

# Preliminary Stakeholder Engagement Plan (SEP)

## North Macedonia COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

April 14, 2020

### 1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of April 10, 2020, the outbreak has resulted in an estimated 1,687,857 cases and 102,198 deaths in 210 countries<sup>1</sup>.

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 663 including 82 cases among health professionals (12%). COVID-19 cases are registered in 19 cities – first case identified in Probiship, indicating further geographic spread. Skopje has the highest case count (273 cases, 41%), followed by Kumanovo (143 cases, 21.6%). However, per population rate, Debar and Kumanovo are the hardest hit – incidence rate above 100 cases per 100,000 people.

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. All borders and the airport are 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. 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 is under imposed curfew in an effort to limit the spread of COVID-19. The movement of all citizens is restricted across the country from 4 pm to 5 am. In addition, people under 18 are allowed to leave their homes from 10 am to noon, while people over 67 years of age are allowed to leave their homes between 1 pm and 3 pm. During the weekends, the curfew is from 4 pm on Friday until 5 am on Monday for all citizens. Part of the measures are also contact tracing of those found positive. The MoH is making COVID-19 related response guidance, information and updates available on its website<sup>2</sup> for easy access. Contact information for every

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

<sup>2</sup> <https://www.zdravstvo.mk/korona-virus>

municipality is provided as well. Another website at the government level<sup>3</sup> 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, living in a contained environment, may increase the risk of violence as well as translate to spikes in poverty, food and nutrition insecurity, and reduced access to healthcare far beyond COVID-19, especially if the crisis continues.

The proposed 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 supports health sector enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. The World Bank is coordinating closely with partners who are aligned to support the Government, such as the EU delegation and WHO.

**The project comprises the following components:**

**Component 1 – Emergency COVID-19 Response**

- Subcomponent 1.1: Case detection, confirmation, contact tracing, reporting and monitoring;
- Subcomponent 1.2: Health system strengthening;
- Subcomponent 1.3: Maintaining Financial Stability of Health Insurance Fund.

**Component 2 – Social Impact Mitigation**

- Subcomponent 2.1: Strengthening the social safety net response to the crisis;
- Subcomponent 2.2: Additional unemployment insurance support.

**Component 3. Project Implementation and Monitoring**

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<sup>3</sup> <https://vlada.mk/covid19>

**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 are 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.

**Component 2: Social Impact Mitigation** 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.

**Component 3: Project Implementation 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); 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 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.

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.

## 2. Stakeholder identification and analysis

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

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

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

### 2.1 Methodology

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

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

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status<sup>4</sup>, and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

### 2.2. Affected parties

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

- COVID-19 infected people in hospitals and their families & relatives
- People in quarantine/isolation centers and their families & relatives
- 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, inhabitants of areas where cases have been identified)
- Public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians/staff) and other staff
- Local Government administrations in affected regions
- Municipal Public Enterprises providing communal services in affected regions
- Ministry of Health officials
- Employment Agency and the local branches
- Local Centers of Social Assistance (services of the MLSP)

### 2.3. 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

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<sup>4</sup> 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.

- 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)

#### **2.4. 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. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

### **3. Stakeholder Engagement Program**

#### **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 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 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. 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.

### **3.2. 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 or strategy for health communication & WHO’s “COVID-19 Strategic Preparedness and Response Plan -- Operational Planning Guidelines to Support Country Preparedness and Response” (2020) will be the basis for the second aspect of the project’s stakeholder engagement plan.

### 3.3. Stakeholder Engagement Plan

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.

#### 3.3. (i) Stakeholder consultations related to Project

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Preparation	<ul style="list-style-type: none"> <li>Need of the project</li> <li>planned activities</li> <li>E&amp;S principles, Environment and social risk and impact management/ESMF</li> </ul>	<ul style="list-style-type: none"> <li>Phone, email, letters</li> <li>One-on-one meetings</li> <li>FGDs</li> <li>Outreach activities</li> <li>Appropriate adjustments to be made to take into account the need for social</li> </ul>	<ul style="list-style-type: none"> <li>Government officials from relevant line agencies at local level</li> <li>Health institutions</li> </ul>	Environment and Social Specialist M&E specialist PIU



	<ul style="list-style-type: none"> <li>Grievance Redress mechanisms (GRM)</li> <li>Health and safety impacts</li> <li>Social Component</li> </ul>	<p><i>distancing (use of audio-visual materials, technologies such as telephone calls, SMS, emails, etc.)</i></p>	<ul style="list-style-type: none"> <li>Health workers and experts</li> <li>Local governments or association of local governments</li> <li>Social assistance centers</li> <li>Employment Agency</li> </ul>	
	<ul style="list-style-type: none"> <li><i>Need of the project</i></li> <li>planned activities</li> <li>Environment and social risk and impact management/ESMF</li> <li>Grievance Redress mechanisms (GRM)</li> <li>Social Component</li> </ul>	<ul style="list-style-type: none"> <li><i>Outreach activities that are culturally appropriate</i></li> <li><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></li> <li><i>Use of social networks. Through specially established accounts for the project and the accounts of local governments</i></li> <li><i>Use of network of social assistance centers in local level</i></li> <li><i>Use of network of regional red cross offices to be used to be sure that social protection measures are disseminated well</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Affected individuals and their families</i></li> <li><i>Local communities</i></li> <li><i>Vulnerable groups</i></li> <li><i>Employment Agency</i></li> <li><i>Social Assistance Centers</i></li> </ul>	<p>Environment and Social Specialist</p> <p>M&amp;E Specialist PIU</p>
<i>Implementation</i>	<ul style="list-style-type: none"> <li><i>Project scope and ongoing activities</i></li> <li><i>ESMF and other instruments</i></li> <li><i>SEP</i></li> <li><i>GRM</i></li> <li><i>Social Protection Component</i></li> <li><i>Health and safety</i></li> <li><i>Environmental concerns</i></li> </ul>	<ul style="list-style-type: none"> <li><i>Training and workshops</i></li> <li><i>Disclosure of information through Brochures, flyers, website, etc.</i></li> <li><i>Information desks at municipalities offices and health facilities</i></li> <li><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></li> </ul>	<ul style="list-style-type: none"> <li><i>Government officials from relevant line agencies at local level</i></li> <li><i>Health institutions</i></li> <li><i>Health workers and experts</i></li> <li><i>Local Centers for Social Assistance</i></li> <li><i>Local Employment Offices</i></li> </ul>	<p>Environment and Social Specialist</p> <p>M&amp;E Component-Coordinators</p> <p>PIU</p>

<ul style="list-style-type: none"> <li>• <i>Project scope and ongoing activities</i></li> <li>• <i>ESMF and other instruments</i></li> <li>• <i>SEP</i></li> <li>• <i>GRM</i></li> <li>• <i>Social Protection Component</i></li> <li>• <i>Health and safety</i></li> <li>• <i>Environmental concerns</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Public meetings in affected municipalities/villages</i></li> <li>• <i>Brochures, posters</i></li> <li>• <i>Information desks in local government offices and health facilities.</i></li> <li>• <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></li> <li>• <i>Social Networks</i></li> <li>• <i>Information through local social assistance centers</i></li> <li>• <i>Information through local Employment Agencies</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Affected individuals and their families</i></li> <li>• <i>Local communities</i></li> <li>• <i>Vulnerable groups</i></li> </ul>	<p>Environment and Social Specialist</p> <p>PIU</p>
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### 3.3 (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
1	A) Implement risk communication strategy and community engagement plan for COVID- 19 including details of anticipated public health measures
	B) Implement the communication and dialogue strategy for the social protection measures.
	A) For the health component - Conduct behavior assessment to understand target audience, perceptions, concerns, influencers and preferred communication channels
	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
	Prepare local messages and test them through participatory measures, specifically target risk groups and key stakeholders for both components
	Identify community groups and local networks for both components
2	Finalize the messages and complete materials in local languages and prepare communication channels for both components
	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
	Utilize two way of communication for both components

	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
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
	Ensure changes to community engagement are based on evidence and needs and ensure the engagement is culturally appropriate for both components
	Document lessons learned to inform future preparedness and response activities for both components

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, 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, Community health boards, Social Assistance Centers, Employment Agency Billboards Plan, will be utilized to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

### **3.4. 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, 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:

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
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&amp;S principles and obligations, documents, Consultation process/SEP, Project documents- ESMF, ESCP, GRM procedure, update on project development</i>	<i>Dissemination of information via dedicated project website, Facebook site, SMS broadcasting (for those who do not have smart phones) including hard copies at designated public locations; Information leaflets and brochures; and meetings, including with vulnerable groups while making appropriate adjustments to formats in order to take into account the need for social distancing.</i>
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>
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>
Site selection for local isolation units and quarantine facilities.	<i>People under COVID-19 quarantine, including workers in the facilities; Relatives of</i>	<i>Project documents, technical designs of the isolation</i>	<i>Public notices; Electronic publications and press releases on the Project web-site &amp; via social media; Dissemination of hard copies at designated public locations; Press</i>

<b>Project stage</b>	<b>Target stakeholders</b>	<b>List of information to be disclosed</b>	<b>Methods and timing proposed</b>
Health components	<i>patients/affected people; neighboring communities; public health workers; other public authorities; Municipal &amp; Provincial councils; District/Divisional Secretaries, civil society organizations, Religious Institutions/bodies.</i>	<i>units and quarantine facilities, SEP, relevant E&amp;S documents, GRM procedure, regular updates on Project development</i>	<i>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 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 &amp; 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&amp;S documents, GRM procedure, regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site &amp; via social media;; Dissemination of hard copies at designated public locations; Press releases in the local media; Consultation meetings, separate focus group meetings with vulnerable groups, while making appropriate adjustments to consultation formats in order to take into account the need for social distancing (e.g., use of mobile technology such as telephone calls, SMS, etc.).</i>
<i>During project implementation</i>	<i>COVID-affected persons and their families, neighboring communities to laboratories, 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>SEP, relevant E&amp;S documents; GRM procedure; regular updates on Project development</i>	<i>Public notices; Electronic publications and press releases on the Project web-site &amp; 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>

### 3.5. Future of the project

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

### 3.6 Proposed strategy to incorporate the views of vulnerable groups

The project will carry out targeted consultations with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. 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.

## 4. Resources and Responsibilities for implementing stakeholder engagement activities

### 4.1. Resources

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

## 4.2. Management functions and responsibilities

The project will be implemented over a period of 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.

## 5. Grievance Mechanism

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

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

### 5.1. 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.

### **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:***

**Rapid Response COVID- 19 Project**

**Ministry of Labour and Social Policy**

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

**E-mail: (TBD) Phone: (tbd)**

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 2<sup>nd</sup> 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 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

The updated version of the SEP will focus on typology of grievances and complainants to provide more efficient management. Possible examples: the highly vulnerable i.e. persons with disabilities, people facing language barriers, disruptions in areas neighboring facilities, etc. The contact information for the GRM will be provided in the updated SEP which will be finalized 30 days after the project effectiveness date.

## 5.2 World Bank Grievance Redress System

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

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

## 6. Monitoring and Reporting

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

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

Further details on the SEP will be outlined in the updated SEP, to be prepared and disclosed within 30 days after the project effectiveness date.