



June 2021

***Updated LABOR  
MANAGEMENT PROCEDURES  
(LMP) for Restructuring of  
the North Macedonia COVID-  
19 Emergency Response and  
Health Systems Preparedness  
Project***

## ABBREVIATIONS

WHO	World Health Organization
COVID-19	Coronavirus disease 2019
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Stands
EU	European Union
WB	World Bank
GMI	Guaranteed minimum income
GRM	Grievance Redress Mechanisms
HCF	Health Care facility
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
PMU	Project Management Unit
POM	Project Operations Manual
PPE	Personal Protective Equipment
RNM	Republic of North Macedonia
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
SIAP	Social Insurance Administration Project
SPRP	COVID-19 Strategic Preparedness and Response Program
SSIP	Social Services Improvement Project
CBMIS	Cash Benefits Management Information System

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## Background Information

The update of the Labor Management Procedure (LMP) has been prepared for the Restructuring of the North Macedonia COVID-19 Emergency Response and Health Systems Preparedness” 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 RNM. 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 main objectives of the 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.

The update of the LMP for Restructuring of North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project, arises from the need for reallocation of funds in the Project and restructuring of the proposed Project’s components, to support repurposing Health Care facilities (reconstruction of vaccination points) and procurement of vaccines, drugs and appropriate medical equipment.

The LMP describes the main labor requirements and risks associated with the Project, and helps the Borrower to determine the resources necessary to address labor issues. The LMP is a living document, which is initiated early in project preparation, and is reviewed and updated throughout development and implementation of the Project. Accordingly, this document lays out the type of workers likely to be deployed by the Project and how the workers will be managed. Key aspects of the LMP should be incorporated into contractual obligations of contractors and subcontractors.

## I. OVERVIEW OF LABOR USE ON THE PROJECT

This Labor Management Procedure (LMP) has been prepared for the “Restructuring of the North Macedonia COVID-19 Emergency Response and Health Systems Preparedness 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 RNM. It is a part of the Environmental and Social Management Framework (ESMF) developed for this Project as a guiding document.

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 (repurposing of health care centers (reconstruction of HCFs and vaccination points)/building the mobile prefabricated containers - hospitals), contracted workers, primary supply

workers, health care workers and community laborers. Due to the nature of the work that will be done in this project, direct and contract workers and primary supply workers will be mostly used for the implementation. However, there may be potential use of community workers during the different phases of the Project.

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
<b>Direct workers</b> (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)		
PMU staff	<p><i>Permanent staff of PMU:</i> Project Manager, Coordinator for Component 1, Coordinator for Component 2, Environmental and Social safeguards expert, Procurement Assistant, FM specialist &amp; assistant, two IT officers, Monitoring and Evaluation Officer and additional Health Specialist and Health Assistant. Some of the existing SSIP PMU staff will assume these functions.</p> <p><i>Job roles:</i> Day-to-day project implementation, overall project coordination, procurement, monitoring activities, safeguards and fiduciary functions, and reporting</p>	From project preparation until Project completion
Health Care Workers	<p>Health administration, Infectious Diseases Commission staff, Doctors &amp; Nurses in HCFs, workers in quarantine/isolation facilities, laboratory technicians, health workers in: vaccination points, triaging and treating COVID-19 patients and workers; registering and recording details of people receiving vaccinations; Midwives, Family Doctors and nurses, Public Health Inspectors, other (technicians, janitorial etc.) at MOH, on national and local levels.</p> <p><i>Job roles:</i> administration, operations, contact tracing, case finding, confirmation, communicating, reporting, treating patients, vaccination.</p>	Project commencement until project completion.
Staff of specialized institutions	MoH, MLSP, Institute and Centers of Public Health, Drug Agency and medical equipment (Malmed), National Technical Working Group for vaccination with COVID-19 vaccines, The expert’s commission for immunization, E-Health Administration, MANU, Centers for Social Work, Laboratory Services, Employment Agency and local offices staff, Pension and Disability Insurance Fund (PIOM) staff, Crisis	Project commencement until project completion.

Type of project workers	Characteristics & role of project workers	Timing of labor requirements
	<p>Management Center and its regional offices staff, Municipal Public Enterprises providing communal services, PE Drisla (incineration of medical waste), Security and military personnel.</p> <p><i>Job roles:</i> Administration, research, public awareness raising, laboratory testing, communication and operations, planning, reporting and medical waste collection, transportation and treatment, safety access and smooth implementation of the vaccination process.</p>	
<b>Contracted workers</b> (people employed or engaged through third parties to perform work related to core functions of the project)		
Laboratory service providers	<p>Scientist, Doctors &amp; lab technicians contracted from Private Companies.</p> <p><i>Job role:</i> carrying out laboratory testing and investigations for COVID – 19.</p>	Project start to end
Workers in Eldercare homes, homes for the disabled people	<p>Administrators, health care workers and Social workers</p> <p><i>Job roles</i> – managing the homes and taking care for elders, disabled people.</p>	Project start to end
Workers contracted to carry out limited reconstruction/ rehabilitation works of HCFs (vaccination points) and building the prefabricated containers within the existing-hospitals	<p>Architects, Engineers, workers with construction skills in masonry, carpentry, plumbing, wiring, painting etc.</p> <p><i>Job roles</i> – reconstruction activities during limited renovations within the PHC Centers and vaccination points, if needed to operationalize additional ICU beds, and for medical waste management and disposal systems. Set up the platforms where the prefabricated containers – hospitals will be posted.</p>	Project start to end
Janitorial & Waste Management Services	<p>Janitors, workers dealing with medical waste collection from HCFs and transportation, Waste Collection and their administrators contracted from Private Companies.</p> <p><i>Job roles:</i> Protecting/guarding the buildings, cleaning, disinfecting, waste collection, disposal &amp; administration.</p>	Project start to end

Type of project workers	Characteristics & role of project workers	Timing of labor requirements
Support Staff and Volunteers	Support staff such as cleaners, guards, transportation workers, those distributing the vaccine, people involved in collecting data or volunteers helping in the vaccination process.  <i>Job roles:</i> ensuring clean environment within the vaccines points, distribution of the vaccines on time, update of information and evidence of data related to vaccines.	Restructuring 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
<b>Primary supply workers</b> (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, defibrillators, monitors, suction equipment), procurement of vaccines, drugs and appropriate medical equipment 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
Service providers for the most vulnerable citizens	Drivers of buses transporting potential infected/ isolated persons, companies delivering food in hospitals, isolation facilities, Red Cross volunteers, organizing transport to vaccination points.  <i>Job roles</i> – purchase and delivery of basic packages of food and hygienic products; transporting potential infected/ isolated persons and health care workers.	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 in the Republic of North Macedonia. Also, the new beneficiaries will be workers who have been deregistered by their employers in the records held by the Employment Agency and who access

unemployment insurance benefits (45,000 individuals). Food and or hygienic packages will be purchased for app. 40.000 vulnerable households.

Direct beneficiaries will also include those reached by the social mitigation and HIF premium coverage measures, estimated to be around 85,000 households representing some 300,000 individuals. Depending on the spread of the pandemic, the number of indirect beneficiaries would potentially be 2.1 million people, 20.6 percent of whom are older than 60 years (age bracket in which case fatalities are concentrated). The country aims to vaccinate 70% of its population in 3 phases, totaling 1,490,500 people. 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 (till June 2022), with the MoH and MLSP as the key implementing agencies.

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

**II. 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"> <li>- Health and safety risks for frontline service providers, especially against COVID contamination</li> <li>- Suppliers as vectors of COVID-19 &amp; hence risks HCWs and patients</li> <li>- Inability of benefit from procedures and mitigation measures to address risks relating to COVID-19 spread</li> </ul>
Support to Enable Social Distancing	<ul style="list-style-type: none"> <li>- Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>- Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>- Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment</li> <li>- Risks of contamination during community visits</li> <li>- Workers as vectors of COVID-19 and hence risks to community health and safety</li> <li>- Risks of child labor and forced labor, though expected to be minimal</li> </ul>



Project Activity	Key Labor Risks
<p>Strengthening the capacity of HCFs for Emergency COVID – 19 Response:</p> <ul style="list-style-type: none"> <li>- Constituting emergency response teams in HCFs to cater to both regular and infectious disease patient</li> <li>- Increasing ICU beds and relevant equipment such as oxygen delivery units, etc.</li> <li>- Repurposing of the HCFs (reconstruction of vaccination points)</li> </ul>	<ul style="list-style-type: none"> <li>- Workers brought in to carry out the limited civil works (during installation of mobile COVID 19 hospitals or during reconstruction of the Public Health Centers/vaccination points) may become vectors for transmission of COVID-19 to other workers and nearby communities.</li> <li>- Untenable overtime, psychological distress, fatigue, occupational burnout, among health care workers</li> <li>- Risks of exposure while handling of medical specimens or treatment of COVID-19 patients</li> <li>- Stigma and passing on infections to family and community</li> <li>- Inadequate terms and conditions of employment for employees/ consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>- Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>- Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment</li> <li>- Risks of child labor and forced labor among frontline stakeholders, though expected to be minimal</li> <li>- Social tensions due to concerns about infection spread to the communities in the vicinity of the HCFs, quarantine centers, etc.</li> <li>- Risks associated with use of security personnel, including on community health and safety as well as labor management.</li> <li>- inadequate knowledge of appropriate work practices,</li> <li>- reluctance to wear PPE</li> </ul>
<p>Strengthen disease surveillance systems and public health laboratories capacity</p> <ul style="list-style-type: none"> <li>- Training to health workers and other frontline stakeholders</li> <li>- Increasing number of testing kits, expansion of special panel kits, expansion of testing capacity</li> <li>- Equipment for safe transport of biological samples</li> <li>- Orientation of lab technicians on standardized sample collection, channeling and transportation for infectious diseases, and decontamination practices</li> </ul>	<ul style="list-style-type: none"> <li>- Risks of pathogen exposure, infection and associated illness, death, for workers engaged in carrying out the testing, transporting samples, delivering training, etc.</li> <li>- Psychological distress;</li> <li>- Fatigue and occupational burnout;</li> <li>- Stigma and passing on infections to family and community</li> <li>- Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>- Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>- Absence of a mechanism to express grievances and protect rights regarding working conditions and terms of employment</li> <li>- Social tensions due to concerns about community health and safety</li> <li>- Exposure and dealing with biological waste, chemical waste, and other hazardous by-products generated by the laboratories and relevant health facilities which will be used for COVID-19 diagnostic, testing and isolation of patients</li> </ul>

Project Activity	Key Labor Risks
<p>Containment and treatment efforts</p> <ul style="list-style-type: none"> <li>- Establishment of specialized units in a limited number of selected hospitals (focusing primarily on Infectious Diseases Clinic, the Clinic for Children's Diseases, the Clinic for Neurosurgery, and the Center for Anesthesiology, Resuscitation and Intensive Care)</li> <li>- Expansion of intensive care unit (ICU) capacity, including the establishment of additional ICU beds and the necessary equipment and supplies to make them functional.</li> <li>- 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 system to monitor the same; putting in place safe and separate transportation facilities for infectious disease patients starting with testing to hospital admission.</li> <li>- Vaccination activities (procurement, transportation, safe storage and deployment)</li> </ul>	<ul style="list-style-type: none"> <li>- Untenable overtime, psychological distress, fatigue, occupational burnout, among health care workers</li> <li>- Risks of exposure while handling of medical specimens or treatment of COVID-19 patients</li> <li>- Psychological distress;</li> <li>- Fatigue and occupational burnout;</li> <li>- Stigma and passing on infections to family and community</li> <li>- Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>- Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>- Social tensions due to concerns about infection spread to the communities in the vicinity of the HCFs, quarantine centers, etc.</li> <li>- Insufficient number of provided vaccines for all interested people,</li> <li>- Improper storage of vaccines,</li> <li>- temporarily increased pressure at vaccination points</li> <li>- need for additional staff engagement for vaccination activities.</li> </ul>
<p>Project Implementation, Communications, Community Engagement, and Monitoring:</p> <ul style="list-style-type: none"> <li>- support for procurement, financial management (FM), environmental and social safeguards, outreach activities, communication campaigns, monitoring and evaluation (M&amp;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</li> </ul>	<ul style="list-style-type: none"> <li>- Inadequate terms and conditions of employment for employees/consultants, including those relating to hours of work, wages, overtime, etc.</li> <li>- Discrimination in relation to recruitment, hiring, compensation, working conditions, terms of employment, etc.</li> <li>- Absence of a mechanism to express grievances and protect rights regarding working conditions; terms of employment or implementation of the COVID – 19 protection measures;</li> <li>- poorly implemented waste management procedures at participating HCFs</li> <li>- risk of exclusion, particularly of disadvantaged or vulnerable groups, from project benefits (i.e. medical care)</li> <li>- stigma and discrimination towards health workers or people with Covid-19</li> <li>- not enough involvement inclusion of women and vulnerable and disadvantaged groups</li> </ul>

### III. BRIEF OVERVIEW OF LABOR LEGISLATION: TERMS AND CONDITIONS

Labor and working conditions issues are covered with the following legislation:

- **Labor Law of Republic of North Macedonia** (OG of RNM no. 62/05; 106/08; 161/08; 114/09; 130/09; 149/09; 50/10; 52/10; 124/10; 47/2011; 11/12; 39/12; 13/13; 25/2013; 170/2013; 187/13; 113/14; 20/15; 33/15; 72/15; 129/15, 27/16, 134/16), manages relationship between parties involved in the process of employment. It protects and applies to any natural person that has concluded an employment contract with an employer.
- **Law on Social Protection** (OG of RNM no. 79/09, 148/13, 164/13, 187/13, 38/14, 44/14, 116/14, 180/14, 33/15, 72/15, 104/15, 150/15, 173/15, 192/18, 30/16, 163/17, 51/18). Social welfare and protection in Macedonia comprises of services and benefits from the tax-financed social welfare system (social prevention – which according to the Law on Social Protection includes – educational and advisory work, development of self-assistance forms, volunteering work etc., institutional care, non-institutional care and monetary assistance) and contributory- based social insurance system (pensions and disability, health and unemployment insurance).
- **Law on Pensions and Disability Insurance** (OG of RNM no. 53/13, 170/13, 43/14, 44/14, 97/14, 113/14, 160/14, 188/14, 20/15, 61/15, 97/15, 129/15, 147/15, 154/15, 173/15, 217/15, 27/16, 120/16, 132/16) defines the obligatory pension insurance of workers under working contract and the natural persons performing activity, the bases of the capital funded pension insurance, as well as the special conditions how certain categories of insured persons receive the right to pension and enjoy disability insurance. The rights deriving from the pension and disability insurance are the following: right to age-related pension, right to disability pension, right to re-allocation to other adequate, working post, right to adequate employment, right to re-qualification or higher qualification and right to adequate financial compensations, right to family pension, right to monthly compensation for physical damage, and right to minimal pension.

Other labor and workforce related laws are:

- Law on employment and insurance against unemployment
- Law on labor inspection;
- Law on records in the field of labor;
- Law on employment of disabled persons;
- Law on temporary employment agencies;
- Law on volunteering;
- Law on peaceful settlement of labor disputes
- Law on employment and work of foreigners;
- Law on minimum wage;
- Law on protection from harassment in the workplace

- and other by-laws.

### **COVID-19 CONSIDERATIONS:**

All overtime engagements of health care workers and other staff will be regulated and compensated according the national legislation for overtime work.

Adopted Decrees regarding social protection during the pandemic with COVID - 19:

- Decree with legal force for application of the Law on refund of part of the VAT to physical persons during the state of emergency, adopted at the 46th session of the Government of RNM;
- Decree with legal force amending the Decree with legal force for application of the Law on Social Protection during the state of emergency, adopted at the 46th session of the Government of RNM;
- Decree with legal force to supplement the Decree with legal force for limitation of payment of allowances and salary compensations for the employees in the public sector during the state of emergency, adopted at the 46th session of the Government of RNM;
- Decision on amendment the Decision on measures for prevention of introduction and spread of Coronavirus COVID-19, adopted at the 46th session of the Government of RNM

Security and military force engagement will be regulated according the appropriate national legislation for security and military affairs.

Specific regulations applicable for representatives from Ministry of Defense engaged in the Project are:

1. Decree with legal force for determining the tasks of the Army of the Republic of Northern Macedonia during the duration of the state of emergency 21.03.2020
2. Rulebook on the amount of the salary supplement for performance of specific military service of medical service staff in the army of the Republic of North Macedonia (Official Gazette of RNM No. 24/20)

Specific regulations applicable for representatives from Ministry of Internal Affairs (Police force) engaged in the Project are:

1. Regulation with legal force for application of the Law on internal affairs during the state of emergency (Official Gazette of RNM No. 95/20)
2. Collective Agreement of the Ministry of internal affairs, 2019

## **IV. BRIEF OVERVIEW OF LABOR LEGISLATION: OCCUPATIONAL HEALTH AND SAFETY**

Health and safety laws that are relevant for this project are:

- Law on Occupational Health and Safety (Official Gazette No. 92/07, 98/10, 93/11, 136/11, 60/12, 23/13, 25/13, 137/13, 164/13, 158/14, 154/15, 129/15, 192/15, 37/16). This law determines the safety and health measures at work, the obligations of the employer and the rights and obligations of employees in the field of safety and health at work, as well as preventive measures against occupational risks, eliminating risk factors for accident, informing, consulting, training workers and their representatives, and participating in the planning and taking of occupational safety and health measures.

Other relevant by-laws are:

- **Rulebook on Preparation of the Health and Safety Statement** (Official Gazette No.07/08) defines mandatory health and safety statements for each workplace; engagement of an authorised H&S officer and official medical institution; adopting fire protection, first aid and evacuation measures; providing trainings on first aid, fire protection, rescue and evacuation; providing periodical medical examinations for staff.
- **Regulation on PPE** (Official Gazette No. 116/05) defines mandatory provision of PPE for workers.
- **Regulation on Use of Work Equipment** (Official Gazette No. 116/07) defines mandatory periodical testing of work equipment.
- **Regulation on OHS in Use of Work Equipment** (Official Gazette No. 116/07) defines that adequate and safe work equipment must be available to workers; employers must take measures to minimise risks, including providing appropriate notices and written guidelines for workers, as well as providing training on risks.
- **Regulation on Minimum OHS Requirements in Temporary Mobile Sites** (Official Gazette No. 105/08) defines the obligation of contractors to develop an OHS Plan.
- **Regulation on Minimum OHS Requirements at Workplaces** (Official Gazette No. 154/08) defines the following obligations of employers: providing clear routes to emergency exits; carrying out technical maintenance of the workplace, equipment and devices; keeping the workplace, equipment and devices at an adequate level of hygiene; providing first aid rooms fitted with essential first aid installations and equipment; taking into consideration the needs of disabled workers.
- **Regulation on Health and Safety of Workers Exposed to Noise Pollution** (Official Gazette No. 21/08) defines mandatory measurement of noise levels at workplaces, prohibits work on locally recognised days of rest, outside of the normal working hours or in extreme weather conditions.
- **Regulation on OHS Signs** (Official Gazette No.127/07) defines mandatory health and safety signs for any hazardous work activities and providing suitable instructions to workers.
- **Law for Health Protection** (OG of RNM no. 43/12, 145/12, 87/13, 164/13, 39/14, 43/14, 132/14, 188/14, 10/15, 61/15, 154/15, 132/15, 154/15, 192/15, 37/16) regulates the matters related to the system and organization of health protection and the performance of healthcare activity, the guaranteed rights and the established needs and interests of the country in the provision of health protection, the healthcare institutions, the employment, rights and duties, responsibility, assessment, termination of employment, protection and decision-making upon the rights and obligations of healthcare workers and healthcare co-workers, the quality and safety of healthcare

activity, the chambers and professional associations, the marketing and advertising of healthcare activity, the performance of healthcare activity in case of emergencies, and the supervision of the performance of healthcare activity.

- **Law on Public Health** (OG of RNM no. 22/10, 136/11, 144/14, 149/15, 37/16) regulates protection and improvement of public health; measures and activities undertaken by the state bodies, institutions, local self-government units and other legal and natural persons in cooperation with health care institutions; providing an appropriate response in case of public health need and urgency and occurrence of a public health emergency and implementation of the international health rules.
- **Law on Protection of Population from Infectious Diseases** (OG of RNM no. 66/04, 139/08, 99/09, 149/14, 150/15 and 37/16) determines the measures for prevention of the occurrence, early detection, prevention of the spread and suppression of infectious diseases and infections, the rights and obligations of the health institutions, legal and natural persons, as well as the supervision over the implementation of the measures, in order to protect the population from infectious diseases.
- **Law on Medicines and Medical Devices** (OG of RNM no. 106/07, 88/10, 36/11, 53/11, 136/11, 11/12, 147/13, 164/13, 27/14, 43/14, 88/15, 154/15, 228/15, 7/16 and 53/16) regulates drugs and medical devices for use in human medicine, conditions and manner of ensuring their quality, safety and efficacy, the manner and procedures for their production, testing, placing on the market, marketing, pricing, quality control, advertising and inspection. This law also regulates narcotic drugs, psychotropic substances and precursors necessary for the production of drugs or medical devices if they are not regulated by another law.

Other laws that cover Health and Safety issues are:

- o Law on Safety and Rescue (OG of RNM no. 93/12, 41/14, 71/16, 106/16)
- o Law on Health Insurance (OG of RNM no. 25/00, 34/00, 96/00, 50/2001, 11/2002, 31/2003, 84/2005, 37/2006, 18/2007, 36/2007, 82/2008, 98/2008, 6/2009, 67/2009, 50/10, 156/10, 53/11, 26/12, 16/13, 91/13, 187/13, 43/14, 44/14, 97/14, 112/14, 113/14, 188/14, 20/15, 61/15, 98/15, 129/15, 150/15, 154/15, 192/15, 217/15, 27/16, 37/16 and 120/16)
- o Law on Sanitary and Health Inspection (OG of RNM no. 71/06, 139/08, 88/10, 18/11, 53/11, 164/13, 43/14, 144/14, 51/15, 150/15, 37/16)
- o and other by laws

### COVID-19 CONSIDERATIONS:

Taking into consideration that the project is implementing in Covid-19 pandemia period, it is very important PMU to follow all safety and protection at work it is necessary to implement measures for protection from COVID 19 adopted by the Government of the Republic of Northern Macedonia at the proposal of the Commission for Infectious Diseases and the Ministry of Health. These measures should be constantly updated in accordance with the latest provisions introduced by the Government.

COVID-19 related Guidelines enacted by MoH:

- Guidelines for home treatment of patients with light symptoms of COVID-19 infection
- Guidelines for home treatment of patients with suspected infection with 2019-nCoV

- Recommendations for patients with rare diseases in conditions of pandemic with COVID 19
- Notification for patients in self-isolation
- Dealing with social distance, quarantine and isolation

Links of the national institutions responsible for COVID 19 where the Contractor could find updated information and recommendations:

- **Government of the Republic of North Macedonia** - <https://vlada.mk/node/20488?ln=en-gb>
- **Ministry of Health** - <http://zdravstvo.gov.mk/korona-virus/>
- **Ministry of Labor and Social Policy** - <https://ercp.mtsp.gov.mk>
- **Ministry of transport and communications** - <http://mtc.gov.mk/Preporaki%20od%20Vlada>
- **Official site for COVID – 19** - <https://koronavirus.gov.mk/en>
- **Official site for vaccination** <http://vakcinacija.mk>

RNM is also a signatory to a number of International Conventions and Treaties including Stockholm Convention for Persistent Organic Pollutants, Basel Convention on the Control of Trans-boundary Movements of Hazardous Wastes and their Disposal (The Law on the Ratification of the Basel Convention on the Control of Trans-boundary Movements of Hazardous Wastes and their Disposal (Official Gazette No. 48/97) and a number of International Labor Organization (ILO) conventions.

Applicable international conventions and directives for addressing health and safety issues relevant to COVID-19:

- [ILO Occupational Safety and Health Convention, 1981 \(No. 155\)](#)
- [ILO Occupational Health Services Convention, 1985 \(No. 161\)](#)
- [ILO Safety and Health in Construction Convention, 1988 \(No. 167\)](#)
- [WHO International Health Regulations, 2005](#)
- [WHO Emergency Response Framework, 2017](#)
- [WHO SAGE Values Framework for the Allocation and Prioritization of COVID-19 Vaccination \(Sept 2020\)](#)
- [WHO SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply \(Nov 2020\)](#)
- [WHO Target Product Profiles \(TPP\) for COVID-19 Vaccines \(2020\)](#)
- [EU OSH Framework Directive \(Directive 89/391\)](#)

## V. RESPONSIBLE STAFF

MoH and MLSP are the key implementing agencies. The MoH and MLSP will be accountable for the execution of project activities, and implementation will rely on their existing structures, with the additional support of an existing Project Management Unit (PMU) established under the MLSP. The PMU

successfully implemented the World Bank-financed Conditional Cash Transfer Project, which closed in 2018, and is currently managing the SSIP and the Social Insurance Administration Project (SIAP).

For Component 1 activities, decisions will be made by the MoH in coordination with the Institute and Centers of Public Health and other institutions involved in COVID-related activities. For Component 2 activities, decisions will be made by the MLSP and the Employment Agency in coordination with their local offices (Centers for Social Work and Employment Agency offices).

The PMU will be housed in the MLSP and headed by a project manager. Additional key PMU staff include two coordinators (one each for Component 1 (health component) and Component 2 (social component) of the project), safeguards experts (environmental and social safeguards issues), health assistance, fiduciary staff (procurement specialist, procurement assistant, FM specialist, and FM assistant), two IT officers, and an M&E officer. Some of the existing SSIP PMU staff will assume these functions. An additional health specialist will be hired.

Emergency COVID-19 Response Project PMU will be responsible for the following:

- Implement this labor management procedure to its direct workers as well as other workers covered by this LMP, including additional staff needed for deployment of vaccines. Ensure that all contracted workers and their employers adhere and comply with this labor management procedures, and occupational health and safety measures.
- Ensure that contractors all works that implements are in comply with these labor management procedures.
- Ensure the contracts with the contractors are developed in line with the provisions of this LMP.
- Monitor to verify that contractors are meeting labor and OHS obligations toward contracted and subcontracted workers.
- Monitor contractors and subcontractors’ implementation of labor management procedures.
- Monitor implementation provision of equipment by companies and training providers of this labor management procedure.
- Ensure that the grievance redress mechanism for project workers is established and implemented and that workers are informed of its purpose and how to use it.
- Have a system for regular monitoring and reporting on labor and occupational safety and health performance.
- Training of the project workers and monitor the training process.
- Monitor implementation of the Worker Code of Conduct.
- Consultants, sub-consultants, contractors and sub-contractors, and suppliers will ensure that their workers (contracted workers) will abide by the issued and announced labor and OHS regulations while assuring a safe-working occupational and environments, and that these workers use safety gears during execution of renovation/adaptation works when needed. All this would have to be monitored by the project.
- The supervision engineers of MoH will also be monitoring that all contracted workers are adhering to OHS procedures while working at any concerned health facility. PMU will establish regular progress reporting on all project-related works from MOH supervision



engineers, including OHS. In addition, PMU will establish with Supervision Engineers that any serious incidents and accidents on any project-related works shall be reported to the PMU, who will then report to the World Bank.

- MoH/MLSP and through its different Directorates will oversee labor and OHS performance.

Project Operational Manual will include standard templates of contracts which include LMP, OHS aspects, and the contractors commit to them. LMP and OHS responsibilities of the Contractors are the following:

- Follow the labor management procedures and occupational health and safety requirements as stated in the contracts signed with MLSP and MoH.
- Contractors will keep records in accordance with specifications of the job description.
- Supervise the subcontractors’ implementation of labor management procedures and occupational health and safety requirements.
- Maintain records of recruitment and employment of contracted workers as provided in their contracts.
- Communicate clearly job descriptions and employment conditions to all workers.
- Make sure every project worker hired by contractor/subcontractor is aware of the PMU dedicated phone number, email address, and web portal through which anyone can submit grievances.
- Provide induction (including social induction) and regular training to employees in labor protection requirements, including training on their rights on safe labor under North Macedonian law, on the risks of their jobs, and on measures to reduce risks to acceptable levels.

#### **COVID-19 CONSIDERATIONS:**

As outlined above, the PMU will be composed of several staff who will be supported by a number of MoH existing staff who will be assigned to work on the project. The Head of the PMU will be involved in all activities related to the project but the different staff will be responsible for different tasks as follows:

- The Medical Purchases and Supplies Departments at MoH, in coordination with the Head of the PMU will be in charge of coordinating and reporting arrangements between suppliers and contractors;
- MoH/MLSP/PMU will be in charge raising awareness and training of workers in mitigating the spread of COVID-19.
- PMU will be in charge of monitoring, supervising and reporting on the delivery of the procured works and goods;
- Hospitals and all engaged health care workers, laboratories, etc. of MoH will be responsible for assessment, triaging and treatment of patients and /or workers infected with COVID-19;
- IPH is in charge of issuing all official data about the COVID-19 pandemic.

## VI. POLICIES AND PROCEDURES

Employment of project workers within the Restructuring of the North Macedonia 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 Restructuring of the North Macedonia Emergency COVID-19 Response Project (PMU), 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.

### **COVID-19 CONSIDERATIONS:**

The Government of RNM and MoH/MLSP has issued and developed several policies and procedures to address hygiene and social distancing to control the spread of COVID-19. The project will abide these policies and procedures which include: Several procedures addressing different aspects of the COVID-19 to control the spread of the contagion;

- MoH/MLSP protocols on Occupational Health and Safety (OHS) contained in the “COVID-19 National Preparedness & Response Plan”
- MLSP guidelines and instructions on OHS for the public and private sectors

Other mitigation measures adopted:

- The MoH and through its “North Macedonia Crisis Management Response to the COVID – 19 Outbreak (September 2020)”, which has served RNM to manage the crisis –with the intent of being better prepared and more capable of managing a more effective response to any future crisis by key Governmental institutions.
- Manual for COVID-19 Prevention and Treatment, which has served and continues to serve in guiding all of health care workers in fight with COVID-19 provided specific protocols on different aspects of dealing with COVID-19 spread including the use and supply of adequate of medical PPE, including gowns, aprons, curtains; medical masks (N95); gloves (medical, and heavy duty for cleaners); eye protection (goggles or face screens); hand washing soap and sanitizer; and effective cleaning equipment.
- The MoH/MLSP/PMU has also developed and implemented a “Stakeholder Engagement Plan” to support regular communication, accessible updates and clear messaging to the public as well as health workers, regarding the spread of COVID-19, the latest facts and statistics, and applicable procedures.

**Considering the project may support minor civil works (construction/reconstruction/civil works)**, contractors should develop specific procedures so that adequate precautions are in place to prevent or minimize an outbreak of COVID-19, and it is clear what should be done if a worker gets sick. Details of issues to consider are set out in Section 5 a (which discusses assessing the workforce characteristics) of the [World Bank’s Interim Note: COVID-19 Considerations in Construction/Civil Works Projects](#) and include:

- Assessing the characteristics of the workforce, including those with underlying health issues or who may be otherwise at risk
- Confirming workers are fit for work, to include temperature testing and refusing entry to sick workers
- Considering ways to minimize entry/exit to site or the workplace, and limiting contact between workers and the community/general public
- Training workers on hygiene and other preventative measures, and implementing a communication strategy for regular updates on COVID-19 related issues and the status of affected workers
- Treatment of workers who are or should be self-isolating and/or are displaying symptoms
- Assessing risks to continuity of supplies of medicine, water, fuel, food and PPE, taking into account international, national and local supply chains
- Reduction, storage and disposal of medical waste
- Adjustments to work practices, to reduce the number of workers and increase social distancing
- Expanding health facilities on-site compared to usual levels, developing relationships with local health care facilities and organize for the treatment of sick workers
- Establishing a procedure to follow if a worker becomes sick (following WHO guidelines)

- Implementing a communication strategy with the community, community leaders and local government in relation to COVID-19 issues on the site.

**For supporting health care facilities, storage or transportation of vaccines and deployment of vaccines,**

plans or procedures should be in place to address the following issues, where relevant to the activities:

- Obtaining adequate supplies of medical PPE, including gowns, aprons, curtains; medical masks and respirators (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. Where relevant PPE cannot be obtained, the plan should consider viable alternatives, such as cloth masks, alcohol-based cleansers, hot water for cleaning and extra handwashing facilities, until such time as the supplies are available,
- Prioritizing different groups for allocation of vaccines, based on WHO guidance for the fair and equitable allocation of COVID-19 vaccination and National Deployment and Vaccination Plan for Covid-19 Vaccines ,
- Training medical staff on the latest WHO advice and recommendations on the specifics of COVID-19, and principles on fair, equitable and inclusive access and allocation of Project benefits, including vaccines,
- Training medical staff on the priority groups for allocation of vaccines and the timetable for these groups, as well as why they are required to only vaccinate persons from the particular priority group at the particular time (for example, because that group is at higher risk, for reasons of inclusion and equity etc where there is limited supply of vaccines),
- Improving community perception of vaccination programs, particularly where they are taking place in fragile, conflict or vulnerable settings such as affecting vulnerable sectors (e.g. children under 5, pregnant women, elderly, hard-to-reach), by sensitizing community members on the safety and efficacy of the vaccine, and building public trust in the ability of the vaccination campaign to avoid increased risk of COVID-19 infection,
- For vaccination sites, ensuring that the space is organized in a safe and socially distant manner, and necessary logistical controls and waste management are planned for in advance,
- For the deployment and use of vaccines, safe cold-chain practices, checking that vaccines are approved for use by WHO or another regulatory authority agreed by the Bank, selecting safe injection equipment, immunization practices for vulnerable people such as pregnant women, immunization waste-disposal plan, supervision and reporting on implementation of immunization practices as required under national legislation,
- Conducting enhanced cleaning arrangements, including thorough cleaning (using adequate disinfectant) of catering facilities/canteens/food/drink facilities, latrines/toilets/showers, common areas, including door handles, floors and all surfaces that are touched regularly,
- Training and providing cleaning staff with adequate PPE when cleaning consultation rooms and facilities used to treat infected patients,
- Implementing a communication strategy/plan to support regular communication, accessible updates and clear messaging, regarding the spread of COVID-19 in nearby locations, the latest facts and statistics, and applicable procedures.

## VII. AGE OF EMPLOYMENT

ESS2 and the North Macedonia labor 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. Due to the hazardous nature of the work (e.g. in health care facilities and medical waste treatment) children under the age of 18 will not be allowed to work on the project. The use of forced labor or conscripted labor on the project is also prohibited.

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.

## VIII. TERMS AND CONDITIONS

The employment terms and conditions applying to Emergency COVID-19 Response Project (PMU) employees are set out in this document. These internal labor rules will apply to all North Macedonia 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 MLSP under the project, which will be provided in Project Operations Manual and follow this LMP.

The project commits to the payment of minimum wages to all workers as set by national law, or a rate that is better, as specified in employment contracts. There will be no discrimination with respect to any aspects of the employment relationship, such as recruitment, compensation, working conditions and terms of employment, access to training, promotion or termination of employment and ensure fair treatment of all employees.

The Project will provide financial reward as a bonus to health professionals involved in the fight against COVID-19, for their higher workload and high level of stress because of higher workload and worry of being exposed to the COVID-19.

## IX. GRIEVANCE MECHANISM

**The project has developed the updated ESMF as a main environmental and social guiding document together with the updated Stakeholder Engagement Plan (SEP) and updated 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.**

All identified stakeholders within the Emergency COVID-19 Response Project can submit a complaint/suggestion regarding the project implementation to the PMU via email ([Ivana.kjurkchieva@mtsp.gov.mk](mailto:Ivana.kjurkchieva@mtsp.gov.mk)) or mail using the form in the SEP Annex I. The complainant will be informed about the proposed corrective action and follow-up of corrective action within 15 calendar days upon the acknowledgement of grievance. In situation when the PMU is not able to address the particular issue verified through the grievance mechanism or if action is not required, it will provide a detailed explanation/justification on why the issue was not addressed. The response will also contain an explanation on how the person/ organization that raised the complaint can proceed with the grievance in case the outcome is not satisfactory. At all times, complainants may seek other legal remedies in accordance with the legal framework of RNM, including formal judicial appeal. The grievance mechanism will be publicly available on the MoH (<http://zdravstvo.gov.mk/korona-virus/>) and MLSP web site (special link for the Emergency COVID-19 Response Project - <https://mtsp.gov.mk/ercp.nspj>) in order to be easily accessible for the stakeholders and to be able to submit a complaint for the project activities and documents that will be developed within the Project.

Within the project two types of Grievance forms were developed: for workers and for citizens with allowing confidentiality. The grievance form for workers also includes some sensitive issues like: lack of PPE, unsafe vaccination practices, lack of proper procedures or unreasonable overtime, etc. and allow the project to respond and take necessary action.

## X. CONTRACTOR MANAGEMENT

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

Restructuring of the North Macedonia Emergency COVID-19 Response Project PMU within MLSP 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 PMU 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 MLSP for limited renovation/reconstruction if needed to operationalize additional ICU beds, workers that will work on the building the prefabricated containers-hospitals, repurposing of HCFs (reconstruction of vaccination points), 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 handwashing 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.

## XI. COMMUNITY WORKERS

It's anticipated that the project will bring onboard community health workers to support the national vaccination campaign. These workers are not part of the health system, nor considered as contracted staff, however, they would have the needed capacity to perform as vaccinators, and will be managed by the MoH.

These community health workers will not perform on volunteering/ nonpaid basis, rather they will get per diems commensurate to their work contribution, or will be compensated for by a contingency fee.

All community workers, in this context, will be subject to these LMPs' provisions, including:

- Applying the minimum age requirements (of 18 years old);
- Clearly stating and explaining Terms and Conditions (although not written);
- Having the right of being protected against occupational health and safety risks (all measures of these LMPs apply); and
- Having the right to access a functional worker GRM (as specified above).

## XII. PRIMARY SUPPLY WORKERS

All medical equipment planned to be procured under the project will be tendered. Local suppliers who are the local agents of international manufacturers of medical equipment will be invited to bid. These will include ventilators, oximeters, oxygen generators, PPE, disinfectants and other equipment and supplies for COVID-19 case management, as well as medicines and vaccines. These private sector medical firms will be the primary suppliers of these equipment and their workers are considered Primary Supply Workers. The number of involved workers will not be possible to determine at this time. These workers will be procuring supplies of medical equipment procured internationally to the MoH medical facilities. They are not engaged in manufacturing and the risks of serious safety issues, child labor or forced labor, are considered low. Should child labor/forced labor and/or serious safety incidents are identified in relation to primary supply workers under the project, the PMU will require the primary supplier to take appropriate steps to remedy them. Such mitigation measures will be monitored



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periodically to ascertain their effectiveness. Where the mitigation measures are found to be ineffective, the PMU will, within reasonable period, shift the project’s primary suppliers to suppliers that can demonstrate that they are meeting the relevant requirements.”