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“North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project (P173916)”

STAKEHOLDER ENGAGEMENT PLAN



September 2020

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Abbreviations

AVRM	Employment Fund
ESCP	Environmental and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
PPSD	Project Procurement Strategy for Development
ESS	Environmental and Social Standard
FZO	Fund for Health Insurance
GRM	Grievance and Redress Mechanism
HR	Human Recourses
IBRD	International Bank for Reconstruction and Development
MLSP	Ministry of Labour and Social Policy
MOF	Ministry of Finance
MOH	Ministry of Health
NGO	Non-governmental Organisation
OH&S	Occupational Health and safety
PIOM	Pension and Disability Insurance Fund
PIU	Project Implementation Unit
RM	Republic of Macedonia
RNM	Republic of North Macedonia
SEP	Stakeholder Engagement Plan
SIPA	Social Insurance and Pension Administration
WB	World Bank
COVID-19	Coronavirus disease
WHO	World Health Organization

1. INTRODUCTION AND PROJECT DESCRIPTION

1.1 Introduction

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 April 10, 2020, the outbreak has resulted in an estimated 1,687,857 cases 102,198 deaths in 210 countries¹.

With the increasing incidence of COVID-19 in North Macedonia, the public health system is under tremendous pressure. The total number of registered COVID-19 cases in the country is 13,086 including 235 cases among health professionals (1,8%) (data from May 2020). COVID-19 cases are registered in 32 cities – first case identified in Probiship, indicating further geographic spread. Skopje has the highest case count (5,287 cases, 40%), followed by Kumanovo (1,214 cases, 9,3%) and Tetovo (1,103 cases, 8,43%) and Stip (1,017 cases, 7,77%). However, per population rate, Debar and Kumanovo are the hardest hit – incidence rate above 100 cases per 100,000 people. The number of cases is increasing, so, on 19th of September there are 1,905 active cases, total deaths 634 and total number of healed persons is 12,754².

North Macedonia has initiated actions to prevent COVID-19 from moving to the community transmission stage and subsequently into an epidemic. The Government of North Macedonia issued a formal declaration of emergency on March 18, 2020 to combat the spread of COVID-19. On March 18, 2020, a nationwide state of emergency was declared and lasted until June 23. All borders and the airport were closed. 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 society response and compliance as well as more trust in the government protective measures and instructions for social distancing. The Ministry of Health (MoH) has started a vigorous risk communication campaign in social media, on TV and other media. At national level the Government has established an official website for the corona virus where all necessary information can be found in one place (<http://coronavirus.mk/>). On the health front, the country is working hard now to ensure its hospitalization surge capacity with the necessary personnel are in place in case of larger community-based transmission. Recent emergency actions have included: the temporary suspension of personal and corporate income tax payments, temporary changes to the Budget Law to allow the distribution of budget allocations, a reduced interest rate on tax arrears, and changes to repayments of loan obligations. As of April 11, the country was under imposed curfew in an effort to limit the spread of COVID-19. The movement of all citizens was restricted across the country from 4 pm to 5 am. In addition, people under 18 were allowed to leave their homes from 10 am to noon, while people over 67 years of age were allowed to leave their homes between 1 pm and 3 pm. During the weekends, the curfew was from 4 pm on Friday until 5 am on Monday for all citizens. Part of the measures were also contact tracing of those found positive. The MoH was making COVID -19 related response guidance, information and updates available on its website³ for easy access.

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

² <http://korona.mk>

³ <https://www.zdravstvo.mk/korona-virus>

Contact information for every municipality is provided as well. Another website at the government level⁴ integrates all measures issued by various ministries related to outbreak. The government website is updated with all government ordinances on a daily basis and contact telephone numbers of each ministry providing relevant information including online services.

To respond to the outbreak the health system and its infrastructure requires scaling up to strengthen disease surveillance and management capacities. 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, the Cabinet has designated funds to sectors that are in urgent need of support. 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, people losing jobs, 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 Stakeholder Engagement Plan (SEP) for this Project is designed to establish an effective platform for interaction with the potentially affected parties, other interested parties and vulnerable groups in the implementation and outcomes of the North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project (P173916). Meaningful stakeholder engagement throughout the project cycle is an essential aspect of good project management and provides opportunities for the MoH and MLSP to incorporate feedback into the project design, assess the risks as well as mitigation measures, and clarify the project scope and impacts to manage expectations.

This SEP identifies the major stakeholders affected by the project either directly or indirectly (including vulnerable groups) as well as those with other interests that can influence decisions about the project and its efficient implementation. It outlines the engagement approach undertaken and planned, and articulates a range of strategies for timely, relevant and accessible stakeholder engagement throughout the project life cycle. The SEP is also prepared in compliance and with the application of the World Bank Performance Environment and Social Standard 10 on stakeholder engagement and information disclosure.

1.2 Project description

The North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project (P173916) is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF), with additional financing from North Macedonia’s IBRD allocation.

The proposed North Macedonia COVID-19 Emergency Response and Health Systems Preparedness 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 will support 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

⁴ <https://vlada.mk/covid19>

Project will provide 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 will be implemented over 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: Financing of Health Insurance Premia 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

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.

1.3 Project beneficiaries

The expected project beneficiaries will be a subset of the population at large who will be affected by the COVID-19 response supported by the project. Given the nature of the disease, they would include infected people; at-risk populations, particularly the elderly and people with chronic conditions; medical and emergency personnel; medical and testing facilities; and public health agencies engaged in the response in the Republic of North Macedonia. Direct beneficiaries will also include those reached by the social mitigation and HIF premium coverage measures estimated to be around 85,000 households representing some 300,000 individuals. Depending on the spread of the pandemic, the number of indirect beneficiaries would potentially be 2.1million people, 20.6 percent of whom are older than 60 years (age bracket in which case fatalities are concentrated). Expected beneficiaries for the second component will be individuals who lose their jobs as a consequence of

COVID-19, especially persons with fixed-term contracts, seasonal workers and those who have been engaged in the informal economy, persons whose employment was terminated but who are not eligible for unemployment benefits; vulnerable households adversely affected by the economic consequences of COVID-19; quarantined populations and COVID-19-affected households.

The new beneficiaries will be workers who have been deregistered by their employers in the records held by the Employment Agency and who access unemployment insurance benefits. The Government measure is to provide a cash benefit to those who have lost their jobs because of the crisis, in an amount equal to 50 percent of their average salary in the last 12 months for a period of up to 6 months, proportional to the number of years in employment. The project will cover these costs for 4 of the 6 months. Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in North Macedonia.

1.4 Objectives and Scope of the Stakeholder Engagement Plan

Stakeholder engagement is an inclusive process conducted throughout the project life cycle. Where properly designed and implemented, it supports the development of strong, constructive and responsive relationships that are important for successful management of environmental and social risks identified in a project. Communicating early, often, and clearly with stakeholders helps manage expectations and avoid risks, potential conflict, and project delays. In addition, the plan assists in managing stakeholder expectations, which will have a bearing throughout the lifespan of the project. Hence, this SEP provides a plan to interact effectively with stakeholders to support project interests.

In order to provide clear and smooth communication between all interested and affected parties, Ministry of Labor and Social Policy and Ministry of Health have developed this Stakeholder Engagement Plan (SEP), which is carrying out stakeholder engagement in line with the laws of RN Macedonia, as well as the requirements of World Bank (ESS standards).

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.

The Key Objectives of the SEP can be summarised as follows:

- Understand the stakeholder engagement requirements of RN Macedonia legislation;
- Provide guidance for stakeholder engagement such that it meets the standards of WB;
- Identify key stakeholders that are affected, and/or able to influence the Project and its activities;
- Identify the most effective methods, timing and structures through which to share project information, and to ensure regular, accessible, transparent and appropriate consultation;
- Develops a stakeholder’s engagement process that provides stakeholders with an opportunity to influence project planning and design; the initial stakeholders’ consultation has taken place;

- Establish formal grievance/resolution mechanisms (including Grievance Forms);
- Define roles and responsibilities for the implementation of the SEP;
- Define reporting and monitoring measures to ensure the effectiveness of the SEP and periodical reviews of the SEP based on findings

This SEP document will be open and will be continuously updated.

2. REGULATORY REQUIREMENTS FOR STAKEHOLDER ENGAGEMENT

2.1 National Legislation Requirements

The legal basis for the implementation of the proposed assistance measures are following Decrees that were adopted by the Government on April 24, 2020:

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

The principles of the Aarhus Convention and the requirements of EU related directives related to the public consultation are included in the Law on Environment (Off. Gazette of RNM No. 53/05, 81/05, 24/07, 159/08, 83/09, 124/10, 51/11, 123/12, 93/13, 187/13, 42/14, 44/15, 129/15, 192/15, 39/16 and 99/18, Article 17, 18, 26a and 51) and secondary legislation.

These principles are: access to environmental information, obligation of authorities to make the environmental information available for the public, determination of the stakeholders within the decision making process during the development of plans, programs and strategies. Article 2(c) of the Convention states that the Convention applies not only to government at all levels, but also to "any other natural or legal persons having public responsibilities or functions, or providing public services, in relation to the environment, under the control of [a public authority]." In line with the Convention, implementing authority should respond to requests from the public for environmental information (any member of the public can make a request, regardless of citizenship, nationality or domicile) and regularly collect and disclose environmental information to the public and notify the public that the information is available; and provide information for emergencies.

The following national legal acts reflect the requirements for stakeholder involvement and public participation:

- **The Constitution – art. 16** guarantees "access to information and the freedom of reception and transmission of information". The Law on Free Access to Information of Public Character (Official Gazette No. 13/06) allows individuals and legal entities to obtain information from state and municipal bodies and all other entities performing public functions.
- **The Law on Free Access to Information of Public Character** - allows natural and legal persons to obtain information from state and municipal bodies and natural and legal

persons who are performing public functions. (Official Gazette of RM” No. ^[13]_{SEP}13/06).

- **Law on Environment** ((Off. Gazette of RNM No. 53/05, 81/05, 24/07, 159/08, 83/09, 124/10, 51/11, 123/12, 93/13, 187/13, 42/14, 44/15, 129/15, 192/15, 39/16 and 99/18)
 - ensures the right of access to environmental information;
 - *relevant authorities* shall take the necessary measures and prescribe procedures to ensure the right of public access to information and participation in the adoption of decisions related to the state of the environment;
 - *scientific, educational, health, information, cultural and other institutions and legal entities, including the citizens' associations*, shall, in the framework of their activities, promote and develop the awareness of the public on the importance of the environment, as well as of the need for its active participation in its protection and improvement;
 - *the relevant authorities* shall promote the development of environmental education and public awareness;

2.2 World Bank Requirements

WB has set out a comprehensive set of specific Environmental and Social Standards (ESS) that projects are expected to meet. Stakeholder engagement in line with the World Bank requirements is associated with ESS 10.

The World Bank’s Environmental and Social Framework (ESF)’s Environmental and Social Standard (ESS) 10, “Stakeholder Engagement and Information Disclosure”, recognizes “the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice”. Specifically, the requirements set out by ESS10 are the following:

- “Borrowers will engage with stakeholders throughout the project life cycle, commencing such engagement as early as possible in the project development process and in a timeframe that enables meaningful consultations with stakeholders on project design. The nature, scope and frequency of stakeholder engagement will be proportionate to the nature and scale of the project and its potential risks and impacts.
- Borrowers will engage in meaningful consultations with all stakeholders. Borrowers will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.
- The process of stakeholder engagement will involve the following, as set out in further detail in this ESS: (i) stakeholder identification and analysis; (ii) planning how the engagement with stakeholders will take place; (iii) disclosure of information; (iv) consultation with stakeholders; (v) addressing and responding to grievances; and (vi) reporting to stakeholders.
- The Borrower will maintain and disclose as part of the environmental and social assessment, a documented record of stakeholder engagement, including a description of the stakeholders consulted, a summary of the feedback received and a brief explanation of how the feedback was taken into account, or the reasons why it was not.” (World Bank, 2017: 98).

A Stakeholder Engagement Plan proportionate to the nature and scale of the project and its potential risks and impacts needs to be developed by the Borrower. It has to be disclosed as early as possible, and the Borrower needs to seek the views of stakeholders on the SEP, including on the identification of stakeholders and the proposals for future engagement. If significant changes are

made to the SEP, the Borrower has to disclose the updated SEP. According to ESS10, the Borrower should also propose and implement a grievance mechanism to receive and facilitate the resolution of concerns and grievances of project-affected parties related to the environmental and social performance of the project in a timely manner. Identification of stakeholders will ensure wide participation in project acceptability and the project design. To ensure that there is citizen participation in the project life span, a SEP has been drafted clearly stipulating the process of consultation and disclosure of key project information which will be made public relevant stakeholders during the preparation and implementation of the project.

3. PREVIOUS STAKEHOLDER ENGAGEMENT

3.1 Summary of stakeholder engagement done during project preparation

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 will be disclosed prior to project appraisal, 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 Skopje, held a series of meetings (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 Stakeholder Engagement Plan 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. As the project (Component 1) planned to procure and construct the prefabricated mobile containers-hospitals within the existing Health care hospital locations. For those activities, the PIU will manage the development of ESMP Check List for each mobile hospital. 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 30 days after the project effectiveness 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>).

4. 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/liaison link between the Project and targeted communities and their established networks. 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. Depending on the different needs of the identified stakeholders, the legitimacy of the community representatives can be verified by checking with a random sample of community members using techniques that would be appropriate and effective considering the need to also prevent coronavirus transmission.

4.1 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 status⁵, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

4.2 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
- 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

4.3 Other interested parties

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

- 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 mission and UN agencies (especially UNICEF, WHO etc.)
- Interested businesses
- Schools, universities and other education institutions closed down due to the virus
- Religious institutions
- Transport workers (e.g. cab/taxi drivers)

⁵ 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.

4.4 Disadvantaged / vulnerable individuals or groups

It is particularly important to define and understand vulnerability in the project context and assess that whether vulnerability come because adverse project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, or vulnerability comes because limits 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 and are not limited to the following:

- Elderly,
- Individuals with chronic diseases and pre-existing medical conditions; pregnant women,
- 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.

There are number of key stakeholders that are relevant for the implementation of the North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project, so they have been identified according their interest, influence and importance. All stakeholders who have a regulatory role and responsibility for the implementation of the Project on a central level have been presented in the following table.

Relevant stakeholders that could be involved in any way with the implementation of the North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project activities or affected by its activities are presented in **Error! Reference source not found..**

Table 1 Relevant stakeholders for North Macedonia COVID-19 Emergency Response and Health Systems Preparedness Project

Stakeholder Category	Sub group/ Department Sector	Responsibilities
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Stakeholder Category	Sub group/ Department Sector	Responsibilities
Governments and regulatory bodies and public companies (interested parties)	<ul style="list-style-type: none"> Ministry of Health - Infectious Diseases Commission - PR staff - State Sanitary and Health Inspectorate - 28 university clinics that have been the first pillar of tertiary care in the country - General City Hospital 8th September (COVID – 19 Center) - Institute of Respiratory Diseases in Children – Kozle (COVID – 19 Center) - Other hospitals as COVID Centers in RNM within the 17 cities (Skopje, Gevgelija, Kumanovo, Kavadarci, Strumica, Kicevo, Debar, Gostivar, Struga, Kocani, Ohrid, Tetovo, Stip, Bitola, Veles, Prilep, Resen, Skopje) 	<ul style="list-style-type: none"> - providing on-time data and information for guiding decision-making and response and mitigation activities, by enhancing systems and protocols for data reporting, analysis and dissemination - the procurement and distribution of PPE, equipment, new ICU beds, mechanical ventilators, etc. according to the World Health Organization guidelines - provision of medications per COVID-19 protocols for treatment - establishment of specialized units in selected hospitals - conditioning of designated healthcare facilities, to enable them to follow established protocols - clinical care capacity building through the provision of expert support, carrying out of training and design of guidelines for health care workers on identifying and treating COVID-19, appropriate use of PPE and prevention of the spread of respiratory infections within healthcare facilities; - strengthening of medical waste management and disposal systems in healthcare facilities where COVID -19 patients are treated - strengthen disease surveillance systems and public health laboratories through the procurement of diagnostic kits, reagents, consumables, PPE, and training on relevant protocols <ul style="list-style-type: none"> - strengthening the clinical care capacity buildings by installation of modular prefabricated containers and medical and non medical equipment for admission and triage of patients with laboratory
	<ul style="list-style-type: none"> ▪ Ministry of Labor and Social Policy, <ul style="list-style-type: none"> - Department of Labor and Employment Policies; - Sector for Equal Opportunities; - Sector for Social Protection; - Pension Monitoring Council - Centers for Social Work 	<ul style="list-style-type: none"> - Ensuring proper and effective implementation of the COVID-19 Project regarding national legislation and WB requirements, - Implementation of new application procedures for COVID-19 pandemic related social protection measures - Provision of temporary unemployment insurance support for the individuals who lost their jobs as a consequence of COVID-19 - provision of food and basic supplies to quarantined populations and COVID-19 affected households - data collection and monitoring the social protection data and activities supported by the project
	<ul style="list-style-type: none"> ▪ Institute for Public Health <ul style="list-style-type: none"> - Laboratories - Public health inspectors 	<ul style="list-style-type: none"> - development of communication and awareness building campaigns to ensure that relevant information is disseminated to properly sensitize citizens to the risks related to COVID-19; - prevent future outbreaks of emerging infectious diseases - contact tracing and monitoring of home-isolated and home-treated cases - testing patients for the presence of COVID 19 - Immunization.
	<ul style="list-style-type: none"> ▪ Employment Agency (AVRM) 	<ul style="list-style-type: none"> - manage the unemployment insurance scheme - new application procedures (including an online and phone application) for social assistance and unemployment benefits - finance temporary unemployment insurance support through the provision of a cash benefit for the individuals who lost their jobs as a consequence of COVID-19

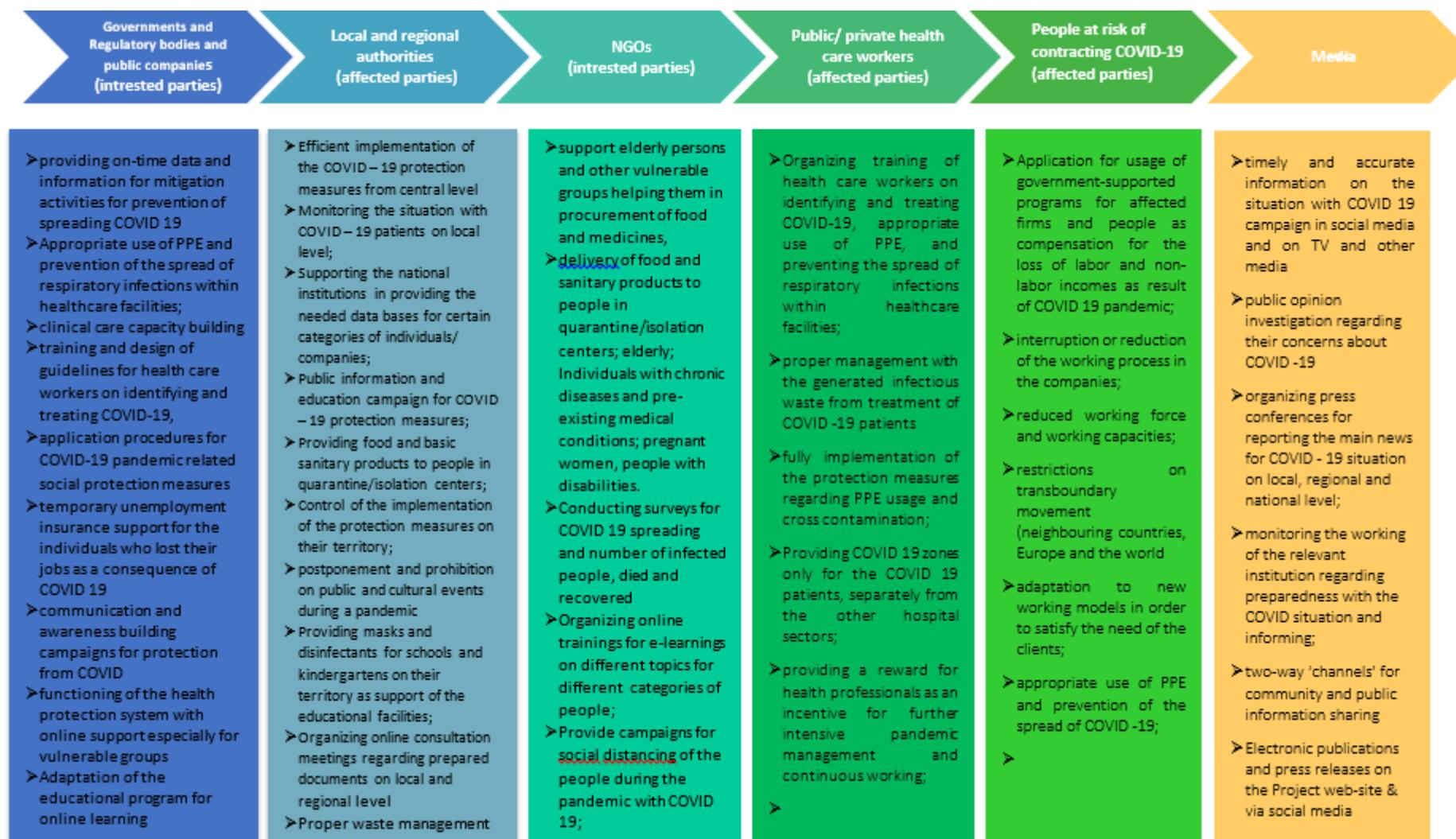
Stakeholder Category	Sub group/ Department Sector	Responsibilities
	<ul style="list-style-type: none"> ▪ Pension and Disability Insurance Fund (PIOM) 	<ul style="list-style-type: none"> - Registration of individuals to mandatory social insurance (pension, health and unemployment) and recordkeeping of social insurance data;
	<ul style="list-style-type: none"> ▪ FZO 	<ul style="list-style-type: none"> - Health insurance of citizens, rights and obligations of health insurance - Provide electronic recipe for patients
	<ul style="list-style-type: none"> ▪ Crisis Management Center and its regional offices 	<ul style="list-style-type: none"> - Implementation of the adopted governmental measures for COVID -19 protection and spreading;
	<ul style="list-style-type: none"> ▪ Schools, kindergartens, universities and other education institutions closed down due to the virus 	<ul style="list-style-type: none"> - Adaptation of the educational program for online learning - Providing online trainings for education of the teachers for usage of the online models for students -
Local and regional authorities (affected parties)	<ul style="list-style-type: none"> ▪ Local Government administrations in affected regions ▪ 30 Branch offices of the AVRМ, ▪ 30 Branch offices of FZO, ▪ Centers for Social care, 	<ul style="list-style-type: none"> - Support the MLSP, MH and PMU for efficient implementation of the COVID – 19 project, - Ensuring the full implementation of the OH&S and public disclosure during the project activities. - Implementation of the adopted measures for COVID -19 protection and spreading;
NGOs working with support elderly persons , delivering food and sanitary products to people in quarantine/ isolation centers (interested parties)	<ul style="list-style-type: none"> ▪ National and local NGOs and associations for activities in the field of working with support of elderly persons, delivering food and sanitary products, social insurance, and care for people with disabilities. 	<ul style="list-style-type: none"> - supporting elderly persons and helping them in procurement of food and medicines, - delivering food and sanitary products to people in quarantine/isolation centers; elderly; Individuals with chronic diseases and pre-existing medical conditions; pregnant women, people with disabilities. - Conducting surveys for COVID 19 spreading and number of infected people, died and recovered.
Public/ private health care workers (affected parties)	<ul style="list-style-type: none"> ▪ Doctors, Nurses, Public Health Inspectors, Midwives, Family Doctors and nurses, laboratory technicians/staff ▪ workers dealing with medical waste collection and transportation <ul style="list-style-type: none"> ▪ workers that will install modular prefabricated containers, medical equipment, inventory within the Medical Centers in 17 cities across the country 	<ul style="list-style-type: none"> - training of health care workers on identifying and treating COVID-19, on the appropriate use of PPE, and on preventing the spread of respiratory infections within healthcare facilities - proper management with the generated infectious waste from treatment of COVID -19 patients <ul style="list-style-type: none"> - training of hired workers on identifying and treating COVID-19, on the appropriate use of PPE, and on preventing the spread of respiratory infections within healthcare facilities
Municipal Public Communal Enterprises (affected parties)	<ul style="list-style-type: none"> ▪ Municipal Public Enterprises providing communal services in affected regions ▪ Drisla company (incineration of medical waste) 	<ul style="list-style-type: none"> - Provide additional equipment and personals for proper management with the generated waste - incineration of medical waste as a result of COVID -19
Media (interested parties)	<ul style="list-style-type: none"> ▪ TV, radio, daily newspapers, including social media & the Government Information Department 	<ul style="list-style-type: none"> - timely and accurate information on the situation with Covid 19 campaign in social media and on TV and other media - representing public opinion regarding their concerns about COVID -19

Stakeholder Category	Sub group/ Department Sector	Responsibilities
People at risk of contracting COVID-19 (affected parties)	<ul style="list-style-type: none"> ▪ informal workers; the self-employed; working poor; those with modest incomes working in sectors such as manufacturing, construction, tourism and services; ▪ 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 	<ul style="list-style-type: none"> - using government-supported programs for affected firms and people as compensation for the loss of labor and non-labor incomes that the COVID-19 pandemic causes - low labor force participation - decreased incomes - implement additional personal protection measures during implementation of their working activities regarding COVID -19 protection
Vulnerable individuals or groups	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> - Usage of governmental measures for supporting vulnerable groups - limits in their ability to take advantage of project benefits - unable to participate fully in the mainstream consultation process - social isolated - basic packages of food and hygiene products provided for elderly, people with disabilities and those below poverty line

PMU will discuss different issues with each group of stakeholders depending on their role, responsibility and importance as stakeholder. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

The following table contains the main issues that will be discussed with different stakeholders.

Key issues to be discussed with different groups of stakeholders



List of stakeholders during the project implementation will be continuously updated and they will be incorporated in the SEP document.

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

Strong citizen and community engagement are preconditions for the effectiveness of the project. Stakeholder engagement under the project will be carried out on two dimensions:

- (i) consultations with stakeholders throughout the entire project cycle to inform them about the project, including their concerns, feedback and grievances about the project and any activities related to the project; and to improve the design and implementation of the project,
- (ii) awareness-raising activities to sensitize communities on risks of COVID-19 as well as the social protection component.

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, 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 Government of North Macedonia 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; (

- (iii) design of comprehensive Social and Behavior Change Communication (SBCC) strategy to support key prevention behaviors (washing hands, etc.), community mobilization that will take place through credible and effective institutions and methods that reach the local population and use of tv, radio, social media and printed materials,
- (iv) Community health workers will be trained as part of the SBCC strategy, to support the mobilization and engagement in their communities.

WB’s ESS10 and the relevant national policy and GS1 Health Strategy 2018-2022 & WHO’s “COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response” (2020) are the basis for the second aspect of the project’s stakeholder engagement plan.

5. STAKEHOLDER ENGAGEMENT PROGRAM

During the preparation of the SEP, different communication and information channels have been designed for all identified stakeholders in accordance with their needs. The engagement process will be used to obtain suggestions/comments for the Project activities, which may reflect the Project design and lead to extended benefits of relevant stakeholder’s groups.

COVID 19 Project stakeholders have been identified in order to address the different consultation requirements. Stakeholders include persons or groups that are:

- directly and/or indirectly affected by the Project;
- have certain interests in the Project and its activities;
- have the ability to affect the Project itself and its final outcome.

As mentioned above, stakeholder engagement will be carried out for (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 project’s social protection component.

5.1 (i) Stakeholder consultations related to Project

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities	Timeline for start of the activities
Preparation	<ul style="list-style-type: none"> • Need of the project • planned activities • E&S principles, Environment and social risk and impact management/E SMF • Grievance Redress mechanisms (GRM) • Health and safety impacts • Social Component 	<ul style="list-style-type: none"> • Phone, email, letters • One-on-one meetings • FGDs • Outreach activities • 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.) 	<ul style="list-style-type: none"> • Government and regulatory bodies and public institutions • Ministry for internal affairs • Health institutions • Health workers and experts • Local governments or association of local governments • Social assistance centers • Employment Agency 	<p>Environment and Social Specialist M&E specialist PIU</p> <p>MoH, MLSP, PMU will initiate the activities</p>	2 months before the start of the project

	<ul style="list-style-type: none"> • <i>Need of the project</i> • <i>planned activities</i> • <i>Environment and social risk and impact management/E SMF</i> • <i>Grievance Redress mechanisms (GRM)</i> • <i>Social 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 established accounts for the project and the accounts of local governments</i> • <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> 	<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>Environment and Social Specialist</p> <p>M&E Specialist PIU</p> <p>MLSP through the PMU will initiate the activities</p>	<p>In the first 6 months from the project start</p>
<i>Implementation</i>	<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Social Protection Component</i> • <i>Health and safety</i> • <i>Environmental concerns</i> 	<ul style="list-style-type: none"> • <i>Training and workshops</i> • <i>Disclosure of information through Brochures, flyers, website, etc.</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> 	<ul style="list-style-type: none"> • <i>MLSP and MH, PMU of the Project</i> • <i>Ministry for internal affairs with their local branches</i> • <i>Government officials from relevant line agencies at local level</i> • <i>Public Health institutions</i> • <i>Health workers and experts</i> • <i>Workers who will install modular prefabricated containers within the medical centers</i> • <i>Local Centers for Social Assistance</i> • <i>Local Employment Offices</i> • <i>COVID -19 Centers</i> 	<p>Environment and Social Specialist</p> <p>M&E Component-Coordinators</p> <p>PIU</p> <p>MoH and MLSP will be accountable for the execution of project activities with the additional support of PMU</p>	<p>Up to two years (2020 – 2022)</p>

			<ul style="list-style-type: none"> • <i>Infectious Diseases Commission</i> • <i>PR staff</i> • <i>State Sanitary and Health Inspectorate</i> • <i>FZO Private hospitals</i> 		
	<ul style="list-style-type: none"> • <i>Project scope and ongoing activities</i> • <i>ESMF and other instruments</i> • <i>SEP</i> • <i>GRM</i> • <i>Social Protection Component</i> • <i>Health and safety</i> • <i>Environmental concerns</i> • <i>Application for financial support of vulnerable groups and sectors</i> 	<ul style="list-style-type: none"> • <i>Public meetings in affected municipalities/villages</i> • <i>Brochures, posters</i> • <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 telephone calls, SMS, emails, radio, tv etc.)</i> • <i>Social Networks</i> • <i>Information through local social assistance centers</i> • <i>Information through local Employment Agencies</i> • <i>Information through the local media (TV/radio)</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> • <i>Municipal Public Communal Enterprises</i> • <i>People at risk of contracting COVID-19</i> 	<p>Environment and Social Specialist</p> <p>PIU</p> <p>MoH, MLSP, PMU will initiate the activities</p>	<p>Up to two years (2020 – 2022)</p>

5.2 (ii) Public awareness activities for the two components of the Project

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

Step	Actions to be taken	Responsibility for initiation of activities	Timeline for start of activities
1	A) Implement risk communication strategy and community engagement plan for COVID- 19 including details of anticipated public health measures	MoH, MLSP, PMU	From the start of the project
	B) Implement the communication and dialogue strategy for the social protection measures.		
1	A) For the health component - Conduct behavior assessment to understand target audience, perceptions, concerns, influencers and preferred communication channels	MoH/PMU	3 months before the project start
	B) For the social protection component – The target audience is the receivers of the current scheme and potential beneficiaries because of loosening of the criteria. Understand the perception, concerns and communication channels	MLSP/PMU	

	Prepare local messages and test them through participatory measures, specifically target risk groups and key stakeholders for both components	PMU	2 months before the project start
	Identify community groups and local networks for both components	MoH, MLSP, PMU	3 months before the project start
2	Finalize the messages and complete materials in local languages and prepare communication channels for both components	PMU	Until the start of the project
	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	MoH, PMU MLSP, PMU	Before the start of the project activities
	Utilize two way of communication for both components	PMU	Until the start of the project
	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 – social protection component	MoH, PMU MLSP, PMU	During the duration of the project In the first 12 months
3	For both components, 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 for both components	MoH, MLSP, PMU	In the first 6 months from the project
	Ensure changes to community engagement are based on evidence and needs and ensure the engagement is culturally appropriate for both components	PMU	During the project duration
	Document lessons learned to inform future preparedness and response activities for both components	PMU	During the project duration

Step 1: Design of communication strategy

- Assess the level of 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 both components
- Conduct rapid behavior assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels. This is for both components
- Prepare a comprehensive Social and Behavior Change Communication (SBCC) strategy for COVID-19, including details of anticipated public health measures. Health component
- Work with organizations supporting people with disabilities to develop messaging and communication strategies to reach them. This is for both components
- Prepare local messages and pre-test through participatory process, especially targeting key stakeholders, vulnerable groups and at-risk populations. This is for both components

- Identity & 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 (Macedonian and Albanian) and also in English, where relevant, for timely dissemination of messages and materials and adopt relevant communication channels (including social media/online channels) (Both 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, TV, social media, 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 (Both 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, and direct dialogues and consultations. For both components
- 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. Both components

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

- Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women’s groups. will be carried out virtually to prevent COVID 19 transmission.
- 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, 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, etc.), Text messages for mobile phones, Hand-outs and brochures in community and health centers, at offices of Local Governments, Local communities offices, 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.

5.3 Proposed strategy for information disclosure

The project will 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. Further, while country-wide awareness campaigns will be established, specific communications in every local government (especially for the second component), at international airports (health component), hotels (health component), for schools, at hospitals, quarantine centers and laboratories (health component) , social assistance centers (social protection component) will be timed according to the need, and also adjusted to the specific local circumstances of the individual islands.

A preliminary strategy for information disclosure is as follows:

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Responsibility for initiation of activities	Timeline
Preparation of social distancing and SBCC strategy	<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, PPSD, 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 (e.g., local community offices; Information leaflets and brochures; and meetings, including with vulnerable groups while making appropriate</i>	MoH, MLSP, PMU	In the first 2 months of the Project

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Responsibility for initiation of activities	Timeline
			<i>adjustments to formats in order to take into account the need for social distancing.</i>		
Preparation of Social component	<i>Vulnerable Groups, Charity organizations, Employees, Social assistance centers, 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>MLSP, PMU</i>	<i>In the first 12 months</i>
Implementation of public awareness campaigns applicable for both components	<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>PMU in coordination with MoH and MLSP</i>	<i>During the whole project duration</i>
Site selection for local isolation units and quarantine facilities. Health components	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people;</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, SEP, relevant E&S documents,</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</i>	<i>MoH, PMU</i>	<i>During the whole project duration</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Responsibility for initiation of activities	Timeline
	<i>neighboring communities; public health workers; other public authorities; Municipal & Provincial councils; District/Divisional Secretaries, civil society organizations, Religious Institutions/bodies.</i>	<i>GRM procedure, PPSD, regular updates on Project development</i>	<i>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 preparation of ESMF, ESIA, ESMP Applicable both components</i>	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of patients/affected people; neighboring communities; public health workers; other public authorities; Municipal & Provincial councils; District/Divisional Secretaries; civil society organizations, Religious Institutions/bodies. Social assistance centers, employment agencies</i>	<i>Project documents, technical designs of the isolation units and quarantine facilities, 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>MoH, MLSP, PMU</i>	<i>3 months before the Project start</i>
<i>During project implementation</i>	<i>COVID-affected persons and their families, neighboring</i>	<i>SEP, relevant E&S documents; GRM procedure; PPSD, regular</i>	<i>Public notices; Electronic publications and press releases on the Project web-site &</i>	<i>PMU</i>	<i>During the whole project duration</i>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Responsibility for initiation of activities	Timeline
	<i>communities to laboratories, quarantine centers, hotels and workers, workers at construction sites of quarantine centers, public health workers, MoH, airline and border control staff, police, military, government entities, Municipal councils;</i>	<i>updates on Project development</i>	<i>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 Social protection component</i>	<i>Beneficiaries, vulnerable groups, social assistance centers, chamber of commerce, employment agencies</i>	<i>Project activities of the social protection component</i>	<i>Social network, through social assistance centers, through employment agencies, local media</i>	<i>MLSP/PMU</i>	<i>During the whole project duration</i>

The disclosure package will be publicly available in Macedonian (as well as English where available) immediately upon its availability, on the websites of the Ministry of Labour and Social policy (www.mlsp.gov.mk) and Ministry of Health (www.mh.gov.mk)

5.4 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.

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

After the analysis of the project activities within the COVID -19 Emergency Response and Health System Preparedness Project 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.

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;

(b) occupational health and safety issues related to the availability and supply of PPE for healthcare workers (as well as other workers included in the construction 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), given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities across the country.

Also, the ICUs and laboratories involved in COVID-19 diagnostic testing and treatment will generate medical waste and other hazardous byproducts that, if inadequately managed during their collection, transportation, and disposal, also may cause health risks.

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.

5.5 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. 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. 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.

The activities will be initiated by the MoH and MLSP through the PMU, 3 months before the Project start.

5.6 Resources and Responsibilities for implementing stakeholder engagement activities

5.6.1. 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.

5.6.2. Management functions and responsibilities

The project will be implemented over a period of up to 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 implement the behavior change communication activities in partnership with 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).

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

6. 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).

6.1 Description of GRM

An on-line Grievance mechanism and registry shall be established within the Ministry of Labour and Social Policy (<http://www.mtsp.gov.mk/>). The oversight body of the project will receive each grievance and delegate 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. Information about the GRM shall be locally advertised i.e. at social assistance centres and local governments

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 Form (by personal delivery, post, fax 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.

6.2 Complainant feedback on the resolution

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 PIU 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.

Contact information for enquiries and grievances:

Ms. Ivana Kjurkchieva

Rapid Response COVID- 19 Project

Ministry of Labour and Social Policy

Str. Dame Gruev no.14, 1000 Skopje, Republic of North Macedonia

E-mail: ivana.kjurkchieva@mtsp.gov.mk

Phone: +389 76 313 833

The GRM will include the following steps:

- **Step 1:** Submission of grievances either orally, in writing via suggestion/grievance box, through telephone hotline/mobile, mail, SMS, social media (WhatsApp, Viber, FB etc.), email, 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. Thus, the existing GRM will also be strengthened with procedures to handle allegations of GBV

6.3 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.

7. 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.

8. ANNEXES

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		Ivana Kjurkchieva	
E-mail		Ivana.kjurkchieva@mtsp.gov.mk	
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>Name and surname <i>Ivana Kjurkchieva</i></p> <p>E-mail <i>Ivana.kjurkchieva@mtsp.gov.mk</i></p> <p>Rapid Response COVID- 19 Project Ministry of Labour and Social Policy Str. Dame Gruev no.14, 1000 Skopje, Republic of North Macedonia</p>				