

Updated Stakeholder Engagement Plan (SEP)



Република Северна Македонија
Министерство за здравство



Restructuring of the North Macedonia Emergency COVID-19 Response Project (P173916)



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List of Acronyms

AEFI	Adverse event following immunization
CCE	Cold-Chain-Equipment
CFR	Case fatality rate
COVAX	COVID-19 Vaccines Global Access Facility
COVAX AMC	COVAX Advance Market Commitment
COVID 19	Coronavirus Disease 2019
EPPV	Post-Vaccine Adverse Effects Monitoring System
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and social management plan
ESS	Environmental and Social Standard
EU	European Union
FGDs	Focus Group Discussion
GAVI	Global Alliance for Vaccines and Immunization
GBV	gender-based violence
GMI	Guaranteed Minimum Income
GoRNM	Government of Republic of North Macedonia
GRM	Grievance and Redress Mechanism
GRS	Grievance Redress Service
HIF	Health Insurance Fund
HR	Human Recourses
IBRD	International Bank for Reconstruction and Development
ICT	Information and Communications Technology
ICU	intensive care units
MHRA, EMA, Bfarm(DE), FDA	international drug agencies
MLSP	Ministry of Labour and Social Policy
MOF	Ministry of Finance
MOH	Ministry of Health
NDVP	National Deployment and Vaccination Plan
NGO	Non-governmental Organisation
NIPH	Norwegian Institute of Public Health
NMNDVP	Macedonian National Deployment and Vaccination Plan
PHCs	Primary Health Care centres
PIU	Project Implementation Unit
PMU	Project Management Unit
POM	Project Operations Manual
PPE	Personal Protection Equipment
PPSD	Project Procurement Strategy for Development
RNM	Republic of North Macedonia

SAS	Statistical Analysis System
SBCC	Social and Behaviour Change Communication
SEA	Sexual Exploitation and Abuse
SEP	Stakeholder Engagement Plan
SH	Sexual Harassment
SOP	Standard Operational Procedure
SSIP	Social Services Improvement Project
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
VAC	vaccine approval criteria
WB	World Bank
WBG	World Bank Group
WEEE	Waste Electrical and Electronic Equipment
WG	Working Groups
WHO	World Health Organization
WHO SAGE	Strategic Advisory Group of Experts on Immunization

1.Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteen fold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of May 06, 2021, the outbreak has resulted in confirmed cases 153,319, deaths 5,016 and total recovered 135,692¹.

With the increasing incidence of COVID-19 in RNM, the public health system is under tremendous pressure. The continued support in combating COVID-19 by the WBG remains critical given the ever-increasing threat of the pandemic to health and economic wellbeing in the country. As of May 5, 2021, more than 153,461 positive cases and 5042 deaths are confirmed, and more that 11,874 active cases are daily monitored.² Majority of confirmed cases are of ages 60+, followed by the group age 30-39 and 40-49. The transmission rate of COVID-19 in RNM is at the factor 0,7. The case fatality rate (CFR) in RNM is observed at 3,2%. Total number of health workers in RNM infected by COVID-19 is 3,439 out of 72,129, making up approximately 4.8% of total cases as of January 1, 2021.

Covid 19 measures that were undertaken in RNM

The Government of North Macedonia acted quickly with measures as:

- declaring a Public Health Emergency for the entire country as of March 14, 2020
- established a National Coordination Crisis Committee for COVID-19 , which immediately began working with in country health institutions, the United Nations agencies, local security authorities, as well as international donors to set up quarantine arrangements and border controls and medical evacuation of returning citizens.
- The Ministry of Health (MoH), as the lead entity for COVID-19 national planning and response, has also initiated action plans to respond to the epidemic, including a [National Preparedness and Response Plan for COVID-19](#)³.RNM has initiated actions to prevent COVID-19 from moving to the community transmission stage and subsequently into an epidemic. As like other countries in the region, RNM closed all borders including the airports. An all-of-government action has been mobilized to fight the coronavirus, including scaling up emergency response mechanisms in all sectors. There has been a positive response and compliance with measures by the society and elevated confidence in the government's protective measures and instructions for social distancing is evident.
- The MoH has started a vigorous risk communication campaign through social media, TV broadcasts and other media. The MoH was making COVID -19 related response guidance, information and updates available on its website⁴ for easy access. Contact information for every municipality is provided as well. Another website at the government level⁵ integrates all measures issued by various ministries related to outbreak. The government website is updated with all

¹ <https://www.koronavirus.gov.mk>

² Institute of Public Health in Republic of North Macedonia. <http://iph.mk/wp-content/uploads/2021/05/5.5.pdf>

³ Available online: https://northmacedonia.un.org/sites/default/files/2020-10/MKD_consolidated_CPRP_COVID19_v5_20200410.pdf

⁴ <https://www.zdravstvo.mk/korona-virus>

⁵ <https://vlada.mk/covid19>

government ordinances on a daily basis and contact telephone numbers of each ministry providing relevant information including online services. On the health front, the country is working hard now to ensure adequacy of hospitalization surge capacity with the necessary personnel in case of larger community-based transmission.

As of June 2020, MoH has mobilized additional clinics across the country, in addition to Infectious Disease Clinic to increase bed capacity to more than 1,000 across the country, suspending thus essential services in all levels of care. Certain Primary Health Care centers (PHCs) have been designated for COVID-19 patients. An online phone line at the National Institute of Public Health has been active as of March 2020 monitoring suspected and homecare patients on daily basis. In absence of vaccines, increased testing capacities and containment measures continue to be the only effective approach to manage the pandemic, however they place a significant economic burden for the country. Thus, introduction and equitable administration of safe vaccines remains the ultimate goal to fight COVID-19 pandemic in RNM.

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

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

The initial Government emergency actions in this respect have included preparation of the economic fiscal package of 1B 20,000 euro as response to Covid 19 crises. Within this package there are also measures for health sector. GoRNM in continuation has kept the prevention measures with the latest (May 5, 2021) restrictions approved are among other:

- curfew, with some exceptions, is imposed from 23:00 to 05:00 ;
- gatherings of more than 4 people are not allowed;
- hospitality services are prohibited, with the exception of 'takeaway' and 'home delivery' options; the decision also asks the public and private institutions to operate with the physical presence of only the essential staff, while it suggests them to create possibility for staff to work online
- ban for gathering in groups of more than four (4) people in public space, i.e. parks, public areas or anywhere in the open space throughout the day, all week and with well-defined exceptions to this ban, capacity of passengers in public transport is limited/reduced to max 50% of the total number of passengers capacity in one vehicle, entire state and public administration, municipalities and courts, in accordance with the principle and organization of work process of the institutions, to organize their working process in shifts, online from home or reduced by a system of rotations,
- ban on attendance at sports competitions organized by the sports federations
- Wearing masks outdoors (from 13.10.2020 – still active)

- Forbid maintenance of any kind of trainings, seminars, workshops, conferences or similar events (05.04.2021-20.04.2021)

The government website is updated with all government ordinances and contact telephone numbers of each ministry providing relevant information including online services <https://koronavirus.gov.mk/>.

The project, Restructuring of the North Macedonia Emergency COVID-19 Response Project (P173916) aims **to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in North Macedonia**. The Project supports the government to curb the spread of COVID-19 pandemic and strengthen health system to detect and treat cases, and to mitigate some of the social consequences of the pandemic. The Project provides support to increase capacity for case detection, contact tracing, reporting and monitoring; strengthen the capacity of the health system to handle safely a surge in severe cases by bolstering the human and technical capacity of hospitals and intensive care units (ICUs); improve the critical care capacity and infrastructure of the Clinic for Infectious Diseases; support the costs of health services; and support social assistance efforts to mitigate the effect of containment measures on the poor. The project supports health sector enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. The World Bank is coordinating closely with partners who are aligned to support the Government, such as the EU delegation and WHO. The project is implementing in a period of up to two years, with the MoH and MLSP as the key implementing agencies.

The project comprises the following components:

Component 1 – Emergency COVID-19 Response

- Subcomponent 1.1: Case detection, confirmation, contact tracing, reporting and monitoring;
- Subcomponent 1.2: Health system strengthening;
- Subcomponent 1.3: Bonuses for health workers and Cash Benefit and Cash Transfers for vulnerable beneficiaries

Component 2 – Household Support to Enable Social Distancing

- Subcomponent 2.1: Temporary social assistance support ;
- Subcomponent 2.2: Temporary unemployment insurance support.

Component 3. Project Implementation, Communications, Community Engagement, and Monitoring

Component 1: Emergency COVID-19 Response: This component would provide immediate support to the Republic of North Macedonia to prevent COVID-19 from arriving or limiting local transmission through containment strategies. It would support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. It would enable North Macedonia to mobilize surge response capacity through financing the salaries of trained and well-equipped frontline health workers who were not envisioned in the state budget. Support will also be provided for limited renovations if needed to operationalize additional ICU beds, and for medical waste management and disposal systems. The renovation will aim upgrade and expand capacity of the Clinic of Infectious diseases. Recondition space and provide installations and utilities to accommodate new ICU beds. Provide equipment and supplies to set up new ICU beds, based on evaluated needs, incl. mechanical ventilators,

cardiac defibrillators, mobile x-rays and other. Building long term capacity for critical care provision (introduction of protocols, criteria, information systems, etc.). Financing of surge staffing due to increased patient load. Expert support on clinical care of COVID-19 patients. The operational and financial landscape of the response is subject to rapid change; therefore, the planned interventions will be continually assessed against ongoing and emerging needs and adjustments will be made as required to support the country in achieving the best outcomes. As part of this component the Ministry of Health intends to procure and montage modular prefabricated containers and medical and non-medical equipment for establishing of Regional Covid Triage, Laboratory and Stationary Centers in 17 cities.

Additional activities within this sub component are repurposing the Health Care facilities (including reconstruction activities and rehabilitation, connection to the existing water supply and electricity network, air conditioning, etc.) and procurement of furniture, as well as supplying and deployment of vaccines. 35 HCFs within the RNM will be upgraded/ reconstructed, which includes 113 vaccination points. In order to identify the most priority HCFs for smooth functioning and application of vaccines, all HCFs were consulted before the reconstruction activities. The prioritization for reconstruction is done based on the specific answers received from the previously distributed Questioners to the HCFs in the first stage of assessment of the needs of HCFs. In the next stage is planned to be performed site visit to all identified HCFs with vaccination points in order to determine specific activity needs (reconstruction, additional equipment and furniture needed). During the reconstruction and upgrading of the vaccination points (activities will include only inside working activities: internal walls, placement/replacement of windows and doors, sanitary equipment, electrical installation, painting, furnishing, air conditioning, etc.). Reconstruction activities will be performed in 3 phases: urgent reconstruction, reconstruction and already reconstructed vaccination points (detailed number of Public Health Care Centers and vaccination points are presented in the Table 1. List with all Public Health Care Centers and vaccination points that will be reconstructed by phases is given in Annex 3.

Table 1 Categories of planned reconstruction activities within the Public Health Centers and vaccination points within the country

Category of activity	Number of PHI Health Centers	Number of vaccination points
1. Urgent reconstruction	4	22
2. Reconstruction	22	73
3. Reconstructed	9	18
TOTAL:	35	113

Component 2: Household Support to Enable Social Distancing This component will finance temporary income support to eligible individuals and households, as well as emergency in-kind support targeted to social assistance recipients. The financing will ensure maintenance and expansion of benefits for existing and new beneficiaries. The income support consists of a two-pronged approach: a social assistance subcomponent to support the poor and vulnerable (including people in the informal sector), and a social insurance/unemployment subcomponent to support the need for expanded unemployment and social insurance payments. The in-kind support will involve the purchase and delivery of basic packages of food and hygienic products. This component will also support outreach and accessible (Accessible to people with disability, different ethnic groups, etc.) information dissemination regarding the parameters of the project-financed cash benefits and services. The capacity of the Employment Agency of the Republic of North Macedonia to manage the unemployment insurance scheme will be strengthened to enable it to

respond to surge demand for its services, including the notification of unemployment status and processing of payments. Any waiting periods will be lifted, the deregistration process will be facilitated by remote channels to enable social distancing, and procedures will be streamlined to reduce waiting times.

Component 3: Project Implementation, Communications, Community Engagement and Monitoring:

This component will support the administrative and human resources needed to implement the Project and monitor and evaluate progress. It will finance staff and consultant costs associated with project implementation, coordination and management, including support for procurement, financial management, environmental and social safeguards, outreach activities, communication campaigns, monitoring and evaluation, reporting and stakeholder engagement; operating and administrative costs; technical assistance to strengthen the Project's emergency response (e.g. development of testing, treatment, referral and discharge protocols streamlining of Employment Agency procedures, proper packaging and labelling, collection, transportation and final disposal/incineration of medical waste); and longer-term capacity-building for pandemic response and preparedness. This component will also finance performance audits focusing on key project activities, which will be carried out by an external auditor.

The project will implement a feedback mechanism on the COVID-19 response (temporary cash and in-kind benefits and health activities), to ensure communities can provide just-in-time-feedback to government to ensure that investments respond to local needs and reach vulnerable groups. This will also include a community-based monitoring mechanism and a grievance redress mechanism. To ensure that communities are engaged while social distancing policies are being implemented, the component will support the development of an online platform for all stages of community feedback.

The North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 on "Stakeholder Engagement and Information Disclosure", the implementing agencies should provide stakeholders with timely, relevant, understandable and accessible information and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

Additional to RNM COVID-19 Emergency Response Project, the Government of the Republic of North Macedonia signed the Loan agreement with the International Bank for Reconstruction and Development (IBRD) on October 19, 2020 in the amount of 90 million euro for the Macedonia Emergency Covid-19 Response Project for additional resources to expand the COVID-19 response. The Ministry of Labour and Social Policy and the Ministry of Health are the implementing institutions. The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The purpose of the proposed AF is to provide upfront financing to help the government purchase and deploy COVID-19 vaccines that meet Bank's vaccine approval criteria (VAC) and to strengthen health system resilience to respond to the pandemic.

The proposed restructuring of the Project will help contributing to vaccinating additional 50% of the country's population, in the second and third stages of vaccination.

The Republic of North Macedonia joined COVAX mechanism for providing global and equitable access to safe and effective vaccines for COVID-19, through which the mechanism provided 833,000 doses of vaccine. Vaccine delivery will depend on the dynamics predicted by the COVAX mechanism. The COVAX mechanism is one of the three pillars of the mechanism for accelerated access to COVID-19 tools, which was launched in April 2020 from the WHO and the European Commission in response to this pandemic. The COVAX mechanism is a global solution to the COVID-19 pandemic, as it is the only effort to ensure

that people worldwide will have access to COVID-19 vaccines once they are available, regardless of the economic status of the state.

Donors (mainly of equipment) are: EU, USA, Czech Republic, Turkey, Embassy of Germany, Embassy of France, Embassy of People's Republic of China, Embassy of Switzerland, Embassy of the USA, Embassy of Netherlands, Embassy of Japan, UNICEF, USAID, NATO- The Pandemic Response Trust Fund (<http://zdravstvo.gov.mk/poddrshka-za-spravuvanje-so-koronavirusot-smetka-za-donacii-i-lista-na-donatori/>). Until now, there are donations of vaccines but the most of the vaccines will be procured.

The country will provide free of cost vaccination to the population.

Major changes being enabled by the restructuring of the Project are described below:

Proposed Changes

The Government of the Republic of North Macedonia at its fifty first session held on March 9, 2021 adopted the Information for the need for restructuring of the North Macedonia Emergency Covid-19 Response Project.

The restructuring of the Project will finance vaccine procurement and deployment, strengthen national immunization systems, and improve health capacity towards COVID-19 response, under Project Component 1. Within the planned reallocation between components will be enable realization of all proposed activities. The Closing Date of the Project is 30.06.2022.

Specifically, the following changes will be introduced:

- The funds allocated for the Health Insurance Fund (HIF) for covering the cost of health insurance premia for vulnerable categories in the amount of **10.638 million EUR** are not anymore needed because HIF has its own funds to settle its obligations even in times of crisis caused by the COVID-19.
- There is a need for provision of a 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. Based on data prepared by the HIF funds in the amount of about **7.7 million EUR** are needed for payment of the planned bonus for a period of nine months. In this regard, the name of category 2(a) from "Health insurance Premia" to be changed in "Bonuses for health workers" from where the bonuses are planned to be paid to the health workers monthly (nine months) as a transfer through HIF.
- The rest of the initially planned funds in the category 2 (a) in an amount of **2.9 million EUR** to be reallocated in category 1 and to be used for procurement of medical equipment for the regional health centers.
- The MoH has also determined the need of additional funds for procurement of vaccines to be covered by the loan proceeds. Therefore, was proposed to reallocate the amount of **8 million EUR** from category 2(b) to category 1. In this way, the category planned for payment of allowances - Guaranteed Minimum Income (GMI) and for payment of cash benefit in case of unemployment, from the planned amount of 54 million EUR will be reduced to the level of **46 million EUR**, which shall be used for financing of GMI and cash benefit in case of unemployment for people who lost their jobs due to the COVID crisis.

Proposed amendment of the Loan Agreement schedule 2, section III.A includes the following category of activities:

- Goods, works, non-consulting services, consulting services, Operating Costs and Training for the Project in amount of the Loan Allocated (36,075,000 eur)
- Bonuses for health workers in amount of the Loan Allocated (7,700,000 eur)

- Cash Benefit and Cash Transfers in amount of the Loan Allocated (46,000,000 eur)
- Front-end Fee in amount of the Loan Allocated (225,000 eur)

(i) Proposed activities under the new points within the Sub- component 1.2 Health System Strengthening

Under newly added point 1.2.6 “*Procurement Vaccine*” under the Sub- component 1.2 Health System Strengthening, the restructuring of the Project will finance procurement of vaccines in line with the National Deployment and Vaccination Plan for Covid-19 Vaccines. Priority groups have been identified including health and social workers, elders, teachers, individuals with chronic diseases, other public workers with high risk and the rest of the population. All COVID-19 vaccines procured by the Bank must meet the Board-approved standard. **Financing from the Project may allow for re-vaccination if such need arises.** In the case that re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (i.e., tradeoffs between broader population coverage and re-vaccination).

The restructuring of the Project will support investments to bring immunization systems and service delivery capacity to the level required to successfully deploy COVID-19 vaccines at scale. To this end, the restructuring of the Project is geared to assist the Government of RNM, working with WBG, WHO, UNICEF and other development partners, to overcome bottlenecks as identified in the COVID-19 vaccine readiness assessment in the country. Key activities to support vaccine deployment include:

- Public campaign:** The restructuring of the Project will provide complementary support to public campaign activities for the MoH to address vaccine hesitancy and provide relevant vaccination information. The established hotline center under Government of RNM (www.koronavirus.gov.mk/en/contacts) will continue operating free of charge for users calling from mobile and landline telephones, and are convenient for users, which may have mobility barriers, or cannot access information via internet, and have no or limited digital skills to navigate the information on vaccination process through the phone without assistance. Data management of the routine immunization program as well as for COVID-19 is established by the Public Health Institute. However, real time reporting of stock levels, stock movements, vaccine storage quality and available vaccine storage capacity will be upgraded also with the support from the restructuring of the Project if necessary.
- Implementation support for the Post-Vaccine Adverse Effects Monitoring System (EPPV).** The restructuring of the Project will support activities related to developing SOPs and standardizing reporting forms, as well as developing digital solutions for reporting of vaccine adverse effects from physicians to the Agency for Drugs and Medical Devices (Malmed) and inter-agency technical integration based on SOPs developed.
- Waste Management:** Regarding the waste generated and collected in healthcare institutions, the level of separation and proper handling of the hazardous and other non-hazardous medical waste within the hospitals is good. Hazardous medical waste is separately collected in all hospitals and is treated in autoclave or burned in a dual chamber incinerator located at the Drisla landfill with capacity of 200 – 250 kg/h (or 500 to 1400 t/year medical waste). According to the monitoring of the air emissions from the Drisla’s incinerator for the 2018 (presented on the link <http://www.drisla.mk/news>) there were no exceedances of the air emission limit values according the Rulebook on emission limit values for waste incineration and combustion conditions and manner of operation of combustion and incineration installations (Official

Gazette of RNM, no. 123/2009) for CO, CO₂, SO₂, NO_x and PM₁₀.

However, during COVID-19 conditions the amount of infectious medical waste has increased, therefore the additional capacities are needed. The restructuring of the Project will assist in ensuring safe medical waste management and disposal systems by supporting civil works to expand capacities of the designated facility in primary health centers and vaccination points, mobilizing and training health personnel to set up appropriate procedures on site and for mobile teams engaged in rollout of vaccination, as well as procurement of necessary equipment such as needle destroyers to be available for each vaccination unit, and other disinfection devices to prepare waste for treatment.

(ii) Reallocation of funds for proposed activities s to the existing sub-component 1.1

Reallocation of funding will allow for continuation of activities foreseen under Sub-component 1.1 to support repurposing of health care facilities – reconstruction of some parts into vaccination points and provide appropriate equipment. It will support activities for increased capacity for vaccination against COVID 19 and safety application. Additional activities within this sub component are repurposing the Health Care facilities (including reconstruction activities and rehabilitation, connection to the existing water supply and electricity network, air conditioning, etc.) and procurement of furniture, as well as supplying and deployment of vaccines.

(iii) Reallocation of funds for proposed activities to the existing sub-component 1.2

Reallocation of funding will allow for further investments under Sub-component 1.2 to strengthen the health sector capacity and resilience. Supplying of drugs for more efficient fight with COVID 19 (REMDESIVIR, FAVIPRAVIR, TOCILIZUMAB and XOFLUZA), procurement of SARS-CoV-2 Rapid antigen detection tests, procurement of vaccines.

The Government of RNM has identified priority groups for preferential access to COVID-19 vaccines, drawing on the WHO SAGE values framework to allocate and prioritize COVID-19 vaccination. Specifically, the following criteria has been used for prioritization: (i) WHO SAGE values framework for allocation and prioritization of COVID-19 vaccination, and (ii) WHO SAGE roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply. The first priority groups include healthcare workers, 70+ age group. The total number of the first priority target group is 187,200 individuals, which accounts for 9,2 % of total population of the country. The second priority groups include age group 65-79, remaining population with chronic diseases, teachers, and employees in other important institutions, which account for 10,99% of the overall population. The third and last priority groups include the remaining of the population to achieve an additional 50% of overall coverage. The country aims to vaccinate 70% of its population in 3 phases, totaling 1,490,500 people. First vaccines for immunization of the population (the most high-risk groups) are provided from Serbia. Other vaccines are secured through COVAX AMC facility, where RNM is among 92 eligible countries. The remaining vaccines are planned to be procured by the government through the bi-lateral agreements with manufacturers or third-party sellers. The delivery strategy planned includes temporary sites (such as PHC centers and the NIPH at the central and sub-national levels) (Table below).

Target Groups and Vaccination Strategies in Phases

Phase	Target population (in priority order)	Number of individuals	Total cumulative % of vaccines as a percentage of population	Delivery strategy	Vaccination sites
Phase 1	Healthcare workers with increased risk	17,200	0.8%	Temporary Site	Primary Health Care Centers
	Age group 70+	170,000	8.4%	Temporary Site	Primary Health Care Centers
Total phase 1		187,200	9.2%		
Phase 2	Age group 65-70	92,000	4.5%	Temporary Site	Primary Health Care Centers
	People with chronic diseases (18- 65 ages)	105,000	5.2%	Temporary Site	Primary Health Care Centers
	Other health care workers with medium risk	4,800	0.24%	Temporary Site	Primary Health Care Centers
	Teachers from kindergartens and schools with physical presence	8,000	0.40%	Temporary Site	Primary Health Care Centers
	Employees in other important institutions	4,000	0.20%	Temporary Site	Primary Health Care Centers
	Army	9,000	0.45%	Temporary Site	Primary Health Care Centers
Total phase 2		222,800	10,99%		
Phase 3	Remaining essential working places for the public sector	233,500	11.55%	Fixed site	Primary Health Care Centers
	Remaining Teachers	38,000	1.88%	Fixed site	Primary Health Care Centers
	Social groups with increased risk	4,000	0.20%	Fixed site	Primary Health Care Centers
	Healthcare workers with low risk	5,000	0.25%	Fixed site	Primary Health Care Centers
	Age group 18-64	800,000	39.57%	Fixed site	Primary Health Care Centers
Total phase 3		1,080,000	53.45%		

Potential Supportive Roles for Partner Agencies in Implementation

The Government of RNM allocated 30 million EUR in the 2021 budget, to be secured from loans with the WBG respectively, for procurement of 833.000 COVID-19 vaccines and implementation of the NDVP components including: Supply Chain management, vaccine acceptance and uptake. In addition, key development partners providing technical support include WHO, UNICEF, EU Delegation.

The Minister of Communications, Accountability, and Transparency initiated, and the Government of RNM made a decision to upgrade, the website koronavirus.gov.mk to include financial transparency data related to the crisis. Upgrade is done as result of an increased number of emergency and urgent public procurements, the establishment of donation funds by legal entities and individual people from across

the country and abroad, and the use of funds from international sources to deal with the consequences of the COVID–19 crisis.

The purpose of the website finansiskatransparentnost.koronavirus.gov.mk is to provide financial transparency in the government’s fight against COVID–19. The website provides the public with access to information on the money that is added to and is spent from the budget of the Government of RNM, as well as the records of all non-financial donations received as aid that are dedicated to addressing the COVID–19 crisis

(https://finansiskatransparentnost.koronavirus.gov.mk/?_ga=2.200614637.2104064193.1621095609-89942690.1619095523#/home).

The overall objective of this Stakeholder Engagement Plan (SEP) is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make grievances about project and any activities related to the project. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between project staff and local communities and to minimize and mitigate environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases. For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination and corruption.

Update of the SEP for Restructuring of North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project, arise from the need for reallocation of funds for the project and restructuring of the proposed Project’s components, with the main accent of repurposing of the Health Care facilities (reconstruction of vaccination points) and procurement of vaccines, drugs and appropriate medical equipment. Regarding the proposed changes of the Project, SEP will include additional relevant stakeholders and appropriate ways of communications and disclosure of the relevant documents.

The Stakeholder engagement plan is placed on broad basis so it considers the engagement of all actors on every level. The implementation of the measures planned will depend on the project activities that would actually realize.

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
- (ii) may have an interest in the Project (‘interested parties’). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups’ interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liason link between

the Project and targeted communities and their established networks. Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children, are the caretakers of their families, and are also attuned to potential risks of exposure to abuse or violence during vaccine deployment, especially as regards sexual exploitation and abuse (SEA) and sexual harassment (SH).

Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way. It is nonetheless critical that these verification processes organize specific and deliberate outreach to women, youth, elderly, people living with disabilities and any other severe health-issues, and other vulnerable groups (that might be identified during the implementation phase) that are often traditionally excluded from decision-making processes within the community in order to ensure that their interests are adequately represented. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media, including civil society actors, relevant local authorities (including social welfare and social protection actors), health centers, to reach affected individuals.

2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format depending of the context; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns.
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders are encouraged to be involved in the consultation process, to the extent the current circumstances permit. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly and the cultural sensitivities of diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed project can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence that are directly influenced (actually or potentially) by the project and/or have been identified as most

susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;

- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status⁶ and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- COVID-19 infected people in hospitals and their families & relatives;
- People in quarantine/isolation centers and their families & relatives and those in the epidemiological circle of infected person
- Workers in quarantine/isolation facilities, hospitals, diagnostic laboratories
- Workers at construction/reconstruction sites and points of entries
- Communities in the vicinity of the project's planned quarantine/isolation facilities, hospitals, laboratories
- People at risk of contracting COVID-19 (e.g. tourists, tour guides, hotels and guest house operators & their staff, associates of those infected, drivers of buses transporting potential infected/isolated persons, companies delivering food in hospitals, isolation facilities, inhabitants of areas where cases have been identified)
- Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, Family Doctors and nurses, laboratory technicians/staff) and other staff (e.g., workers dealing with medical waste collection and transportation)
- Local Government administrations in affected regions
- Municipal Public Enterprises providing communal services in affected regions
- Drisla company (incineration of medical waste)
- Ministry of Health officials and PR staff at the Ministry of Health
- Employment Agency and the local branches
- Local Centers of Social Assistance (services of the MLSP)
- Crisis Management Center and its regional offices
- NGOs working with support elderly persons , delivering food and sanitary products

2.3. Other interested parties

The project stakeholders also include parties other than the directly affected communities, including:

⁶ Vulnerable status may stem from an individual's or group's, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

- The public at large;
- Community based organizations, national civil society groups;
- Goods and service providers involved in the project's wider supply chain;
- Media and other interest groups, including social media & the Government Information Department;
- Interested international NGOs, Diplomatic missions and UN agencies (especially UNICEF, WHO etc.);
- Interested businesses;
- Schools, universities and other education institutions closed down due to the virus;
- Religious institutions, and
- Transport workers (e.g. cab/taxi drivers)

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to define and understand vulnerability in the project context and assess whether vulnerability arises because adverse project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, or vulnerability arises because vulnerable groups are limited in their ability to take advantage of project benefits and/or because they are more likely to be excluded from/unable to participate fully in the mainstream consultation process. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups include but are not limited to the following:

- Elderly,
- Individuals with chronic diseases and pre-existing medical conditions;
- People with disabilities,
- Pregnant women,
- Women, girls and female headed households,
- Children,
- Daily wage earners,
- Those living below poverty line,
- Unemployed,
- Communities in remote villages and communities living in neglected urban settlements.

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections. For any vaccination program, the SEP will include targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups in safe and enabling environments before any vaccination efforts begin.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation and implementation until now

The speed and urgency with which this project has been developed to meet the growing threat of COVID-19 in the country (combined with State of Emergency and the government restrictions on gatherings of people) has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. This initial SEP was developed and was disclosed prior to project approval, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. The World Bank team, including Country Management Unit representatives of the World Bank office in RNM, held a series of meetings in 2020 (Pre appraisal mission on 06.04.2020 and Appraisal mission on 16.04.2020), with the Government aimed at discussing the impact of the pandemic to the social sectors and economy and how the World Bank can help government in responding to the pandemic. The Government sought the World Bank assistance in coping with the pandemic i.e. strengthening the public health sector preparedness and the social safety net response to the crisis. After these initial meetings the World Bank team had follow up meetings with the Ministry of Health and Ministry of Labour and Social Protection, Health Insurance Fund and State Employment Agency to discuss the scope of the operation. The World Bank and Government preparation teams received regular updates about the conclusions of the donor coordination meetings regarding the pandemic, and teams are in regular communication especially with the WHO and EU Delegation.

This SEP as well as the Environmental and Social Management Framework (ESMF) that will be prepared under the project will be consulted on and disclosed as well as Labor Management Procedures that will be prepared for this project. The project (Component 1) planned to repurpose the health care facilities within the existing Health care hospital locations for vaccination. For those activities, the PIU will manage the development of ESMP Check List for each health care facility. The public disclosure will be announced of ESMP Check List on web page of the MoLSP and MoH.

The project includes considerable resources to implement the actions included in the Plan. A more detailed account of these actions will be prepared as part of the update of this SEP, which is expected to take place within 1 month after the project Effective date. The SEP will be continuously updated throughout the project implementation period, as required.

In order to familiarize the public with the content of the documents prepared for the COVID -19 Project and involvement of the public in the realization of the project activities on time, all prepared documents would be published on Ministry of Labour and Social Policy web site (<http://www.mtsp.gov.mk/>) and Ministry of Health (<http://www.mh.gov.mk>).

The first stakeholder consultation meeting for restructuring of the North Macedonia Emergency COVID-19 Project (P173916) was held virtually from April 26-28, 2021, during the Supervision mission of WB discussing for progress on activities, disbursement, results framework/indicators, and overarching issues; as well as impact of restructuring by component: changes to activities and indicators in view of project restructuring, cash forecast/disbursement projection; update to E&S instruments, timeline for disclosure; and update on support to MoH with regard to COVID-19 response and vaccination plan rollout, COVAX. Stakeholder consultation meeting was held with participation of Minister of Health, Minister of Labor and Social Policy, PMU staff, Vaccine Task Force, WB, WHO and UNICEF representatives. Over 15 people participated in this consultation that was chaired by the Project Manager with following discussion: procuring vaccines that are approved for emergency use by one of the international drug agencies: MHRA, EMA, Bfarm(DE), FDA) and/or are WHO pre-qualified; discussions to defined the priority groups for vaccination applying equity approach with frontline workers and elders being top priority groups for the first vaccination phase, followed by high risk groups and other part of the population reaching over of 70%

of national coverage by phase 3; assessment of cold-chain-equipment (CCE) which reports on existing storage capacities for the regular immunization services as well as for COVID-19 vaccine. RNM access in COVAX Mechanism for providing over 833,000 vaccines from COVAX for priority groups identified in the National Plan for vaccination (<http://zdravstvo.gov.mk/wp-content/uploads/2021/02/Natsionalen-plan-za-imunizatsija.pdf>), based on the [WHO Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines](#).

Environmental & Social Specialist for the Project propose development of Check Lists for adaptation of Primary Health Centers and these check lists to be publicly available on the web sites of the MoH, MLSP and local offices of IPH, Municipalities and within the hospitals (info board) where reconstruction activities will be performed.

The National Deployment and Vaccination Plan for Covid-19 Vaccines sees the engagement of community as crucial for vaccine acceptance. Reaching out to community, especially the most vulnerable and marginalized requires utilization of trusted channels of communication (materials to inform public on vaccination rollout, vaccine effectiveness, prioritization of groups etc.). Mobilize and engage key partners and the community, such as local NGOs, trusted community leaders to promote immunization on COVID-19.

In addition, social media are used for dissemination of information and stakeholder engagement, as well as regular press conferences hosted by the Minister of Health and representatives from the Commission for Infectious Diseases. Facebook profile of the Minister of Health is used as official source of information regarding COVID – 19 and vaccination as well as Facebook profile of the Public Health Institute and web sites of the ministries. The vulnerable categories are informed through the Social Care Centers reflecting the protocols for physical distancing.

3.2. Summary of project stakeholder needs and methods, tools and techniques for stakeholder engagement

A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19 in line with Bank guidance on “Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings”. The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific

combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;

- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

In terms of consultations with stakeholders on the project design, activities and implementation arrangements, etc., the revised SEP, expected to be updated within 30 days after the project effectiveness date as mentioned above, and continuously updated throughout the project implementation period when required, and will clearly lay out:

- Type of Stakeholder to be consulted,
- Anticipated Issues and Interests,
- Stages of Involvement,
- Methods of Involvement,
- Proposed Communications Methods,
- Information Disclosure, and
- Responsible authority/institutions.

With the evolving situation, as the GoRNM has taken measures to impose strict restrictions on public gatherings, meetings and people's movement, the general public has also become increasingly concerned about the risks of transmission, particularly through social interactions. Hence, alternative ways will be adopted to manage consultations and stakeholder engagement in accordance with the local laws, policies and new social norms in effect to mitigate prevention of the virus transmission.

These alternate approaches that will be practiced for stakeholder engagement will include: reasonable efforts to conduct meetings through online channels (e.g. webex, zoom, skype etc.); but much more diversifying means of communication and relying more on social media, chat groups, dedicated online platforms & mobile Apps (e.g. Facebook, Twitter, Instagram WhatsApp groups, project weblinks/websites etc.); and employing traditional channels of communications such TV, radio, dedicated phone-lines, SMS broadcasting, public announcements when stakeholders do not have access to online channels or do not use them frequently.

For the public outreach and awareness-raising activities supported through the third component, project activities will support awareness around these aspects: (i) benefits around social protection and (ii) social distancing measures such as in schools, restaurants, religious institutions, and café closures as well as reducing large gatherings (e.g. weddings); preventive actions such as personal hygiene promotion,

including promoting handwashing and proper cooking, and distribution and use of masks, along with increased awareness and promotion of community participation in slowing the spread of the pandemic;

WB's Environmental and Social Standard (ESS) 10 "Stakeholder Engagement and Information Disclosure and the relevant national policy or strategy for health communication & WHO's "COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response" (2020) will be the basis for the second aspect of the project's stakeholder engagement plan.

For restructuring of the North Macedonia Emergency COVID-19 Project (P173916) in terms of consultations with stakeholders and other target groups, the Macedonian National Deployment and Vaccination Plan (NMNDVP) will be followed.

According to NMNDVP the diverse communication channels will be in disposal, including media and social media, which proactively will share information about vaccination in general and risk communication to manage expectations and raise public awareness and confidence in roll-out process.

The target groups to be reached are:

1. Main stakeholders involved in introduction of COVID-19 vaccine
 - The Ministry of Health and the National Institute of Public Health
 - Drug Agency and medical equipment (Malmed)
 - National Technical Working Group for vaccination with COVID-19 vaccines
 - The expert commission for immunization
 - E-Health Administration
 - Regional Offices of the Institute of Public Health
 - Municipal Primary Health Care Centers
 - Local and international partner organizations: (WHO, UNICEF, WB, local NGOs)
 - Custom
 - International Airport
 - New vaccination points as needed
 - State Sanitary and Health Inspectorate
2. Health personnel
3. High Risk Groups
 - Beneficiaries and personnel of long- term care institutions (elderly houses)
 - Persons above the age 70
 - Persons with chronic diseases
 - Providers of essential services (police, military, teachers, and other relevant groups in RNM)
4. Part of population which is not included in the priority groups for immunization (management of expectations)
 - Key stakeholders
 - Civil society
 - Community leaders (religious or ethnic groups)
 - Experts and academia
 - NGOs
5. Mass- and social-media representatives
 - National and regional/local TV channels (including ethnic TV channels broadcasting on the minority languages)
 - Radio

- Social media groups and “influencers”
 - o MoH and IPH webpage (<http://zdravstvo.gov.mk/> and <https://www.iph.mk>)
 - o Covid – 19 web page <https://koronavirus.gov.mk/>
 - o Facebook, Instagram, Twitter
 - o UNICEF NM web page <https://www.unicef.org/northmacedonia/vaccines-save-lives>
 - o <https://mtsp.gov.mk/ercp.nspk>

3.3. Proposed strategy for information disclosure

The first version of SEP that was proposed before this effectiveness of the Project, September, 2020 drafted the strategy that should ensure that the different activities for stakeholder engagement, including information disclosure, are inclusive and culturally sensitive.

Measures will also be taken to ensure that the vulnerable groups outlined above will have the chance to participate and benefit from project activities. This will include among others, household-outreach through SMS, telephone calls, social networks and social assistance center networks etc., depending on the social distancing requirements, in local languages both in Macedonian and Albanian (in some municipalities in additional languages like Serbian, Turkish), the use of verbal communication, audiovisuals or pictures instead of text, etc. Specific communications in every local government (especially for the second component) will be established, providing contacts and information for the specific Social Work Centers. Communication on Component 1 will target hospitals, quarantine centers and laboratories, and Social Work Centers.

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
<i>Preparation of Health Component</i>	<i>Government entities; local communities; vulnerable groups; NGOs and academics; health workers; media representatives; health agencies; others</i>	<i>Project concept, E&S principles and obligations, documents, Consultation process/SEP, Project documents- ESMF, ESCP, GRM procedure, update on project development</i>	<i>Dissemination of information via dedicated project website, Facebook site, SMS broadcasting (for those who do not have smart phones) including hard copies at designated public locations; Information leaflets and brochures; and meetings, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing.</i>
<i>Preparation of Supporting households to comply with public health containment measures component</i>	<ul style="list-style-type: none"> • <i>Vulnerable Groups, Charity organizations, Employees, Social Centers for Social Work, Employment agencies</i> 	<i>Social Protection Measures</i>	<i>Dissemination of information via dedicated website, social network accounts, charity-based organizations, employment agencies, local government department for local economic development</i>
<i>activities for reallocation of funds to support vaccine deployment</i>	<i>National Technical Working Group for vaccination with COVID-19 vaccines The expert commission for immunization The Ministry of Health and the National Institute of Public Health</i>	<i>Project documents- ESMF, ESCP, GRM procedure, update on project development</i>	<i>Dissemination of information via dedicated project website, social media: Facebook, Twitter, Instagram, SMS broadcasting (for those who do not have smart phones) including hard copies at designated public locations; Information leaflets and brochures; press releases and meetings, including with vulnerable groups while making</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
	<i>Regional Offices of the Institute of Public Health Primary Health Care Centers Local and international partner organizations: (WHO, UNICEF, WB, local NGOs)</i>		<i>appropriate adjustments to formats in order to take into account the need for social distancing.</i>
<i>Implementation of public awareness campaigns applicable for both components</i>	<i>Affected parties, public at large, vulnerable groups, public health workers, government entities, other public authorities</i>	<i>Update on project development; the social distancing and SBCC strategy</i>	<i>Public notices; Electronic publications via online/social media and press releases; Dissemination of hard copies at designated public locations; Press releases in the local media; Information leaflets and brochures; audio-visual materials, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
<i>During preparation of ESMF, ESMP Applicable for both components and reallocation of fund</i>	<i>Workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal councils; Civil society organizations, Religious Institutions/bodies. Centers for Social Work, Employment agencies; donor community</i>	<i>Project documents, technical designs for civil works in the ICUs, SEP, relevant E&S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media;; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
<i>During project implementation</i>	<i>COVID-affected persons and their families, neighboring communities to laboratories, hotels and workers, workers at construction/reconstruction, sites public health workers, MoH, airline and border control staff, police, military, government entities, Municipal councils;</i>	<i>SEP, relevant E&S documents; GRM procedure; PPSD, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site & via social media; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
<i>During project implementation Supporting households to comply with public health containment measures component</i>	<i>Beneficiaries, vulnerable groups, Centers for Social Work, chamber of commerce, Employment Agencies</i>	<i>Project activities of the Financial support to household's component</i>	<i>Social network, through social assistance centers, through employment agencies, local media</i>
<i>During project implementation for reallocation</i>	<i>For reallocation of funds for vaccine:</i>	<i>E&S principles, Environment and social risk and impact management/ESMF</i>	<i>organize information sharing events in the media in which influencers will share their experience of vaccination</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
<p><i>of funds for vaccine</i></p>	<p><i>The Ministry of Health and the National Institute of Public Health Drug Agency and medical equipment (Malmed) National Technical Working Group for vaccination with COVID-19 vaccines The expert commission for immunization E-Health Administration Regional Offices of the Institute of Public Health Municipal Primary Health Care Centers Local and international partner organizations: (WHO, UNICEF, WB, local NGOs) Custom International Airport New vaccination points as needed State Sanitary and Health Inspectorate</i></p> <p><i>(local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women’s groups, youth groups, business groups, traditional healers</i></p>	<p><i>Grievance Redress mechanisms (GRM) Health and safety impacts Vaccination plans and procedures Vaccine safety information Vaccine distribution</i></p>	

The government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects.

Over time, based on feedback received through the Grievance Mechanism and other channels established by the Ministry of Health itself (web sites, official Facebook profiles and traditional media channels), information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

- Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country.

In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.

3.4. Stakeholder Engagement Plan

The Stakeholder engagement will involve: (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and grievances, (ii) awareness-raising activities to sensitize communities on a) risks of COVID-19 and b) the component on supporting households to comply with public health containment measures. The SEP will be primarily be implemented through and build on component 3 of the project, which has a focus on communication and outreach. The communication and outreach will in scope, cover all relevant project activities, including those in components 1 and 2 for which stakeholder engagement and community outreach is crucial. The SEP will be financed through the budget defined in the component 3, as part of the communication and outreach program.

3.4. (i) Stakeholder consultations related to **to Restructuring of the North Macedonia Emergency COVID-19 Project (P173916)**

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
<i>Preparation</i>	<ul style="list-style-type: none"> • <i>Need of the project</i> • <i>planned activities</i> • <i>E&S principles, Environment and social risk and impact management/ESMF</i> • <i>Grievance Redress mechanisms (GRM)</i> • <i>Health and safety impacts</i> • <i>Social Component</i> • <i>Supporting households to comply with public health containment measures component</i> 	<ul style="list-style-type: none"> • <i>Phone, email, letters</i> • <i>One-on-one meetings</i> • <i>FGDs</i> • <i>Outreach activities</i> • <i>PHI, MoH website to disclose the E&S documents</i> • <i>Reach stakeholders, NGOs and other interested parties through emails, webex, zoom and other communication platforms</i> • <i>Through the appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> 	<ul style="list-style-type: none"> • <i>Government officials from relevant line agencies at central and local level</i> • <i>Health institutions</i> • <i>Health workers and experts</i> • <i>Local governments or association of local governments</i> • <i>Centers for Social Work</i> • <i>Employment Agency</i> • <i>For reallocation of funds::</i> <i>The Ministry of Health and the National Institute of Public Health Drug Agency and medical equipment (Malmed)</i> <i>National Technical Working Group for vaccination with COVID-19 vaccines</i> <i>The expert commission for immunization</i> <i>E-Health Administration</i> <i>Regional Offices of the Institute of Public Health</i> <i>Municipal Primary Health Care Centers</i> <i>Local and international partner organizations: (WHO, UNICEF, WB, local NGOs)</i> <i>Custom</i> <i>International Airport</i> <i>New vaccination points as needed</i> <i>State Sanitary and Health Inspectorate</i> 	<p><i>Environment and Social Specialist</i> <i>M&E specialist</i></p> <p><i>Project Coordination Unit (PMU)</i></p>
	<ul style="list-style-type: none"> • <i>Need of the project</i> • <i>planned activities</i> • <i>Environment and social risk and impact management/ESMF</i> • <i>Grievance Redress mechanisms (GRM)</i> • <i>Supporting households to comply with public health containment measures component</i> 	<ul style="list-style-type: none"> • <i>Outreach activities that are culturally appropriate</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> • <i>Use of social networks. Through specially</i> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Local communities</i> • <i>Vulnerable groups</i> • <i>Employment Agency</i> • <i>Social Assistance Centers</i> • <i>Crisis Management Center and its regional offices</i> 	<p><i>Environment and Social Specialist</i></p> <p><i>M&E Specialist</i> <i>PMU</i></p>

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
		<p><i>established accounts for the project and the accounts of local governments</i></p> <ul style="list-style-type: none"> • <i>Use of network of social assistance centers in local level</i> • <i>Use of network of regional red cross offices to be used to be sure that social protection measures are disseminated well</i> 		
<p><i>Implementation</i></p>	<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>LMP</i> • <i>GRM</i> • <i>Supporting households to comply with public health containment measures Component</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Disclosure of information through</i> • <i>Information desks at municipalities offices and health facilities</i> • <i>Appropriate adjustments to be made to consider the need for social distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i> • <i>The awareness campaigns, videos, messages, the information on the ranking of municipalities based on the risk category, the information on the vaccine schedule and registration and other information are shared through the website of the MoH</i> <p><i>The original SEP is disclosed through MoH website</i></p> <p><i>Environmental concerns managed through the ESMP disclosed to the MoH website</i></p>	<ul style="list-style-type: none"> • <i>Government officials from relevant line agencies at local level</i> • <i>Health institutions</i> • <i>Health workers and experts</i> • <i>Civil workers</i> • <i>Waste management workers</i> • <i>Centers for Social Work</i> • <i>Local Employment Offices</i> <p>For reallocation of funds:</p> <ul style="list-style-type: none"> • <i>Committee for vaccination;</i> • <i>The MoH, MLSP and the IPH</i> • <i>Regional Offices of the Institute of Public Health</i> • <i>Municipal Primary Health Care Centers</i> • <i>Local and international partner organizations: (WHO, UNICEF, WB, local NGOs</i> 	<p>Environment and Social Specialist M&E Component- Coordinators</p> <p>PMU</p> <p>MoH and MLSP will be accountable for the execution of project activities with the additional support of PMU</p>
	<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>LMP</i> • <i>GRM</i> 	<ul style="list-style-type: none"> • <i>Information desks in local government offices and health facilities.</i> • <i>Appropriate adjustments to be made to take into account the need for social distancing (use of audio-visual materials, technologies such as</i> 	<ul style="list-style-type: none"> • <i>Affected individuals and their families</i> • <i>Local communities</i> • <i>Vulnerable groups</i> • <i>NGOs</i> • <i>Media</i> 	<p>Environment and Social Specialist</p> <p>PMU</p>

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
	<ul style="list-style-type: none"> Supporting households to comply with public health containment measures Health and safety Environmental concerns 	<p>telephone calls, SMS, emails, radio, tv etc.)</p> <ul style="list-style-type: none"> Social Networks Information through local social assistance centers Information through local Employment Agencies <p>The GRM for the Project is well established and functioning. Previous reviews of the SAS have found that project-affected people use it to lodge complaints and that these are recorded and responded to by the Ministry. 3 verbal complaints were received during the construction of mobile containers and 1 question by e-mail. All complaints are resolved.</p>	<ul style="list-style-type: none"> Municipal Public Communal Enterprises People at risk of contracting COVID-19 	

3.4. (ii) Public awareness on the project:

For stakeholder engagement relating to public awareness, the following steps will be taken:

Step	Actions to be taken
1	<p>A) Implement risk communication strategy and community engagement plan for COVID- 19 including details of anticipated public health measures</p> <p>B) - It has prepared the 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.</p> <p>- It has prepared and communicated with stakeholders the Manual for COVID-19 Prevention and Treatment (https://mzzpr.org.mk/wp-content/uploads/2020/04/%D0%9F%D0%A0%D0%98%D0%A0%D0%90%D0%A7%D0%9D%D0%98%D0%9A-%D0%97%D0%90-%D0%A2%D0%A0%D0%95%D0%A2%D0%9C%D0%90%D0%9D-%D0%98-%D0%9F%D0%A0%D0%95%D0%92%D0%95%D0%9D%D0%A6%D0%98%D0%88%D0%90-%D0%9D%D0%90-COVID-19.pdf), which has served and continues to serve in guiding all of health care workers in fight with COVID-19.</p> <p>B) Implement the communication and dialogue strategy for the social protection measures.</p> <p>C) For reallocation of funds for vaccine: the communication will follow the strategies introduced in the Macedonian National Deployment and Vaccination Plan (NMNDVP), for successful implementation of the vaccination program, several strategic directions are suggested: a) Misinformation Management, b) Community Engagement, c) Health workers capacity building, d) Crises communication e) Data generation and information dissemination.</p> <p>A) For the health component - Conduct behavior assessment to understand target audience, perceptions, concerns, influencers and preferred communication channels. - Mainly through the media platforms, the social media of the MoH, the IPH, MLSP</p> <p>B) For the Supporting households to comply with public health containment measures component – The target audience are those people who currently receive support from the Government.</p>

	<p>The component 2 Household Support and Enabling Social Distancing includes two sub components 2.1 Temporary social assistance support (support of food and hygiene supplies) and 2.2 Temporary unemployment insurance support (improving the overall administrative capacity of EA). Sub components 2.1 Temporary social assistance support is completed by assisting the most vulnerable groups being not only at health risk from the COVID19 but also likely to be exposed to its economic impact. The social scheme helped to keep under control the pressure to increase exposure to poverty, especially extreme poverty for social categories and vulnerable groups. The success of the package should be done through Assessment of the emergency cash transfer support provided through the social assistance scheme in response to COVID 19. The government encourages employers to maintain their workforce whenever they can, as this will benefit businesses themselves in the medium term. It should also be clarified that this measure is intended only for those who have lost their job as a result of difficulties in coping with the pandemic and not as a result of other problems with the employer or as a result of the termination of existing employment contracts. C) For reallocation of funds for vaccine: Develop communication materials to inform public on vaccination rollout, vaccine effectiveness, prioritization of groups etc.</p>
	<p><input type="checkbox"/> Prepare local messages and test them, specifically target risk groups and key stakeholders for both components</p>
	<p><input type="checkbox"/> Identify community groups and local networks for both components</p>
2	<p><input type="checkbox"/> Finalize the messages and complete materials in local languages and prepare communication channels for both components</p> <p>A) Engage with existing public health, community-based networks, media, local CSOs, schools, local governments and other private sector actors for consistent mechanism of communication B) Engage with social assistance centers, charity organizations, Employment Agency, Chamber of commerce C) For reallocation of funds for vaccine: Inform, empower and engage community to strengthen confidence in vaccine and reduce vaccine hesitancy among target populations, as well as most marginalized and vulnerable groups of population.</p> <p><input type="checkbox"/> Utilize two way of communication for both components</p> <p>A) Establish large scale community engagement for social and behavior change to ensure preventive community and individual health and hygiene practices in line with national public health containment recommendations B) Establish large scale community engagement for the beneficiaries from the second component – Supporting households to comply with public health containment measures component C) For reallocation of funds for vaccine: The Government in March 2021 decided to conduct an educational and informational campaign of exceptional public interest for protection and immunization of the population of COVID-19 and instructed the General Secretariat within 15 days in coordination with the Ministry of Health and the Public Relations Department of the Government to conduct public procurement for the selection of a conceptual and creative solution and for the realization of the campaign. In the planning and implementation of the information campaign, the Government work transparently to ensure a high level of information, motivation and citizen participation in dealing with COVID-19 and accepting the immunization process. This campaign “Vaccines safe lives” is supported by UNICEF office in North Macedonia. Several shorth videos have been prepared and broadcasted by the national and local TVs.</p>
3	<p><input type="checkbox"/> For all components and reallocation of funds for vaccine, systematically establish community information and feedback mechanism including through social media, community perception, knowledge, attitude and practice surveys and if possible direct dialogue and consultation</p>
	<p><input type="checkbox"/> Ensure changes to community engagement are based on evidence and needs and ensure the engagement is culturally appropriate for all components</p>
	<p>Document lessons learned to inform future preparedness and response activities for all project components</p>

Step 1: Design of communication strategy

- Assess the level of Information and Communications Technology (ICT) penetration among key stakeholder groups by using secondary sources to identify the type of communication channels

that can be effectively used in the project context. Take measures to equip and build capacity of stakeholder groups to access & utilize ICT. This is for all components.

- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels. This is for all components.
- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them. This is for all components.
- Prepare local messages and pre-test, especially targeting key stakeholders, vulnerable groups and at-risk populations This is for all components.
- Identify & partner with tele/mobile communication companies, ICT service providers and trusted community groups (e.g. Other community-based organizations, community leaders, religious leaders, health workers, community volunteers) and local networks to support the communication strategy.

Step 2: Implementation of the Communication Strategy

- Establish and utilize clearance processes for timely dissemination of messages and materials in local languages (Albanian, Turkish, Vlach and Serbian) and also in English, where relevant, for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels) (All Project components).
- Project will take measure to ensure that women and other vulnerable groups are able to access messaging around social isolation, prevention methods and government streamlined messaging pathways by radio, short messages to phones (Health Component).
- Project will take measure to ensure that women and other vulnerable groups are able to access information and benefit from the measures defined in Social Component
- Specific messages/awareness targeting women/girls will also be disseminated on risks and safeguard measures to prevent GBV/SEA in quarantine facilities, managing increased burden of care work and also as female hospital workers. Communication campaign would also be crafted in partnership with UNICEF targeting children to communicate child protection protocols to be implemented at quarantine facilities (Health Component).
- Engage with existing health and community-based networks media, local NGOs, schools, local governments and other sectors such healthcare service providers, education sector, defense, business, travel and food/agriculture sectors, ICT service providers using a consistent mechanism of communication (Health Component).
- Engage with social assistance centers, employment agencies, charity organizations, local media, local governments using consistent mechanism of communication (Social protection component)
- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media, where available, and TV and Radio shows, with systems to detect and rapidly respond to and counter misinformation (All Project components).
- Establish large-scale community engagement strategy for social and behavior change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations. Given the need to also consider social distancing, the strategy would focus on using IT-based technology, telecommunications, mobile technology, social media platforms, and broadcast media, etc. (Health component).

Step 3: Learning and Feedback

- Systematically establish community information and feedback mechanisms including through social media monitoring, community perceptions, knowledge, attitude, and practice surveys mostly online, and direct dialogues and consultations. This is for components one and two
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic(Health component)
- Document lessons learned to inform future preparedness and response activities (This is for both components)

For stakeholder engagement relating to the specifics of the project and project activities, different modes of communication will be utilized, applies to all components:

- Policy-makers and influencers might be reached through on-line engagement meetings with religious, administrative, youth, and women's groups.
- Individual communities should be reached through alternative ways given social distancing measures to engage with women groups, edutainment, youth groups, training of peer educators, etc. Social media/Online platforms, ICT & mobile communication tools can be used for this purpose.
- For public at large, identified and trusted media channels including: Broadcast media (television and radio), print media (newspapers, magazines), trusted organizations' websites, Social media (Facebook, Twitter, or other or customized online platforms etc.), Text messages for mobile phones, Hand-outs and brochures in community and health centers, at offices of Local Governments, Community health boards, Social Assistance Centers, Employment Agency Billboards Plan, will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

3.5. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the Stakeholder Engagement Plan and the grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID-19 cases their families as well as project beneficiaries of the social protection component.

MLSP PMU has experience with already established mechanisms for communication with the public on other different projects until now. Responsible persons from PMU regularly updated webpage with announces news, notifications and reports on current projects. Prepared SEP will be continuous up-dated and publicly available during the whole project implementation period.

Environmental and social assessment of the COVID -19 Emergency Response and Health System Preparedness Project:

After the analysis of the project activities within the Restructuring of the North Macedonia Emergency COVID-19 Response Project (P173916) it can be concluded that the implementation of the project activities will have substantial environmental, health, and safety risks because of the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported ICUs and participating laboratories, as well as generated waste from the used vaccines, drugs, packaging waste from medical equipment supplied and performed tests.

The main environmental risks include the following:

(a) environmental and community health-related risks from inadequate storage, transportation, and disposal of infected medical waste, as well as waste from the old equipment that will be replaced (some of the equipment will be waste with hazardous characteristics), increased noise level within the medical centers due to the increased number of patients that will be transported with medical vehicles and people that apply for vaccination;

(b) occupational health and safety issues related to the availability and supply of PPE and vaccines for healthcare workers (as well as other workers included in the construction/reconstruction activities within the Component 1 from the Project) and the logistical challenges in transporting PPE across the country in a timely manner; and

(c) community health and safety risks (possibilities for injuries when moving through clinical centers while modular prefabricated containers are being installed due to the frequency on this locations with patients and vehicles, as well as reconstruction of vaccination units within the primary health care centers), given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities across the country.

Also, the ICUs, laboratories and vaccination centers involved in COVID-19 diagnostic testing, treatment and vaccination will generate medical waste, waste drugs and other hazardous byproducts that, if inadequately managed during their collection, transportation, and disposal, also may cause health risks. Also other types of waste are expected to be generated: packaging waste from medical equipment and vaccines, WEEE; communal waste, small amounts of construction/reconstruction waste, etc.

Generated waste should be managed in accordance with the types of waste and to be appropriate: selected, marked, packed, temporary disposed, transported and final disposed following the requirements of the national legislation on waste management.

A key social risk is the potential for inequitable access to project-supported facilities and services, particularly for vulnerable and high-risk social groups (poor, disabled, elderly) and exclusion from the social protection measures.

3.6 Proposed strategy to incorporate the views of vulnerable groups

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Vulnerable groups will be further identified in collaboration with the ministry as well as civil society organizations. In addition to specific consultations with vulnerable groups and women, the project will partner with agencies like UNICEF to engage children and adolescents to understand their concerns, fears and needs. Some of the strategies that will be adopted to effectively engage and communicate to vulnerable groups will be:

- Women: ensure that community engagement teams are gender-balanced and promote women's leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities.

- Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns.
- Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers.
- People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology.
- Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.
- Outreach of the vulnerable for the Component 2 will be done also through Social Work Centers, Information posted in the Centers and Local Governments as these local level structures are in better position to target and outreach vulnerable population.
- For reallocation of funds for vaccine: Communications campaign and IT systems: The reallocation of funds for vaccines will provide complementary support to communication campaign activities for the MoH to address vaccine hesitancy and provide relevant vaccination information. The established hotline center under NIPH will continue operating free of charge for users calling from mobile and landline telephones, and are convenient for users, which may have mobility barriers, or cannot access information via internet, and have no or limited digital skills to navigate the information on vaccination process through the phone without assistance. Data management of the routine immunization program as well as for COVID-19 is established. However real time reporting of stock levels, stock movements, vaccine storage quality and available vaccine storage capacity will be upgraded also with the support from the reallocation of funds for if necessary.
- Implementation support for the Post-Vaccine Adverse Effects Monitoring System (EPPV). The reallocation of funds for will support activities related to developing SOPs and standardizing reporting forms, as well as developing digital solutions for reporting of vaccine adverse effects from physicians to the National Institute of Public Health and inter-agency technical integration based on SOPs developed. Agency for Drugs and Medical Devices is responsible for collection of all adverse effects from vaccination process. The reporting of adverse reactions from the application of the vaccine is done electronically on a form that is published on the website of the Agency <https://malmed.gov.mk/report-for-drugs-medicine/> or in written form through the registry office of the Agency for Drugs and medical devices, as well as to the PHI Institute of Public Health of RNM - Skopje.

3.7. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance

mechanism. The project will plan specific and deliberate outreach to vulnerable groups in order to ensure that these stakeholders remain informed about project implementation.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health (MOH) and Ministry of Labor and Social Policy (MLSP) will be the implementing entities for the project. The Project Management Unit (PMU), established within the Ministry of Labor and Social Policy under the World Bank assisted Social Services Improvement Project (SSIP) project will oversee implementing the stakeholder engagement activities. The budget for the SEP and communication plan is included under Component 3 Project management and will be approximately 500,000 Euro.

4.2. Management functions and responsibilities

The project will be implemented over a period of 2 years, with the MoH and MLSP as the key implementing agencies. The MoH and MLSP will be accountable for execution of project activities and implementation would rely on their existing structures, with the additional support of the Project Management Unit (PMU) that has already been established for the SSIP. 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-19 related activities. For activities under Component 2, decisions will be made by the MLSP and Employment Agency in coordination with relevant Government agencies. The project implementation structure will consist of (a) the PMU and (b) the working groups (WGs) consisting of the MoH and MLSP staff and their agencies.

The **PMU** will support and monitor the communication activities, inclusive approach in the public campaign of both Ministries and Institute for Public Health. At local level, PMU will collaborate with the Primary, Secondary, Tertiary hospitals, local government authorities and centers for social assistance and employment agency (local branches) as well as vaccination units.

The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

The current PMU is staffed with a Health Component Coordinator, Health Assitant, Coordinator for the Component 2 (Household support to enable Social Distancing), Procurement Assistant. The capacity of the PMU will be strengthened through hiring of an E&S Safeguard Consultant, Monitoring and Evaluation officer and Health Specialist.

These staff will be financed through the Project which is currently being restructured, but will work on managing the E& S requirements of both, the restructured North Macedonia Project and the current RNM Covid-19 Emergency Project.

For **Restructuring of the North Macedonia Emergency COVID-19 Project (P173916)**, no changes in the implementation arrangements will take place. The existing Project Operations Manual (POM) will be updated accordingly within 30 days after effectiveness.

The **Commission for Infectious Diseases** as a professional, advisory body for dealing with Coronavirus KOVID-19—chaired by the Minister of Health or his designee and including the deputy ministers, director of the University Clinic for Infectious Diseases and Febrile Conditions – Skopje and other specialists from this CLinic, and the representatives of the IPH, State Sanitary Inspectorate, Food and veterinary Agency,

Institute for Microbiology—will continue to be responsible for decision-making to prevent and address implementation bottlenecks. The commission will coordinate and monitor the progress of Component 1.

The PMU will support the activities for public awareness campaign coordinated by the MoH and MLSP. At the local level, PMU will collaborate with the Primary, Secondary, Tertiary hospitals, local government authorities and Centers for Social Work and employment agencies (local branches).

The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the World Bank.

5. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the implementation of project.
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants.
- Supports accessibility, anonymity, confidentiality and transparency in handling grievances and grievances.
- Avoids the need to resort to judicial proceedings (at least at first).

Grievance mechanism is functioning due to the already established grievance mechanism within the MLSP web page and through GRM boxes (16) placed at municipalities, construction sites, hospitals and from the beginning of the COVID 19 Response project it can be concluded that 3 verbal complaints were received and one question by e-mail. Three complaints received during the construction of the mobile containers were resolved.

For **Restructuring of the North Macedonia NRM Emergency COVID-19 Project (P173819)** will use the **already existing Grievance redress mechanism (GRM)** of the parent project. The GRM will enable a broad range of stakeholders to channel concerns, questions, and complaints to the various implementation agencies and COVID-19 Call centers. The project supports the COVID-19 Call Centers with call-free numbers. These numbers have been publicly disclosed throughout the country in the broadcast and print media. The GRM will be equipped to handle cases of SEA/SH, as rapid guidance on how to respond to these cases will be developed and shared with operators. This will follow a survivor-centered approach. The GRM will continue to be publicized by the MOH and GHS and other relevant agencies. Update here the status of compliance with GRM in the parent project.

5.1. Description of GRM

An on-line Grievance mechanism and registry shall be established within the Ministry of Labour and Social Policy (<https://ercp.mtsp.gov.mk/>). The oversight body of the project will receive each grievance and delegate to competent bodies for response. The aim is to inform all stakeholders of the procedures for submitting a grievance/suggestion regarding the Project and receiving response of the submitted grievance. Same mechanism will be available at the dedicated social network accounts for the project.

In addition to the on-line submission avenue, any comments/concerns/grievance can be submitted to the MLSP verbally (personally or by telephone) or in writing by filling in the Project Grievance Forms aimed for citizens and health workers available on the MLSP web site which can be submitted by personal delivery, post, or e-mail to the MLSP contact person). Individuals who submit comments or grievances have the right to request that their name be kept confidential. Grievances may be submitted anonymously, although in such cases, the person will not receive any response. All comments and grievances will be responded to either verbally or in writing, in accordance with the preferred method of communication specified by the complainant, if contact details of the complainant are provided.

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. The acknowledgment will be done within 48 hours. In situation when the competent body, that received the grievance through PMU and then oversight body of the project, is not able to address the 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/ organisation that raised the grievance 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 GRM will include the following steps:

- **Step 1:** Submission of grievances either orally, in writing via suggestion/grievance box, through telephone /mobile, mail, , website, and via any local institution partner of the project;
- The GRM will also allow anonymous grievances to be raised and addressed.
- **Step 2:** Recording of grievance, classifying the grievances based on the typology of grievances and the complainants in order to provide more efficient response, and providing the initial response immediately as possible at the local partner or PMU level. The typology will be based on the characteristics of the complainant (e.g., vulnerable groups, persons with disabilities, people with language barriers, etc) and the nature of the grievance
- **Step 3:** Investigating the grievance and Communication of the Response within 15 days
- **Step 4:** Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the MLSP formal Ministry level 2nd tier complain commission (part of the administrative proceedings)

Monthly/quarterly reports in the form of Summary of grievances, types, actions taken, and progress made in terms of resolving of pending issues will be submitted for the review to all focal points at the implantation structures in the Ministry of Health and Ministry of Labour and Social Affairs. Once all possible avenues of redress have been proposed and if the complainant is still not satisfied then s/he would be advised of their right to legal recourse.

Handling GBV (gender-based violence) issues for the first component, although the risk from project activities and in North Macedonia context is low First responders will be trained on how to handle disclosures of GBV. Health workers who are part of the outbreak response will be trained with the basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centers to provide care on the spot. Psychosocial support will be available for women and girls who may be affected by the outbreak and are also GBV survivors. The GRM that will be in place for the project will also be used for addressing GBV-related issues exacerbated by project activities and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues.

The project communication campaign and outreach will make sure that there is information available on the helplines and organizations in country that provide support to GBV survivors who may be affected by the pandemic. The GRM that will be in place for the project will also be used for addressing GBV-related issues exacerbated by project activities and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. The project will also educate the public that for project related activities, the GRM can be utilized to raise concerns or complaints related to GBV and SEA/Sexual Harassment (SH) issues. Thus, the existing GRM will also be strengthened with procedures to handle allegations of GBV/SEA/SH violations which will be outlined in the updated SEP.

The updated version of the SEP will focus on typology of grievances and complainants to provide more efficient management. Possible examples: the highly vulnerable i.e. persons with disabilities, people facing language barriers, disruptions in areas neighboring facilities, etc.

5.2 World Bank Grievance Redress System

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

For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.

6. Monitoring and Reporting

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions, will be collated by the designated GRM officer, and referred to the senior management of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of grievances and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Publication of a standalone annual report on project's interaction with the stakeholders.
- Monitoring of a beneficiary feedback indicator on a regular basis. The indicator will be determined in the updated SEP and may include: number of consultations, including by using telecommunications carried out within a reporting period (e.g. monthly, quarterly, or annually); number of public grievances received within a reporting period (e.g. monthly, quarterly, or annually) and number of those resolved within the prescribed timeline; number of press materials published/broadcasted in the local, regional, and national media.

The following characteristics will help in achieving successful engagement:

- ✓ Transparency in all project activities
- ✓ Promotion of stakeholder involvement
- ✓ Trust in MH, MLSP and other key institutions shown by all relevant stakeholders
- ✓ Sufficient resources to undertake the engagement;
- ✓ Inclusion of key groups of interactions with stakeholders;

Monitoring of the stakeholder engagement process allows the efficacy of the process to be evaluated. Specifically, by identifying key performance indicators that reflect the objectives of the SEP and the specific actions and timings, it is possible to both monitor and evaluate the process undertaken.

Key performance indicators

- ✓ Number of grievance files
- ✓ Number of solved grievances
- ✓ Number of beneficiaries receiving financial support to enable social distancing
- ✓ Number of people tested for COVID-19 identification per MoH approved protocol.
- ✓ Recovery rate from COVID-19

PMU within the MLSP will provide, results from the stakeholder engagement process (Number of grievance files, Number of solved grievances, etc.) and project implementation in the Annual Monitoring Report. The MLSP PMU will be responsible for monitoring of all Project related stakeholder engagement activities, ensuring the fulfilment and updating of this SEP, and reporting to the stakeholders.

Further details on the SEP will be outlined in the updated SEP, to be prepared and disclosed within 1 month of the project effective date.

Annex 1 Health Care Workers Grievance Form

Do you have complain about:		Working conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Health and safety conditions at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Personal Protective Equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		COVID -19 precautionary measures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Accommodation facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Salary/Contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Transportation to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Any injury at working place (What happened/How it happened)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Other issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:				
Date of Incident/Grievance:				
<input type="checkbox"/> One time incident/grievance?	Date:			
<input type="checkbox"/> Happened more than once?	How many times?			
<input type="checkbox"/> On-going (currently experiencing problem)				
Do you have suggestions on how to solve the problem?				
Do you wish to receive an answer to your grievance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please mark how you wish to be contacted	<input type="checkbox"/> Post	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> Others
	Address:	Contact number:	E-mail address:	Please specify:
Preferred language for communication	<input type="checkbox"/> Macedonian	<input type="checkbox"/> Turkish	<input type="checkbox"/> Others	
	<input type="checkbox"/> Albanian	Please specify:		
<input type="checkbox"/> I prefer to remain anonymous				
Title:				
Name: <i>(Please do not fill this field if you would like to remain anonymous)</i>				
Signature: <i>(Please do not fill this field if you would like to remain anonymous)</i>				
Date:				
<i>Please return this form to:</i>				
Name and surname		<i>Ivana Kjurkchieva</i>		
E-mail		<i>Ivana.kjurkchieva@mtsp.gov.mk</i>		
Rapid Response COVID- 19 Project Ministry of Labour and Social Policy Str. Dame Gruev no.14, 1000 Skopje, Republic of North Macedonia				

Annex 2 General public Grievance Form

Description of Incident or Grievance (What happened? Where did it happen? Who did it happen to? What is the result of the problem?)				
Date of Incident/Grievance:				
<input type="checkbox"/> One time incident/grievance?			Date:	
<input type="checkbox"/> Happened more than once?			How many times?	
<input type="checkbox"/> On-going (currently experiencing problem)				
Do you have suggestions on how to solve the problem?				
Do you wish to receive an answer to your grievance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please mark how you wish to be contacted	<input type="checkbox"/> Post	<input type="checkbox"/> Telephone	<input type="checkbox"/> E-mail	<input type="checkbox"/> Others
	Address:	Contact number:	E-mail address:	Please specify:
Preferred language for communication	<input type="checkbox"/> Macedonian	<input type="checkbox"/> Albanian	<input type="checkbox"/> English	<input type="checkbox"/> Others
				Please specify:
<input type="checkbox"/> I prefer to remain anonymous				
Title:				
Name: <i>(Please do not fill this field if you would like to remain anonymous)</i>				
Signature: <i>(Please do not fill this field if you would like to remain anonymous)</i>				
Date:				
<p><i>Please return this form to:</i></p> <p style="text-align: center;">Name and surname <i>Ivana Kjurkchieva</i></p> <p style="text-align: center;">E-mail <i>Ivana.kjurkchieva@mtsp.gov.mk</i></p> <p style="text-align: center;">Rapid Response COVID- 19 Project Ministry of Labour and Social Policy Str. Dame Gruev no.14, 1000 Skopje, Republic of North Macedonia</p>				

Annex 3 List will all Public Health Centers and vaccination points that will be reconstructed by phases



CATEGORY 1> For reconstruction (urgent):

1. PHI Health Centre Kicevo with 1 vaccination point (Kicevo with 2 stations: Zajas and Oslomej)
2. PHI General hospital with expanded activities Debar with 1 vaccination point (Debar and 7 stations: Dzepciste, Broshtica, Mogorce, Gorno Kosovrasti, Dolno Kosovrasti, Centar Zupa and Novak)
3. PHI Health Centre Kumanovo with 2 vaccination points (ZD Kumanovo and Polyclinic Tode Mendol)
4. PHI Health Centre Gostivar with 1 vaccination point (2 facilities in Gostivar and with 7 stations: Raven, Debresha, Vrapciste, Dobridol, Negotino, Gradec and Cegrane)

CATEGORY 2> For reconstruction:

1. PHI Skopje (Polyclinic Cento with 8 stations: Aracinovo, Avtokomanda, Ilinden, Idrizovo, Petrovec, Cresevo, Bulachani, Gorno Konjari; Polyclinic Bucharest with 2 stations: Karpos and Gjorce Petrov; Polyclinic Jane Denderski with: , Zelenikovo, Rakotinci, Studenishani, Batinci, Kolichani; Bit Pazar Polyclinic, Idadia Polyclinic, Chair Polyclinic with 2 stations Suto Orizarti and Butel)
2. PHI Health Centre Tetovo with 19 vaccination points (ZD Tetovo two facilities, Recica, Palchishte, Bogovinje, Pirok, Brvenica, Selce, Shipkovica, Tearce, Vratnica, Shemshevo, Raotince, Grupcin, Kamenjane, Zelino, Cheprohe, Zheroje, Do , Torrent)
3. PHI Health Centre Kriva Palanka with 1 vaccination point
4. PHI Health Centre Veles with 1 vaccination point (Veles and 4 stations: Caska, Buzalkovo, Jablciste and Gradsko)
5. PHI Health Centre Prilep with 1 vaccination point
6. PHI Health Centre Vevcani with 1 vaccination point (Vevcani with 2 stations in Velesta and Labunista)
7. PHI Health Centre Struga with 2 vaccination points (2 facilities)
8. PHI Health Centre Resen with 1 vaccination point
9. PHI Health Centre Demir Hisar with 1 vaccination point
10. PHI General Hospital with expanded activities Kavadarci with 1 vaccination point
11. PHI Health Centre Negotino with 1 vaccination point
12. PHI General Hospital with expanded activity Gevgelija with 1 vaccination point (Gevgelija with 3 stations: Miravci, Bogdanci and Dojran)
13. PHI Health Centre Valandovo with 1 vaccination point
14. PHI Health Centre Strumica with 1 vaccination point
15. PHI Health Centre Radovish with 1 vaccination point
16. PHI Health Centre Berovo with 1 vaccination point
17. PHI Health Centre Vinica with 1 vaccination point
18. PHI Health Centre Kocani with 1 vaccination point
19. PHI Health Centre Stip with 1 vaccination point



20. PHI Health Centre Kratovo with 1 vaccination point
21. PHI Health Centre Sveti Nikole with 1 vaccination point (St. Nikole and 1 station in Lozovo)
22. PHI Health Centre Ohrid with 2 vaccination points (2 facilities)

CATEGORY 3> Reconstructed (Several furnishment needed):

1. PHI Health Centre Rostuse with 1 vaccination point (Rostuse and 5 stations: Skudrinje, Zirovnica, Mavrovi Anovi, PISOJNICA and Vrbjane)
2. PHI Health Centre Lipkovo with 1 vaccination point
3. PHI Health Centre Bitola with 2 vaccination points (2 facilities)
4. PHI Health Centre Makedonski Brod with 1 vaccination point (with 2 stations in Samokov and Plasnica)
5. PHI Health Centre Delchevo with 2 vaccination points (Delchevo and Makedonska Kamenica)
6. PHI Health Centre Krushevo with (Krushevo with 3 stations: Zitoshe, Norovo and Buchin)
7. PHI Health Centre Probistip with 1 vaccination point
8. PHI Health Centre Pehchevo with 1 vaccination point
9. PHI Health Centre Zeleznicar - Skopje with 1 vaccination point