

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 and Additional Financing**

Stakeholder Engagement Plan (SEP)

April 2026

Contents

Executive summary	5
1. Introduction	11
1.1 Context.....	11
1.2 Project Description.....	11
1.2 Purpose of the SEP	14
1.3 Objectives and Structure of the SEP.....	14
2. Regulatory Legal Framework	15
2.1 National Requirements	15
2.2 World Bank Requirements	16
3. Consultations held on proposed KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening ” Project	17
3.1 Summary of Stakeholder Engagement Done During Project Preparation.....	17
Consultations held on proposed AF KOMPAS:	19
4. Stakeholder Identification and Analysis.....	20
4.1 Introduction	20
4.2 Affected Parties.....	22
4.2 Other Interested Parties	25
4.3 Disadvantaged / Vulnerable Individuals or Groups	27
5. Institutional Analysis.....	27
6. Stakeholder Engagement Plan	31
6.1 Principles and Purpose of Stakeholder Engagement Program	31
6.2 Information Disclosure.....	33
6.2 Proposed Strategy for Information Disclosure	37
7. Implementation Arrangements and Intuitional Analysis for Stakeholder Engagement.....	43
7.1 Project Enabling Efforts from Lessons Learned	43
7.2 Roles and Responsibilities.....	43
8. Grievance Redress Mechanism	43
8.1 Raising grievances	44
8.2 Grievances administration	44
8.3 Grievance and beneficiary feedback reporting.....	45
8.4 Constitution of GRM	45
8.5 Grievance Log.....	45
8.6 World Bank Grievance Redress System	46
9. Monitoring and Reporting of the SEP	46
10. Disclosure and Consultation requirements	47
Appendix 1: Grievance form	48

SEP - KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project
P179831

Appendix 2: Format table for documenting stakeholder engagement	49
Appendix 3: Project Grievance Procedure	50
Appendix 4: ESF Disclosure	51
APPENDIX 6: CALL FOR AF CONSULTATION	60

ACRONYMS

AP	Affected People
E&S	Environmental and Social
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
EU	European Union
GoK	Government of Kosovo
GRM	Grievance Redress Mechanism
GM	Grievance Mechanism
GIZ	German Agency for International Cooperation
GBV	Gender Based Violence
IA	Implementing Agency
IPF	Investment Project Financing
IFI	International Financial Institutions
KCA	Kosovo Cadastral Agency
MFLT	Ministry of Finance, Labor and Transfers
MOH	Ministry of Health
MoM	Minutes of Meetings
MESPI	Ministry of Environment, Spatial Planning and Infrastructure
NGO	Non-Governmental Organizations
OHS	Occupational Health and safety
PDO	Project Development Objective
PCU	Project Coordination Implementation
PA	Project Area
PAP	Project Affected Person
PPE	Personal Protective Equipment
SEP	Stakeholder Engagement Plan
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
TA	Technical Assistance
WBG	World Bank Group

LIST OF DEFINITIONS FOR TERMS USED IN THIS DOCUMENT

<i>CONSULTATION</i>	The process of sharing information and getting feedback and/or advice from stakeholders and taking these views into account when making project decisions and/or setting targets and defining strategies.
<i>ENVIRONMENTAL AND SOCIAL STANDARDS</i>	The 10 Environmental and Social Standards (ESSs) set out the requirements that apply to all new World Bank investment project financing enabling the World Bank and the Borrower to manage environmental and social risks of projects.
<i>PROJECT</i>	Refers to “Health System Resilience and Preparedness” project.
<i>STAKEHOLDERS</i>	Refers to individuals or groups who: (a) are affected or likely to be affected by the project (project-affected parties); and (b) may have an interest in the project (other interested parties).
<i>STAKEHOLDER ENGAGEMENT</i>	A continuous process in which the Project builds and maintains constructive and sustainable relationships with stakeholders impacted over the life of a project. It includes a range of activities and interactions over the life of the project such as stakeholder identification and analysis, information disclosure, stakeholder consultation, negotiations and partnerships, grievance management, and reporting to stakeholders and management functions
<i>STAKEHOLDER ENGAGEMENT PLAN</i>	A plan which assists the Borrower to effectively engage with stakeholders throughout the life of the project and specifying activities that will be implemented to manage or enhance engagement.
<i>VULNERABLE GROUPS</i>	People, especially those below the poverty line, the landless, the elderly, women and children, or other displaced persons who may not be protected through national land compensation legislation, who by virtue of gender, ethnicity, age, physical or mental disability, economic disadvantage, or social status may be more adversely affected by resettlement than others and who may be limited in their ability to claim or take advantage of resettlement assistance and related development benefits.

Executive summary

1. Introduction

This document presents the updated Stakeholder Engagement Plan (SEP) for the Kosovo Comprehensive Approach to Health System Strengthening Project (KOMPAS), (P179831), revised to cover the Additional Financing (AF). The AF consists of a grant of US\$6.89 million from the Pandemic Fund, bringing the total project financing to US\$26.89 million.

This SEP updates the original SEP prepared for the original project and should be read in conjunction with that document. Where provisions of the parent SEP remain unchanged, they are carried forward and confirmed as still applicable. New or modified provisions specific to the AF are clearly identified.

The SEP is a living document. It will be reviewed and updated throughout project implementation to reflect changes in the project scope, stakeholder landscape, or engagement context.

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 Project Development Objective (PDO) is to strengthen institutional capacity and governance for quality of care in the Kosovo health system.

The Project will be implemented by the MoH in collaboration with all concerned stakeholders, such as the National Institute of Public Health (NIPH), the Health Insurance Fund (HIF), the Medical Chamber, and Regional Hospitals/health facilities. Experience with the implementation of the World Bank projects to date reveals challenges in the frequent change of administration of the MoH. Nevertheless, there is stability at the technical level which is crucial for the successful implementation of the project. A Working Group (WG) 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, NIPH and key health institutions. It is expected that the Working Group (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.

2. Project Description

2.1. Original Project

The original project, approved with a total financing of US\$20 million, aims to strengthen institutional capacity and governance for quality of care in the Kosovo health system. It is structured around three components:

Component 1 — Strengthening key health system building blocks for quality of care (US\$6.95 million), covering public health preparedness and response, improving service delivery, and health financing functions.

Component 2 — Developing an Integrated Health Information System (IHIS) (US\$12.2 million), including digital health legal frameworks, health information exchange, and rollout of the Basic Health Information System (BHIS) to all Primary Health Care (PHC) facilities.

Component 3 — Project Management, Monitoring and Evaluation (US\$0.85 million).

The project became effective on March 17, 2026, with a closing date of March 31, 2029.

2.2. Additional Financing

The AF scales up activities under two existing subcomponents, building on Kosovo's participation in the regional MAKE READY initiative (with Albania and North Macedonia) and the Pandemic Fund grant:

SEP - KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project
P179831

Subcomponent 1.3 — Strengthening Institutional Capacity for Public Health and Pandemic Preparedness and Response (PPR):

- Upgrading digital and community-based surveillance infrastructure and enhancing outbreak analytics.
- Expanding workforce capacity through Field Epidemiology Training Programs (FETP), laboratory-specific training, and simulation exercises.
- Regional collaboration through participation in a sub-regional technical hub for pandemic preparedness and response with Albania and North Macedonia (MAKE READY proposal).

Subcomponent 2.3 — Implementation of IHIS Strategic Systems (Laboratory):

- Development of an integrated Laboratory Information Management System (LIMS).
- Targeted renovations, equipment, and supplies for public health laboratories.
- Improving biosafety and biosecurity systems and quality management programs, with a specific focus on Antimicrobial Resistance (AMR).

The Project Development Objective (PDO) remains unchanged: "To strengthen institutional capacity and governance for quality of care in the Kosovo health system."

2.3 Updated Budget

Financing Source	Amount
Original IDA/IBRD Financing	US\$20.00 million
Additional Financing (Pandemic Fund Grant)	US\$6.89 million
Total Project Cost	US\$26.89 million

3. Brief Summary of Previous Stakeholder Engagement

Under the original project, stakeholder consultations were successfully completed prior to project effectiveness. Key engagement activities included:

- World Bank preparation mission held on November 6–10, 2023, involving meetings with Ministry of Health (MoH) leadership, technical departments, regional hospitals, and development partners.
- A Public Consultation on Environmental and Social Framework (ESF) instruments was held on February 1, 2024, at the MoH premises in Pristina, gathering input from government counterparts, civil society organizations, patient advocacy groups, healthcare professionals, and international partners.
- The draft SEP was disclosed on the MoH website and the World Bank's project portal following a 14-day public disclosure window.

A Central Grievance Redress Committee (CGRC) was established following project appraisal. No significant complaints have been logged into date.

For the AF, the MoH have conducted targeted consultations focused on the new activities under Subcomponents 1.3 and 2.3, engaging laboratory staff, public health workforce, CSOs, line ministries, implementing entities and regional partners from Albania and North Macedonia. In more detail information for the consultation is provided in chapter 3 and Appendix 6 of this SEP.

Proposed project area

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.

Purpose and objectives of the SEP

The purpose of the present Stakeholder Engagement Plan (SEP) is to outline the target groups, methods of stakeholder engagement and the responsibilities in the implementation of stakeholder engagement activities. The intention of the SEP is to activate the engagement of stakeholders in a timely manner during project preparation and implementation.

This Stakeholder Engagement Plan (SEP) was developed by the Ministry of Health (MoH), in order to clearly communicate to all interested and affected parties of the stakeholder engagement program which is to be implemented throughout the entire Project cycle, on national level.

The AF introduces some new or expanded stakeholder groups, particularly in the areas of laboratory systems, pandemic preparedness, and regional collaboration

Affected Parties

Project Affected Parties for this project at the central level are the Ministry of Health (MoH), Ministry of Finance, Labor, and Transfers (MoFLT), Ministry of Environment, Spatial Planning, and Infrastructure (MESPI), Ministry of Agriculture, Forest, and Rural Development (MoAFRD), Institute of Public Health (IPH), Health Insurance Fund (HIF), the Medical Chamber, Project Coordination Unit (PCU) within the MOH and their employers, Digital Health Steering Committee (DHSC) and Senior Management Committee (SMC) — governance bodies for IHIS and LIMS implementation. At the local level main identified affected parties are the beneficiary Regional Hospitals and Health Care Facilities (HCF), respective Districts/Municipalities/communes and their respective directorates of health and HCWM directories, patients of the Healthcare Facilities and Regional Hospitals, Healthcare professionals/Workers, Producers/owners of HCW, citizens/inhabitants settled in the project area particularly those who will be involved in the project development or project implementation, local communities and Construction/operation workers, Healthcare Waste Management (HCWM) workers, and the World Bank.

Other Interested Parties

Other Interested Parties for this project at the central level are represented from the Government actors at all levels, National agencies (that are not listed under the affected parties) Such as Ministry of Environment, Ministry of Infrastructure (MoI), Ministry of Regional Development (MoRD), Ministry for European Integration (MoEI) and Ministry of Labor and Social Welfare (MoLSW) including respective line agencies and International Financial Organization and donors with interest in the health sector and Waste management such as WHO – focusing on pandemic preparedness and response, the Swiss Agency for Development and Cooperation (SDC) – focusing on quality of care (QoC), and the German Agency for International Cooperation (GIZ) – focusing on HCWM. Regional Partners (new for AF): Ministry of Health counterparts and public health institutes in Albania and North Macedonia, as MAKE READY regional partners: Associations of laboratory technicians, epidemiologists, and public health professionals, Patient Advocacy Groups: Organizations representing the interests of patients, particularly those with chronic conditions. At the local level main identified affected parties are NGOs working in the healthcare sector or with a focus on issues such as antimicrobial resistance, infection prevention and control, or healthcare waste management may have an interest in the project's outcomes, Academic and Research Institutions involved in healthcare research and academia may have an interest in the project, especially if it involves the development and implementation of clinical guidelines, protocols, and health information systems, Professional Associations representing healthcare professionals, such as medical associations, nursing associations, or public health associations, may be interested in initiatives that enhance the quality of care and healthcare delivery, Patient Advocacy Groups: Organizations advocating for patient rights and healthcare quality may have an interest in the project's focus on improving service delivery and overall quality of care, Media, Private sector companies, as well as the general public.

Vulnerable groups

Also, part of the stakeholders, are the beneficiaries of the project implementation. Between the main beneficiaries as citizens located within the project area, are included the vulnerable groups:

- Low-income households and families living in poverty.
- Women-headed households.
- Elderly individuals.
- Persons with disabilities.
- Ethnic minorities (including Roma, Ashkali, and Egyptian communities).
- Rural and remote communities with limited access to health facilities or information.
- Individuals with limited health literacy or communication barriers (language or illiteracy).

For vulnerable groups, the project will use tailored communication channels (e.g., community radio, local language materials, in-person outreach by community health workers) and will ensure that grievance redress mechanisms are accessible in multiple formats.

It's important for the project to consider the needs of these vulnerable populations to ensure that interventions are inclusive and address health disparities. Tailoring healthcare strategies to the specific needs of vulnerable groups can contribute to more equitable and effective healthcare outcomes.

Purpose of Stakeholder Engagement Program

The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups.

This SEP is designed to establish an effective platform for productive interaction with the affected parties and other interested parties in the implementation outcome of the project. Meaningful stakeholder engagement throughout the project cycle is an essential aspect of good project management and provides opportunities to:

- Ensure meaningful citizen engagement,
- Solicit feedback to inform project design, implementation, monitoring, and evaluation,
- Clarify project objectives, scope and manage expectation,
- Assess and mitigate project risks,
- Enhance project outcome and benefits,
- Disseminate project information and materials,
- Address project grievances.

Roles and Responsibilities

Stakeholder engagement will be coordinated and led by MoH and the respective PCU. The MoH/PCU will closely coordinate with other key stakeholders –Local Governments and respective line directories, agencies and departments included.

Grievance Redress Mechanism

The Central Grievance Redress Committee (CGRC) is already available and functional under the original project, in order to manage and appropriately answer complaints during its different phases while the GRC shall be effective upon decision on each new Sub-Project has been taken. In addition to the GRM, legal remedies available under the national legislation are also available (courts, inspections, administrative authorities etc.). However, the grievance mechanism for project workers required under ESS2 will be provided separately with details to be provided in the Labor Management Procedure (LMP) document to be

SEP - KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project
P179831

updated for the AF activities as well. PCU has established functioning GRM with the information for stakeholders about the GRM role and function, the contact persons and the procedures to submit a complaint in the affected areas.

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Monitoring and Reporting of the SEP

The results of the stakeholder engagement process will be included in the Project Monitoring Reports. These will be provided at a frequency as indicated in the Environmental and Social Commitment plan (ESCP). The monitoring reports will include the following information:

- Venue, time and date of any public consultation meetings that have been undertaken;
- Issues and concerns raised during the consultative meetings;
- A list of the number and types of grievances raised in the reporting period and the number of resolved and/or outstanding grievances; and
- Information on how the issues raised during the meetings and through grievances were/will be taken into consideration during the Project implementation (construction) Phase.

The Reports will also include a summary of implemented corrective measures meant to address the grievances.

a. Formal Meetings

All formal meetings which are scheduled through the stakeholder engagement team will be documented and minutes taken. Minutes will be captured in English and Albanian by team members engaged (Appointed expert within PCU). Attendance registers / form will be maintained in appropriate formats.

b. Attendance Register / Form

A Stakeholders register form will be used to track the Consultation and Disclosure process. Specific stakeholder engagement actions will then be tracked in the registers / form, which contains the list of all stakeholders identified, under what category they fall, their importance to the project in terms of how they can influence or be influenced by the Project.

c. Record Keeping

A master database will be maintained by the MoH to record and track management of all comments and grievances, and independently audited. This will serve to help monitor and improve performance of the Comment Response and Grievance Redress Mechanism. This database will be continued throughout all phases of the Project.

Disclosure and Consultation requirements

The SEP prepared for original project was disclosed in Albanian, Serbian, and English on the MoH website, together with public invitations to participate in the consultations. Given the importance of the Project, its scale, and geographical spread, the public invitation was also announced through reputable printed media with national coverage to enable the participation of a wide range of stakeholders.

SEP - KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project

P179831

The public consultations provided stakeholders with opportunities to express their views on the Project's risks, impacts, and proposed mitigation measures, and enabled the MoH to consider and respond to the feedback received.

The consultations have been completed, and the results have been documented. The information on the consultation process, including key issues raised by stakeholders, responses provided, and how feedback was reflected in the final SEP, is presented in Appendix 4 of this SEP. Attendance was recorded through signed attendance sheets, and photographic documentation was collected, where permission for disclosure was granted.

In addition to consultations conducted for the original project, civil society consultations were also carried out during the preparation of the AF. Kosovo based civil society organizations (CSOs) were engaged through an inclusive, multisectoral, One Health–based process led by the Government of Kosovo, alongside relevant line ministries and implementing entities.

Targeted consultations with CSOs informed the identification of gaps in pandemic preparedness and response, community engagement and RCCE approaches, One Health and AMR components, and contributed to the development of the ToC and implementation arrangements. Several Kosovo CSOs provided written confirmation of their participation and support for the project, with details and supporting letters included in the project documentation.

1. Introduction

1.1 Context

This document presents the updated SEP for the KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project (P179831), revised to cover the AF No. 1. The AF consists of a grant of US\$6.89 million from the Pandemic Fund, bringing the total project financing to US\$26.89 million.

This SEP updates the original SEP prepared for the original project and should be read in conjunction with that document. Where provisions of the original SEP remain unchanged, they are carried forward and confirmed as still applicable. New or modified provisions specific to the AF are clearly identified.

The SEP is a living document. It will be reviewed and updated throughout project implementation to reflect changes in the project scope, stakeholder landscape, or engagement context.

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 addressing some of the main challenges and improving in the healthcare sector, the World Bank (WB) is supporting the Ministry of Health (MoH) in implementing the “Health System Resilience and Preparedness” Project. The Project Development Objective (PDO) is to strengthen institutional capacity and governance for quality of care in the Kosovo health system. . The Project consists of two technical components and one component for overall project management.

The Project is implemented by the MoH in collaboration with all concerned stakeholders, such as the NIPH, the HIF, the Medical Chamber, and regional hospitals/health facilities. Experience with the implementation of the World Bank projects to date reveals challenges in the frequent change of administration of the MoH. Nevertheless, there is stability at the technical level which is crucial for the successful implementation of the project. A Working Group (WG) 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 convert into Steering Management Committee (SMC) which is in the stages of formal formation

A PCU is set up to facilitate the implementation of the project. The MoH has retained existing PCU staff which has experience with World Bank projects from the past. The current PCU consists of a project coordinator, a procurement specialist, a financial management specialist, environmental and social expert and an administrative assistant who are work full-time. Other part-time positions are in process of recruitment, including monitoring and evaluation specialist (M&E), healthcare waste management specialist (HCWM), and a public health specialist.

1.2 Project Description

The proposed Project Development Objective (PDO) is to strengthen institutional capacity and governance for quality of care in the Kosovo health system. . The Project consists of two technical components and one

component for overall project management. Agreements on the PDO, components, and activities are presented below.

The project comprises the following components:

- **Component 1:** *Strengthening health system building blocks for quality of care (cost estimate: US\$ 6.95 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\$ 0.85 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\$ 6.95 million). Three main areas of support under this component are: (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 focuses 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 antimicrobial resistance (AMR) and healthcare-associated infections (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 well 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 focuses 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 is on key interventions selected for quality of care (QoC) improvement initiatives. QoC interventions under the Project 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 focuses on a small number of

activities that can start without the Law being adopted. Specifically, the Project is designed to 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 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 supported: (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 Basic Health Information System (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 (vii) 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 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\$ 0.85 million). This component supports 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.

1.3. Additional Financing

The AF scales up activities under two existing subcomponents, building on Kosovo's participation in the regional MAKE READY initiative (with Albania and North Macedonia) and the Pandemic Fund grant:

Subcomponent 1.3 — Strengthening Institutional Capacity for Public Health and Pandemic Preparedness and Response (PPR):

- Upgrading digital and community-based surveillance infrastructure and enhancing outbreak analytics.
- Expanding workforce capacity through Field Epidemiology Training Programs (FETP), laboratory-specific training, and simulation exercises.
- Regional collaboration through participation in a sub-regional technical hub for pandemic preparedness and response with Albania and North Macedonia (MAKE READY proposal).

Subcomponent 2.3 — Implementation of IHIS Strategic Systems (Laboratory):

- Development of an integrated Laboratory Information Management System (LIMS).
- Targeted renovations, equipment, and supplies for public health laboratories.
- Improving biosafety and biosecurity systems and quality management programs, with a specific focus on Antimicrobial Resistance (AMR).

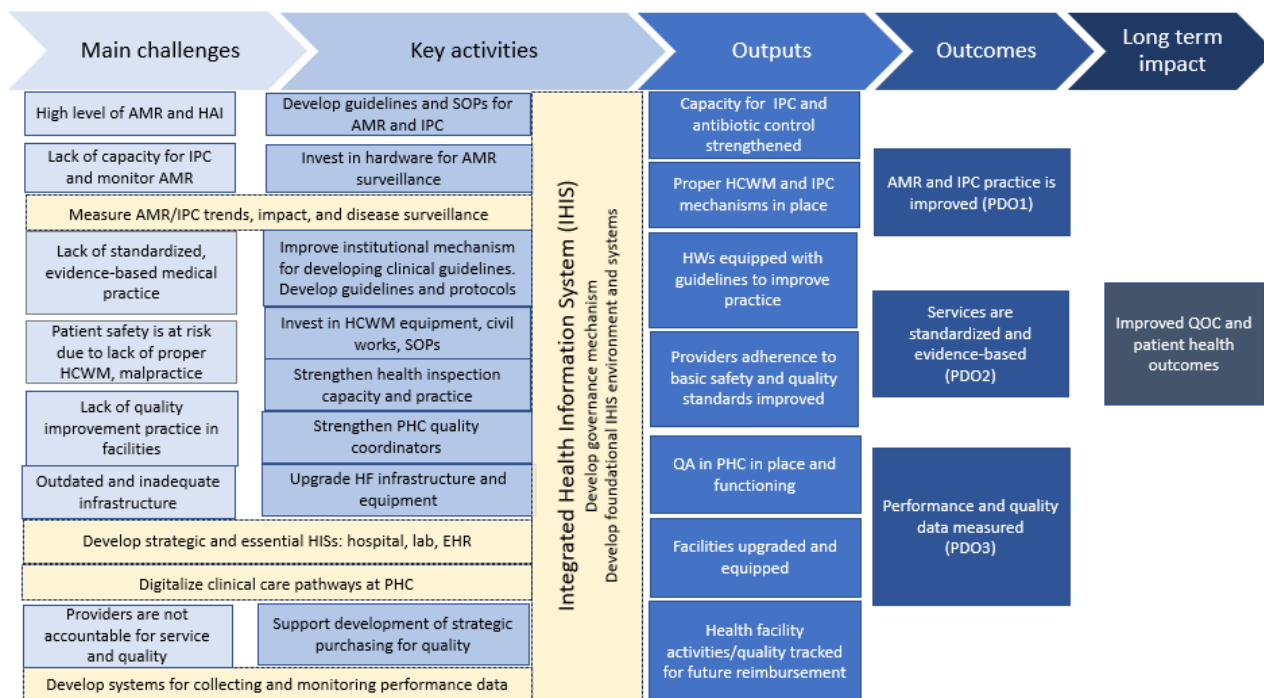
The Project Development Objective (PDO) remains unchanged: "To strengthen institutional capacity and governance for quality of care in the Kosovo health system."

Result Chain

Taken together, activities financed by the project will lead to improved capacity for the health system as a whole. This includes, but is not limited to, improved health outcomes due to reduction in AMR and HAI interventions, including those related to HCWM. The project should also lead to better capacitated health workers who have the facilities, equipment, and quality measurement and improvement tools to provide higher quality care. All of these areas will be supported by improved information systems that will record

SEP - KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening Project
P179831

and share essential health information at both the patient and facility level, allowing real-time monitoring and measurement of the health system.



Proposed project area

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.

1.2 Purpose of the SEP

The project is being prepared under the guidance of WB’s Environment and Social Framework (2018) (“ESF”) ¹. The ESF specifies the WB’s commitment to sustainable development through its policies and number of Environmental and Social Standards (“ESS”). As per ESS 10 on Stakeholders Engagement and Information Disclosure, the implementing agency (IA) should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The purpose of the present Stakeholder Engagement Plan (SEP) is to outline the target groups, methods of stakeholder engagement and the responsibilities in the implementation of stakeholder engagement activities. The intention of the SEP is to activate the engagement of stakeholders in a timely manner during project preparation and implementation. Specifically, SEP serves the following purposes: i) stakeholder identification and analysis; (ii) planning engagement modalities and effective communication tools for consultations and disclosure; (iii) defining role and responsibilities of different actors in implementing the SEP; (iv) defining the Project’s Grievance Mechanism (GM) and (v) providing feedback to stakeholders; (vi) monitoring and reporting of the SEP.

1.3 Objectives and Structure of the SEP

This Stakeholder Engagement Plan (SEP) was developed by the Ministry of Health (MoH) in order to clearly communicate to all interested and affected parties of the stakeholder engagement program which is to be implemented throughout the entire Project cycle, on national level.

¹ Available in English at: <http://pubdocs.worldbank.org/en/837721522762050108/Environmental-and-Social-Framework.pdf>

The objective of this SEP is to improve and facilitate Project-related decision-making and create opportunities for active involvement of all stakeholders in a timely manner, and to provide possibilities for all stakeholders to voice their opinions and concerns that may influence Project decisions. The purpose of the SEP is, therefore, to enhance stakeholder engagement throughout the life cycle of the Project (consequently, the sub-projects), and to carry out stakeholder engagement in line with the laws of the Republic of Kosovo, as well as the requirements of World Bank's [Environmental and Social Framework](#).

The SEP shall be applicable to all activities planned under the KOMPAS Project and the AF activities. The engagement will be an integral part of the Project's environmental and social performance and project design and implementation. SEP is a "living document" and it will need to be progressively updated as the Project progresses from stage to stage. At this stage of the preparatory phase, the main stakeholders have been contacted and consulted and also site visits have been performed based on the proposal of interventions and investments under each of the project components.

2. Regulatory Legal Framework

This chapter provides a summary of the relevant aligned policies and conventions from relevant policies, laws, regulations, and review processes in Kosovo, specifically involving public consultation and disclosure regarding environment and land acquisition / compensation, the two common concerns from the public.

2.1 National Requirements

The need for public disclosure and consultation activities, under national legislation, are set in the following relevant legislation:

- **Law on Environmental Protection**² provides the obligation of the central and local institutions and all other authorized organizations to regularly, timely and objectively inform the public on the environmental status, environmental quality and emission, warning measures, and pollution which may pose threat to human life and health. It also ensures the participation of the public in the decision-making processes.
 - **Law on Environmental Impact Assessment**³ regulates the Environmental Impact Assessment (EIA) procedure, including the obligation of authorities to hold public hearings for projects that require an EIA. EIA Law requires that Environmental Impact Assessment Report be subject to public debate, and that the results of these consultations have to be taken into consideration in reaching the decision on the environmental consent.
 - **Administrative Instruction on information, public participation and interested parties in the environmental impact assessment procedures**⁴, sets the methods for notifying the interested public and enabling their participation throughout the EIA process
- Other relevant Laws which foresee disclosure of project information or support access to information, encompassing processes for raising grievances and appeals, are:
- **Article 41 of the Constitution of the Republic of Kosovo**, stipulates that every person enjoys the right to access public documents; the only restriction is set for the access to private information, business secrets and any protected and classified data.
 - **Law on Access to Public Documents**⁵ (LAPD) guarantees the right of every natural and legal person to have access, without discrimination on any grounds, following a prior application, to official documents maintained, drawn or received by the public institutions. The grounds for limited access are translated from Art. 4 of the Constitution.

² No. 03/L-02526

³ No. 03/L-21437

⁴ No.09/11

⁵ No.03/L-21519

- In line with the **Law on Spatial Planning**⁶, the public must also be informed and consulted throughout the process of development and adoption of urban and spatial planning documents.

Furthermore, the country is not acceded to the **Aarhus Convention on Access to Information, Public Participation in Decision Making and Access to Justice in Environmental Matters**. Hence, most of principles of the Convention have been implemented in the national legislation.

2.2 World Bank Requirements

The World Bank has, in its Environmental and Social Framework (“the Framework”) which became effective in October 2018, committed to taking the path that leads to sustainable development. The Framework specifies the mandatory requirements in the form of 10 standards that borrowers must apply. The Bank has the opinion that the application of these standards, by focusing on the identification and management of environmental and social risks, will support Borrowers in their objective to reduce poverty and increase prosperity in a sustainable manner for the benefit of the environment and their citizens. One of those 10 standards is the Stakeholder Engagement and Information Disclosure (ESS10), which addresses stakeholder engagement. This standard recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

Objectives of ESS10 are the following:

- To establish a systematic approach to stakeholder engagement that will help Borrowers identify stakeholders and build and maintain a constructive relationship with them, in particular project-affected parties.
- To assess the level of stakeholder interest and support for the project and to enable stakeholders’ views to be taken into account in project design and environmental and social performance.
- To promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life -cycle on issues that could potentially affect them.
- To ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely, understandable, accessible and appropriate manner and format.
- To provide project-affected parties with accessible and inclusive means to raise issues and grievances, and allow Borrowers to respond to and manage such grievances.

A Stakeholder Engagement Plan (SEP) proportionate to the nature and scale of the project and its potential risks and impacts needs to be developed by the Borrower. It has to be disclosed as early as possible, and before project appraisal, and the Borrower needs to seek the views of stakeholders on the SEP, including on the identification of stakeholders and the proposals for future engagement. If significant changes are made to the SEP, the Borrower has to disclose the updated SEP. The Borrower should also propose and implement a grievance mechanism to receive and facilitate the resolution of concerns and grievances of project-affected parties related to the environmental and social performance of the project in a timely manner.

The WB particularly emphasizes effective, inclusive and genuine citizen engagement through disclosure of project-related information, consultation and effective feedback. Projects must include in the design activities which engage citizens/beneficiaries. The interaction between the government and citizens must be two-way – meaning that citizens must be involved in the process of decision-making. When citizens provide inputs or feedback, the government needs to take these views into account, resolve the issues raised and respond to the citizens (i.e. provide feedback). Empowering citizens to participate in the development process and integrating citizen voice in development programs is the key to achieving positive results.

3. Consultations held on proposed **KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening** Project

3.1 Summary of Stakeholder Engagement Done During Project Preparation

There were numerous dialogues and several meetings and consultations with a broad range of stakeholders that preceded this project preparation. Among other, during the WB mission of November 6-10, 2023 an Identification Visit was conducted for the “KOMPAS: Kosovo Comprehensive Approach to Health System Strengthening” Project, organized by the WB team in coordination with MoH, involving all the main stakeholders on the process. The team conducted also a series of meetings and workshops with the Working Group (WG) responsible for the design of the proposed Project and with key stakeholders to define the Project activities.

The stakeholder engagement activities that have taken place during Project preparation include:

- Numerous dialogues with central government and line ministries
- Missions and identification visits to the project areas
- Communications and consultations with the main line agencies related
- Communication and consultation with the health care facilities as beneficiaries of the project
- Meetings with local government, municipalities listed as beneficiary of project implementation
- Continuous consultations with the implementing agency etc..

The consulted parties were representatives of central government/ministries operating in the GoK, the MoH and other related ministries, line directories, agencies and other relevant institutions operating on the central and local level. The following table presents the details of the list of officials’ representatives of the above listed stakeholders, which have been met and consulted under the stakeholder engagement activities held so far with reference to the overall Project preparation.

Table 1. List of Officials Met and Consulted during project preparation stage

Name	Position	Stakeholder
Dr. Naim Bardiqi	General Secretary	MoH
Ms. Kadrije Berisha	Director of Finance, WG member	MoH
Mr. Niman Bardhi	A/Head of the Strategic Planning and Policy Department, WG member	MoH
Dr. Besa Balidemaj	Official at Strategic Planning Dept	MoH
Mr. Hajrullah Fejza	Official at Strategic Planning Dept	MoH
Ms Valbona Zhjeqi	Medical specialist/ quality coordinator	NIPH
Ms. Rina Hoxha	Social Medicine Specialist	NIPH
Mr. Elton Bahtiri	Official	UCCK

Mr. Hesat Shatrolli	Chief of Family Medicine	Main Family Medical Center Ferizaj
Mr. Nazmi Kolgeci	Surgeon	UCCK
Ms. Shefkije Shatri	Director	Regional Hospital Vushtrri
Ms. Fitnete Ferizi	Director	Main Family Medical Center Fushe Kosova
Ms. Advije Mala	Health Inspectorate	MoH
Ms. Arbnora Mehmeti	Health Inspectorate	MoH
Mr. Zenel Hisenaj	Director of HIS, WG member	MoH
Dr. Shaban Osmanaj	Health Inspector, WG member	MoH
Dr. Vjollca Zeqiri	Quality Coordinator, MFMC Prishtina	Municipality of Prishtina
Dr. Lul Raka	National Coordinator on AMR, NIPH	NIPH
Dr. Merita Berisha	Public Health Specialist, WG member	NIPH
Mr. Bujar Kacuri	A/ Head of Kosovo Health Insurance Fund, WG member	HIF
Mr. Arsim Qavdarbasha	Director of Health Services Department, WG member	MoH
Ms. Aferdita Sylla Hoxha	Acting Head of Legal Dept, WG member	MoH
Mr. Mentor Sadiki	Head of Division for European Integrations Policy Coordination Division, WG member	MoH
Ms. Nazmie Fazliu	Senior Budget Analyst, WG member	MoFLT
Ms. Minire Kazazi	A/ Head of University Hospital and Clinical Service Division, WG member	MoH
Ms. Aferdita Ademi	Chief Technical Adviser	LuxDev
Ms Isme Humolli	WHO Liaison officer	WHO
Mr. Oleksandr Martynenko	Head of Office	WHO
Mr. Fabian Ceko	Head	IHIS project
Mr. Fanol Duli	Project Coordinator, PCU, WG member	MoH
Mr. Nexhip Sheholli	Financial Management Specialist, PCU	MoH
Mr. Blerim Cerkini	Monitoring and Evaluation Specialist, PCU	MoH

Consultations held on proposed AF KOMPAS:

Kosovo – Civil Society Consultations (Extracted from the 3-country proposal)

1. Process and Modalities

- Civil society organizations (CSOs) in Kosovo were consulted during proposal preparation as part of an inclusive, multisectoral, One Health–based process, alongside government institutions, public health bodies, and implementing entities.
- Consultations were conducted through:
 - Intersectoral working groups led by the Government of Kosovo (including MoH, MoA, Environment, Finance, Office of the Prime Minister).
 - Targeted CSO consultations, including solicitations of views, incorporation of technical suggestions, and validation of proposed activities.
- The Proposal explicitly states that civil society representatives were engaged in:
 - Identifying gaps in pandemic preparedness and response (PPR);
 - Informing community engagement, RCCE, One Health, AMR, and biodiversity related components;
 - Co creation of the Theory of Change and implementation arrangements.

2. Kosovo CSOs Consulted and Providing Written Evidence

The following Kosovo based civil society organizations provided written confirmation that they were consulted during proposal preparation and support the project (letters included in Signed letters complete.pdf):

- Kosovo Ornithological Society (KOS)
 - Confirmed consultation and opportunity to provide views and suggestions based on biodiversity and wildlife expertise.
 - Explicitly referenced being engaged during preparation and readiness to contribute to implementation.
- Kosovo Beekeeping Association
 - Reported consultation during preparation and intent to support project implementation.
- Kosovo Hunting Association
 - Confirmed consultation during proposal development and support for cross border One Health objectives.
- Kosovo Association of Milk Producers
- Kosovo Association of Fish Producers
- Veterinary Chamber of Kosovo
- Faculty of Veterinary Medicine (Kosovo)
- Kosovo Red Cross
 - Engaged particularly in mass casualty preparedness, simulations, community response, and emergency readiness.
- KAMP (Kosovo Association for the Protection of Animals)
 - Confirmed consultation and contribution of views related to animal and environmental health.

4. Stakeholder Identification and Analysis

4.1 Introduction

The stakeholder engagement process is focused on identifying key stakeholders and informants who can further identify the full range of affected parties in the project area of influence.

ESS 10 recognizes two broad categories of stakeholders: 1) Project Affected Parties and 2) Other Interested parties. **Project-affected parties** includes those likely to be affected by the project because of actual impacts (positive and negative) or potential risks to their physical environment, health, security, cultural practices, well-being, or livelihoods. These stakeholders may include individuals or groups, including direct project beneficiaries and local communities. They are the individuals or households most likely to observe/feel changes from environmental and social impacts of the project. The term “**Other interested parties**” refers to: individuals, groups, or organizations with an interest in the project, which may be because of the project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include the private sector, women’s organizations, other civil society organizations, and cultural groups.

Categories “affected parties” and “other interested parties” can be divided into two broad groups: i) citizens/ citizen groups (including informal community groups, civil society organizations (CSOs), and non-governmental organizations (NGOs), and ii) government/state actors, donors and other institutions (media, businesses); whereas “vulnerable persons/groups” always fall under the category of citizens/ citizen groups.

In order to adequately respond to the needs of different groups, communication and information channels have been designed for all identified stakeholders in accordance with their needs. PCU/MOH recognizes that meaningful and timely engagement with stakeholders can enable the success of the Project. The engagement process will be used to obtain comments and suggestions for the development of the Project, which may enhance the Project design and lead to extended local benefits.

Any stakeholders that are not identified at this stage of the Project may directly contact the PCU to make themselves and their needs known to facilitate the effective implementation of the SEP.

Table 2: Stakeholder categorization

Stakeholder category	Definition	Broad stakeholder groups identified for the project
Affected parties	Entities, agencies or Individuals, groups who are impacted or likely to be impacted directly or indirectly (actually or potentially), positively or adversely, by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures	<p>Citizens / inhabitants settled/ patients / professionals living or working in the project area</p> <ul style="list-style-type: none"> ▪ Local communities - Project Beneficiaries and affected people ▪ People living or working in the Project areas of the beneficiary regional hospital and HCF ▪ People affected by service tariffs <ul style="list-style-type: none"> ▪ Construction workers ▪ Health Care Waste Management (HCWM) workers ▪ Regional hospitals including HCF workers etc. <p>Central and local government involved:</p> <ul style="list-style-type: none"> • Main ministries, line agencies as well as project coordination agency and their employees. • Districts/Municipalities/Communes beneficiary of the project activities and their line directories related to health care services including HCWM services <ul style="list-style-type: none"> • regional hospitals and HCF
Other interested parties	Individuals, groups or other entities who may have an interest in the Project. These stakeholders may not experience direct impacts from the project, but consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way	<ul style="list-style-type: none"> • Government actors at all levels, National agencies (that are not listed under the affected parties) etc.. • Citizens/ citizen groups categories (CSO, NGO, Advocacy Groups etc.) • International development partners and donors

		<ul style="list-style-type: none"> • Private sector (construction, supply and operation companies)
Vulnerable persons/ groups	Those who may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project's benefits. Such an individual/group is also more likely to be excluded from/unable to participate fully in the mainstream consultation process and as such may require specific measures and/or assistance to do so.	<ul style="list-style-type: none"> • Under-represented, disadvantaged individuals or groups who may be difficult to reach, illiterate or not be within the formal economy or housing market. • E.g. Children and Infants, People with Disabilities, People with Chronic Illnesses, Elderly Individuals, Rural or Remote Communities, Minority or Marginalized Groups, Individuals with Limited Health Literacy, Low-Income Populations: Migrants and Refugees etc.

In order to properly identify Project's stakeholders, a detailed analysis of the stakeholders in relation to separate Project's components has been undertaken and the results are presented in the separate sub-chapters (4.2, 4.3, 4.4).

4.2 Affected Parties

Project Affected Parties for this project at the central level are the Ministry of Health (MoH) which is a key stakeholder as it is involved in approving and endorsing the project components and activities; The Ministry of Finance, Labor, and Transfers (MoFLT), Ministry of Environment, Spatial Planning, and Infrastructure (MESPI), Ministry of Agriculture, Forest, and Rural Development (MoAFRD), as well the Institute of Public Health (IPH) (since the project allocates funding for technical assistance to develop the strategic purchasing capacity of the Health Insurance Fund (HIF). This involves designing payment and incentive systems for primary healthcare (PHC) and hospital care to improve providers' performance and accountability for quality of care), Health Insurance Fund (HIF), the Medical Chamber, Digital Health Steering Committee (DHSC) and Senior Management Committee (SMC), governance bodies for IHIS and LIMS implementation. Project Coordination Unit (PCU) within the MoH and their employers and the World Bank.

At the local level main identified affected parties are the beneficiary Regional Hospitals and HCF The project has a country-wide implementation, with a focus on Regional Hospitals in urban and peri-urban areas. These healthcare facilities will directly benefit from the strengthening of health system building blocks for quality of care and the development of an integrated health information system. Respective Districts/Municipalities/communes and their respective directorates of health and HCWM directories, patients of the Healthcare Facilities and Regional Hospitals, Healthcare professionals/Workers, Producers/owners of HCW, citizens/inhabitants settled in the project area particularly those who will be

involved in the project development or project implementation, local communities and Construction/operation workers, Healthcare Waste Management (HCWM) workers etc.

These are presented in the following table:

Table 3. Identification of affected parties

Stakeholders	Main interests in the Project
Affected Parties	Role
Central Level:	
Ministry of Health (MoH)	Responsible for overall implementation of the project.
Ministry of Environment, Spatial Planning, and Infrastructure (MESPI)	Responsible for implementation of the respective project components related to the field of operation.
Ministry of Finance, Labor and Transfers (MoFLT)	State budget financial management, inclusion of state guarantees. Grant Agreement oversight.
National Institute of Public Health (IPH)	The project allocates funding for technical assistance to develop the strategic purchasing capacity of the Health Insurance Fund. This involves designing payment and incentive systems for primary healthcare (PHC) and hospital care to improve providers' performance and accountability for quality of care Responsible for implementation of the respective project components related to the field of operation.
Health Insurance Fund (HIF)	Responsible for implementation of the respective project components related to the field of operation.
Professional Associations	Responsible for implementation of the respective project components related to the accreditation of training and annual forums.
World Bank	Successful implementation and functionality of the project with visible and measurable results and outputs
Implementing Agency:	
Project Implementation Unit (PCU) within the MOH and their employers	Implementation responsibilities will be delegated to a Project Implementation Unit (PCU), with the Project Director reporting directly to the Secretary General.
Beneficiary Regional Hospitals and HCF	Primary beneficiary of project implementation. Responsible for providing assistance to the overall project implementation and following up Implementation responsibilities.
Local Government:	
Beneficiary Municipalities/Communes	Beneficiary of project implementation. Responsible for providing assistance to the overall project implementation and following up Implementation responsibilities.

Stakeholders	Main interests in the Project
Health directorates and HCWM focal points within the beneficiary municipalities and HCFs	Responsible for providing assistance to project implementation and following up Implementation responsibilities related.
Patients of the Healthcare Facilities/ Healthcare professionals/Workers	Beneficiary from project implementation for the respective project components related. Successful implementation of the project with visible and measurable results. Directly impacted/affected from the project implementation
Producers/owners of HCW	Beneficiary from project implementation for the respective project components related. Directly impacted/affected from the project implementation and operation
Citizens/inhabitants settled in the project area particularly those who will be involved in the project development or project implementation	Directly impacted/affected from the project implementation
Local communities and Construction/operation workers which will be involved in the project development or project implementation	Successful implementation of the project with visible and measurable results. Directly impacted/affected from the project implementation
Non-Governmental Organizations (NGO) operating in the project area	Present a potential of providing assistance during project implementation for the respective project components related.
Private sector operating in the healthcare sector those who will be subject of project development or project implementation activities	Responsible for providing assistance to project implementation and following up Implementation responsibilities related.
Private companies (Design/Construction/operation) particularly those who will be part of project development or project implementation	Successful implementation of the project activities. Directly impacted/affected from the project implementation

It should be noted that this SEP is a “living document” which will be updated regularly throughout the project life as appropriate, including the list of identified stakeholders.

4.3 Other Interested Parties

Other Interested Parties for this project at the central level are represented from the Government actors at all levels, National agencies (that are not listed under the affected parties) such as Ministry of Infrastructure (MoI), Ministry of Regional Development (MoRD), Ministry for European Integration (MoEI) and Ministry of Labor and Social Welfare (MoLSW) including respective line agencies and International Financial Organization and donors with interest in the health sector and Waste management such as WHO – focusing on pandemic preparedness and response, the Swiss Agency for Development and Cooperation (SDC) – focusing on QOC, and the German Agency for International Cooperation (GIZ) – focusing on HCWM. At the local level main identified affected parties are NGOs working in the healthcare sector or with a focus on issues such as antimicrobial resistance, infection prevention and control, or healthcare waste management may have an interest in the project's outcomes, Academic and Research Institutions involved in healthcare research and academia may have an interest in the project, especially if it involves the development and implementation of clinical guidelines, protocols, and health information systems, Professional Associations representing healthcare professionals, such as medical associations, nursing associations, or public health associations, may be interested in initiatives that enhance the quality of care and healthcare delivery, Patient Advocacy Groups: Organizations advocating for patient rights and healthcare quality may have an interest in the project's focus on improving service delivery and overall quality of care, Media, Private sector companies, as well as the general public.

These are presented in the following table:

Table 4. Identification of other interested parties

Stakeholders	Main interests in the Project
Other interested parties	Role
Central Level:	
Ministry of Infrastructure (MoI), Ministry of Regional Development (MoRD), Ministry for European Integration (MoEI) and Ministry of Labor and Social Welfare (MoLSW) including respective line agencies	Central government bodies, beyond the Ministry of Health, may have an interest in the project's implementation and may have an interest in the project's outcomes.
Official social media (official webpages, Twitter, Facebook etc)	Enables wide and regular dissemination of information related to the Project, ensures its visibility and facilitates stakeholder engagement
International Financial Organization and donors:	

Stakeholders	Main interests in the Project
IFIs operating in the Government of Kosovo and donors with interest in the health sector and Waste management such as WHO – focusing on pandemic preparedness and response, the Swiss Agency for Development and Cooperation (SDC) – focusing on QOC, and the German Agency for International Cooperation (GIZ) – focusing on HCWM.	Coordination, to exclude interferences, disruptions and conflicts with their ongoing activities within the GoK
Local and community level:	
NGOs working in the healthcare sector or with a focus on issues such as antimicrobial resistance, infection prevention and control, or healthcare waste management.	may have an interest in the project's implementation and may have an interest in the project's outcomes, especially if it will involve health Forums and activities.
Academic and Research Institutions involved in healthcare research and academia	Represent an interest to the related project components, especially with the ones involving the development and implementation of clinical guidelines, protocols, and health information systems,
Professional Associations representing healthcare professionals, such as medical associations, nursing associations, or public health associations	may be interested in initiatives that enhance the quality of care and healthcare delivery
Patient Advocacy Groups	Organizations advocating for patient rights and healthcare quality may have an interest in the project's focus on improving service delivery and overall quality of care
Citizens/inhabitants General public	Successful implementation of the project with visible and measurable results
Consulting/Construction and operation Companies	Represent an interest to the related project components which will require services from private sector
Other companies: equipment suppliers and service providers	Successful delivery of equipment, services and outputs to the Project
Local media (radio, TV, Newspaper)	Enable wide and regular dissemination of information related to the Project to ensure its visibility, facilitate stakeholder engagement on the local level, regional and national level

Engaging and coordinating with these interested parties is crucial for the success and sustainability of the project, as it ensures a more comprehensive and collaborative approach to healthcare system strengthening.

4.4 Disadvantaged / Vulnerable Individuals or Groups

Also, part of the stakeholders, are the beneficiaries of the project implementation. Between the main beneficiaries as citizens located within the project area, are included the vulnerable groups as well. It's important for the project to consider the needs of these vulnerable populations to ensure that interventions are inclusive and address health disparities. Tailoring healthcare strategies to the specific needs of vulnerable groups can contribute to more equitable and effective healthcare outcomes.

The classification of the potential vulnerable groups that may be affected from the project, are identified and analyzed based on their exposure to risk and their inability to cope: vulnerability = exposure to risk + inability to cope

Based on the inability to cope, different vulnerable groups in society have been identified

- Young families with low incomes,
- Groups of minorities,
- Single elderly people.

Apart the preliminary evaluation of potential vulnerable groups, the mapping of this category, is likely to be evolving throughout the project phases. Disadvantaged/vulnerable individuals or groups are potentially disproportionately affected and less able to benefit from opportunities offered by the project due to specific difficulties to access and/or understand information about the project and its environmental and social impacts and mitigation strategies. Disadvantaged / vulnerable individuals or groups in the project area include “low-income households”; youth; women-headed households; elder-headed households (\geq pension age) without any other household member bringing in income; persons with limited mobility; or persons with disabilities; women in rural communities, individuals and habitat communities. It also includes groups who may be difficult to reach due to communication barriers (language, illiteracy) and those who are in the informal housing or informal economy and those who are very poor and may find it hard to pay regular tariffs. Such groups are also more likely to be excluded from the consultation process. Various types of barriers may influence the capacity of such groups to articulate their concerns and priorities about project impacts. For each Sub-Project a vulnerability assessment will be conducted as part of the project preparation and shall inform the need to adapt the engagement methods and approaches as designed in this SEP to bridge any engagement barriers stemming from vulnerability.

5. Institutional Analysis

The engaged existing institutions have been analyzed in the table below. The following table presents Matrix that will facilitate in determination where to concentrate stakeholder engagement efforts during project implementation.

Level of Influence

High	Involve/engage	Involve/Engage	Partner
Medium	Inform	Consult	Consult
Low	Inform	Inform	Consult
	Low	Medium	High

Level of Interest

Color-coding	Engage closely and influence actively: require regular and frequent engagement, typically face-to-face and several times per year, including written and verbal information
	Keep informed and satisfied: require regular engagement (e.g. every half-a-year), typically through written information
	Monitor: require infrequent engagement (e.g. once a year), typically through indirect written information (e.g. mass media).

The following table summarizes the Stakeholder analysis.

Table 5. Stakeholder analysis

Stakeholder Group	Stakeholders sub-Groups	Nature of interest in the project	Interest	Influence
Project-affected parties				
Central Government	Ministry of Health (MOH) Ministry of Environment, Spatial Planning, and Infrastructure (MESPI) Ministry of Finance, Labor and Transfers (MoFLT) National Institute of Public Health (IPH) Health Insurance Fund (HIF)	State budget financial management, inclusion of state guarantees. Loan Agreement oversight. Successful implementation of the respective project components related to the field of operation. Guide on strategy for project implementation Support, cross agency coordination Approval of workplan and progress report Resolve any issue.	High	High

Stakeholder Group	Stakeholders sub-Groups	Nature of interest in the project	Interest	Influence
Implementing Agency	Project Coordination Unit (PCU)	Responsible for the overall implementation of the project.	High	High
Local Government and local communities	Beneficiary Regional Hospitals and HCF Beneficiary Districts/Municipalities/communes and their respective directorates of health and HCWM directorates	Primary beneficiary of project implementation. Responsible for providing assistance to the overall project implementation and following up implementation responsibilities	High	High
	Patients of the Healthcare Facilities/ Healthcare professionals/Workers	Successful implementation of the project with visible and measurable results.	High	Medium
	citizens/inhabitants settled in the project area particularly those who will be involved in the project development or project implementation	Beneficiary from project implementation for the respective project components related.	Medium	Medium
	Private sector operating in the healthcare sector those who will be subject of project development or project implementation activities	Responsible for providing assistance to project implementation and following up Implementation responsibilities related.	High	High
	Non-Governmental Organizations (NGO) operating in the project area	Present a potential of providing assistance during project implementation for the respective project components related.	Medium	Medium
	local communities and Construction/operation workers which will be involved in the project development or project implementation	Successful implementation of the project with visible and measurable results. Directly impacted/affected from the project implementation	Medium	Medium
	Private sector Consulting/Design/Construction/Operation Companies, particularly those who will be contracted during project development or project implementation/operation	Present a potential of providing assistance during project phases such as design implementation and operation, for the respective project components related.	Medium	Medium

Stakeholder Group	Stakeholders sub-Groups	Nature of interest in the project	Interest	Influence
World Bank	World Bank	Successful implementation and functionality of the project with visible and measurable results and outputs	High	High
Other interested parties				
Government of the Republic of Kosovo with its Ministries	GoK with its Ministries such as Ministry of Infrastructure (MoI), Ministry of Regional Development (MoRD), Ministry for European Integration (MoEI) and Ministry of Labor and Social Welfare (MoLSW) including respective line agencies	Overall successful implementation of the project	High	High
Media	Official social media (official webpages, Instagram, Facebook etc)	Enables wide and regular dissemination of information related to the Project, ensures its visibility and facilitates stakeholder engagement	Medium	Medium
NGOs with main activity in:	healthcare sector or with a focus on issues such as antimicrobial resistance, infection prevention and control, or healthcare waste management., Environmental protection, water quality protection, circular economy, pollution prevention, Gender Inclusion etc.	Successful implementation of the project in all aspects Possibility of engagement under the project components Increased Gender Inclusion Effects in the society	Medium	Medium
Private Sector Companies	Consulting/Construction and operation Companies	Represent an interest to the related project components which will require services from private sector	High	Medium
	Media & communication	Enable wide and regular dissemination of information related to the Project to ensure its visibility, facilitate stakeholder engagement on the local level, regional and national level	Low	Low
	Other companies: equipment suppliers and service providers	Successful delivery of equipment to the Project	Medium	Low

Stakeholder Group	Stakeholders sub-Groups	Nature of interest in the project	Interest	Influence
International Financial Organizations and Donors	IFIs operating in the Government of Kosovo and donors with interest in the health sector and Waste management such as WHO, the Swiss Agency for Development and Cooperation (SDC) and the German Agency for International Cooperation (GIZ)	Successful implementation of the Project, without interferences, disruptions and conflicts with their ongoing activities within MOH/PCU	High	Medium
General Public	General Public	Successful implementation of the project Increased quality of healthcare services	Medium	Low
Vulnerable/Disadvantaged Groups				
Vulnerable/Disadvantaged Groups	Children and Infants, People with Disabilities, People with Chronic Illnesses, Elderly Individuals, Rural or Remote Communities, Minority or Marginalized Groups, Individuals with Limited Health Literacy, Low-Income Populations: Migrants and Refugees etc.	To receive information and to be involved in the project consultations. Their voice to be heard and their needs to be taken into account.	Medium	Medium

6. Stakeholder Engagement Plan

6.1 Principles and Purpose of Stakeholder Engagement Program

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

- Openness and life-cycle approach: public consultations for the project will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- Informed participation and feedback: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns;
- Inclusiveness and sensitivity: stakeholder identification is undertaken to support better communication and build effective relationships.

The participation process for the projects is inclusive. All stakeholders at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups.

This SEP is designed to establish an effective platform for productive interaction with the affected parties and other interested parties in the implementation outcome of the project. Meaningful stakeholder engagement throughout the project cycle is an essential aspect of good project management and provides opportunities to:

- Ensure meaningful citizen engagement,
- Solicit feedback to inform project design, implementation, monitoring, and evaluation,
- Clarify project objectives, scope and manage expectation,
- Assess and mitigate project risks,
- Enhance project outcome and benefits,
- Disseminate project information and materials,
- Address project grievances.

6.2 Information Disclosure

Table 6 briefly describes what kind of information will be disclosed, in what formats, and the types of methods that will be used to communicate this information to target the wide range of stakeholder groups.

Table 6: Description of Information Disclosure Methods

Disclosure channel	Information/documents to be disclosed	Target stakeholders	Frequency	Responsibilities
Official Websites of Ministry of Health (MOH) Beneficiary Regional Hospitals/ Health care facilities and respective Municipalities/Communes included in the project.	<ul style="list-style-type: none"> • Project documents (including this SEP, ESMF and ESIA/ESMP) and other relevant reports <ul style="list-style-type: none"> • Regular updates on Project development • Quarterly reports on project progress • Details about the Grievance Redress Mechanism together with an electronic grievance submission form • Contact details of the PCU in MOH, Regional Hospital/HCF and Municipalities included in the Project • Leaflet containing information on project grievance redress mechanism (GRM) • Results of user-satisfaction surveys • Summaries of stakeholder engagement activities (Appendix 2 format) 	All stakeholders	<p>Regularly in line with project dynamics</p> <p>Summaries of stakeholder engagement activities (semiannually)</p> <p>Results of user satisfaction surveys (annually)</p>	<p>PCU – Within MoH</p> <p>Project covered regional hospitals and HCF</p> <p>Municipalities/communes</p>
Media, including traditional and social media - dedicated project Facebook, Instagram pages)	<p>Project announcements and engagement activities</p> <ul style="list-style-type: none"> • Invitations to public consultations • Information on planned meetings or the availability of project information • Brief reports on project progress 	All stakeholders	Regularly in line with project dynamics	<p>PCU – Within MoH</p> <p>Project covered regional hospitals and HCF</p> <p>Municipalities/communes</p>

Email	<ul style="list-style-type: none"> • Invitations to consultation meetings • Project documents 	Government actors; local agencies, Health Care associations, local communities, NGOs	As needed	PCU – Within MoH Project covered Regional Hospital and/or Health Care Facilities and Municipalities/communes
PCU – Within MOH Project covered Regional Hospital and/or Health Care Facilities and Municipalities/communes official webpage	<ul style="list-style-type: none"> • Leaflet containing information on project GRM 	Workers hired during construction phase, workers engaged in project implementation activities', health care patients and respective population with access in the respective HC services Local communities	Start of project activities	PCU – Within MOH Project covered Regional Hospital and/or Health Care Facilities and Municipalities/communes
On-site meetings, trainings and written instructions	<ul style="list-style-type: none"> • Project GRM, OHS measures, risks during construction works, waste and hazardous materials management precautions, PPE, etc. 	Workers hired during construction phase, workers engaged in project implementation activities', health care patients and respective population with access in the respective HC services Local communities	Prior to start the implementation of construction works foreseen under the project, and continuously as needed	PCU – Within MOH Project covered Regional Hospital and/or Health Care Facilities and Municipalities/communes Workers and Construction and supervision companies staff involved in the project

6.3. Information Disclosure for AF

The following channels will be used to disclose project information throughout the AF implementation period:

Channel	Target Audience	Frequency
Official MoH website	General public, civil society, media	Continuous; updated with project milestones
World Bank project portal (P179831)	International partners, civil society, researchers	Continuous

Social media (Facebook, Instagram)	General public, youth, communities	Regular posts aligned with project activities
Email communications	Government counterparts, development partners, NGOs	As needed; at minimum quarterly
On-site notice boards at construction/renovation sites	Workers, local communities	Throughout civil works period
Local newsletters and community radio	Rural communities, vulnerable groups	During active community engagement phases
Quarterly progress reports	All stakeholders	Every quarter
Annual satisfaction surveys	Beneficiaries, affected communities	Annually

Proposed Engagement Strategy by Stakeholder Group and Phase

Stage 1: AF Preparation and Appraisal (April–May 2026)

Stakeholder Group	Engagement Method	Responsible Party
MoH, MoFLT, IPH, HIF	Technical meetings and briefings on AF scope	PIU / World Bank Task Team
Laboratory staff and healthcare professionals	Focus group discussions on LIMS requirements and training needs	PIU / E&S Specialist
Regional partners (Albania, North Macedonia)	Virtual/in-person coordination meetings on MAKE READY governance	MoH / World Bank
Development partners (WHO, SDC, GIZ, UNICEF)	Bilateral consultations and partner roundtable	MoH
Civil society and NGOs	Public consultation workshop; disclosure of updated SEP	MoH / PIU
General public	Disclosure via MoH website and social media	MoH Communications Unit

Stage 2: AF Implementation (May 2026–March 2029)

Stakeholder Group	Engagement Method	Frequency
Government counterparts and steering bodies	DHSC and SMC meetings; inter-ministerial coordination	Quarterly or as needed
Laboratory personnel and public health workforce	Training workshops, FETP cohort meetings, simulation exercises	Per training schedule

Regional partners	Sub-regional technical hub meetings under MAKE READY	Semi-annual or as agreed
Communities near renovation sites	Notice boards, local meetings, direct outreach by PIU Social Expert	Prior to and during civil works
Vulnerable groups	Community outreach via health workers and local NGOs	Ongoing
Development partners	Joint supervision missions; progress sharing	Semi-annual
General public	Progress updates via MoH website, social media, and media briefings	Quarterly

Stage 3: Post-Implementation and Closing (Approaching March 2029)

Stakeholder Group	Engagement Method
All PAPs	Individual outreach and final satisfaction surveys
Communities and beneficiaries	Dissemination of project results and lessons learned
Government and development partners	Closing workshop and knowledge exchange event

6.2 Proposed Strategy for Information Disclosure

Table 7. Information disclosure strategy

Project stage	Target stakeholders	Topics of Engagement	Methods proposed	Locations/ frequency	Responsibilities
Stage 1: Project preparation (ESMF/ ESCP/SEP Disclosure, project design, procurement of contractors and suppliers)	Identified Project Affected Parties and Vulnerable Groups	<ul style="list-style-type: none"> ▪ Project documents disclosure; ▪ Project scope and rationale; ▪ Project E&S principles; ▪ Grievance redress mechanism process. 	<ul style="list-style-type: none"> ▪ Virtual public meetings, virtual trainings/workshops; ▪ Face-to-face meetings; ▪ consultation meetings; ▪ Mass/Social Media Communication - Facebook; ▪ Disclosure of written information - Brochures, posters, flyers, leaflets, website; ▪ Information boards in the premises of the local communities, Municipalities level; ▪ Grievance redress mechanism; 	<ul style="list-style-type: none"> ▪ Project launch meetings in Project affected locations; ▪ Monthly online meetings in Project affected municipalities; ▪ Communication through mass/social media and official municipalities web sites (as needed); ▪ Information boards with brochures/posters/leaflets in the premises of the Project affected parties Regular basis, as the information is updated it is redisclosed	<ul style="list-style-type: none"> ▪ PCU (Environment & Social (E&S) Consultants); ▪ Project covered regional hospitals HCF and respective Municipalities/com munes ▪ line department of Municipalities ▪ World Bank project team
	Other interested Parties (Government actors)	<ul style="list-style-type: none"> Project documents disclosure; ▪ Project scope, rationale and E&S principles; ▪ Grievance redress mechanism process 	<ul style="list-style-type: none"> ▪ Direct email communication ▪ Individual and/or group meetings online, or with physical presence ▪ Face-to-face meetings; 	Regularly as needed (Weekly/Biweekly)	<ul style="list-style-type: none"> PCU (Environment & Social (E&S) Consultants); ▪ Project covered regional hospitals HCF and respective Municipalities/com munes ▪ line department of Municipalities ▪ World Bank project team

Project stage	Target stakeholders	Topics of Engagement	Methods proposed	Locations/ frequency	Responsibilities
	<p>Other Interested Parties</p> <ul style="list-style-type: none"> ▪ Press and media at the project level; ▪ NGOs, CSOs and Associations; ▪ General public, jobseekers; ▪ Businesses and Business organizations; ▪ Workers' organizations. 	<ul style="list-style-type: none"> ▪ GBV/SEA/SH related consultation; ▪ Grievance redress mechanism process; ▪ Project documents disclosure; ▪ Project scope, Project information rationale and E&S principles; 	<ul style="list-style-type: none"> ▪ Virtual public meetings, virtual trainings/workshops (separate meetings specifically for women and people with disabilities); ▪ Mass/social media communication- Facebook, Instagram; ▪ Disclosure of written information - Brochures, posters, website; ▪ Information boards in project areas and Municipalities ▪ Grievance redress mechanism; ▪ media, local representatives; ▪ Notice board for employment recruitment. <p>GBV/SEA/SH related issues would be handled and awareness on the issue including change of mind on the matter by the society at large would be addressed by implementing agencies including, local NGOs and NGOs specifically working on GBV/SEA/SH matter.</p>	<ul style="list-style-type: none"> ▪ Information is redisclosed continuously, as gets updated ▪ Monthly online meetings with PCU, HCF and Project affected municipalities; 	<p>PCU (Environment & Social (E&S) Consultants);</p> <ul style="list-style-type: none"> ▪ Project covered regional hospitals HCF and respective Municipalities/com munes covered ▪ line department of Municipalities

Project stage	Target stakeholders	Topics of Engagement	Methods proposed	Locations/ frequency	Responsibilities
	<p>Other Interested Parties (Government actors)</p> <ul style="list-style-type: none"> ▪ Other Government Departments from which permissions/ clearances are required; ▪ Other project developers reliant on or in the vicinity of the Project and their financiers 	<ul style="list-style-type: none"> ▪ Project information - scope and rationale and E&S principles; ▪ Coordination activities; ▪ Grievance redress mechanism process. 	<ul style="list-style-type: none"> ▪ Face-to-face meetings; ▪ Invitation to virtual public meetings. ▪ Direct email communication 	As needed	<p>PCU (Environment & Social (E&S) Consultants);</p> <ul style="list-style-type: none"> ▪ Project covered regional hospitals HCF and respective Municipalities/com munes ▪ line department of Municipalities
	<p>Other Interested Parties (Citizens)</p> <ul style="list-style-type: none"> ▪ Other PCU's Staff; ▪ Project Design and Development Engineers; ▪ Contractors, sub-contractors, service providers, suppliers, and their workers/labor force 	<ul style="list-style-type: none"> ▪ Project information - scope and rationale and E&S principles; ▪ Training on ESIA/ESMP requirements and other sub management plans; ▪ GBV/SEA/SH awareness-raising and training on the contractors' code of conduct (which will include GBV/SEA/SH); ▪ Grievance redress mechanism process; ▪ Feedback on consultant/ contractor reports. 	<ul style="list-style-type: none"> ▪ Online trainings and workshops; ▪ Face-to-face meetings, only if needed; ▪ Invitation to virtual public meetings, virtual trainings/workshops; ▪ Submission of required reports. 	As needed	<p>PCU (Environment & Social (E&S) Consultants);</p> <ul style="list-style-type: none"> ▪ Project covered regional hospitals HCF and respective Municipalities/com munes ▪ line department of Municipalities ▪ World Bank project team
	Project Affected	<ul style="list-style-type: none"> ▪ Grievance redress 	<ul style="list-style-type: none"> ▪ Virtual/face to face public 	<ul style="list-style-type: none"> ▪ Monthly/quarterly meetings 	PCU (Environment &

Project stage	Target stakeholders	Topics of Engagement	Methods proposed	Locations/ frequency	Responsibilities
Stage 2: Implementation/construction phase	Parties and Vulnerable Groups	<p>mechanism process;</p> <ul style="list-style-type: none"> ▪ Community Health and safety impacts (Construction-related safety measures); ▪ Employment opportunities; ▪ Environmental concerns; ▪ GBV/SEA/SH awareness-raising; ▪ Project status. 	<p>meetings, virtual trainings/workshops (separate meetings specifically for women and people with disabilities);</p> <ul style="list-style-type: none"> ▪ Mass/Social Media Communication - Facebook; ▪ Disclosure of written information - Brochures, posters, flyers, website <p>At respective Municipalities/administrative units</p> <ul style="list-style-type: none"> ▪ Notice board(s) at construction sites ▪ Grievance redress mechanism; ▪ Local monthly newsletter; 	in all affected municipalities and administrative units with ongoing construction;	<p>Social (E&S) Consultants);</p> <ul style="list-style-type: none"> ▪ Project covered regional hospitals HCF and respective Municipalities/com munes ▪ line department of Municipalities ▪ World Bank project team ▪ Contractor/subcontractors.
	Other Affected Parties (Government actors)	<ul style="list-style-type: none"> ▪ Project scope, rationale and E&S principles; ▪ Grievance redress mechanism process; ▪ Project status. 	<ul style="list-style-type: none"> ▪ Face-to-face meetings; 	Weekly (as needed)	<p>PCU (Environment & Social (E&S) Consultants);</p> <ul style="list-style-type: none"> ▪ Project covered regional hospitals HCF and respective Municipalities/com munes ▪ line department of Municipalities ▪ Contractor/subcont

Project stage	Target stakeholders	Topics of Engagement	Methods proposed	Locations/ frequency	Responsibilities
					ractors.
	<p>Other Interested Parties</p> <ul style="list-style-type: none"> ▪ Press and media at the project level; ▪ NGOs; CSOs ▪ General public, jobseekers, tourists; ▪ Businesses and Business organizations; ▪ Workers' organizations. <p>Other Interested Parties</p> <ul style="list-style-type: none"> ▪ Other project implementing agencies Staff; ▪ Supervision Consultants; ▪ Contractor, subcontractors, service providers, suppliers and their workers 	<ul style="list-style-type: none"> ▪ Project information - scope and rationale and E&S principles; ▪ Coordination activities; ▪ Health and safety impacts and community health and safety; ▪ Employment opportunities; ▪ Environmental concerns; ▪ GBV/SEA/SH related consultation; ▪ Grievance redress mechanism process. 	<ul style="list-style-type: none"> ▪ Face to face / Virtual public meetings, virtual trainings/workshops (separate meetings specifically for women and people with disabilities); ▪ Mass/Social Media Communication - Facebook; ▪ Disclosure of written information - Brochures, posters, flyers, public relations kits, website; ▪ Information boards in the premises of the local community Municipalities ▪ Grievance mechanism; ▪ Project tours for media, local representatives; ▪ Notice board(s) at construction sites. <p>GBV/SEA/SH related issues would be handled and awareness on the issue including change of mind on the matter by the society at large would be addressed by implementing agencies including local NGOs</p>	<p>Monthly/quarterly meetings in all affected project areas with ongoing construction and local communities;</p>	<p>PCU (Environment & Social (E&S) Consultants);</p> <ul style="list-style-type: none"> ▪ Project covered regional hospitals HCF and respective Municipalities/com munes ▪ line department of Municipalities ▪ World Bank project team ▪ Contractor/subcont ractors.
	Project Affected	▪ Satisfaction with	▪ Virtual public meetings,	▪ Meetings in affected	▪ PCU (Environment

Project stage	Target stakeholders	Topics of Engagement	Methods proposed	Locations/ frequency	Responsibilities
Stage 3: post-construction/operation phase	Parties (PAPs) and Vulnerable Groups <ul style="list-style-type: none"> ▪ People affected by service tariffs increment ▪ People residing in project area; ▪ Vulnerable households 	engagement activities and GRM; <ul style="list-style-type: none"> ▪ Grievance redress mechanism process; ▪ Community health and safety measures during operation phase; ▪ GBV/SEA/SH awareness-raising; 	virtual trainings/workshops (separate meetings specifically for women and people with disabilities); <ul style="list-style-type: none"> ▪ Individual outreach to PAPs; ▪ PAPs consultation meetings; ▪ Mass/Social Media Communication - Facebook; ▪ Grievance redress mechanism; 	municipalities and administrative units (semiannual); <ul style="list-style-type: none"> ▪ Information boards with brochures/posters/leaflets in the premises of the Project affected Municipalities 	& Social (E&S) Consultants); <ul style="list-style-type: none"> ▪ Project covered Municipalities
	Other Interested Parties (Citizens and local community) <ul style="list-style-type: none"> ▪ Press and media at the project level; ▪ NGOs; ▪ General public, jobseekers, tourists; ▪ operation and management Businesses and Business organizations; ▪ Workers' organizations. (Government actors ▪ Local Government (Municipalities and Cities) Departments; 	Grievance redress mechanism process; <ul style="list-style-type: none"> ▪ GBV/SEA/SH related consultation; ▪ Community health and safety measures during operation phase. 	<ul style="list-style-type: none"> ▪ Mass/Social Media Communication - Facebook; ▪ Disclosure of written information ▪ Project tours for media, local representatives. GBV/SEA/SH related issues would be handled and awareness on the issue including change of mind on the matter by the society at large would be addressed by implementing agencies including, local NGOs and NGOs specifically working on GBV/SEA/SH matter. 	Meetings in affected municipalities (semiannual);	<ul style="list-style-type: none"> ▪ PCU (Environment & Social (E&S) Consultants); Project beneficiary Municipalities/administrative units

7. Implementation Arrangements and Intuitional Analysis for Stakeholder Engagement

7.1 Project Enabling Efforts from Lessons Learned

The Project recognizes that the stakeholder profile is quite diverse, their expectations and orientation as well as capacity to interface with the project might be different. The project design and institutional arrangements have been drawn such as to enable mitigation of social exclusion risks and come up with types of activities and approaches to address the likely impediments arising the reform. This Project will be based on the early engagement and maintenance of dialog as a role model overall and in engagement with local communities in particular during preparation and implementation of site-specific ESIA/ESMP or other relevant instruments.

7.2 Roles and Responsibilities

Stakeholder engagement will be coordinated and led by the PCU supported by the social and environmental specialist. The PCU will closely coordinate with other key stakeholders –Local Governments (line departments included), Extension Services, and local NGOs.

8. Grievance Redress Mechanism

Grievance includes complaints and suggestions on project implementation. Key objective of grievance mechanism is to ensure efficient manner to address grievances. The World Bank expects each project to establish such a mechanism in line with ESS10, at early stage of project development in order to be able to address specific issues in adequate and timely manner. The project will help improve the existing grievance mechanisms to ensure all grievances are recorded and monitored, with the aim to increase transparency and accountability, as well as to reduce risk of Project's adverse environmental and social impact. A Project level grievance redress mechanism (GRM) is administered by the PCU and Sub-Project specific Grievance Redress Committees (GRC), established and administered by PCU and Ministry representative. The GRM will provide the opportunity for continued feedback on the Subprojects and resolution of individual grievances during implementation. Procedures related to complaints handling will be posted on the PCU website to ensure full transparency. The GRM shall serve as both Project level information center and grievance mechanism, available to those affected by implementation of all Project sub-components and be applicable to all Project activities and relevant to all local communities affected by project activities. The GRM shall be responsible for receiving and responding to grievances and comments of the following four groups:

- A person/legal entity directly affected by the project, potential beneficiaries of the Project,
- Stakeholders - people with interest in the project, and
- Residents/communities interested in and/or affected by project activities.

The Central Grievance Redress Committee (CGRC) is already available and functional under the original project, in order to manage and appropriately answer complaints during its different phases of the original and AF activities, while the (GRC) shall be effective upon decision on each new Sub-Project has been taken. In addition to the GRM, legal remedies available under the national legislation are also available (courts, inspections, administrative authorities etc.). However, the grievance mechanism for project workers required under ESS2 will be provided separately with details to be provided in the Labor Management Procedure (LMP) that will be updated for the AF activities as well. . PCU and MoH are responsible for

establishing functioning GRM and informing stakeholders about the GRM role and function, the contact persons and the procedures to submit a complaint in the affected areas.

Information on the GRM will be available:

- on the websites of the MoH - [*Ministria e Shëndetësisë \(rks-gov.net\)*](http://Ministria.e.Shendetesisë(rks-gov.net))
- on the notice boards and websites and Regional Hospitals/Health care Facilities (HCF)
- through social media campaigns,
- through online platforms.

The GRM established under the original project remains in place and is extended to cover AF activities without modification. The mechanism is designed to be accessible, transparent, and responsive to all project-affected parties, including vulnerable groups.

8.1 Raising grievances

Effective grievance administration strongly relies on a set fundamental principle, designed to promote the fairness of the process and its outcomes. The grievance procedure shall be designed to be accessible, effective, easy, understandable and without costs to the complainant. Any grievance can be brought to the attention of the GRM personally or by telephone or in writing by filling in the grievance form by phone, e-mail, post, fax or personal delivery to the addresses/numbers to be determined. The access points and details on local entry points shall be publicized and shall be part of the awareness building once the locations of the Project are known.

8.2 Grievances administration

Any grievance shall follow the path of the following mandatory steps: receive, assess and assign, acknowledge, investigate, respond, follow up and close out.

Once logged, the GRM shall conduct a rapid assessment to verify the nature of grievances and determine on the severity. Within 3 days from logging, it will acknowledge that the case is registered and provide the grievant with the basic next step information. It will then investigate by trying to understand the issue from the perspective of the complainant and understand what action he/she requires. The GRM will investigate the facts and circumstances and articulate an answer. The final agreement should be issued and grievant be informed about the final decision not later than 30 days after the logging of the grievance. Closing out the grievance occurs after the implementation of the resolution has been verified. Even when an agreement is not reached, or the grievance was rejected, the results will be documented, actions and effort put into the resolution. If the grievance could not be resolved in amicable endeavor, the grievant can resort to the formal judicial procedures, as made available under the Kosovo national legal framework. Logging a grievance with the GRM does not preclude or prevent seeking resolution from an official authority, judicial or other at any time (including during the grievance process) provided by the Kosovo legal framework.

In case of anonymous grievance, after acknowledgment of the grievance within three days from logging, the GRM will investigate the grievance and within 30 days from logging the grievance, issue the final decision that will be disclosed on the respective website.

The GM shall keep a grievance register log, which will include grievances received through all admission channels, containing all necessary elements to disaggregate the grievance by gender of the person logging it as well as by type of grievance.

8.3 Grievance and beneficiary feedback reporting

The role of the GRM, in addition to addressing grievances, shall be to keep and store comments/grievances received and keep the Central grievance log administered by the MoH/PCU. In order to allow full knowledge of this tool and its results, quarterly updates from the GRM shall be available on the MoH official website. The updates shall be disaggregated by gender, type of grievances /complaints and presented at annual workshops which will be used as a feedback generator platform.

8.4 Constitution of GRM

MoH will add the role of GRM for this Project to the respective official websites, by the time public consultations on this SEP have been completed. This will allow any potential grievance to be addressed even at the planning stage. The Info Centre will be responsible for GRM administration, take any action necessary to address the grievance and inform the complainant about the outcome of the process, and maintain a data base of stakeholders, their responsible persons and representatives.

The existence of a GRM should not prevent citizens or communities from pursuing their rights and interests by seeking redress through the courts, administrative law procedures, or other formal dispute resolution mechanisms available.

8.5 Grievance Log

The MoH coordination unit (PCU) should maintain grievance log to ensure that each complaint has an individual reference number and is appropriately tracked and recorded actions are completed. When receiving feedback, including grievances, the following is defined:

- Type,
- Category,
- Deadline for resolving the appeal, and
- Agreed action plan.

Each complaint should be assigned with an individual reference number and is appropriately tracked and recorded actions are completed. The log should contain the following information:

- Name of the grievant, location and details of the grievance.
- Date of submission.
- Date when the Grievance Log was uploaded onto the project database.
- Details of corrective action proposed,
- Date when the proposed corrective action was sent to the complainant (if appropriate).
- Date when the grievance was closed out.
- Date when the response was sent to the grievant.

8.6 World Bank Grievance Redress System

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

9. Monitoring and Reporting of the SEP

The results of the stakeholder engagement process will be included in the Project Monitoring Reports. These will be provided at a frequency as indicated in the ESCP. The monitoring reports will include the following information:

- Venue, time and date of any public consultation meetings that have been undertaken;
- Issues and concerns raised during the consultative meetings;
- A list of the number and types of grievances raised in the reporting period and the number of resolved and/or outstanding grievances; and
- Information on how the issues raised during the meetings and through grievances were/will be taken into consideration during the Project implementation (including construction) Phase.

The Reports will also include a summary of implemented corrective measures meant to address the grievances.

d. Formal Meetings

All formal meetings, which are scheduled through the stakeholder engagement team will be documented and minutes taken. Minutes will be captured in English and Albanian by team members engaged (Social expert within PCU). Attendance registers / form will be maintained in appropriate formats.

e. Attendance Register / Form

A Stakeholders register form will be used to track the Consultation and Disclosure process. Specific stakeholder engagement actions will then be tracked in the registers / form, which contains the list of all stakeholders identified, under what category they fall, their importance to the project in terms of how they can influence or be influenced by the Project.

f. Record Keeping

A master database will be maintained by MoH to record and track management of all comments and grievances, and independently audited. This will serve to help monitor and improve performance of the

Comment Response and, Grievance Redress Mechanism. This database will be continued throughout all phases of the Project.

10. Disclosure and Consultation requirements

Following a 14 days two-week disclosure window once endorsed by MoH and the WB, the draft SEP, shall be subject to public consultations. The SEP will be disclosed in Albanian, Serbian and English at the website of the MoH together with invitations to the Public Consultations. Given the importance of the Project, its scale and geographical spread the public invitation shall be announced in a reputable printed media with national coverage to allow a wide range of Stakeholders to be included in the Consultation process. This will provide the Stakeholders with opportunities to express their views on project risks, impacts, and mitigation measures and allow MoH to consider and respond to them.

The Invitation shall indicate how the document will be consulted or may be accessed, the Project details, date, time and venue of the consultations, and contact information details for feedback and /or questions.

Once the Consultations have been completed, Minutes of the Meeting (MoM) shall be prepared and annexed to the SEP. The Minutes shall reflect on the feedback received, questions raised and how these were incorporated into the final document. The attendance of Stakeholders shall be verified through a signed attendance log, preferably with contact details of the attendees and photographs with permission to disclose.

Appendix 1: Grievance form

Reference No:

Full Name:

Note: you can remain anonymous if you prefer, or request not to disclose your identity to the third parties without your consent. In case of anonymous grievances, the decision will be disclosed at the Projects website

First name _____

Last name _____

- I wish to raise my grievance anonymously
- I request not to disclose my identity without my consent Contact Information Please mark how you wish to be contacted (mail, telephone, e-mail).
- By Post: Please provide mailing address:

By Telephone: _____

By E-mail _____

I will follow up the resolution at the website as I want to remain anonymous

Preferred Language for communication Albanian Other (*indicate*)

Description of Incident or Grievance (*What happened? Where did it happen? Who did it happen to? What is the result of the problem? Date of Incident/ Grievance*)

One-time incident/grievance (date _____)

Happened more than once (how many times? _____)

On-going (currently experiencing problem) What would you like to see happen to resolve the problem?

Signature: _____ Date: _____

Please return this form to: **Ministry of Health (MoH),**

Adress: Rr. Zagrebit Nr. 60, 10000 Prishtinë, Republika e Kosoves

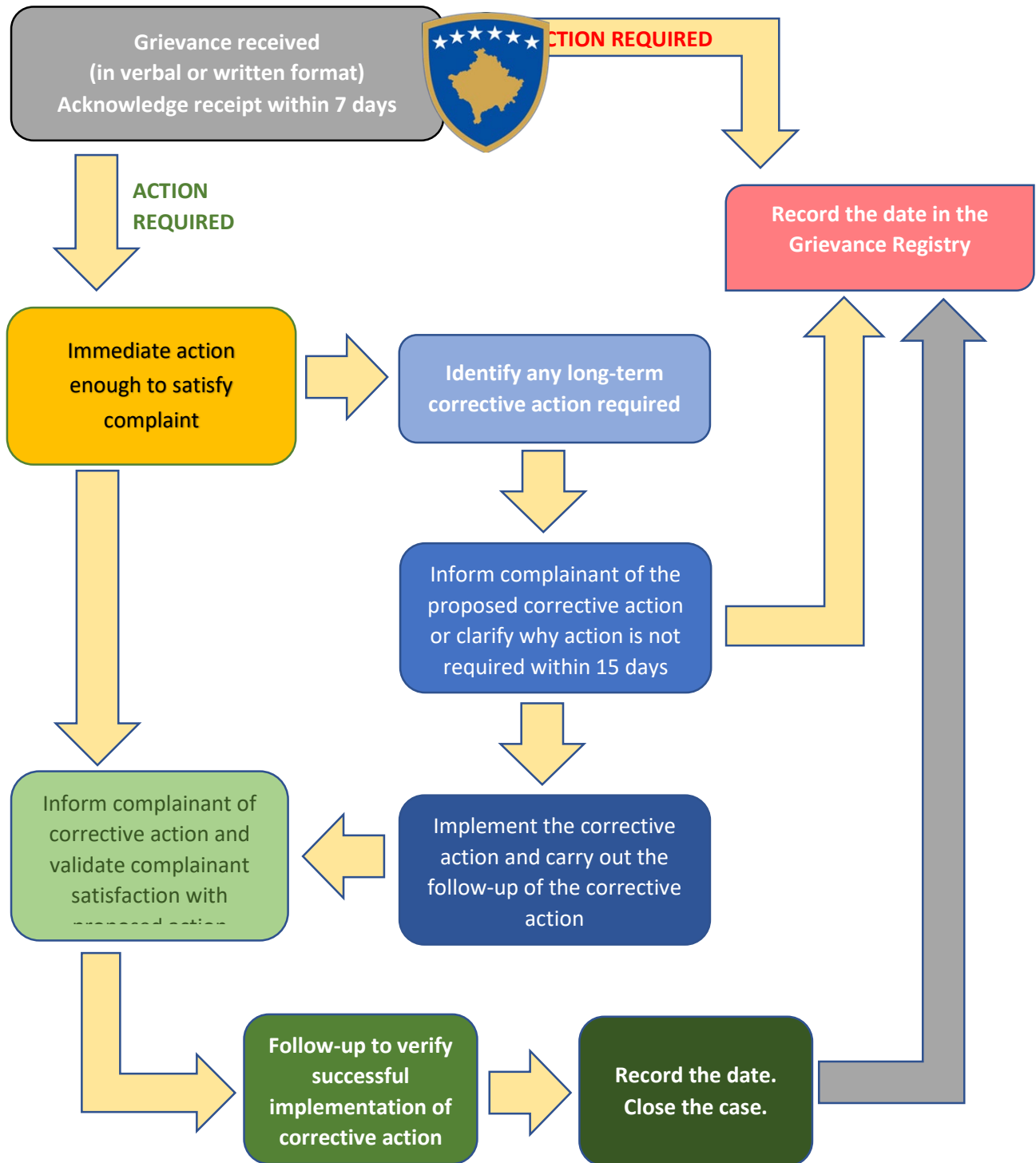
Tel: +383 38 200 24 131 / +383 38 200 24 020

e-mail: msh.info@rks-gov.net

Appendix 2: Format table for documenting stakeholder engagement

Date/Venue:
Participants:
Stakeholders Concerns:
Proposal given from stakeholder/stakeholders:
How will these proposals be taken into account in project design/implementation:
Other Notes:

Appendix 3: Project Grievance Procedure



Appendix 4: 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 Velju, 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. Velju 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.

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
Ministristvo 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"





APENDIX 6: CALL FOR AF CONSULTATION

Pandemic Fund third Call for Proposals (3rd CfP) –

Phase I: Single and multi-country proposals

Dear Pandemic Fund,

We, the undersigned Kosovo Ornithological Society (KOS), a **civil** society organization (CSO) in Kosovo, involved in protection and study of birds, biodiversity and nature, would like to express our support to the MAKE-Ready (North Macedonia, Albania and Kosovo Emergency Ready) project which is being submitted for consideration to the Pandemic Fund.

We have been consulted during the preparation of the project and were given the opportunity to express, on behalf of our members, our views on the project and provide suggestions based on our direct experience.

We stand ready to contribute to its implementation should the project be approved. We believe this project will be of great benefit to Kosovo, as well as contributing to improved coordination and cooperation with our neighboring Albania and North Macedonia.

We look forward to a positive response from the Pandemic Fund.

Sincerely,

Signature



Name: Dr.sc. Qenaf Maxhuni

Organisation: Kosovo Ornithological Society (KOS)

Date: 02.06.2025

Pandemic Fund third Call for Proposals (3rd CFP) –

Phase I: Single and multi-country proposals

Dear Pandemic Fund,


We, the undersigned Hunting association, a civil society organization (CSO) in Kosovo, involved in wildlife management, would like to express our support to the MAKE-Ready (North Macedonia, Albania and Kosovo Emergency Ready) project which is being submitted for consideration to the Pandemic Fund.

We have been consulted during the preparation of the project and were given the opportunity to express, on behalf of our members, our views on the project and provide suggestions based on our direct experience.

We stand ready to contribute to its implementation should the project be approved. We believe this project will be of great benefit to Kosovo, as well as contributing to improved coordination and cooperation with our neighboring Albania and North Macedonia.

We look forward to a positive response from the Pandemic Fund.

Sincerely,

Signature 
Name *Xharvit Beqovi*
Organisation/ *SH.GJ. FYCAVICA*
Date *02/06/2025.*

Pandemic Fund third Call for Proposals (3rd CFP) –

Phase I: Single and multi-country proposals

Dear Pandemic Fund,

We, the undersigned Kosovo Association of Milk Producers (KAMP), a civil society organization (CSO) in Kosovo, involved in animal health and welfare, would like to express our support to the MAKE-Ready (North Macedonia, Albania and Kosovo Emergency Ready) project which is being submitted for consideration to the Pandemic Fund.

We have been consulted during the preparation of the project and were given the opportunity to express, on behalf of our members, our views on the project and provide suggestions based on our direct experience.

We stand ready to contribute to its implementation should the project be approved. We believe this project will be of great benefit to Kosovo, as well as contributing to improved coordination and cooperation with our neighboring Albania and North Macedonia.

We look forward to a positive response from the Pandemic Fund.

Sincerely,

Signature



Name

MILAZIM MAKOLLI

Organisation/

KAMP

Date

03.06.2025

Pandemic Fund third Call for Proposals (3rd Cfp) –

Phase I: Single and multi-country proposals

Dear Pandemic Fund,

We, the undersigned Veterinary Chamber, a civil society organization (CSO) in Kosovo, involved in animal health and welfare, would like to express our support to the MAKE-Ready (North Macedonia, Albania and Kosovo Emergency Ready) project which is being submitted for consideration to the Pandemic Fund.

We have been consulted during the preparation of the project and were given the opportunity to express, on behalf of our members, our views on the project and provide suggestions based on our direct experience.

We stand ready to contribute to its implementation should the project be approved. We believe this project will be of great benefit to Kosovo, as well as contributing to improved coordination and cooperation with our neighboring Albania and North Macedonia.

We look forward to a positive response from the Pandemic Fund.

Sincerely,

Signature



Name

Hajra Limani

Organisation/

OVK

Date

03.06.2025