons serving sentences engaged in work, visitors, business partners, users of services and persons attending vocational training and re-training with employer.

Provisions of this Law are not applied in sectors, activity of which is regulated with special Laws, such as: Kosovo Security Force, police, firefighters service and protection and rescue services.

The Law on Safety and Health at Work establishes the National Council for Safety and Health at Work. The Council proposes, recommends and drafts policies for improving safety and health levels at workplace and constantly follows safety and health situation of employees at workplace. The Council consists of eleven (11) members: three (3) Government representatives, two (2) employer representatives, two (2) employee representatives, two (2) experts from the field of safety and health at work, one (1) expert of labor medicine, and one (1) ad hoc expert, depending on the nature of the issue.

6. RESPONSIBLE STAFF

The **Ministry of Health (MoH)** will hold responsibility as Project Implementing Agency. As project implementation requires multisectoral involvement, the MoH is a key player that will 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 as 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.

Local contractors will be required to comply with the Project's E&S risk management plans and procedures, including this 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 LMP risk management compliance for their effective implementation.

7. POLICIES AND PROCEDURES

Employment of project workers within the “KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening” Project” will be based on the principles of non-discrimination and equal opportunity. There will be no discrimination with respect to any aspects of the employment relationship, including recruitment, compensation, working conditions and terms of employment, access to training, promotion or termination of employment. The following measures, will be followed by contractors and monitored by the “KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening” Project” (PCU), to ensure fair treatment of all employees:

- Recruitment procedures will be transparent, public and non-discriminatory, and open with respect to ethnicity, religion, sexuality, disability or gender.
- Applications for employment will only be considered if submitted via the official application procedures established by the contractors.
- Clear job descriptions will be provided in advance of recruitment and will explain the skills required for each post.
- All workers will have written contracts describing terms and conditions of work and will have the contents explained to them. Workers will sign the employment contract.
- The contracted workers will not be required to pay any hiring fees. If any hiring fees are to be incurred, these will be paid by the Employer.
- Depending on the origin of the employer and employee, employment terms and conditions will be communicated in two languages, in the state language and the language that is understandable to both parties.
- All workers will be 18 years old or above for civil works. This will be a requirement applied to all the contracts with contractors under the implementation of KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening” Project activities.
- Normal working time should not exceed 40 hours per week. With a five-day working week, the duration of daily work is determined by the internal work regulations approved by the employer after prior consultation with the representatives of the workers, in compliance with the established working week duration.

AGE OF EMPLOYMENT

Kosovo law prohibits anyone under 18 from performing “unhealthy or heavy” jobs and there are special requirements for leave, work hours, and other conditions of employment.

Contractors will be required to verify and identify the age of all workers. This will require workers to provide official documentation, which could include a birth certificate, national identification card, or medical or school record. If a minor under the minimum labor eligible age is discovered working on the project, measures will be taken to immediately terminate the employment or engagement of the minor in a responsible manner, taking into account the best interest of the minor.

8. TERMS AND CONDITIONS

The employment terms and conditions applying to KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening” Project (PCU) employees are set out in this document. These internal labor rules will apply to all Health System Resilience and Preparedness Project employees who are assigned to work on the project (direct workers). Terms and conditions of contracted workers are determined by their individual contracts.

The work hours for KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening” Project workers will be 40 hours per week, eight hours per workday. Terms and conditions of contracted direct workers will be determined by their individual contracts. The contractors’ labor management procedure will set out terms and conditions for the contracted and subcontracted workers. These terms and conditions will be in line, at a minimum, with this labor management procedure and specified in the standard contracts to be used by the MoH under the project, which will be provided in Project Operations Manual (POM) and follow this LMP.

9. GRIEVANCE MECHANISM

The project has developed the ESMF as a main environmental and social guiding document together with the Stakeholder Engagement Plan (SEP) and Labor management procedures (this document). During the development of the SEP, the special chapter was dedicated to the Grievance Redress Mechanism for the Project Workers consistent with the ESS2. The grievance procedure has been developed where in Annex I in the SEP there is a form for grievances raised by the health care workers and other workers within the project.

A grievance redress mechanism (GRM) will be established for all project workers where such mechanism is not already in place. The main objective of a worker GRM is to ensure timely, effective and efficient resolution of complaints and grievances related to labor and working conditions.

For **civil servants** the law on civil servants addresses the grievance mechanism in such a way to provide for employment relations and workplace dispute resolution through the Appeals Commission housed within the institution providing employment. The above stated mechanisms provided by the Kosovo’s legislation are considered as minimum standard to be achieved in addressing labor dissatisfaction and perceived maltreatment. Any third party employing and engaging contracted workers are expected to

design and implement grievance mechanisms that will be aligned or surpass this standard ensuring an easy access to protective measures and effective remedial actions in work situations that may give rise to grievances and disputes.

For **direct workers** (external consultants) engaged by PCU, a GRM shall be conceived and housed by the MoH. This GRM shall address workplace concerns, specifying procedures as to whom a direct worker should lodge the grievance, a reasonable time frame for receiving a response or feedback and steps to refer to a more senior level, while allowing for transparency, confidentiality and non-retribution practices. Consultants shall be informed about the availability of the GRM upon their engagement.

For **contracted workers** (HCF workers, construction workers and technical consultants) a GRM shall be established in compliance with requirements of this LMP, ESS2 and the national law unless such a mechanism already exists in their facilities. The establishment of a GRM involves informing (for example during training, etc.) all contracted workers about the existence of the mechanism to address the current gap in the labor laws and establishment of the new GRM will involve the following elements:

- procedure to receive grievances such as comment/complaint form, suggestion boxes, email;
- stipulated timeframes to respond to grievances and address cases;
- a grievance log to register and track timely resolution of grievances;
- appointment of a GRM focal point (HR manager), who will inform the health care worker union about filed complaints and outcomes (for HCF workers)
- possibility of submitting a second-instance grievance in case the worker is not satisfied with the solution offered.

The mechanism will be based on the following principles:

- The process will be transparent and allow workers to express their concerns and file grievances.
- There will be no discrimination or sanctions against those who express grievances and any grievances will be treated confidentially.
- Anonymous grievances will be treated equally as other grievances, whose origin is known.
- Management will treat grievances seriously and take timely and appropriate action in response.

The GRM Focal Point will monitor the contractors' recording and resolution of grievances, and report these to PCU in their monthly progress reports. The process will be monitored by the GRM Focal Point, and Environmental and Social Specialist of PCU will be responsible for the project GRM management. Information about the workers' GRM will be provided at induction trainings.

GRM Structure. Grievances will be handled PCU via dedicated website, email address and phone number.

Contact information for enquiries and grievances:

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

Ministry of Health

Address:

Rr. Zagrebit Nr. 60 10000, Prishtinë Republic of Kosovo

Division for Public Communication and Relations

E-mail: msh.info@rks-gov.net Telephone: +383 38 200 24 131; +383 38 200 24 020

10. CONTRACTOR MANAGEMENT

All contracts under Health System Resilience and Preparedness Project will include provisions related to labor and occupational health and safety as provided in the World Bank Standard Procurement Documents and Kosovo law.

Health System Resilience and Preparedness Project **PCU** within MoH will manage and monitor the performance of contractors in relation to contracted workers, focusing on compliance by contractors with their contractual agreements (obligations, representations, and warranties) and labor management procedures. Also, the PCU staff will look how the following obligations are fulfilled by the Contractors:

- **Labor conditions:** records of workers engaged under the Project, including contracts, registry of induction of workers, hours worked; If workers, particularly health care workers, are allowed (or required) to work longer hours than normal, this should be documented alongside measures taken to protect such workers (e.g. mandatory rest breaks).
- **Workers:** number of workers, indication of origin (local, non-local, nationals), gender, age with evidence that no child labor is involved, and skill level (unskilled, skilled, supervisory, professional, management);
- **Training/induction:** dates, number of trainees and topics, records on training provided for contracted workers to explain occupational health and safety risks and preventive measures; specific requirements for certain types of contractors, and specific selection criteria (e.g. for medical waste management, certifications, previous experience)
- **Safety:** recordable incidents (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required, reports relating to safety inspections, including fatalities and incidents and implementation of corrective actions, records relating to incidents of non-compliance with national law; Provision of medical insurance covering treatment, sick pay for workers who either contract the virus or are required to self-isolate due to close contact with infected workers and payment in the event of death.

- **Details of any security risks:** details of risks the Contractor may be exposed to while performing its work—the threats may come from third parties external to the project; Specific procedures and measures dealing with specific risks.
- **Worker grievances:** details including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken—grievances listed should include those received since the preceding report and those that were unresolved at the time of that report.
- Appointing a Project focal point with responsibility for monitoring and reporting on Health System Resilience and Preparedness Project issues, and liaising with other relevant parties.
- Including contractual provisions and procedures for managing and monitoring the performance of Contractors.

Fulfillment of these obligations will apply to the companies that will be engaged by MoH for limited *Construction/rehabilitation works (related mainly to Construction/adaptation of safe storage spaces, Construction/renovation of follow-up infrastructure for treatment of MW, Renovation of the central warehouse of pharmaceutical waste and monitoring of works etc), workers that will work on the Hospitals buildings , for medical waste management and disposal systems, as well as for all suppliers/consultants and contractors on the KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening” Project.*

11. COMMUNITY WORKERS

Not relevant. There are no community workers foreseen to be engaged on this project

12. PRIMARY SUPPLY WORKERS

The primary suppliers for the **Health System Resilience and Preparedness** Project will be the companies that will supply raw materials, medical equipment and services for construction. Companies’ suppliers are expected to be local where the sub-project will take place, or at least national.

Contractors will need to carry out due diligence procedure to identify if there are significant risks within their suppliers by exploiting child or forced labor, or exposing worker to serious safety issues.

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

1. Strengthening key health system building blocks for QOC

1.1 Strengthening capacity for public health and PPR

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 strategic purchasing for quality

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

Component 1 Total

2. Developing an IHIS to monitor and improve care

2.1 Establishing foundational building blocks of 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

2.2 Digital health support for improvement in QOC

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

A2.07 Develop quality-of-care dashboard for PHC facilities within BHIS

2.3 Implementation of IHIS strategic systems

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

Component 2 Total

3. Project Management, Monitoring, and Evaluation

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: 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 | <ul style="list-style-type: none">▪ 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 | <ul style="list-style-type: none">▪ Open discussion |
| 11:45 – 12:00 | <ul style="list-style-type: none">▪ 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
Republika Kosovo-Republic of Kosovo
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 pare, 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"



