

LABOR MANAGEMENT PROCEDURES
FOR
KOSOVO EMERGENCY COVID-19 RESPONSE
PROJECT (P173818)

Abbreviations

WHO	World Health Organization
COVID-19	Coronavirus disease 2019
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Stands
WB	World Bank
GRM	Grievance Redress Mechanisms
HCF	Health Care facility
GoK	Government of Kosovo
LMP	Labor Management Procedures
MoH	Ministry of Health
MLSP	Ministry of Labor and Social Policy
OG	Official Gazette
OHS	Occupational Health and Safety
PDO	Project Development Objectives
PCU	Project Coordination Unit
POM	Project Operations Manual
PPE	Personal Protective Equipment
IPC	Infection Prevention and Control
ICUs	Intensive care units
FM	Financial management
M&E	Monitoring and evaluation
PAD	Project Appraisal Document
PIOM	Pension and Disability Insurance Fund
PPSD	Project Procurement Strategy for Development
SEP	Stakeholder Engagement Plan

LABOR MANAGEMENT PROCEDURES

1. Introduction/Project Description

The main objectives of the “Kosovo COVID-19 Emergency Response Project” are to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The achievement of the project outcomes will be measured through the following PDO-level outcome indicators: Number of people tested for COVID-19 identification per MoH approved protocol, Recovery rate from COVID-19, number of beneficiaries receiving financial support to enable social distancing.

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

With the increasing incidence of COVID-19 in Kosovo, the public health system is under tremendous pressure. In Kosovo from 3 January 2020 cases to 29 April there have been registered 104,674 infected confirmed cases of Covid-19, with 2,143 fatalities in the country. As of April 23, a total of 22,096 vaccine doses have been administered. The Confirmed cases are spread across all municipalities, with the greatest concentration of cases in Pristina, Ferizaj, Fushe Kosova, and Gjilan. The majority of cases are within the cluster of persons between the age of 20-29, followed by the same number of cases for age groups 30-39, 40-49, and 50-59. The first case reported in Kosovo was an imported case from Italy on March 13, 2020.

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

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

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

the economic fiscal package of 170 mil euro as response to Covid 19 crises. Within this package there are also measures for health sector. As of April 16, the country is under imposed curfew in an effort to limit the spread of COVID-19. The movement of all citizens is restricted to a daily 1.5 hours. The MoH is making COVID -19 related response guidance, information and updates available on its website² for easy access. The government website is updated with all government ordinances and contact telephone numbers of each ministry providing relevant information including online services.

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

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

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

The project comprises the following components:

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

Component 1: Health Care delivery and health system strengthening:

This component provides immediate support to the government to prevent new cases of COVID-19, limit local transmission through contact-tracing and containment strategies, and to treat established cases, including the most severe.

Additional investments will be done in Kosovo's pre-existing health care network and established hierarchy of specialist facilities.

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

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

This component has supported the Government to fund the Social Assistance Scheme (SAS) to (i) ensure that existing social assistance payments are delivered on time, given the emerging fiscal constraints the country faces; (ii) finance an increase in the value of the benefits provided to SAS beneficiaries to assist them in meeting their basic needs in the face of rising health care costs and loss of other income sources; and (iii) expand the coverage of the SAS to additional households, which have lost their sources of income as result of the pandemic and which do not receive support from other government programs. Government of the Republic of Kosovo has supported the beneficiaries of all social and pension schemes in order to provide assistance to these categories in coping with the COVID-19 pandemic. In this regard through Government decisions set the increase at 30 euros for all beneficiaries of social and pension schemes who receive a monthly payment of up to one hundred (100) euros. The Ministry of Labor and Social Welfare (MLSW) has made payments from the Social Assistance Scheme (SAS) to the beneficiaries for the period covering March through June 2020, including providing double payments for the period March through May 2020 done under retroactive financing. All cash transfers for beneficiaries of the social assistance scheme and the emergency cash transfer program (measure 15) has been disbursed has planned.

Component 3: Project monitoring, communication, and community engagement:

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

This component will also support (i) the development and distribution of basic communication materials on COVID-19 for the general public (e.g., fact sheets or ‘dos’ and ‘don’ts’ for the general public, TV ads, awareness videos etc.); (ii) the development and implementation of outreach and awareness building materials and activities designed to reach the vulnerable, including the elderly; and, (iii) receive inputs and feedback from communities and social assistance beneficiaries, including monitoring by the government of the effectiveness of these interventions. To simplify outreach and build on existing government systems, the component will support the development of digital platforms and social media campaigns that are mobile friendly and able to reach vulnerable groups. The Kosovo COVID-19 Emergency Response Project is being prepared under the World Bank’s Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 on “Stakeholder Engagement and Information Disclosure”, the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

2. OVERVIEW OF LABOR USE ON THE PROJECT

This Labor Management Procedure (LMP) has been prepared for the “Kosovo COVID-19 Emergency Response Project” to ensure compliance with Environmental and Social Standard 2 on Labor and Working Conditions (ESS2) of the World Bank’s Environmental and Social Framework (ESF) and the national

legislation and regulations of the Government of Kosovo. It is a part of the Environmental and Social Management Framework (ESMF) developed for this project as a guiding document.

Accordingly, the purpose of this LMP is to facilitate the planning and implementation of the project by identifying the main labor requirements, the associated risks, and the procedures and resources necessary to address the project-related labor issues. The LMP sets out general guidance relevant to different forms of labor but also issues and concerns that relate to COVID-19 considerations.

The project will include different categories of workers, some of whom will be engaged in activities that raise COVID-19 exposure concerns. As per ESS2, project workers can be classified into the following four groups: a) direct workers PIU consultants and direct hired short term consultants but also 300+ health care staff, doctors, technicians, nurses, microbiologists, lab technicians that have recently completed the respective schools hired part time to help the health care system, and paid by the project) , contracted workers (small renovations of health care centers as well as consultants working for the various TA contracts), primary supply workers, and community laborers. Due to the nature of the work that will be done in this project, direct and contract workers will be used for the implementation.

The following are the key categories of workers that would be engaged under the project, including groups of workers that are specifically at risk in the COVID-19 context and thus require special attention:

Type of project workers	Characteristics & role of project workers	Timing of labor requirements
Direct workers (people employed or engaged directly by the Borrower (including the project proponent and the project implementing agencies) to work specifically in relation to the project)		
PCU staff	<p><i>Permanent staff of PCU:</i> Overall Coordinator, Coordinator for Component 1, Coordinator for Component 2, Environmental and Social safeguards experts, Procurement Specialist, FM specialist, Assistant, IT officer, Monitoring and Evaluation Specialist.</p> <p><i>Job roles:</i> Day-to-day project implementation, overall project coordination, monitoring activities, safeguards and fiduciary functions, and reporting</p>	From project preparation until Project completion
Health Care Workers hired by the project in temporary basis	<p>Doctors & Nurses, technicians, microbiologists, about 300+ will be hired part time and financed by the project. They will be engaged in public health system and will have same status as other civil servants in the health sector, with the difference these will be financed by the project/</p> <p><i>Job roles:</i> Health services</p>	Concrete period during between Project commencement and project completion.
Staff of specialized institutions	MoH, MoFT, MLSP, National Institute of Public Health and the regional and Centers of Public Health, Centers for Social Work, Laboratory Services, Employment Agency and local offices staff, Pension and Disability	Project commencement until project completion.

Type of project workers	Characteristics & role of project workers	Timing of labor requirements
	Insurance Fund (PIOM) staff, Crisis Management Center and its regional offices staff. <i>Job roles:</i> Administration, research, laboratory testing, communication and operations. These are public servants working in the institutions and they have role with project activities	
Contracted workers (people employed or engaged through third parties to perform work related to core functions of the project)		
Workers contracted to carry out limited reconstruction/rehabilitation works	Architects, Engineers, workers with construction skills in masonry, carpentry, plumbing, wiring, painting etc. <i>Job roles</i> – reconstruction activities during limited renovations, and for medical waste management and disposal systems.	Project start to end
Waste Management Services	Workers dealing with medical waste collection from HCFs and transportation, Waste Collection. <i>Job roles:</i> Protecting/guarding the buildings, cleaning, disinfecting, waste collection, disposal & administration.	Project start to end
Public campaign company	PR staff, social workers; etc. <i>Job roles:</i> conducting phone surveys with social assistance beneficiaries to assess the impact of the COVID-19 pandemic on vulnerable households and their needs.	Project start to end
Primary supply workers (people employed or engaged by the Borrower's primary suppliers (primary supply workers))		
Service & goods Providers for HCFs	Suppliers providing: medical supplies, devices, diagnostic kits, reagents, consumables, PPE, equipment (ventilators and other equipment necessary for oxygen therapy (oxygen concentrators, pulse oximeters, etc.), infusion pumps, defibrilators, monitors, suction equipment), etc. and training on relevant protocols. <i>Job roles</i> – administrative and technical duties, supplying of the goods and services according the signed contracts, etc.	Project start to end

The expected project beneficiaries will be a subset of the population at large who will be affected by the COVID-19 response supported by the project. Given the nature of the disease, they would include infected people; at-risk populations, particularly the elderly and people with chronic conditions; medical and

emergency personnel; medical and testing facilities; and public health agencies engaged in the response of Kosovo.

Institutional direct beneficiaries which will benefit from capacity building & training are comprised of: public health workers in infection prevention and control and Protocols for medical waste; improving the overall administrative capacity of Employing Agency.

Timing of Labor Requirements:

The project will be implemented on national level. The project will be implemented over a period of up to two years, with the MoH and MoFT as the key implementing agencies.

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

3. ASSESSMENT OF KEY POTENTIAL LABOR RISKS

The labor risks for the project can be defined based on the nature and location where project activities will be carried out. Labor risks, including COVID-19 specific risks, in relation to the activities being carried out by the workers, are described below:

Project Activity	Key Labor Risks
Procurement of essential protective equipment and other essential items to protect healthcare workers and patients	<ul style="list-style-type: none"> - Health and safety risks for frontline service providers, especially against COVID contamination - Suppliers as vectors of COVID-19 & hence risks HCWs and patients - Inability of benefit from procedures and mitigation measures to address risks relating to COVID-19 spread
Support to Enable Social Distancing	<ul style="list-style-type: none"> - Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. - Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc. - Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment - Risks of contamination during community visits - Workers as vectors of COVID-19 and hence risks to community health and safety - Risks of child labor and forced labor, though expected to be minimal
Strengthening the capacity of HCFs for Emergency COVID – 19 Response: <ul style="list-style-type: none"> - Constituting emergency response teams in HCFs to cater to both regular and infectious disease patient - Increasing ICU beds and relevant equipment such as oxygen delivery units, etc. 	<ul style="list-style-type: none"> - Workers brought in to carry out the limited civil works may become vectors for transmission of COVID-19 to other workers and nearby communities. - Untenable overtime, psychological distress, fatigue, occupational burnout, among health care workers - Risks of exposure while handling of medical specimens or treatment of COVID-19 patients - Stigma and passing on infections to family and community

Project Activity	Key Labor Risks
	<ul style="list-style-type: none"> - Inadequate terms and conditions of employment for employees/ consultants, including those relating to hours of work, wages, overtime, etc. - Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc. - Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment - There are not risks of child labor and forced labor among frontline stakeholders, - There are no risks associated with use of security personnel, including on community health and safety as well as labor management.
<p>Strengthen disease surveillance systems and public health laboratories capacity</p> <ul style="list-style-type: none"> - Training to health workers and other frontline stakeholders - Increasing number of testing kits, expansion of special panel kits, expansion of testing capacity - Equipment for safe transport of biological samples - Orientation of lab technicians on standardized sample collection, channeling and transportation for infectious diseases, and decontamination practices 	<ul style="list-style-type: none"> - Risks of pathogen exposure, infection and associated illness, death, for workers engaged in carrying out the testing, transporting samples, delivering training, etc. - Stigma and passing on infections to family and community - Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. - Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc. - Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment - Social tensions due to concerns about community health and safety
<p>Containment and treatment efforts</p> <ul style="list-style-type: none"> - Establishment of specialized units in a limited number of selected hospitals focusing primarily on the Infectious Disease Clinic’s wards to enable the isolation of more patients in single-occupancy rooms. - dermatology, pulmonology, and sports clinics to increase bed capacity) - Expansion of intensive care unit (ICU) capacity, including the establishment of additional ICU beds and the necessary equipment and supplies to make them functional. - Training all hospital staff to prevent intra-hospital infections, particularly medical waste management and disposal systems, management of patients with infectious diseases, including dead bodies, and instituting a 	<ul style="list-style-type: none"> - Untenable overtime, psychological distress, fatigue, occupational burnout, among health care workers - Risks of exposure while handling of medical specimens or treatment of COVID-19 patients - Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc. - Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.

Project Activity	Key Labor Risks
system to monitor the same; putting in place safe and separate transportation facilities for infectious disease patients starting with testing to hospital admission.	
Project Implementation, Communications, Community Engagement, and Monitoring: - support for procurement, financial management (FM), environmental and social safeguards, outreach activities, communication campaigns, monitoring and evaluation (M&E), reporting, and stakeholder engagement; information system maintenance; technical assistance to strengthen the project's emergency response and longer-term capacity building for pandemic response and preparedness	<ul style="list-style-type: none"> - Inadequate terms and conditions of employment for employees/ consultants, including those relating to hours of work, wages, overtime, etc. - Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc. - Absence of a mechanism to express grievances and protect rights regarding working conditions; terms of employment or implementation of the COVID – 19 protection measures;

4. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

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

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

Collective Contract is act that derives from the Law on Labor and is compiled with the intention to provide more detailed guidelines and instructions on the rights and responsibilities of parties that have

established employment contract. Collective Contract provides additional details regarding employees' benefits deriving from years of employment and retirement financial package.

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

- Prohibits all forms of Discrimination: Discrimination is prohibited in employment and occupation in respect of recruitment, training, promotion of employment, terms and conditions of employment, disciplinary measures, cancellation of the contract of employment or other matters arising out of the employment relationship and regulated by Law and other Laws into force;
- Prohibits Forced or Compulsory Labor
- Prohibits Child Labor: An employment relationship may be concluded by any person of eighteen (18) years of age or above. An employment relationship may also be established with a person between fifteen (15) and eighteen (18) years of age, who may be employed for easy labor that do not represent a risk to their health or development and if such a labor is not prohibited by any Law or sub-legal act. No employer may conclude an employment contract with a person below fifteen (15) years of age.
- Protects Youth, Women and Persons with Disabilities
- Protects of Employee's Rights

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

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

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

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

Law on Safety and Health at Work (04/L-161) stipulates conditions and protective measures in the work environments with the intention to prevent work-related injuries and ensure occupational safety and health. Work environment is defined as any environment where work is performed. Law mandates Kosovo Government to form a Counsel for Safety at Work and Protection of Workers' Wellbeing and Working Environments. The law establishes responsibilities of parties included in the work arrangement, as well as

ensures additional measures of protection in work environments for youth, women and people with disabilities. The law sets out measures for improving the level of safety and health of employees at work. It contains general principles of prevention of occupational hazards, elimination of causes of hazards and accidents, information, consultation, balanced participation in improving the level of safety and health at work, treatment of employees, their representatives and general guidelines for implementing such principles.

Provisions of this Law are applied in public, private and public-private sector and in state administration sector at central and local level. Provisions of this Law are applied for interns, pupils and students carrying out practical work during their schooling, persons serving sentences engaged in work, visitors, business partners, users of services and persons attending vocational training and re-training with employer. Provisions of this Law are not applied in sectors, activity of which is regulated with special Laws, such as: Kosovo Security Force, police, firefighters service and protection and rescue services.

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

6. RESPONSIBLE STAFF

The Ministry of Finance and Transfers (MOFT) will be responsible for the overall coordination of the proposed Project and implementation of Component 2, with the Ministry of Health responsible for the implementation of the project Component 1. A senior staff, from the department of International Financial Cooperation in the Ministry of Finance, will be appointed as the main Coordinator for the project. The existing Project Coordination Unit (PCU) in the Ministry of Health will be accountable for the implementation of Component 1 on health sector activities. The composition of the PCU already includes a Project coordinator, a Procurement specialist, a Financial Management specialist, a monitoring and evaluation specialist, and a Unit assistant. The directors of relevant departments of the MoH (such as HR department and the department of health services) will be responsible for the technical implementation of Project activities. The PCU will produce semi- annual progress reports as well as consolidate annual workplan that will be shared widely within the MoH and MoFT, key stakeholders, and which will be submitted to the Bank. During project implementation, technical support will be provided, aiming at further strengthening the MoH capacity. Details on Project institutional and implementation arrangements will be set out in a Project Operational Manual, to be prepared within a month from project effectiveness. The Manual will clearly describe the roles, responsibilities, and processes during project implementation. The supervision arrangements are outlined in the Global MPA and will be followed in this project.

The existing Senior Management Committee (SMC), chaired by the Minister of Health or his designee and including among others deputy ministers and directors of departments, will continue to be responsible for the decision-making mechanisms in order to prevent and address implementation bottlenecks. The

Committee will be meeting to coordinate and monitor progress of the Project and decide on actions to prevent and address bottlenecks.

The MoFT will implement Component 2 through its SAS Division, in close coordination with the MoH Department for Social Policies and Family (formally in the MLSW). The SAS Division is responsible to assess the eligibility of beneficiaries for SAS and Emergency Measure 15 through the SAS MIS and for requesting the central bank to issue payments based on an approved payroll each month. It is also responsible for the GRM and internal audits. The Head of the SAS Division will be responsible for Component 2, with support of the existing staff in the SAS Division, including the IT specialist, accountant/financial management staff. The PCU in the MoH will provide support to the SAS Division to (i) prepare the required financial reports and withdrawal application; (ii) any necessary procurement activities; and (iii) compliance with the ESF.

The Department for Social Policies and Family in MoH will support the implementation of Component 2 through its oversight of the CSW. The Department will ensure that the CSW receive clear instructions on the emergency measures as these relate to the SAS and Measure 15, the application forms for Measure 15, and support the data entry into the SAS MIS for applications to SAS and Measures 15. The CSW will accept applications to the SAS and will support the data entry for Measure 15. The CSW will also support communication on the emergency measures and also the opportunity to apply to the SAS, including targeted communication to particularly vulnerable groups, such as RAE. The CSW will continue to be the first instance body for complaints and grievances regarding SAS or Measure 15 and will elevate complaints, as required to the SAS Division.

For the SAS, payments will be made by the commercial bank and post office through a contract with the SAS Division, while payments for Measure 15 will be paid directly by the central bank into the existing bank accounts of beneficiaries, based on instructions from the SAS Division.

7. POLICIES AND PROCEDURES

Employment of project workers within the Kosovo Emergency COVID-19 Response Project will be based on the principles of non-discrimination and equal opportunity. There will be no discrimination with respect to any aspects of the employment relationship, including recruitment, compensation, working conditions and terms of employment, access to training, promotion or termination of employment. The following measures, will be followed by contractors and monitored by the Kosovo Emergency COVID-19 Response Project (PCU), to ensure fair treatment of all employees:

- Recruitment procedures will be transparent, public and non-discriminatory, and open with respect to ethnicity, religion, sexuality, disability or gender.
- Applications for employment will only be considered if submitted via the official application procedures established by the contractors.
- Clear job descriptions will be provided in advance of recruitment and will explain the skills required for each post.
- All workers will have written contracts describing terms and conditions of work and will have the contents explained to them. Workers will sign the employment contract.

- The contracted workers will not be required to pay any hiring fees. If any hiring fees are to be incurred, these will be paid by the Employer.
- Depending on the origin of the employer and employee, employment terms and conditions will be communicated in two languages, in the state language and the language that is understandable to both parties.
- All workers will be 18 years old or above for civil works. This will be a requirement in COVID-19 Response Project contracts with contractors.
- Normal working time should not exceed 40 hours per week. With a five-day working week, the duration of daily work is determined by the internal work regulations approved by the employer after prior consultation with the representatives of the workers, in compliance with the established working week duration.

AGE OF EMPLOYMENT

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

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

8. TERMS AND CONDITIONS

The employment terms and conditions applying to Kosovo Emergency COVID-19 Response Project (PCU) employees are set out in this document. These internal labor rules will apply to all Kosovo Emergency COVID-19 Response Project employees who are assigned to work on the project (direct workers). Terms and conditions of contracted workers are determined by their individual contracts.

The work hours for Emergency COVID-19 Response Project workers will be 40 hours per week, eight hours per workday. Terms and conditions of contracted direct workers will be determined by their individual contracts. The contractors’ labor management procedure will set out terms and conditions for the contracted and subcontracted workers. These terms and conditions will be in line, at a minimum, with this labor management procedure and specified in the standard contracts to be used by the MoH and MoFT under the project, which will be provided in Project Operations Manual and follow this LMP.

9. GRIEVANCE MECHANISM

The project has developed the ESMF as a main environmental and social guiding document together with the Stakeholder Engagement Plan (SEP) and Labor management procedures (this document). During the development of the SEP, the special chapter was dedicated to the Grievance Redress Mechanism for the

Project Workers consistent with the ESS2. The grievance procedure has been developed where in Annex I in the SEP there is a form for grievances raised by the health care workers and other workers within the project.

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

For **civil servants** the law on civil servants addresses the grievance mechanism in such a way to provide for employment relations and workplace dispute resolution through the Appeals Commission housed within the institution providing employment. The above stated mechanisms provided by the Kosovar legislation are considered as minimum standard to be achieved in addressing labor dissatisfaction and perceived maltreatment. Any third party employing and engaging contracted workers are expected to design and implement grievance mechanisms that will be aligned or surpass this standard ensuring an easy access to protective measures and effective remedial actions in work situations that may give rise to grievances and disputes.

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

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

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

The mechanism will be based on the following principles:

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

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

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

Contact information for enquiries and grievances:

Rapid Response COVID- 19 Project

Ministry of Health

Address:

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

Division for Public Communication and Relations

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

10. CONTRACTOR MANAGEMENT

All contracts under Emergency COVID-19 Response Project will include provisions related to labor and occupational health and safety as provided in the World Bank Standard Procurement Documents and Kosovo law.

Kosovo COVID-19 Response Project PCU within MoH will manage and monitor the performance of contractors in relation to contracted workers, focusing on compliance by contractors with their contractual agreements (obligations, representations, and warranties) and labor management procedures. Also, the PCU staff will look how the following obligations are fulfilled by the Contractors:

- **Labor conditions:** records of workers engaged under the Project, including contracts, registry of induction of workers, hours worked; If workers, particularly health care workers, are allowed (or required) to work longer hours than normal because of the COVID-19 emergency, this should be documented alongside measures taken to protect such workers (e.g. mandatory rest breaks).
- **Workers:** number of workers, indication of origin (local, non-local, nationals), gender, age with evidence that no child labor is involved, and skill level (unskilled, skilled, supervisory, professional, management);
- **Training/induction:** dates, number of trainees and topics, records on training provided for contracted workers to explain occupational health and safety risks and preventive measures; specific requirements for certain types of contractors, and specific selection criteria (e.g. for medical waste management, certifications, previous experience)
- **Safety:** recordable incidents (lost time incidents, medical treatment cases), first aid cases, high potential near misses, and remedial and preventive activities required, reports relating to safety inspections, including fatalities and incidents and implementation of corrective actions, records relating to incidents of non-compliance with national law; Provision of medical insurance covering

treatment for COVID-19, sick pay for workers who either contract the virus or are required to self-isolate due to close contact with infected workers and payment in the event of death.

- **Details of any security risks:** details of risks the Contractor may be exposed to while performing its work—the threats may come from third parties external to the project; Specific procedures and measures dealing with specific risks. For example, for health care contractors: infection prevention and control (IPC) strategies, health workers exposure risk assessment and management, developing an emergency response plan, per WHO Guidelines.
- **Worker grievances:** details including occurrence date, grievance, and date submitted; actions taken and dates; resolution (if any) and date; and follow-up yet to be taken—grievances listed should include those received since the preceding report and those that were unresolved at the time of that report.
- Appointing a COVID-19 focal point with responsibility for monitoring and reporting on COVID-19 issues, and liaising with other relevant parties.
- Including contractual provisions and procedures for managing and monitoring the performance of Contractors, in light of changes in circumstances prompted by COVID-19.

Fulfillment of these obligations will apply to the companies that will be engaged by MoH and MoFT for limited renovation if needed to operationalize additional ICU beds, workers that will work on the building the prefabricated containers-hospitals, for medical waste management and disposal systems, as well as for all suppliers/consultants and contractors on the Emergency COVID-19 Response Project.

COVID-19 specific Measures for HCFs workers

Plans/procedures that will apply to all workers associated with the project, including security personnel, will be in place to address the following issues:

- The characteristics of the workers will be assessed prior to engaging them in healthcare works, including those with underlying health issues or who may be otherwise at risk. This will be done by conducting pre-employment health checks;
- Adequate supplies of medical PPE, including gowns, aprons, curtains; medical masks (N95 or FFP2); gloves (medical, and heavy duty for cleaners); eye protection (goggles or face screens); hand washing soap and sanitizer; and effective cleaning equipment, will be put in place. If relevant PPE cannot be obtained, viable alternatives, such as cloth masks, alcohol-based cleansers, hot water for cleaning and extra hand washing facilities, until such time as the supplies are available, will be considered;
- Work tasks will be rearranged or numbers of workers on the worksite will be reduced to allow social/physical distancing, or rotating workers through a 24-hour schedule;
- Training will be provided to medical staff on the latest WHO advice and recommendations on the specifics of COVID-19;
- Enhanced cleaning arrangements, including thorough cleaning (using adequate disinfectant) of catering facilities/canteens/food/drink facilities/toilets/showers, common areas, including door handles, floors and all surfaces that are touched regularly, will be put in place;

- Cleaning staff will be trained and provided with adequate PPE when cleaning consultation rooms and facilities used to treat infected patients;
- Access to psychosocial support based on the needs and availability of such services;
- Communication strategy/plan to support regular communication, accessible updates and clear messaging to health workers, regarding the spread of COVID-19 in nearby locations, the latest facts and statistics, and applicable procedures, will be implemented.

11. COMMUNITY WORKERS

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

12. PRIMARY SUPPLY WORKERS

The primary suppliers for the Kosovo Emergency Covid-19 Response Project will be the companies that will supply raw materials, medical equipment and services for construction. Companies' suppliers are expected to be local where the sub-project will take place, or at least national.

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