



Appraisal Environmental and Social Review Summary

Appraisal Stage

(ESRS Appraisal Stage)

Date Prepared/Updated: 04/20/2020 | Report No: ESRSA00749



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
North Macedonia	EUROPE AND CENTRAL ASIA	P173916	
Project Name	North Macedonia Emergency COVID-19 Response Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	4/23/2020	5/1/2020
Borrower(s)	Implementing Agency(ies)		
Republic of North Macedonia	Ministry of Labor and Social Policy, Ministry of Health		

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in North Macedonia.

Financing (in USD Million)	Amount
Total Project Cost	100.00

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

This Project Appraisal Document (PAD) describes the emergency response to North Macedonia under the coronavirus disease (COVID-19). The COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), was approved by the World Bank’s Board of Executive Directors on April 2, 2020 (PCBASIC0219761) with an overall Program financing envelope of up to US \$6.00 billion.

The project has three components: (1) Emergency COVID-19 Response; (2) Household Support and Enabling Social Distancing; and (3) Project Implementation, Communications, Community Engagement, and Monitoring.



Component 1 - This component would provide immediate support to the Republic of North Macedonia to limit the local transmission of COVID-19 through containment strategies. It would support enhancement of case detection capacities through the 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. It is important to note that 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 best support the country in achieving the best outcomes.

Component 2 - This component will finance temporary income support to eligible individuals and households to enable them to comply with the social distancing measures the government has introduced to contain the COVID-19 pandemic. The component will finance the provision of Guaranteed Minimum Income (GMI) cash transfers to vulnerable households adversely affected by the economic consequences of COVID-19. Additionally, it will support the financing of income support to workers and affected households by easing conditions to receive benefits, increasing the duration of benefits, and simplifying the benefit processes, including, inter alia, (a) the provision of a cash benefit (unemployment insurance benefit) for those who have lost their jobs due to the crisis; and (b) the provision of food and basic supplies to quarantined populations and COVID-19 affected households.

Component 3 - This component will support the administrative and human resources needed to implement the project and monitor and evaluate progress. It will finance staff, consultant costs, and operating 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; information system maintenance; 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 the EA procedures); 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 under terms of reference acceptable to the Bank.

This component will support the development of communication, outreach and awareness building campaigns to ensure culturally relevant information is disseminated to properly sensitize citizens to the risks related to COVID-19 and accessible information regarding the cash and in-kind benefits financed under the project. Information will be disseminated through various accessible channels (e.g., radio, television, internet, printed media), and will be designed to reach the vulnerable and remote population. The communication around both types of activities (cash transfers and in-kind support) will provide an opportunity to promote appropriate hygiene and preventive health measures, as well COVID-19 infection prevention messaging. The information sharing activities will be initially supported by the ongoing Social Services Improvement Project (P162246) through outreach mechanisms that are already in place.

In addition, the project will implement a feedback mechanism on the COVID-19 response (temporary cash and in-kind benefits and health activities), including a grievance redress mechanism (GRM). 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.



D. Environmental and Social Overview

D.1. Project location(s) and salient characteristics relevant to the ES assessment [geographic, environmental, social]

The Republic of North Macedonia is a small upper-middle-income country (UMIC) in the Balkan peninsula that aspires to achieve the living standards of the European Union (EU). North Macedonia's population is about 2 million, but the population is aging and shrinking. Nearly 25 percent of the population live in the capital, Skopje, while close to 40 percent live in rural areas. In 2018, health outcomes in North Macedonia continue to be challenging and non-communicable diseases (NCDs) are an important risk factor.

The COVID-19 epidemic in North Macedonia is still in its early stages, with the first confirmed case identified on 26 February 2020. By April 8th, 2020, the number of confirmed cases had reached 617: Thirty (30) deaths have been recorded and 35 people have recovered.

All project activities will be implemented countrywide. This includes both the medical component (support for detection, tracing, supplies, ICU, equipment, medical and technician personnel) and the social component (income support and social assistance). At this time, the specific facilities to be supported are not specified.

The Stakeholder Engagement Plan (SEP) has identified primary stakeholders and will guide all outreach and communication for both the Emergency COVID Medical response as well as the social support activities to target beneficiary groups.

The project will involve minor civil works as it supports the renovation of Intensive Care Units to operationalize more beds. All activities of the health component will be conducted within existing government facilities and within existing footprints, including health facilities, laboratories and possible warehouse and no new land will be acquired or accessed.

All environment and social risks such as medical waste, worker safety etc. will be addressed through the development of an Environmental and Social Management Framework (ESMF), which sets out environmental and social (E&S) risk assessment requirements of each sub-component/activity (including all refurbishments and/or construction). It also provides guidance on the preparation of site-specific Environmental and Social Management Plans (ESMPs) as well as Infection Prevention and Control and Waste Management Plans (IPC & WMPs). The ESMF will include a section on Occupational Health and Safety (OHS) of workers and relevant aspects of Labor Management Procedures (LMP). It will consider national and international protocols for infectious disease control and will include updated provisions on medical waste management.

A quick survey of medical waste management systems in the country and social assistance targeting programs that the social assistance component will build on will be carried out at the onset of project implementation.

The project is not expected to impact natural habitats or cultural sites.

D. 2. Borrower's Institutional Capacity



The project will be implemented over a period of 2 years, with the Ministry of Health (MoH) and Ministry of Labor and Social Policy (MLSP) as the key implementing agencies. The MoH and MLSP will be accountable for execution of project activities. For the Emergency COVID-19 Response component, decisions will be made by the Ministry of Health (MoH) in coordination with the Institute and Centers of Public Health and other institutions involved in COVID related activities. For social mitigation component, decisions will be made by the Ministry of Labor and Social Protection (MLSP) in coordination with relevant Government agencies, such as Social Welfare Centers and Employment Agencies. The additional measures to be financed, agreed with the World Bank, with the project are already adopted by the Government of North Macedonia . The project will be delivered through the PMU that currently implements the Social Services Improvement Project (P162246), under the old safeguards policies, as well as the Social Insurance Administration Project (P170343) under the new Environmental and Social Framework (ESF). The PMU, in the MLSP, will be strengthened by an additional project manager and two component coordinators for this operation. An additional environment specialist and an additional social standard specialists as well as an M & E specialist will also be hired as the environment and social risk profile of this project is higher than the ongoing projects.

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The project will have long term positive environmental and social impacts, as it should improve COVID-19 surveillance, monitoring, treatment and containment. Nevertheless, there is a number of substantial short-term environmental risks that need to be taken into account. Uncertainty remains around specific activities and locations. The main environmental risks identified are: (i) the Occupational Health and Safety issues related to testing and handling of supplies, etc. during treatment to a large extent as well as due to civil works renovations inside functional health care facilities to a lesser extent. The OHS issues are also related to the availability and supply of personal protective equipment (PPE) for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; (ii) production and management of medical healthcare waste; and (iii) community health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste. As no civil works other than refurbishing facilities on existing hospital grounds or other government owned sites are to be undertaken, environmental risks associated with these works are expected to be minor and readily mitigated.

Health care waste and chemical wastes (including water, reagents, infected materials, etc.) generated from disease detection capacities to be supported can have substantial impact on the environment and human health. Wastes that may be generated from health facilities/ labs could include liquid contaminated waste, chemicals and other hazardous materials, and other waste from labs/quarantine/isolation centers including sharps used in diagnosis and treatment. All of this requires special handling and awareness as it may pose a risk to health care workers from occupational infections and to the communities if not disposed properly

The implementing agency has committed to prepare, during project implementation and no later than 30 days after project effectiveness, an ESMF that covers the environmental and social mitigation measures to be implemented for the various proposed activities. Mitigation measures will largely be based on WHO technical guidance on COVID-19 response on limiting viral contagion in healthcare facilities World Bank Group EHS Guidelines and other good international industry practice (GIIP). The ESMF will include an Infection Prevention and Control and Waste



Management Plan (IPC & WMP) which will include specific guidance & protocols on developing site-specific waste management plans.

The mitigation measures should include an elaboration of roles and responsibilities within the Ministry of Health and the Ministry of Labor and Social Policy, training requirements, timing of implementation and budgets. Procurement of goods (purchase of testing kits, medical equipment such as oxygen suppliers, etc.) and consultancy activities for COVID-19 communication can be initiated as soon as the project is approved. The ESMF including relevant management plans should be finalized before deployment of medical equipment or establishing the isolation units and laboratory facilities. In addition, any activities that have been screened for environmental and social risks will not be carried out without the completed, consulted and disclosed ESMF.

Social Risk Rating

Substantial

The social risks are considered Substantial. While some social risks and impacts are significant, they are considered temporary, predictable, and readily managed through project design features and mitigation measures. No land acquisition or involuntary resettlement impacts will occur under the Project. No major civil works are expected under this project.

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, isolated groups) and exclusion from the social protection measures. This is partly mitigated through the project being implemented by an experienced PMU, housed in the Ministry of Labor and Social Protection, already implementing two social protection related World Bank financed projects. Further, in the ESCP, the implementing authorities will commit to the provision of services and supplies to all people, regardless of their social status, based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and the implementation of WHO guidance tools for COVID-19 risk communication and engagement. The project incorporates budget for outreach activities and communication campaign which will minimize the risks of the exclusion of the vulnerable especially from the social protection component. This is guided by the SEP which identifies a strategy to reach direct stakeholders and other interested parties.

While protecting the health of communities from infection with COVID-19 is a central part of the project, without adequate controls and procedures, project activities ranging from medical facility operation through to on-ground public engagement exercises have the potential to contribute to virus transmission and other community health and safety issues. Some project activities also present increased health and safety risks for project workers, particularly those working in medical and laboratory facilities. Clear communication of risks and prevention measures will be included within training and stakeholder engagement activities.

Social risks associated with the first component of the project will be addressed through the project's ESMF, Stakeholder Engagement Plan SEP (including a Grievance Redress Mechanism - GRM) and Labor Management Procedures (LMP), in line with the applicable Environmental and Social Standards (ESS) of the WB's ESF and the WHO COVID-19 WHO guidance tools for COVID-19 preparedness and response.

Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) risks could emerge in and around household-level of beneficiaries. Female healthcare workers or patients may be subject to



harassments. Safety net interventions, including cash/in-kind transfers can affect household power dynamics, which can exacerbate incidents of GBV/SEA/SH violence.

The social risks arising from the second component and linked to exclusion from benefits are likely to be amplified unless (i) targets are precisely defined; (ii) financial assistance is premised and relates to income and living conditions; and (iii) an effective outreach program to ensure awareness and responsive service delivery. While (i) and (ii) are well defined in the means tested program the project envisages budget for comprehensive outreach activities especially by use of the Macedonian Public Broadcast which has at least 95% penetration, in addition to other tools

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

This standard is relevant. The project is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on-the-ground service delivery for COVID-19 surveillance, monitoring, containment and response. However, project activities also present significant environmental, social, health and safety risks for the project workforce and communities. To manage these risks MoH will prepare the This standard is relevant. This operation is being processed as an emergency response using condensed procedures under the Fast Track COVID-19 Facility (FTCF). The project is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on-the-ground service delivery for COVID-19 surveillance, monitoring, containment and response. However, project activities also present significant environmental, social, health and safety risks for the project workforce and communities. To manage these risks MoH will prepare the following instruments:

Environmental and Social Management Framework - to identify risks and potential environmental and social impacts and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank Group EHS Guidelines and other good international industry practices (GIIP). The ESMF will include a Code of Environmental Practice (CoEP) for minor works associated with installation of modular laboratory and isolation units (e.g. utility connections); Infection Prevention and Control and Waste Management Plans (IPC & WMP) for all facilities including laboratories, medical centers and isolation centers; Labor Management Procedures (LMP) for PMU and contracted workers to ensure proper working conditions and management of worker relationships, occupational health and safety, and to prevent potential sexual harassment. With regard to the second component the ESMF will include review of ongoing assessments of the most affected segments of population and propose channels how to best outreach the potential beneficiaries to be supported through second component. The ESMF will be prepared to a standard acceptable to the World Bank and disclosed on the MoH website and on the World Bank website within 30 days after the Effectiveness Date. Until the ESMF has been approved, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.

Stakeholder Engagement Plan (and Grievance Redress Mechanism) - establishing a structured approach for community outreach and two-way engagement with stakeholders, in appropriate languages, including the vulnerable and disadvantaged groups (poor, disabled, elderly, isolated communities.), that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with public



meetings as a result of COVID-19. A preliminary SEP including GRM has been prepared and will be updated by the PMU and re-disclosed within 30 days after the Effectiveness Date. To achieve the above mentioned positive environmental and social impacts, the aforementioned areas of risks must be addressed and mitigated as discussed below:

Medical Waste Management and Disposal. Wastes that may be generated from labs, screening posts and treatment facilities to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and isolation centers, etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. In North Macedonia, despite the country's alignment to the EU legal framework on waste management, the health and environmental risks associated with the handling, treatment and disposal facilities of health-care waste are substantial. This is due to insufficient sanitary facilities in country excluding the one in Skopje. Despite its implementation challenges, the North Macedonia government has good quality solid waste management strategy and legislation.. In order to mitigate the risks associated with medical waste management and disposal, the Project will either ensure all medical waste are transported safely to the incinerator in Skopje or invest in the procurement of appropriate waste management infrastructure, including containers, PPE, high pressure autoclaves and/or incinerators, as well as training of medical, laboratory and waste management personnel to ensure compliance with the IPC&WMP, WHO guidance and GIIP. This will be documented in the ESMF in the IPC&WMP.

Worker Health and Safety. Workers in healthcare facilities are particularly vulnerable to contagions like COVID-19. Healthcare-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The IPC&WMP will contain detailed procedures, based on WHO guidance, for protocols necessary for treating patients and handling medical waste as well as environmental health and safety guidelines for staff, including the necessary personal protective equipment (PPE). Proper disposal of sharps (see medical waste above), disinfectant protocols, and regular testing of healthcare workers will be included.

Community Health and Safety. All project activities ranging from the operation of laboratories to community engagement activities present a risk of transmission in the community. The operation of laboratories, health centers (including isolation facilities) have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. The project's ESMF will outline procedures for each project activity commensurate to the risk. The IPC&WMP being developed will contain detailed procedures, based on WHO guidance, for the operation of health facilities.

Vulnerable Groups Access to Project Services and Facilities. A key social risk related to this kind of an operation is that marginalized and vulnerable social groups are excluded from the social protection component and/or are unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project. To mitigate this risk MoH, in the ESCP, will commit to the provision of services and supplies to all people, regardless of their social status based on the urgency of the need, in line with the latest data related to the prevalence of the cases. This is guided by the SEP which identifies a strategy to reach direct stakeholders and other interested parties.



Gender-based Violence. The GBV risks are low in North Macedonia. The project will include a large workforce of health care workers. Sexual Harassment (SH) risks will be assessed and addressed during implementation through the ESMF, including screening and putting in the corresponding measures to prevent and mitigate the SH risks. In the ESCP, the implementing agency will commit to the implementation of the WHO Code of Ethics and Professional Conduct which includes provisions for Sexual Exploitation and Abuse (SEA)/SH prevention.

Consultations and disclosure for the ESMF will be carried out in line with the recommended social distancing measures for COVID-19 prevention and will make use of IT based apps and technology. Disclosure of the ESMF will be done via the MoH and MLSP websites locally.

ESS10 Stakeholder Engagement and Information Disclosure

The standard is relevant. A preliminary Stakeholder Engagement Plan (SEP) has been prepared for the project with consultation activities at key Governmental and Ministerial stakeholder level, as the entire process was adapted with the global prevention and combating the evolving COVID-19 situation. These measures are underlined by social distancing requirements, ban to public gatherings, lockdowns and mobility restrictions.

The SEP covers the broader project, identifies and analyses key stakeholders (i.e. affected parties, other interested parties and disadvantaged and vulnerable groups) and describes the process and modalities for sharing information on the project activities, incorporating stakeholder feedback into the Project and reporting and disclosure of project documents. Project preparation has included a detailed mapping of the stakeholders. Direct beneficiaries have been identified as COVID-19 infected people in hospitals and their families, people in quarantine/isolation centers and their families, frontline health workers and technicians in facilities, hospitals, laboratories, public/private health care workers (Doctors, Nurses, Public Health Inspectors, Midwives, laboratory technicians, sanitary workers), vulnerable groups such as elderly and immune-compromised among others; and those who will be eligible for the social protection scheme, including marginalized and vulnerable social groups, including those living in remote or inaccessible areas.

As part of the Stakeholder Engagement Plan for COVID-19, will not only help with the implementation of the community mobilization and behavioral change objectives of the project, but also help suppress false COVID-19 related information and ensure equitable access to services, and to counteract the isolation and uncertainty that comes from people being kept in quarantine. Stakeholder engagement strategies will point out ways to minimize close contact and follow the recommended good hygiene procedures as outlined in WHO guidance. The project implementation will be in compliance and fit to government actions and measures which are daily communicated through various channels of communication and disclosed in <https://vlada.mk/covid19>. The SEP will be disclosed on the both MLSP and MoH websites (www.mtsp.gov.mk and www.moh.gov.mk respectively) as well as on government platform on corona response outreach media (koronavirus.gov.mk).

The SEP also outlines the project's Grievance Redress Mechanism (GRM) which will enable stakeholders to raise project related concerns and grievances. The PMU will include adequately trained staff with GRM responsibilities, community awareness tools, grievance lodgment tools, and investigation and feedback processes. The SEP will be updated within one month from the project effective date, with more details on the environmental and social risks



associated with the Project activities and refined consultation strategies and modalities with due consideration of measures in place at such time. The approach to Stakeholder engagement shall guide all project activities including the process of updating the ESMF .

The final SEP (and GRM) will be shared with relevant stakeholders via culturally appropriate means (and having regard to language, logistical and technological constraints). A dedicated hotline and email will be established for grievances and feedback and will be identified in the updated SEP. The PMU will manage the GRM logistics .

B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

This standard is relevant. Most activities in component 1 will be conducted by health workers and some of the rehabilitation work by construction contractors.

The project workforce is expected to include i) direct workers including government staff and consultants engaged directly by the PMU and contractors hired for TA activities and ii) contracted workers employed or engaged through third parties including to do the minor rehabilitation civil works. The envisaged works will be of minor scale and thus pose limited risks, but workers will have access to necessary PPE and handwashing stations. Labor influx is not expected.

The key risks for project workers (primarily direct and contracted healthcare workers and labor engaged in works within hospitals) is contamination with COVID-19 or other contagious illnesses which can lead to illness and death of workers. Risky environments include laboratories, hospitals and health care centers, isolation centers and the broader community where project workers may be exposed to the virus. Project workers are also at higher risk of psychological distress, fatigue and stigma due to the nature of their work. The Project will ensure the application of OHS measures as outlined in WHO guidelines which will be captured in the ESMF.

The Government, via the ESCP, has committed to prepare Labor Management Procedures (LMP) as part of the ESMF which (i) responds to the specific health and safety issues posed by COVID-19, and (ii) protect workers' rights as set out in ESS2. Health and safety issues associated with project financed activities will be managed through the ESMF which will incorporate the WHO guidance tools for COVID-19 preparedness and healthcare facility management with the information, procedures, and tools required to safely and effectively work. The project will also ensure a basic, responsive grievance redress mechanism to allow workers to quickly inform management of labor issues, such as a lack of PPE and unreasonable overtime via the MoH and MLSP.

No child labor or forced labor will be permitted under the Project.

ESS3 Resource Efficiency and Pollution Prevention and Management

This Standard is relevant. Pollution prevention and management – specifically medical waste management – will be a particularly important activity under the Project. Medical waste, including chemicals, contaminated PPE and



equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed. Wastes generated from labs, screening posts and treatment facilities to be supported by the COVID-19 emergency response project could include contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (water used; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and isolation centers, etc.) require special handling and awareness, as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to contamination of soil and groundwater, but more importantly, to further spreading of the virus to nearby communities. In Macedonia, despite the fact that the legal framework is largely aligned with the respective EU legal framework, the health and environmental risks from management of health-care wastes is of concern due to implementation constraints. The Government has good quality waste management strategy and proper legislation to manage waste in the country. However, lack of proper sanitary landfills excluding the only one in the Capital city, Skopje, is an issue in order to mitigate the risks associated with medical waste management and disposal, the Project should direct all the project related waste management to the sanitary landfill in Skopje and in compliance with the ESMF, WHO guidance and GIIP. The ESMF will include an Infection Prevention and Control and Waste Management Plan (IPC & WMP) which will include specific guidance & protocols on developing site-specific plans.

ESS4 Community Health and Safety

This standard is relevant. Protecting the health of communities from infection with COVID-19 is a central part of the project. Without adequate controls and procedures, project activities have the potential to contribute to the spread of the virus and may also contribute to social conflict. Medical wastes and general waste from the labs, health centers, and quarantine and isolation centers have a high potential of being contaminated with the coronavirus or other micro-organisms that can infect the community at large if they are not properly disposed of. There is a possibility for these infectious microorganisms to be transmitted to members of the public if not well contained within laboratories or appropriately isolated areas of hospitals and medical centers, or due to accidents or emergencies (i.e. a fire or natural phenomenal events).

The project's ESMF will outline procedures for project activities commensurate to the risk including (i) how project activities will be carried out in a safe manner with (low) incidences of accidents and incidents in line with Good International Industry Practice (WHO guidelines); (ii) measures in place to prevent or minimize the spread of infectious diseases; (iii) emergency preparedness measures. The operation of laboratories, health centers and isolation centers have a high potential of carrying micro-organisms that can infect the community at large if they are not properly managed and controlled. There is also a possibility for the infectious microorganism to be introduced into the environment if not well contained within the laboratory or due to accidents/ emergencies e.g. a fire response or natural phenomena event. The project ESMF and the Infection Prevention and Control and Waste Management Plan (IPC&WPM) will include relevant procedures for the operation of these facilities.

The project's risk communication and community engagement activities coupled with broader stakeholder engagement activities will ensure that clear information is provided to the public. The PMU will oversee the implementation of the GRM with the aim of addressing concerns or grievances early.

The operation of isolation centers needs to be implemented in a way that both the wider public, as



well as the patients are treated in line with international good practice as outlined in WHO guidelines. It is likely that, to ensure effective physical distancing and contain the spread of the virus, quarantine and isolation centers may have to be guarded adequately and appropriately. It is expected that these security forces will be drawn from the locally available police who are well versed with the local people and area. Gender balance will be ensured as well to ensure that female police officers/security personnel are also present. Whether security forces (including the local police) or hired private security personnel, the Project will take measures to ensure that, prior to deployment, such personnel are: (i) screened to confirm that they have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (SEA), sexual harassment (SH) or excessive use of force; (ii) adequately instructed and trained, on a regular basis, on the use of force and appropriate behavior and conduct (including in relation to SEA and SH), as set out in ESMF; and (iii) deployed in a manner consistent with applicable national law. All the security personnel will undergo a quick training/orientation program before they are put into work at project financed facilities. A note prepared by the Bank: use of Military Forces to assist in COVID-19 Operations (dated March 23, 2020) will be used for overall guidance. Further, due attention will be paid in ensuring that temporary housing facilities provided for workers are safe from all perspectives, including threats of contracting the virus, or GBV. All these aspects will be further detailed in the ESMF.

Gender-based Violence. North Macedonia is assessed as low risk on Gender-based Violence. Some project activities may give rise to the risk of Sexual Harassment (SH) risks. The ESMF will include a GBV risk assessment and preventive measures. The project will promote the avoidance of SEA/SH by implementing the WHO Code of Ethics and Professional Conduct for all workers, as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers.

ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

This standard is not considered Relevant. Project activities will not involve land acquisition, physical or economic displacement, or restriction of access to natural resources. All activities of the health component will be conducted within existing government facilities/grounds and no new land will be acquired or accessed.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

Standard is not relevant

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

Standard is not relevant

ESS8 Cultural Heritage

Standard is not relevant

ESS9 Financial Intermediaries

Standard is not relevant



C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

III. BORROWER’S ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

DELIVERABLES against MEASURES AND ACTIONs IDENTIFIED	TIMELINE
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts	
ESS 1 Assessment and Management of Environmental and Social Risks and Impacts Timeline: To address the Borrowers capacity related risk, the PMU will appoint Environmental and Social specialists no later than 1 month after the Effectiveness date.	06/2020
Prepare a project ESMF Timeline: The ESMF will be finalized no later than 1 month after the Effectiveness date. Between project approval and the approval of the ESMF, the Project will strictly follow current WHO Guidance and avoid activities such as establishment of isolation units and treatment facilities at scale.	
ESS 10 Stakeholder Engagement and Information Disclosure	
ESS 10 Stakeholder Engagement and Information Disclosure Updated Stakeholder Engagement Plan Timeline: The SEP will be updated and re-disclosed within 1 month from Effective date. The SEP will then be continuously updated during project implementation	04/2020
Adopt the Grievance Redress Mechanism and establish a dedicated grievance / feedback hotline for the Project Timeline: The GRM will be updated and hotline established within 1 month from Effectiveness date.	06/2020
ESS 2 Labor and Working Conditions	
ESS 2 Labor and Working Conditions Labor Management Procedures Timeline: The LMP as part of the ESMF will be finalized within 1 month from Effectiveness date. Establish worker’s GRM	06/2020
ESS 3 Resource Efficiency and Pollution Prevention and Management	

Public Disclosure



Infection Prevention Control and Waste Management Plan Timeline: The IPC & WMP will be finalized within 1 month of Effectiveness as part of the ESMF	06/2020
ESS 4 Community Health and Safety	
Relevant aspects of this standard shall be considered, as needed and incorporated into the ESMF	06/2020
ESS 5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	
ESS 6 Biodiversity Conservation and Sustainable Management of Living Natural Resources	
ESS 7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	
ESS 8 Cultural Heritage	
ESS 9 Financial Intermediaries	

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework?

No

Areas where “Use of Borrower Framework” is being considered:

Borrower framework is not being considered

IV. CONTACT POINTS

World Bank

Contact: Marina Petrovic Title: Sr Social Protection Specialist

Telephone No: +1-202-473-7626 Email: mpetrovic@worldbank.org

Contact: Dominic S. Haazen Title: Lead Health Policy Specialist

Telephone No: +1-202-458-7356 Email: dhaazen@worldbank.org

Contact: Federica Secci Title: Senior Health Specialist

Telephone No: +1-202-473-9234 Email: fsecci@worldbank.org

Borrower/Client/Recipient

Borrower: Republic of North Macedonia

Implementing Agency(ies)

Public Disclosure



Implementing Agency: Ministry of Labor and Social Policy

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: <http://www.worldbank.org/projects>

VI. APPROVAL

Task Team Leader(s):	Marina Petrovic, Dominic S. Haazen, Federica Secci
Practice Manager (ENR/Social)	Kevin A Tomlinson Cleared on 18-Apr-2020 at 20:17:53 EDT
Safeguards Advisor ESSA	Nina Chee (SAESSA) Concurred on 20-Apr-2020 at 15:46:22 EDT