

HEALTHIER KOSOVO 2 JOINT PROJECT DOCUMENT

1. Cover Page

Kosovo (under UNSCR 1244/99)

Project Title: Healthier Kosovo 2

Joint Project Outcome(s): By 2025, women and men in Kosovo, particularly youth and vulnerable groups, have increased access to decent work and benefit from sustainable and inclusive economic development that is more resilient to impacts of climate change, disasters and emergencies.

Project Duration: Two years
Anticipated start/end dates: August 01, 2021 – July 31, 2023
Fund Management Option(s): Pass-through
Administrative Agent: MPTF Office

Total estimated budget*:	970,000 EUR 1,666,285 USD
Out of which:	
1. Funded Budget:	970,000 EUR
2. Unfunded budget:	_____
* Total estimated budget includes both project costs and indirect support costs	

Sources of funded budget:
<ul style="list-style-type: none">• Donor: The Government of the Grand Duchy of Luxembourg

Participating UN organizations
<i>Maria Suokko, Resident Representative</i> Signature: 
United Nations Development Programme (UNDP)
Date & Seal 18-Jul-2021
<i>Dr Hans Kluge</i> Regional Director for Europe Signature: 
World Health Organization (WHO)
Date & Seal 27.07.2021

List of Acronyms:

AA	Administrative Agent
ADA	Austrian Development Agency
CC	Climate Change
CSOs	Civil Society Organizations
DCO	Development Coordinator's Office
DIM	Direct Implementation Modality
E&H	Environment and Health
EBRD	European Bank for Reconstruction and Development
ECEH	European Center for Environment and Health
EU	European Union
HK	Healthier Kosovo
HCWs	Health Care Workers
JP	Joint Project
GHGs	Greenhouse Gases
KEN	Kosovo Environmental Network
KEPA	Kosovo Environmental Protection Agency
KHI	Kosovo Hydrometeorological Institute
MCYS	Ministry of Culture, Youth and Sports
MPTF	Multi-Partner Trust Fund
MEE	Ministry of Economy and Environment
MFK	Millennium Foundation Kosovo
MoH	Ministry of Health
MoU	Memorandum of Understanding
NIPHK	National Institute of Public Health of Kosovo of Kosovo
PM	Particulate Matter
PSC	Project Steering Committee
UNDC	UN Development Coordinator
UNDG	UN Development Group
SDC	Swiss Agency for Development Cooperation
SDGs	Sustainable Development Goals
SEPA	Swedish Environment Protection Agency
SIDA	Swedish International Development Agency
UHCSK	University Hospital and Clinical Service of Kosovo
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNKT	United Nations Kosovo Team
UNV	United Nations Volunteers
WB	World Bank
WHO	World Health Organization

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2. Executive Summary

Healthier Kosovo (HK) is a pioneering project in the field of environment and health in Kosovo. Designed in 2017, the project focuses on air pollution and its impact on human health.

As a joint UN project between United Nations Development Programme (UNDP) with United Nations Volunteers (UNV) and World Health Organization (WHO), the project has made a significant impact in: (1) catalyzing institutional coordination and enhancing institutional capacities in cross-sectoral topic of environmental health, (2) building an active community in the field of environmental health through activities targeting civil society and through establishment of the Kosovo Environmental Network (KEN), (3) building public awareness and enhancing collaboration among communities through the #ecokosovo2 and #ecokosovo3 campaigns, and developing solutions to reduce impact of air pollution exposure through human-centered design interventions.

The key institutional stakeholders are the Ministry of Health (MoH) and Ministry of Economy and Environment (MEE), with their respective agencies (Kosovo Hydrometeorological Institute and National Institute of Public Health of Kosovo).

In March 2020, at the onset of COVID-19 in Kosovo, the Healthier Kosovo project swiftly responded to the public health emergency by reprogramming part of its funds towards procurement of critically needed medical equipment for health institutions. As the Healthier Kosovo project 2017-2020 is concluded, this Project Document proposes a continuation of the project to a second phase – Healthier Kosovo 2.

The proposed Healthier Kosovo 2 (HK2) strives to reduce environment-related disease burden on Kosovo population's health and support the transition to a more resilient society in the face of environmental health threats, including air pollution, COVID-19-related waste in health facilities, and climate change impacts on health. The concept is rooted in the United Nations Sustainable Development Framework priority area 3 and in the WHO Manifesto for a Healthy Recovery from COVID-19.

The joint project will contribute to the achievement of the Sustainable Development Goals in Kosovo, specifically: Ensure Healthy Lives and Promote Well-being for All at All Ages (SDG 3); Make cities and human settlements inclusive, safe, resilient and sustainable (SDG 11); and Take urgent action to combat climate change and its impacts (SDG 13). The project, in this context, will also contribute to Health 2020, the new European health policy framework.

Kosovo's environmental protection law supports the principle of public access to information, which gives the right to all persons to be informed on environmental state and to participate in decision-making processes as one of the basic principles and to stimulate public participation on activities related to environmental protection.

On the one hand, the project aims to provide technical assistance and capacity development to the institutions responsible for environment and health issues - thereby accelerating the implementation of legal and institutional framework. On another hand, the project will also continue to work with the public and local Civil Society Organizations (CSOs) to raise awareness and develop their capacities in channeling their concerns into policies and support them in addressing such concerns with innovative solutions.

Moreover, evidence exists that the impact of environmental degradation and natural hazards and disasters tend to impact women, as well as undeserved communities, more negatively and more disproportionately. Therefore, investing in mitigation of environmental impacts not only better directs health outcomes for citizens, but it also brings clear gender and social benefits.

From its first phase, the Healthier Kosovo project has been inter-sectorial in nature and, as such, has identified, registered, and tackled all important cross-cutting issues, both in its design and implementation. For example, women, youth and other vulnerable groups have been engaged in all activities implemented under the project phase one, such as building capacities of environmental Civil Society Organizations (CSOs), awarding grants for pilot projects, organizing – or campaigns and workshops on environmental awareness raising and community mobilization.

As a result, the reach of CSO grant projects enabled communities to become more vibrant with initiatives of functionalizing national informal environmental CSO group, and actively working on important ongoing environmental threats. Additionally, the HK project ensured the empowerment of youth (particularly young women) in two pilot municipalities of Fushë Kosovë/Kosovo Polje and Municipality of Obiliq/Obilić, by increasing their knowledge on how to measure air pollution and by organizing presentations on indoor air pollution, as a measure of protecting young children from the risks of exposure to indoor pollutants, which is often evidenced to be more polluted than outdoor air in Kosovo.

Therefore, building on past achievements, HK2 will continue to use a community engagement approach, utilizing innovative and participatory co-design methodology, where communities are not only regarded as ultimate beneficiaries of the project's interventions but also as key partners in identifying problems and solutions with the final goal of building sustainable and meaningful changes for everyone.

In addition to the co-design initiative, the HK2 will extend its community focus through the concept of Parks Foundations: a collaborative platform and common space enabling communities, local businesses, municipalities and local councils to work together towards the common goal of protecting, and developing parks and green areas. The platform will also have the potential to open up new financing and funding options.

The key project partners for the implementation of HK2 include: Ministry of Health (MoH), Ministry of Economy and Environment (MEE), Kosovo Hydrometeorological Institute (KHMI), Kosovo Environmental Protection Agency (KEPA), National Institute of Public Health of Kosovo (NIPHK), University Hospital of Clinical Service of Kosovo (UHCSK), Municipality of Fushë Kosovo / Kosovo Polje, Municipality of Obiliq / Obilić and Civil Society Organizations.

3. Situation Analysis

In Kosovo, environmental health issues remain pressing, particularly in the face of COVID-19. Due to the zoonotic origin of the virus, the pandemic has highlighted the close inter-connections between environment and human health, and initial studies have further connected air pollution to more severe COVID-19 cases and high death rates.

Amongst the many associated impacts resulting from the COVID-19 outbreak that brings together topics of environment and health is the amount of waste, especially infectious, generated by health care facilities. During any health emergency, the amount of hospital waste increases, and since the COVID outbreak, hospital waste has significantly increased worldwide; in some countries up to six times more waste is being generated since the pandemic. The importance of safe management of medical waste is critical for the safety of health care workers, patients, and the public.

There is a need to continue supporting Kosovo in its COVID-19 recovery efforts, but also, there is a need to build resilience towards environmental threats to public health. HK2 builds on the achievements of the implemented project and sets up a new and re-focused approach to address the most pressing environmental health issues.

In addition, environmental conditions in Kosovo are often inadequate and lead to a high environmental burden of disease. The quality of life for people in Kosovo continues to be undermined by the growing environmental degradation – a consequence of accumulated industrial pollutants, of a weak waste management system using outdated technologies, of the widespread use of fertile land for construction and of the unsustainable use of natural resources.

Environmental conservation and responsible development also provide great possibilities in bringing together divided communities; allowing them to recognize common interests, priorities, needs and aspirations.

The quality of air, in particular, is one of the biggest threats to public health. Exposure to air pollution in Kosovo, with concentrations of fine particulate matter (PM) with a diameter of 2.5 micrometers or less (PM_{2.5}), exceeds the World Health Organization (WHO) air quality guideline value of 10 µg/m³ and the European Union (EU) limit value of 25 µg/m³.

During winter periods of severe pollution, values of the parameter PM₁₀ have been exceeded by up to 400%. According to World Bank 2019 estimations, about 760 people die prematurely every year in Kosovo because of exposure to air pollution. The estimated economic cost associated to mortality from exposure to air pollution in Kosovo is in the range of US\$160–US\$310 million, equivalent to 2.5–4.7% of gross domestic product (GDP).

Environment and health issues are overlapping with many sectors (such as with urban planning, transport, economy, energy, housing, social services etc.) and can be affected by actions and decisions that are not considered primarily from a health perspective within these sectors. As such, the intensification of institutional coordination is not only crucial to the matters of air quality monitoring and reporting, but overall, for ensuring an effective environment and health treatment. There is still no strong and functional institutional set up or a strategic ground coordination mechanism, which could address environment and health concerns and become an active steward of the environment and health agenda in Kosovo.

Climate change (CC) is expected to amplify the impacts that the natural and physical environment has on human health and wellbeing. The Western Balkans region is already experiencing a range of impacts from CC. The temperatures are increasing, water resources are declining, and infectious and vector borne diseases (mostly heat related) are showing a consistent increase. All these impacts will add to the burden currently experienced in Kosovo, in terms of health and wellbeing of people, and in terms of added stresses to the existing health systems and infrastructure.

4. Strategies, including lessons learned and the proposed joint project

An external evaluation was commissioned to review to Healthier Kosovo 1 project's results and performance at the end of its two-year implementation period.

The results from the evaluation findings suggest that HK project should continue to implement some of the interventions but also upgrade and include other elements in the second phase. First, the report suggest that HK should prioritize the capacity building of central (especially NIPHK and KHMI) and local institutions to address environment and health issues at the national policy level and, specifically, through integrating environment & health policy and planning into cross-cutting sectors.

Second, considering Civil Society Organizations (CSOs) cooperation with municipalities has yielded successful results, the report recommends to scale-up these activities and raise the capacities of local municipalities on environmental management. Additionally, the project should also continue to increase the capacities of environmental CSOs on watchdog functions and public participation, but also scale-up to more advanced training modules.

Furthermore, the report indicates that the community level interventions have proven to be an important segment in raising awareness and producing solutions throughout the project period. The awareness campaign #ecokosovo should be expanded to encompass new ways to engage the public, disseminate the right information and have the community join a sustainable lifestyle for a cleaner environment; the innovation lens should be sustained in the next phase, and the community engagement through Human-Centered Design should continue to empower youth and vulnerable groups to co-create real-world solutions in the face of environmental degradation. All the recommendations from HK project evaluation, as well as the lessons learned from the first phase, have been reviewed, discussed, and taken into consideration when designing the activities for HK2.

Sustainability of results will be ensured through the following approach:

- Stakeholders will be engaged and consulted in all phases; from activity design, execution, and closing. All activities will be designed with the aim of increasing the capacities and knowledge of beneficiaries in a manner that will result in a long-term benefit to them and their institutions. By involving them from the start, it is ensured that they get as much knowledge as possible.
- Institutions will be considered as the main drivers and owners of the planned activities, while participating UN agencies will provide the support needed to achieve the project objectives. Firstly, before any activity takes place, steps will be taken to understand the structure and internal working processes of the responsible institution/department, in order to design interventions that are aligned with the capacities, plans, and abilities of institutions and staff.

The proposed scope of HK2 for the period 2021-2023 is fully aligned to the United Nations Sustainable Development Cooperation Framework 2021-2025 of the UN Kosovo Team, specifically outcome 3: **By 2025, women and men in Kosovo, particularly youth and vulnerable groups, have increased access to decent work and benefit from sustainable and inclusive economic development that is more resilient to impacts of climate change, disasters and emergencies.** Equally, the proposed project is in line with Luxembourg's Development Cooperation in Kosovo 2017-2020 which has health as one of the key priority areas.

The outcome will be achieved through two project outputs:

Output 1. Exposure to air pollution and climate-related health threats is reduced through improved institutional capacities and public awareness.

Output 2. Health threats from medical waste reduced through updated waste management protocols, safe waste collection and segregation and improved capacities of relevant institutions and Health Care Workers (HCW).

Under **Output 1**, the project will build on the results of the first phase and continue its efforts in reducing exposure to air pollution, as one of the main threats to the health of the Kosovo population, and it will also focus on stepping up climate action to improve human health. The structure of the efforts will be based on the best practices of the first stage of Healthier Kosovo, while adapting to the current needs in Kosovo.

Consequently, the support to reducing air pollution will start from policy level and through support to Kosovo institutions (**Activity 1.1**). With some of the main gaps identified in the first project such as law enforcement and local level institutional governance in tackling air pollution, the Healthier Kosovo 2 will work on **(a)** supporting the Environmental Inspectorate from the Ministry of Economy and Environment (MEE) with raising capacities, research, tools, policy design and reporting (UNDP). Focusing on supporting the inspectorate will evolve the project focus from support to drafting policy to policy execution; **(b)** supporting the development of Local Air Pollution Reduction Plans, Strategies, and Tools to minimize exposure to air pollution and contribute to the overall air quality management (UNDP) in pilot municipalities; while at the central level the project will focus on policy implementation, at the local level policy frameworks are limited and there is a need for addressing

local contributors to air pollution; **(c)** pilot a behavioral insights-based policy interventions to generate solutions that reduce air pollution deriving from traffic in Pristina. With one of the most polluted air quality indexes among capital cities in Europe, Pristina's public transportation fails to resolve the high traffic of the rapid urbanization rate (UNDP & WHO); **(d)** while a foundation has been laid in the first phase of the project, work will continue in supporting IPH and MoH on assessing health impacts from environmental factors (UNDP and WHO).

While outdoor air pollution has been more addressed through various interventions in Kosovo, it is the household air pollution that is often the silent killer, resulting globally in around 4 million deaths prematurely, and resulting in a range of cardiovascular and respiratory health issues. Use of wood for heating and cooking needs is largely practiced in Kosovo, and it is one of the main sources of air pollution, especially in urban areas.

Under **Activity 1.2**, the project will address the issue of household air pollution by **a)** raising institutional knowledge and capacity through tools, assessments and studies to better understand the sources and impacts of indoor pollution (UNDP & WHO) and **b)** by building a sustainable community through interventions that increase awareness on exposure to threats from indoor air pollution (UNDP & WHO).

Air pollution reduction efforts will target building a sustainable community through facilitating community dialogue, small scale non-governmental projects and innovative interventions to environmental problems (**Activity 1.3**). The lack of a participatory social dialogue to drive the environmental agenda was identified as an evident limitation in the first phase of the project. As such, the project will continue efforts to **(a)** financially support civil society organizations through small grants for projects addressing environmental pollution, research, advocacy, and piloting (UNDP); **(b)** catalyzing policy dialogue events/workshops to engage stakeholders in research-based discussions (UNDP); **(c)** decreasing air pollution in select municipalities through implementing human centered design and co-designing prototype solutions that reduce air pollution by working with the UN Volunteers (UNDP with UNV), **(d)** co-designing parks through park foundations and bringing together stakeholders in a shared platform to green public spaces (UNDP with UNV), **(e)** increasing awareness and knowledge about indoor/outdoor air pollution, utilizing direct outreach methods in local communities and online trainings in schools through deployment of UN Community Volunteers (UNDP with UNV).

Activity 1.4 will focus on innovative environmental campaigning for increased environmental awareness among the general population. The new phase will enable the existing #ecokosovo campaign by developing new ways to engage the public, inform them and have them join a sustainable lifestyle for a cleaner environment and cleaner air. In the new phase, the awareness raising campaign will also have new timely elements related to deforestation/biodiversity and zoonotic diseases, and climate change and health (UNDP).

Under **Activity 1.5 and 1.6**, the project will focus stepping up climate action to improve human health. Besides the proven negative correlation between air pollution and human health, climate change is also posing a range of additional direct and indirect health threats such as cardiovascular and respiratory disease due to extreme heat, drinking water contamination, changes in patterns of infection, and other indirect effects such as malnutrition due to CCs impact on crop productivity Kosovo is being impacted by climate change, and in the future, these impacts are only expected to increase. While Kosovo's Climate Change strategy for 2019-2028 and a Climate Change Action Plan for 2019-2021 are in place, it is unclear to what degree they have been implemented or how much they are influencing health and environment policymaking. Health impacts from climate change are rarely addressed or assessed in Kosovo, and unlike for air pollution & health where institutional cooperation has been strengthened in the last few years, the cooperation and coordination of environment and health authorities in addressing climate change is lacking. Knowing that such impacts will only show an increase in the coming decades and result in an additional health burden in Kosovo, under **Activity 1.5**, central and local institutional capacity will be raised to properly address

such issues at the national policy level and specifically, through environment & health policy and planning, and by improving the cooperation between the environment and health institutions (UNDP & WHO). Whereas under **Activity 1.6**, awareness raising activities will be undertaken to inform the public on measures they can take to decrease their exposure to climate change health threats (UNDP & WHO).

Under **Output 2**, the project will address the pressing environmental health matters raised from the pandemic, dealing with the increase of medical waste in health facilities, especially infectious waste. Proper management of medical waste is essential to prevent outbreaks of disease within health facilities and outside of them. Clear protocols and equipment & supplies are needed to guide the management of waste from the point of generation until disposal and treatment, and special attention must be given to the handling of infectious and hazardous waste, which can lead to disease if not handled properly. The increase in generated waste pose additional pressures on the waste management systems in place. Current capacities might not be able to cope with the waste being generated, and as the number of Health Care Workers (HCW) and sanitary workers handling waste increase during health emergencies, so does the risk of getting exposed to infectious waste.

In an assessment carried out by WHO Pristina, several issues were identified, including lack of clear protocols and standards for medical waste management, lack of dedicated waste bins, and overall lack of knowledge by health care workers and sanitary workers on proper ways to manage waste through the whole cycle, from generation to treatment. In this regard, the project will work closely with the University Clinical Center, University Hospital and Clinical Service of Kosovo (UHCSK) and other health actors to establish an effective waste management system (**Activity 2.1.**), by providing technical support to **(a)** update existing/develop medical waste management protocols to be in line with WHO recommendations, with an added focus on COVID-related guidelines (WHO); **(b)** raise the capacities of institutions, HCWs and sanitary workers in managing medical waste based on best practices through trainings, workshops (WHO). In addition, educational materials will be design and distributed in health facilities to inform HCWs and patients on steps they need to take to reduce health threats from medical waste (WHO) (**Activity 2.2.**). Besides developing clear protocols and delivering trainings, the intervention will focus on evaluating the UCK profile of generation, collection, transportation and storage of healthcare waste in hospital as well as establishing a safe waste collection and segregation system (UNDP) (**Activity 2.3.**).

5. Results Framework

The planned objective of HK 2 contributes to the Kosovo United Nations Sustainable Development Cooperation Framework 2021-2025, priority area 3 which highlights "that women and men in Kosovo, particularly youth and vulnerable groups, have increased access to decent work and benefit from sustainable and inclusive economic development that is more resilient to impacts of climate change, disasters, and emergencies." The project also directly contributes to the "Results and resources framework for Kosovo* 2021-2025", specifically outcome 3 aiming to "build resilience to shock and crisis". The following Results Framework presents specific activities that are planned to ensure the successful achievement of the JP's outcomes and outputs.

Table 1: Results Framework

Kosovo UNSDCF 2021-2025 Outcome 3: By 2025, women and men in Kosovo, particularly youth and vulnerable groups, have increased access to decent work and benefit from sustainable and inclusive economic development that is more resilient to impacts of climate change, disasters and emergencies							
Performance Indicator (disaggregation): Level of air pollution (UNDP) – SDG 11.6.2							
Baseline: Pristina region during Oct-Dec: PM10: 56 µg/m ³ ; PM2.5: 42 µg/m ³ (2018)							
Target by 2025: Pristina region during Oct-Dec PM10: 30 µg/m ³ ; PM2.5: 20 µg/m ³							
Data Source (Means of Verification): Measurement/ Kosovo Environmental Protection Agency Reports (Project) End-line Report Ministry of Environment and Spatial Planning of Kosovo							
JP Outputs	Participating UN organization-specific Outputs	Participating UN organization ¹	Participating UN organization corporate priority	Indicative activities for each Output	Resource allocation and indicative time frame*		Total (Eur) (UNDP)
					Y1	Y2	
Output 1.1: Exposure to air pollution and climate-related health threats is reduced through improved institutional capacities and public awareness. Indicator 1.1.1: a) # of digitalized systems that enable Environmental Inspectorate to carry out inspection and control of cases in alignment with environmental laws and regulations in place b) # of local air pollution reduction plans c) # of generated solutions to policy problems resulting from the behavioural insight study	N/A	UNDP	Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3	Activity 1.1a: Support the Environmental Inspectorate from MEE with tools and capacity building	17,500	12,500	30,000.00 (UNDP)
	N/A	UNDP	Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3	Activity 1.1.b: Support municipalities local air pollution reduction plans, strategies and tools	16,500	16,500	33,000.00 (UNDP)
	N/A	UNDP, WHO	Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3 WHO European Programme of Work, Core Priority 3 -	Activity 1.1.c: Conduct behavioural insight study	40,000	40,000	80,000.00 40,000.00 (UNDP) 40,000.00 (WHO)

¹ In cases of joint projects using pooled fund management modalities, the Managing Agent is responsible/accountable for achieving all shared joint project outputs. However, those participating UN organizations that have specific direct interest in a given joint project output, and may be associated with the Managing Agent during the implementation, for example in reviews and agreed technical inputs, will also be indicated in this column.

<p>d) # of reports and Environmental Health Impact Assessments (EHIA) published by health institutions</p> <p>Baseline 1.1:</p> <p>a) No digital system in place that enables Environmental Inspectorate to carry out inspection and control of cases in alignment with environmental laws and regulations in place</p> <p>b) There are no local air pollution reduction plans</p> <p>0 – behavioural study has never been used to generate solutions to policy problems</p> <p>d) There are no Environmental Health Impact Assessment (EHIA) published by health institutions</p>	N/A	UNDP, WHO	<p>Promoting health and well-being</p> <p>Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3</p> <p>WHO European Programme of Work, Core priority 3 - Promoting health and well-being</p>	<p>Activity 1.1.d: Support institutional capacities to assess environmental health impacts</p>	32,500	62,500	<p>95,000.00</p> <p>15,000.00 (UNDP)</p> <p>80,000.00 (WHO)</p>
<p>Indicator: 1.2.:</p> <p>a) # of indoor air pollution and related health impact assessments</p> <p>b) % of population in Kosovo that are aware of potential health threats from indoor air pollution</p>	N/A	UNDP, WHO	<p>Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3</p> <p>WHO European Programme of Work, Core priority 3 - Promoting health and well-being</p>	<p>Activity 1.2.a: Support institutions to assess indoor air pollution and related health impacts through tools, methodologies, workshops, trainings</p>	55,000	40,000	<p>95,000.00</p> <p>15,000.00 (UNDP)</p> <p>80,000.00 (WHO)</p>
<p>Baseline 1.2:</p> <p>a) No indoor air pollution health impact assessments</p> <p>b) TBD once the project starts (data will be gathered through Public Pulse)</p>	N/A	UNDP, WHO	<p>Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3</p> <p>WHO European Programme of Work, Core priority 3 - Promoting health and well-being</p>	<p>Activity 1.2.b: Increase awareness among general public on exposure to threats from indoor air pollution</p>	10,712.95	10,712.95	<p>21,425.90</p> <p>6,200 (UNDP)</p> <p>15,225.90 (WHO)</p>
<p>Indicator 1.3.:</p> <p>a) # of solutions implemented by Civil Society Organizations (grant recipients) in the area of environmental pollution</p> <p>b) # of policy analysis reports in the air quality management domain</p> <p>c) # of innovative prototypes generated from the human-centered design cycle in selected municipalities</p> <p>d) # of revitalized parks as a result of parks foundation platform</p> <p>e) # of UN Community Volunteers deployed to deliver awareness raising activities on indoor/outdoor air pollution</p>	N/A	UNDP	<p>Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3</p> <p>Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3</p> <p>Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3</p>	<p>Activity 1.3.a: Support financially Environmental Civil Society Organizations to develop and pilot their projects on addressing environmental pollution, research, and advocacy</p> <p>Activity 1.3.b: Catalyze policy dialogue events/workshops to engage stakeholders in research-based discussions</p> <p>Activity 1.3.c: Implement human centered design methodology and co-design prototype solutions that reduce air pollution by working with the UN Volunteers</p> <p>Activity 1.3.d: Co-design parks through park foundation and bring together stakeholders in a shared</p>	5,000	31,500	<p>36,500.00</p> <p>(UNDP)</p>
<p>Baseline 1.3.:</p> <p>a) # of solutions implemented by Civil Society Organizations (grant recipients) in the area of environmental pollution</p> <p>b) # of policy analysis reports in the air quality management domain</p> <p>c) # of innovative prototypes generated from the human-centered design cycle in selected municipalities</p> <p>d) # of revitalized parks as a result of parks foundation platform</p> <p>e) # of UN Community Volunteers deployed to deliver awareness raising activities on indoor/outdoor air pollution</p>	N/A	UNDP	<p>Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3</p> <p>Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3</p> <p>Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3</p>	<p>Activity 1.3.a: Support financially Environmental Civil Society Organizations to develop and pilot their projects on addressing environmental pollution, research, and advocacy</p> <p>Activity 1.3.b: Catalyze policy dialogue events/workshops to engage stakeholders in research-based discussions</p> <p>Activity 1.3.c: Implement human centered design methodology and co-design prototype solutions that reduce air pollution by working with the UN Volunteers</p> <p>Activity 1.3.d: Co-design parks through park foundation and bring together stakeholders in a shared</p>	6,800	25,000	<p>13,600.00</p> <p>(UNDP)</p> <p>53,000.00</p> <p>(UNDP)</p> <p>37,000.00</p> <p>(UNDP)</p>

<p>a) 6 projects carried out by CSO in the first phase of the project</p> <p>b) No policy analysis reports on the area of environmental health published by institutions</p> <p>c) Human-centered design has never been used in the selected municipalities; no innovative prototypes generated</p> <p>d) Parks foundation is a pioneering intervention; no parks have been revitalized in the past using this methodology</p> <p>e) 0 – No community volunteers have been deployed to carry out outreach activities in regard to air pollution</p>	N/A	UNDP	Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3	platform to green public spaces Activity 1.3.e: Increase awareness and knowledge about indoor/outdoor air pollution in local communities through deployment of UN Community Volunteers	21,251	21,251	42,502.00 (UNDP)
<p>0 – No community volunteers have been deployed to carry out outreach activities in regard to air pollution</p>	N/A	UNDP	Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3	Activity 1.4: Engage the public to lead a sustainable lifestyle for a cleaner environment and air campaigning - #ecokosovo4	12,500	12,500	25,000.00 (UNDP)
<p>Indicator 1.4.:</p> <p>a) Total no. people reached on social media through online campaigning on environment and health, measured via social media analytics (Facebook, Instagram and Twitter)</p>	N/A	UNDP, WHO	Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3 WHO European Programme of Work, Core priority, 3 - Promoting health and well-being	Activity 1.5.a: Support central and local institutions to address health threats from climate change through tools and strategies	20,000	20,000	40,000.00 10,000.00 (UNDP) 30,000.00 (WHO)
<p>Baseline 1.4.:</p> <p>a) Facebook: 2.6 million people reached; Instagram: 1.6 million people reached; Twitter: 97,000 people reached (data gathered from social media analytics of #ecokosovo3)</p>	N/A	UNDP, WHO	Kosovo UNSDCF Priority Area 3, Kosovo RRF Outcome 3 WHO European Programme of Work, Core priority, 3 - Promoting health and well-being	Activity 1.6.a: Raise awareness among general public to reduce exposure to health threats from climate change	10,000	10,000	20,000.00 10,000.00 (UNDP) 10,000.00 (WHO)
<p>Indicator 1.5:</p> <p>a) # of trainings/workshops organized on climate change impact on health.</p> <p>Baseline 1.5:</p> <p>a) 0 – No specific trainings or workshops have been organized on this topic</p>							
<p>Indicator 1.6.:</p> <p>a) # of people reached on social media through online campaigning on climate change and health</p> <p>Baseline 1.6:</p> <p>a) No campaigns on climate change and health</p>							

6. Management and Coordination Arrangements

As a joint project (JP) with pass-through funding and interlinked activities, results, and a common goal, a functional governance structure, able to respond to project needs, is paramount.

At the strategic level, the JP will be governed by the Project Steering Committee (PSC) that shall provide overall guidance and strategic direction. The PSC shall be responsible for taking consensus-based management decisions for the project when guidance is required by the Project Coordinator, including recommendation for approval of project revisions if so required. Project reviews by the PSC shall be taken at designated decision points during the implementation of the project, or as necessary when raised by the Project Coordinator. The Project Coordinator shall consult the PSC when tolerances (i.e. constraints normally in terms of time and budget) have been exceeded. The PSC will consist of the Development Coordinator's Office, the participating UN organizations (PUNOs) – UNDP with UNV and WHO – as well as the Ministry of Health, Ministry of Economy and Environment, and the donor, namely the Government of Grand Duchy of Luxembourg. Other stakeholders, particularly key beneficiaries/partners will have an opportunity to partake in meetings as agreed between PSC members. The PSC shall be co-chaired by the Development Coordinator and high-level representatives of the Ministry of Economy and Environment and the Ministry of Health.

The PSC will meet every 6 months or more often if deemed necessary. The PSC will monitor progress, decide on strategic decisions to ensure continued coherence between implementation, goals and objectives, decide on annual work plans, potential revision of annual plans and budgets.

At the implementation level, UNDP with UNV and WHO are responsible for the management of both individual and joint activities (where applicable) within their respective frameworks. UNDP, as a convening agent, shall be responsible for the overall management and coordination of the project, primarily about the responsibility for the achievement of the outputs and the stated outcome. UNDP will delegate managerial duties for the day-to-day running of its components to the Project Coordinator, and to ensure a coherence of the implementation of activities with WHO. UNDP shall be responsible for convening partnerships and implementing activities in areas of responsibility, in cooperation and coordination with WHO, and collection of inputs, narrative and financial, to prepare and submit regular reports. WHO will use its internal expertise and implementation power to implement activities as stipulated in this project document.

The role of the Project Steering Committee as part of the Quality Assurance process will review projects progress, lessons and take strategic decisions the way forward. Project Steering Committee will meet twice a year to address the following questions:

- Is the project still relevant and effectively contributing to the intended outcomes?
- Is the project yielding the desired results?
- Are risks effectively managed?
- Is the project being implemented as planned?
- Is there a need to redesign, cancel or modify the project in any way to ensure meaningful contribution to development results?

The Project Steering Committee has three functions:

- Executive (role represented by UNDP with UNV and WHO);
- Senior Supplier (role represented Government of Luxembourg/The Embassy of Luxembourg) that provides guidance regarding the technical feasibility of the project, and use of project resources;
- Beneficiary (represented by national stakeholders).

WHO representative, UNDP Deputy Resident Representative, and UNV Programme Country Coordinator will maintain regular communication to ensure high quality of JP outputs also involving the DCO as required.

Project organization structure:



7. Fund Management Arrangements

Using the pass-through fund management modality, the UN Multi-Partner Trust Fund (MPTF) Office will act as the Administrative Agent (AA) under which the funds will be channeled for the joint project through the AA. The AA will be responsible for concluding Standard Administrative Arrangements (SAAs) with the donor(s) and a Memorandum of Understanding (MoU) with the Participating UN Organizations (PUNOs). The AA will receive, administer and manage contributions from the Donor(s) and will disburse these funds to the PUNOs in accordance with the Project Steering Committee decisions as instructed by its UN Co-Chair. Finally, the AA, will ensure the preparation and submit narrative and financial reports and statements on the JP to the PSC, PUNOs and the Donor(s).

Each implementing agency shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent (Multi-Partner Trust Fund Office). Such funds will be administered by each Participating UN Organization in accordance with its own regulations, rules, directives and procedures. The PUNOs will establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

Indirect costs of the participating UN organizations (PUNOs) recovered through project support costs will be 7%. The Administrative Agent shall be entitled to allocate one percent (1%) of the amount contributed by donor, for its costs of performing the AA's functions.

All other costs incurred by PUNOs in carrying out the activities for which they are responsible under the Fund will be recovered as direct costs.

Funding by the AA will be provided as requested on annual basis, upon successful performance of the activities of the joint project. Procedures on financial transfers, extensions, financial and operational closure, and related administrative issues are stipulated in the Guidance Note on Joint Programme.

Participating UN organizations and partners must comply with Joint Programming brand guidelines, which includes information on donor visibility requirements.

Each implementing agency will take appropriate measures to publicize the JP and give due credit to the other implementing agency. All related publicity material, official notices, reports and publications, provided to the press or beneficiaries, will acknowledge the role of the host Government, donors, participating UN organizations, the Administrative Agent, and any other relevant entities. In particular, the Administrative Agent will include and ensure due recognition of the role of each implementing agency and partners in all external communications related to the funds.

8. Monitoring, Evaluation and Reporting

Monitoring

Table 2: Joint Project Monitoring Framework (JPMF)

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Targets (2021-2023)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
<p>Output 1.1: Exposure to air pollution and climate-related health threats is reduced through improved institutional capacities and public awareness.</p>	<p>Indicator 1.1.1:</p> <ul style="list-style-type: none"> a) # of digitalized systems that enable Environmental Inspectorate to carry out inspection and control of cases in alignment with environmental laws and regulations in place b) # of local air pollution reduction plans c) # of generated solutions to policy problems resulting from the behavioural insight study d) # of reports and Environmental Health Impact Assessments (EHIA) published by health institutions <p>Baseline 1.1.1:</p> <ul style="list-style-type: none"> a) No digital system in place enable Environmental Inspectorate to carry out inspection and control of cases in alignment with environmental laws and regulations in place b) There are no local air pollution reduction plans c) 0 – behavioural study has never been used to generate solutions to policy problems d) There are no Environmental Health Impact Assessment (EHIA) published by health institutions 	<p>Target 1.1:</p> <ul style="list-style-type: none"> a) 1 digitalized system established to enable Environmental Inspectorate to carry out inspection and control of cases in alignment with environmental laws and regulations in place b) At least 2 local air pollution reduction plans drafted c) At least 2 policy solution to be generated from behavioural insight study d) At least 1 report on environmental impact on health and 1 Environmental Health Impact Assessment published by health institutions 	<p>Project Report; Public Pulse publications; ECOSOs project reports; Final Project Evaluation Report; Semi-annual project report; Annual Report Narrative & Financial; Signed list of participation of trainings/events</p>	<p>Collection of public perception data through Public Pulse – conducted biannually. Quantitative data from social media analytics – conducted bimonthly</p> <p>Data collected by reports sent by the relevant ministries (MoH, MEE) their respective institutes (NIPHK and KHI) – conducted biannually</p> <p>Primary data from field visits – conducted quarterly</p>	<p>UNDP with UNV, WHO</p>	<p>Risk: Changes due to central elections could also change the priorities of the environment and health institutions</p> <p>Assumptions: Regardless of changes in leadership, we will continue working with the permanent staff (which remains unchanged), and through them, push forward the environment and health agenda.</p> <p>Risk: The COVID-19 outbreak will a) hinder physical gatherings due to measures enforced by central institutions; b) the global pandemic</p>
	<p>Indicator 1.1.2:</p> <ul style="list-style-type: none"> a) # of indoor air pollution and related health impact assessments b) % of population in Kosovo that are aware of potential health threats from indoor air pollution <p>Baseline 1.1.2:</p> <ul style="list-style-type: none"> a) No indoor air pollution health impact assessments b) TBD once the project starts (data will be gathered through Public Pulse) 	<p>Target 1.2:</p> <ul style="list-style-type: none"> a) At least 1 assessment will be developed and published about indoor air pollution impact on health pollution b) TBD once the baseline is set 				

	<p>Indicator 1.3.:</p> <ul style="list-style-type: none"> a) # of solutions implemented by Civil Society Organizations (grant recipients) in the area of environmental pollution b) # of policy analysis reports in the air quality management domain c) # of innovative prototypes generated from the human-centered design cycle in selected municipalities d) # of revitalized parks as a result of parks foundation platform e) # of UN Community Volunteers deployed to deliver awareness raising activities on indoor/outdoor air pollution <p>Baseline 1.3.:</p> <ul style="list-style-type: none"> a) 6 projects carried out by CSO in the first phase of the project b) No policy analysis reports on the area of environmental health published by institutions c) Human-centered design has never been used in the selected municipalities; no innovative prototypes generated d) Parks foundation is a pioneering intervention; no parks have been revitalized in the past using this methodology e) 0 – No community volunteers have been deployed to carry out outreach activities in regard to air pollution <p>Indicator 1.4.:</p> <ul style="list-style-type: none"> a) Total no. people reached on social media through online campaigning on environment and health, measured via social media analytics (Facebook, Instagram and Twitter) <p>Baseline 1.4.:</p> <ul style="list-style-type: none"> a) Facebook: 2.6 million people reached; Instagram: 1.6 million people reached; Twitter: 97,000 people reached (data gathered from social media analytics of #ecokosovo3) <p>Indicator 1.5:</p> <ul style="list-style-type: none"> a) # of trainings/workshops organized on climate change impact on health. <p>Baseline 1.5:</p> <ul style="list-style-type: none"> a) 0 – No specific trainings or workshops have been organized on this topic <p>Indicator 1.6.:</p>	<p>Target 1.3.:</p> <ul style="list-style-type: none"> a) 6 solutions implemented by environmental CSOs b) 1 policy analysis report drafted in the air quality management domain c) 2 prototypes generated from the human-centered design cycle in 2 municipality d) 1 park revitalized as a result of parks foundation platform e) 10 UN Community volunteers deployed to deliver awareness raising activities on indoor/outdoor air pollution <p>Target 1.4:</p> <ul style="list-style-type: none"> a) No of people reached by the campaign on environment and health: Facebook: 3 million people reached; Instagram: 2 million people reached; Twitter: 140,000 people reached <p>Target 1.5:</p> <ul style="list-style-type: none"> At least 2 workshops organized on climate change and health. <p>Target 1.6:</p> <ul style="list-style-type: none"> b) No of people reached by the campaign 		<p>situation can also affect our programmatic planning and implementation, mainly impacting the procurement procedures and engagement of International Consultants</p> <p>Assumption: Central institutions will be willing to work closely to adapt to alternative methods of implementation of activities, utilizing online teleconferencing tools; b) the COVID-19 epidemiological situation will remain relatively the same, which doesn't seem to be troublesome in execution of activities and travel arrangements, as per our experiences with other projects.</p> <p>Risk: Local elections at the end of the year might cause delays to project activities</p> <p>Assumptions: New staff at the municipal level may require</p>
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<p>Output 2.: Health threats from medical waste reduced through updated waste management protocols, safe waste collection and segregation and improved capacities of relevant institutions and Health Care Workers (HCW).</p>	<p>a) # of people reached on social media through online campaigning on climate change and health Baseline 1.6: a) No campaigns on climate change and health</p> <p>Indicator 2.1: # of effective waste management protocols developed according to WHO recommendation and approved by the central institutions Baseline 2.1: No waste management protocols in place Indicator 2.2: # of HCWs that has received the educational material on waste management Baseline 2.2.a: No previous educational materials provided to HCWs Indicator 2.3.a: # of waste collection systems in place based on international standards Baseline 2.3.a: No effective waste management system in place based on international standards</p>	<p>on climate change: Facebook: 1.5 million people reached; Instagram: 1 million people reached; Twitter: 70,000 people reached</p> <p>Target 2.1: At least 1 protocol will be developed and approved by central institutions on waste management protocol, according to WHO recommendation Target 2.2: At least 100 HCWs and patients received educational material on how to reduce health threats from medical waste Target 2.3: 1 waste management system in place based on international Standards</p>	<p>Progress reports from the Ministry of Health and HUCSK; Field visits</p>	<p>Report sent by the Ministry of Health; Signed list of participants in trainings; Data collected from the report; Primary data gathered from field visits – conducted quarterly</p>	<p>UNDP, WHO</p>	<p>time to settle into their new roles</p> <p>Risk: health institutions can shift focus and resources towards COVID-19, without being able to work on other areas Assumption: Hospital waste management will remain an important area to be addressed, especially during COVID-19 when the amount of infectious waste has increased in health facilities</p>
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The UN Development Coordinator's Office (UNDCO) will be required to monitor the implementation of the joint project (JP), with the involvement of AA to which it must submit data and information when requested. The joint project (JP) will allocate resources for monitoring and evaluation in the budget.

Data for all indicators of the results framework will be shared with the Convening Agent on a regular basis, in order to allow the Convening Agent to aggregate results at the global level and integrate findings into reporting on progress of the joint project (JP).

Reporting

Narrative Reporting

Reporting on the joint project (JP) will be results-oriented, and evidence-based. Each implementing UN Agency will provide the Convening Agent (UNDP) with the following narrative reports prepared in accordance with instructions and templates developed by the UN Development Group (UNDG):

- Annual narrative progress reports, to be provided no later than three (3) months (31 March) after the end of the calendar year, and must include the result matrix, updated risk log, and anticipated expenditures and results for the next 12-month funding period;
- Mid-term progress review report to be submitted halfway through the implementation of Joint project; and
- Final narrative report, after the completion of the joint project activities, to be provided no later than four (4) months after the end of the calendar year in which the operational closure of the activities of the joint project occurs.

The Convening Agent (UNDP) will compile the narrative reports of all participating UN organizations and submit a consolidated report to the Administrative Agent (AA) through the UN Development Coordinator (UNDC) by end of April.

Financial Reporting

1. Each Participating UN Organization will provide the Administrative Agent with:

(a) Annual financial report as of 31 December with respect to the funds disbursed to it from Project Account, to be provided no later than four (4) months (30 April) after the end of the calendar year; and

(b) Certified final financial statements and final financial reports after the completion of the activities in the Joint Project Document, including the final year of the activities in the Joint Project Document, to be provided no later than five (5) months (31 May) after the end of the calendar year in which the financial closure of the activities in the Joint Project Document occurs, or according to the time period specified in the financial regulations and rules of the Participating UN Organization, whichever is earlier.

The Administrative Agent will also provide the donors, Steering Committee and Participating UN Organizations with certified annual and final financial statements/reports ("Source of Use of Funds" as defined by UNDG guidelines) on its activities as Administrative Agent, as specified in the MOU and SAA.

The Multi-Partner Trust Fund office will be responsible for:

- Ensure the consolidation of the narrative and financial progress reports, based on the narrative consolidated report prepared by the Convening Agent (UNDP), and the financial statements/reports submitted by each Participating UN Organization in accordance with the timetable established in the MoU;
- Submitting the aforementioned reports to the donor, in accordance with the timetable established in the MOU and SAA.

Evaluation

After the completion of the joint project (JP), a final, independent and gender-responsive evaluation will be organized by the UN Development Coordinator. An external evaluation body will be commissioned to conduct an independent review and evaluation on the Healthier Kosovo 2's results, impact and performance; the cost for an independent evaluation has been included in the Healthier Kosovo 2 budget. The evaluation will be managed jointly by the participating UN organizations (PUNOs) as per established process for independent evaluations, including the use of a joint evaluation steering group and dedicated evaluation members not involved in the implementation of the joint project. The evaluations will follow the United Nations Evaluation Group's (UNEG) Norms and Standards for Evaluation in the UN System, using the guidance on Joint Evaluation and relevant United Nations Development Group (UNDG) guidance on evaluations. The management and implementation of the joint evaluation will have due regard to the evaluation policies of the agencies to ensure the requirements of those policies are met and the evaluation is conducted with use of appropriate guidance from participating UN organizations (PUNOs) on joint evaluation. The evaluation process will be participative and will involve all relevant project's stakeholders and partners. Evaluation results will be disseminated amongst government, development partners, civil society, and other stakeholders. A joint management response will be produced upon completion of the evaluation process and made publicly available on the evaluation platforms or similar of participating UN organizations (PUNOs).

9. Legal Context or Basis of Relationship

UN presence in Kosovo is regulated under United Nations Security Council Resolution 1244/99. The United Nations Sustainable Development Cooperation Framework 2021-2025 represents a joint commitment by the United Nations development system to work in close partnership with the authorities of Kosovo for the achievement of its priorities framed by the Sustainable Development Goals (SDGs), regional integration objectives and international human rights commitments and principles.

10. Work plans and budgets

The work plan for 2021, as well as the detailed budget for the entire duration of the project, are annexed to this Joint Project Document.

Annual Work Plan for: Healthier Kosovo 2 Period (Covered by the WP) ² 12 Months (Year 1)

UN organization-specific Annual targets		UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET	
				Q3	Q4	Q1	Q2	Source of Funds	Budget Description	Amount (in EUR)
<p>JP Output 1: Exposure to air pollution and climate-related health threats is reduced through improved institutional capacities and public awareness.</p> <p>(Year 1) - Target 1.1:</p> <p>a) 4 training events conducted to increase the capacities of the Environmental Inspectorate on the application of digitalized systems to inspect and control cases</p> <p>b) At least 1 local air pollution reduction plan drafted</p> <p>c) At least 1 policy solution to be generated from behavioural insight study</p> <p>d) At least 1 report on environmental impact on health published by health institutions</p> <p>(Year 1) - Target 1.2:</p> <p>a) 6 workshops organized to strengthen KEPA capacities to conduct assessment on indoor air pollution relation to health; 2 workshops organized to increase capacities of MoH and IPH</p> <p>b) 1 campaign initiated on exposure to threats from indoor air pollution</p> <p>(Year 1) - Target 1.3:</p> <p>a) 5 trainings organized to strengthen CSOs knowledge and capabilities on watch-dog functions and support them in the initiation of their own projects.</p> <p>b) 1 awareness campaign on indoor air pollution and health initiated</p> <p>c) 1 prototype generated from the human-</p>		<p>UNDP, WHO</p>	<p>Activity Actions:</p> <ul style="list-style-type: none"> Improve the capacities of the Environmental Inspectorate to invigorate their endeavors towards controlling the compliance to the requirements of the legislation for environmental protection and conducting research, utilizing international best practices Support evidence-based policy design by employing methods acquired from learning events and international best practices Engage international TA to provide trainings and expertise to EI and support development of action plan (approx. 25 days in total) <p>Activity 1.1b: Support municipalities local air pollution reduction plans, strategies and tools</p> <p>Activity Actions:</p> <ul style="list-style-type: none"> Improve capacities of selected municipalities on how to develop air pollution reduction plans, strategies, and tools by utilizing learning and international best practices Support the upgrade of the existing local policy framework on environment and health and the development of new reduction plans, strategies and tools for piloted municipalities Engage international TA to provide trainings and expertise to selected municipalities (approx. 25 days) Engage local specialist to support the trainings and development of strategies for municipalities (approx. 60 days) <p>Activity 1.1.c: Conduct behavioral insight study</p> <p>Activity Actions:</p> <ul style="list-style-type: none"> Develop behavioral insight study and intervention utilizing UN global resources; and engage external organization specialized in behavioral science <p>Activity 1.1.d: Support institutional capacities to assess environmental health impacts</p> <p>Activity Actions:</p> <ul style="list-style-type: none"> Strengthen capacities in MEE and other bodies in conducting assessment on environmental health impacts and develop recommendation and implementation of environmental policy priorities 	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>Luxembourg</p>	<p>Trainings</p> <p>Study visits</p> <p>Contractual Services</p> <p>Supplies, Commodities, Materials</p> <p>Travel</p>	<p>17,500.00 (UNDP)</p>
						X	X	Luxembourg	Trainings <p>Contractual Services</p> <p>Supplies, Commodities, Materials</p>	16,500.00 (UNDP)
						X	X	Luxembourg	Contractual Services <p>Supplies, Commodities, Materials</p>	40,000.00 (UNDP)
						X	X	Luxembourg	Trainings / Workshops <p>Contractual Services</p> <p>Supplies, Commodities, Materials</p>	32,500.00 (UNDP)

² Annual Work plans cover not more than a 12-month period. However, usually at the start-up of the i, these may cover less than one year. In both cases, the corresponding period should be specified.

<p>centered design cycle in 1 municipality</p> <p>d) The activity will start in Year 2</p> <p>e) 5 UN Community volunteers deployed to deliver awareness raising activities on indoor/outdoor air pollution</p> <p>(Year 1) – Target 1.4: 1 innovative public outreach campaign initiated to engage the public to lead a sustainable lifestyle</p> <p>(Year 1) – Target 1.5: At least 1 workshop organized on climate change and health.</p> <p>(Year 1) – Target 1.6: 1 awareness campaign on climate change and health initiated</p>	<ul style="list-style-type: none"> Support IPH in accessing and analyzing morbidity and mortality data for HIA purposes Engage international consultants/companies to support IPH on HIA process Support IPH and MoH in strengthening health impact assessment capacities Engage local specialist to support the trainings and capacity building <p>Activity 1.2.a: Support institutions to assess indoor air pollution and related health impacts through tools, methodologies, workshops, training</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Provide expertise and training to KEPA on laboratory management Increase KEPA capacities to conduct assessment on indoor air pollution and related health impacts Support central and/or local institutions on methodologies and tools related to assessing indoor air pollution Studies and assessments to better understand the sources and types of indoor AP Engage international consultants/companies to support IPH and MoH on addressing indoor AP <p>Activity 1.2.b: Increase awareness among general public on exposure to threats from indoor air pollution</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Design and publish the outreach materials Engage environment expert to conduct training on the pollutants that contribute to the deterioration of air quality Awareness raising activities to decrease exposure to health threats from indoor air pollution (Contract external company to develop campaign) <p>Activity 1.3.a: Support financially Environmental Civil Society Organizations to develop and pilot their projects on addressing environmental pollution, research, and advocacy</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Provide training and increase capacities for watch-dog functions of CSOs and organize debate sessions Direct support to NGOs/CSOs (at least 1 in 2 selected municipalities) Engage environment expert to facilitate workshops and trainings <p>Activity 1.3.b: Catalyze policy dialogue events/workshops to engage stakeholders in research-based discussions</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Scoping study on the enabling policy environment and participatory analysis of policy constraints Local and national policy dialogue event Engage international and local TA to facilitate the dialogue and support the policy design action plan 	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	
<p>(Year 1) – Target 1.4: 1 innovative public outreach campaign initiated to engage the public to lead a sustainable lifestyle</p> <p>(Year 1) – Target 1.5: At least 1 workshop organized on climate change and health.</p> <p>(Year 1) – Target 1.6: 1 awareness campaign on climate change and health initiated</p>	<ul style="list-style-type: none"> Support IPH in accessing and analyzing morbidity and mortality data for HIA purposes Engage international consultants/companies to support IPH on HIA process Support IPH and MoH in strengthening health impact assessment capacities Engage local specialist to support the trainings and capacity building <p>Activity 1.2.a: Support institutions to assess indoor air pollution and related health impacts through tools, methodologies, workshops, training</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Provide expertise and training to KEPA on laboratory management Increase KEPA capacities to conduct assessment on indoor air pollution and related health impacts Support central and/or local institutions on methodologies and tools related to assessing indoor air pollution Studies and assessments to better understand the sources and types of indoor AP Engage international consultants/companies to support IPH and MoH on addressing indoor AP <p>Activity 1.2.b: Increase awareness among general public on exposure to threats from indoor air pollution</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Design and publish the outreach materials Engage environment expert to conduct training on the pollutants that contribute to the deterioration of air quality Awareness raising activities to decrease exposure to health threats from indoor air pollution (Contract external company to develop campaign) <p>Activity 1.3.a: Support financially Environmental Civil Society Organizations to develop and pilot their projects on addressing environmental pollution, research, and advocacy</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Provide training and increase capacities for watch-dog functions of CSOs and organize debate sessions Direct support to NGOs/CSOs (at least 1 in 2 selected municipalities) Engage environment expert to facilitate workshops and trainings <p>Activity 1.3.b: Catalyze policy dialogue events/workshops to engage stakeholders in research-based discussions</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Scoping study on the enabling policy environment and participatory analysis of policy constraints Local and national policy dialogue event Engage international and local TA to facilitate the dialogue and support the policy design action plan <p>Activity 1.3.c: Implement human centered design methodology and co-design prototype solutions that reduce air pollution by working with the UN Volunteers</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Organize co-design dialogue (4 sessions per municipality) Field Research Create open-source data sharing platform to share findings and insights of collected data in the field Organize co-creation workshops jointly with municipal authorities and environmental CSOs (1 session per municipality) 	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>
<p>UNDP</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>	<p>Contractual Services</p>
<p>15,000.00 (UNDP)</p> <p>40,000.00 (WHO)</p>	<p>10,712.95</p> <p>3,100.00 (UNDP)</p> <p>7,612.95 (WHO)</p>	<p>5,000.00 (UNDP)</p>	<p>6,800.00 (UNDP)</p>	<p>28,000.00 (UNDP)</p>															

<p>parties on best practices in managing medical waste</p> <p>(Year 1) – Target 2.2: At least 100 HCWs and patients received educational material on how to reduce health threats from medical waste</p> <p>(Year 1) – Target 2.3: 1 evaluation on UCCK profile of generation, collection, transportation and storage of healthcare waste in hospital</p>	<ul style="list-style-type: none"> International consultants/parties to support in the development of the waste management protocols Local consultants to support in the development of the waste management protocols Workshops and trainings on best international practices on medical waste management <p>Activity 2.1.b: Raise capacities of HCWs and other relevant parties on best practices in managing medical waste</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Organize trainings/workshops for health care workers on waste management protocols and best practices as per WHO guidelines 	<p>Luxembourg</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>22,500.00 (WHO)</p>
<p>Activity 2.2.a: Design and distribute educational materials in health facilities to inform HCW and patients on steps they can take to reduce health threats from medical waste</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Awareness raising and educational materials prepared and distributed in select health facilities 	<ul style="list-style-type: none"> Evaluate the UCCK profile of generation, collection, transportation, and storage of healthcare waste in hospital, with the active participation of departmental chiefs, chief technicians Engage expert to provide detailed plan on waste management including means of collection transportation and storage for individual departments Establish waste management system for waste collection and segregation Provide educational and orientation trainings on usage of the waste management system, inspection and monitoring of progress 	<p>Luxembourg</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>5,000.00 (WHO)</p>
<p>Activity 2.3.a: Establish a safe waste collection and segregation in the UCCK</p> <p>Activity actions:</p> <ul style="list-style-type: none"> Evaluate the UCCK profile of generation, collection, transportation, and storage of healthcare waste in hospital, with the active participation of departmental chiefs, chief technicians Engage expert to provide detailed plan on waste management including means of collection transportation and storage for individual departments Establish waste management system for waste collection and segregation Provide educational and orientation trainings on usage of the waste management system, inspection and monitoring of progress 	<ul style="list-style-type: none"> Evaluate the UCCK profile of generation, collection, transportation, and storage of healthcare waste in hospital, with the active participation of departmental chiefs, chief technicians Engage expert to provide detailed plan on waste management including means of collection transportation and storage for individual departments Establish waste management system for waste collection and segregation Provide educational and orientation trainings on usage of the waste management system, inspection and monitoring of progress 	<p>Luxembourg</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>13,000.00 (UNDP)</p>
<p>Total Planned Budget for Year 1</p>							<p>353,763.95</p>
<p>UNDP</p>							<p>176,151.00</p>
<p>WHO</p>							<p>177,612.95</p>