

**MONGOLIA COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS PROJECT (P173799)
AND ADDITIONAL FINANCING (P175730)**

Stakeholder Engagement Plan (SEP)
November 2020

1. Introduction/Project Description

An outbreak of coronavirus disease (COVID-19) caused by the 2019 novel coronavirus has been spreading rapidly across the world since December 2019, from Wuhan, Hubei Province, China to almost all over the countries and infection outbreak has reached over 7.1 million case in the worldwide, as of 11 June 2020. COVID-19 is one of several emerging infectious diseases outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.

Over the coming months, the outbreak has the potential for greater loss of life, significant disruptions in global supply chains, lower commodity prices, and economic losses in both developed and developing countries. The COVID-19 outbreak is affecting supply chains and disrupting manufacturing operations around the world. Economic activity has fallen in the past quarter, especially in China, and is expected to remain depressed for a number of months. The outbreak is taking place at a time when global economic activity is facing uncertainty and governments have limited policy space to act. The length and severity of impacts of the COVID-19 outbreak will depend on the projected length and location(s) of the outbreak, as well as on whether there is a concerted, fast track response to support developing countries, where health systems are often weaker. With proactive containment measures, the loss of life and economic impact of the outbreak could be arrested. It is hence critical for the international community to work together on the underlying factors that are enabling the outbreak, on supporting policy responses, and on strengthening response capacity in developing countries – where health systems are weakest, and hence populations most vulnerable.

As of November 17, Mongolia has 434 confirmed cases of COVID-19, 18 of which are cases of community transmission confirmed in Ulaanbaatar, including nurses and doctors infected with the disease while being on COVID-19 duty, and 4 cases in Selenge aimag. There are 100 patients undergoing treatment at the NCCD; of them two are in serious, 21 are in moderate, and 77 are in mild conditions. Since the report of pneumonia of unknown origin on 3 January 2020, Ministry of Health has been working with WHO, international partners and stakeholders from non-health sectors to ensure preparedness. Rapid risk assessment (RRA) was conducted more than 10 times to inform decision making and update national COVID-19 response plan and inform public health interventions at points of entries. The latest multisector RRA was performed by ministers and stakeholders of 18 governmental organizations and WHO CO and evaluated the risk of insufficient control capacities for COVID-19 community transmission as "High". Review of national capacities for COVID-19 health facility preparedness (surge capacity, personal protective equipment, emergency medical equipment) has major gaps. Incident Management System (IMS) has been activated at the IHR NFP and number of provinces, however the Ministry of Health (MoH) IMS is not fully functional and there are no procedures to direct tertiary hospitals and provinces according to IMS: draft Disaster protection health procedures haven't been approved yet.

MOH is appraising the country's readiness for deployment of the COVID-19 vaccine using the Vaccine Introduction Readiness Assessment Tool (VIRAT) and the Vaccine Readiness Assessment Framework (VRAF)

with technical support of the WHO and UNICEF. These tools assessed institutional, operational and financial capacity, gaps and need. Based on the assessment result most of activities are ongoing and incomplete stage.

The State Great Khural adopted law¹ on prevention from coronavirus infection/Covid-19, fighting and mitigating its negative impact to social and economic development on 29 April 2020.

The Cabinet, State Security Council and State Emergency Council convened several times and issued policy decisions regarding prevention of the possible transmission of COVID-19. Decisions were made to impose temporary travel restrictions, social distancing measures, extend suspension of school and kindergarten and social events. The Government allocated 4.3 billion MNT from the Government's Reserve Fund for the prevention of the novel coronavirus, ensure the preparedness of medical services, and purchase medicines and medical tools, personal protective equipment and other infection prevention and control supplies. Public awareness and knowledge have improved. Socio-economic impacts of the decisions and actions taken internationally and by the government of Mongolia to date are considered severe.

The social economic impacts of the COVID-19 could be severe. Although it is too early to gauge the full spectrum and severity of the social and economic impacts of the outbreak, the disease has already caused a global health crisis, lockdown of megacities, travel restrictions, suspension of schools and universities, disruption of food systems, delays in reopening of production lines, as well as suspension or slowdown of trade, as well as financial panic. The regional impact of Covid-19 and the authorities' measures to prevent the spread of the outbreak are likely to have significant negative implications on the Mongolian economy and thus on poverty reduction, education and health outcomes. Given Mongolia's heavy reliance on China for trade and investment, a weaker Chinese economy following the Covid-19 outbreak is likely to reduce Mongolia's external demand. Meanwhile, preventive measures of the authorities have started to squeeze the domestic demand.

COVID-19 will have deep social impact. Social norms—such as expectations that women and girls are responsible for doing domestic chores and nursing sick family members—can expose women and girls to greater health risks. Where healthcare systems are stretched by efforts to contain outbreaks, care responsibilities are frequently “downloaded” onto women and girls, who usually bear responsibility for caring for ill family members and the elderly. Experience with COVID -19 is early but has already shown COVID-19 response has pushed aside many other medical needs, especially in the most affected province Hubei province in China. Pregnant women, including those infected and those who are not, were not able to access antenatal care in the first couple of weeks. School closure and home quarantine are likely pushing more care burden and pressure on caregivers, primarily women. Women constitute over 81.9% of the workers in the health sector in Mongolia and are on the frontlines of the response and face additional challenges including gender pay gaps and specific needs including to meet menstrual hygiene needs.

This SEP was update to cover Additional Financing (P175730). This SEP now covers both the Parent Project and Additional Financing (hereafter the the Project).

The of the partner project will remins the same as will the partne project componet strucutre.An increase in scope and cost will be required to support: i) vaccine and drug purchase; ii) systems strengthening and service deliveries efforst to ensure effective vaccine deployment; iii) moniting, tracking of vaccines use and recording of any adverse reactions to vaccination. The table below shows project original activities and activities under AF by each component.

¹ <https://www.legalinfo.mn/law/details/15312?lawid=15312>

Table 1: Original Activities and Activities under AF

Original components and activities	Changes or Additionalities under AF
Component 1: Emergency COVID-19 Prevention and Response	
Sub-component 1.1 will support comprehensive communication and behavior change intervention to support key prevention behaviors (hand washing, social distancing etc.).	Activities will be expanded to include information to the public of the rationale for vaccinating selected target populations; vaccine safety; the process for vaccine deployment; registration and possible side-effects of the vaccine to foster confidence in a new vaccine. Effective communication and outreach will be imperative to increase awareness and “vaccine literacy”, build trust, and reduce stigma around any COVID-19 vaccine for a larger target population.
Sub-component 1.2 will support improved management of public health emergencies.	Activities will be expanded to include the preparation of i) a detailed vaccine deployment plan, and, based on the WHO Fair Allocation Framework to identify priority population groups to receive vaccination; ii) development of a monitoring and evaluation (M&E) system to record the details of the recipients of vaccine as well as vaccine adverse effects; iii) districts/aimags to design, adapt, and scale innovative service delivery and community mobilization plans; local community-based organizations will be contracted to perform such actions where relevant.
Sub-component 1.3. will support expansion of human resources in a public health emergency.	Activities will be expanded to include a human resource deployment and training plan for effectively delivering a vaccine program. This would need to be rolled out across the country in the shortest possible time to existing staff and additional vaccinators (retired health staff, Red Cross members, pharmacists etc.) on provision of the vaccine, infection control, pharmacovigilance and environmental safety measures as well as interpersonal communication tools to counter any resistance to the vaccine.
Subcomponent 1.4. will strengthen capacities for multi-sectoral response operations to emerging and new infectious diseases	No additional activities
Component 2: Strengthen Health Care Delivery Capacity	

Sub-component 2.1. will upgrade health facilities for diagnostics and treatment of COVID-19	No additional activities
Sub-component 2.2. will support the health system with supplies for medical emergencies	Activities will be expanded to include the procurement of the required storage facility and cold chain upgrade as well as the vaccines and supplies required for vaccine deployment. Minor civil works for WASH and environmental health may also be supported. will be supported.
Component 3: Implementation Management and Monitoring and Evaluation	
This component supports the PIU staff and monitoring and evaluation	Activities will support any additional technical staff required for management and monitoring with regard to vaccine procurement, cold chain strengthening and vaccination delivery support. This may include engaging partner organizations, especially UNICEF and WHO, in various roles. In addition to routine immunization recording, daily records documenting the bar code of the vaccine provided to each individual and records of any adverse vaccination effects will be maintained.
Component 4: Contingent Emergency Response Component	
In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.	No additional activity

Stakeholder Engagement Plan (SEP)

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

The 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 complaints 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. Broad ranging culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

The SEP will enable the Project to:

- Provide ongoing information on the Project to government agencies, public health agencies, international development partners, national non-government organizations, private sector partners, rural population and the general community.
- Provide timely and appropriate information prior to and during Project implementation to enable informed participation in the Project and definition of appropriate mitigation measures.
- Encourage equal participation of all affected groups in the consultation process.
- Disclose any environmental or social impacts of the Project and proposed mitigation measures.
- Obtain stakeholder input on the design and implementation of any mitigation measures.
- Facilitate open and continuous communication and consultation between the Project's many stakeholders and communities.
- Address any stakeholder concerns and provide feedback to issues raised by stakeholders.
- Establish a Grievance Redress Mechanism (GRM) to satisfactorily redress any Project-related grievances.

2. Stakeholder identification and analysis

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

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

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project-related information and as a primary communication/liaison link between the Project and targeted communities and their established networks. Verification of stakeholder representatives (i.e. the process of confirming that they are legitimate and genuine advocates of the community they represent) remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way.

2.2. Project 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 may fall within this category:

- **The Government including:**
 - State Emergency Committee,
 - MoH, MoFALI,
 - Hospital administration (UB, Aimag, Soum level), urban and rural level local administration;

- Health workers nursing and treating infected people in the National center for communicable disease, or in the hospitals and the quarantine facilities
 - Thematic WG of vaccine deployment plan at MoH
 - The national committees on immunization (NITAG, AEFI, VCC, NEPC)
 - All staff and customers at the hospitals, health centers and household health center
 - Security guard and inspectors around quarantine center
 - Other public authorities including border and checking points' control staff including custom, inspection authority and traffic and public police.
 - *Khoroo as UB city smallest administrative unit*
 - *Baghs as rural smallest administrative unit*
- **General public including:**
 - COVID19 infected people
 - Relatives of COVID19 infected people
 - First and secondary contacted people to the conformed cases
 - Neighboring communities to laboratories, quarantine centers, and screening posts
 - Patients staying at National center for communicable disease or hospitals
 - Customers at hospitals for testing and seeking temporary treatment
 - People under COVID19 quarantine, including workers in the quarantine facilities
 - Relatives of people under COVID19 quarantine
 - People at COVID 19 risks, who are travelers, Mongolian living in abroad and inhabitants of areas where cases have been identified, etc.
 - Airlines and other international transport business
 - Drivers of public transportation, tracks and inter -city public transportation,
 - Workers, customers, vendors and travelers at the public places such as schools, hospitals, shops, restaurants, pubs, training centers, sport and fitness centers ...etc.
 - Media persons working at quarantine facilities
 - Municipal waste collection and disposal workers
 - People affected by or otherwise involved in project-supported activities
 - Volunteers who will be engage to the vaccination and COVID-19 treatment activity
 - Community residing in or around border towns.

2.3. Other interested parties

Other interested parties include 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. Specifically, the following individuals and groups may fall within this category:

- Political decision makers including MPs, cabinet members
- National and international health organizations
- Donors, international organizations and embassies in Mongolia
- Mongolian consuls and embassies in abroad
- The national and local government related authorities
- Partners such as recognized public figures, influencers, particularly social media influencers
- Traditional media
- Mongolian, living and traveling in abroad where cases have been identified

- Other national & International NGOs
- Private sector-Businesses with domestic and international links
- The public at large

2.4. Disadvantaged / vulnerable individuals or groups

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

- Elderly at age pensioners who stay home or in nursing facilities
- Patient with chronic diseases (RSD, CVD, diabetes and others)
- People with disabilities or nursing facilities
- People who are in the facilities were temporary isolated or quarantined;
- Herder household and children live in remote rural area
- Ethnic minorities/Kazakh and Duha/
- Single parent headed households
- Returnees

Vulnerable groups within the communities affected by the project should be updated throughout project implementation and consulted through dedicated means, as appropriate.

3. Stakeholder Engagement Plan

3.1. Summary of stakeholder engagement done during Parent project and AF preparation

The speed and urgency with which Parent project has been developed to meet the growing threat of COVID-19 in the country, combined with announcement of State Emergency Committee dated 23 Feb, 2020 restrictions on gatherings of people until March 30 has limited the project's ability to develop a complete SEP before this project is approved by the World Bank. The Parent project's initial SEP was developed and disclosed prior to project appraisal, as the starting point of an iterative process to develop a more comprehensive stakeholder engagement strategy and plan. The PIU will update SEP to include activities planned under the AF.

Under Component 1 of parent project, more than 17 different project activities for risk communication are underway, including (a) public health information and communication campaigns for disease prevention and management through mass media platforms; (b) instituting infection control guidelines and service standards; and (c) training of key front-line staff, including emergency doctors, nurses and paramedical staff. The Ministry of Health (MOH) developed 265 infographics and 181 video spots and shared these via Facebook, reaching out cumulatively to about 10 million people. All mobile phone users receive information on prevention of the COVID-19 once a day. The MOH has also organized its 244th press conference on the status of COVID-19. Five activities for response support, 21 for human resource capacity strengthening, and one for strengthening One Health approaches are planned to be implemented in fiscal year 2021; the activities cover a range of service contracts and non-procurement activities including policy development and trainings related to the COVID-19 response.

For the AF, consultations were also limited due to extension of the decision of the State Emergency Committee on restriction of gathering of people dated on October 28, 2020 and also most recent decision to extending the regime of nationwide All-out readiness per Law on Disaster protection from 11 November through December 1, 2020. Given that AF funds expected to support procure vaccine and drugs and system strengthening and service delivery efforts to ensure effective vaccine deployment, the effective communication and outreach will be imperative to increase awareness, building a trust and reduce stigma

around any COVID-19 vaccine for stakeholders identified in the SEP. In this regard, the project will use the UNICEF's interpersonal communication package including any translation and adaptation to local level required. The MoH through its PIU held a virtual consultation with relevant government officials, health experts, hospital administration and other including WHO, UNICEF and discussed specific requirements of the updated SEP and ESMF in 24 November.

Two-way mechanisms for ongoing consultation will operate throughout the life of the Project, to disclose information and seek feedback. Dedicated channels for information dissemination will be established to ensure consistent communication at national, provincial and local levels throughout the Project.

Project stakeholder engagement will be carried out on two fronts:

- Awareness-raising activities to sensitize communities on risks of COVID-19 and vaccination.
- Consultations with stakeholders throughout the entire Project cycle to inform them of the Project and to solicit their concerns, feedback and complaints about any activities related to the Project and consultations to improve Project design and implementation.

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

Mongolian law on prevention from coronavirus infection/ Covid-19, fighting and mitigating its negative impact to social and economic development and the WHO "*COVID-19 Strategic Preparedness and Response Plan - Operational Planning Guidelines to Support Country Preparedness and Response*" (2020) will be the primary tool to be used for the Project's stakeholder engagement.

Given the introduction of regime of nationwide restrictions imposed on public hearings, workshops and community meetings, sophisticated planning is necessary to ensure that stakeholder engagement and consultation activities fully comply with the law on prevention from coronavirus infection / Covid-19, fighting and mitigating negative impact to social and economic development, related guidelines and orders during the COVID 19 while enabling meaningful communication, consultation, and discussion.

General principles for stakeholder engagement during COVID-19

- Under the new law, the project implementation unit is to determine the channels or platforms of communication and cooperation for the timely exchange of information on decisions and measures to be taken by the relevant authorities.
- Be sure that all task team and PIU members have a good understanding of social behavior and good hygiene practices, and that any stakeholder engagement events be preceded with the procedure of articulating such hygienic practices;
- Avoid public gatherings (taking into account national restrictions), including public hearings, workshops and community meetings, and minimize direct interaction between project agencies and beneficiaries / affected people;
- If smaller meetings are permitted, conduct consultations in small-group sessions, such as focus group meetings;
- Where direct engagement with project affected people or beneficiaries is necessary and cannot be postponed, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Employ traditional channels of mass media -TV, newspaper, radio when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly

effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions

- When physical meetings are not permitted, diversify means of communication and consider which communication channels are applicable in the national and local context.
- Determine which mechanisms can be used to reach the right audience, listing out both Information and communication technology (ICT)-based mechanisms and non-ICT approaches.

3.3. Stakeholder engagement plan

Given to guidance issued by State Emergency Committee not to hold any public gathering till December 31, 2020, the priority communication is ICT based and traditional media channels until canceling lockdown of the pandemic. As E-Health project in charging of the project stakeholder engagement, the project will extend [its website](#) with a dedicated webpage for COVID19 project and use as an one of key channel or tool for project stakeholder engagement and grievance. The webpage provides the opportunity to print and share information materials for educational and medical institutions, business owners and other all organizations or persons interested. Also, the project is in progress to create a Facebook page with chat-box where latest news, tips, findings and frequently asked questions related to the pandemic and coronavirus infection and project implementation is to be delivered and automated responded to audiences. Other online channel would be a podcast of the project.

Regarding traditional channels of communications such as TV, newspaper, radio, banners, posters, dedicated phone-lines, publication materials, public announcements, press release are to be necessary when stakeholders do not have access to online channels or do not use them frequently. Thus, the project will use appropriate all media channels that meet each stakeholder needs to reach them. Publication materials and banners to be displayed in main public locations such as food markets, shop, bank , health centre and household health centre, main street, and public announcement will be delivered via Mongolian National Radio in particularly MNB community Radio , which has coverage with ethnic groups' language and MNB TV's special news bulletin with ethnic groups' language and other FM radio and displays or announcement channel of the public places such as shops, markets..etc. Moreover, PIU is to build a media team and strengthen the team.

While country-wide awareness and communication campaigns is to be established, specific communication around borders and international airports, major inter-city bus terminals as well as quarantine centres and laboratories will have to be timed according to need and be adjusted to the specific local circumstance.

3.3. Strategy for information disclosure in general

Project stage	List of information to be disclosed	Target stakeholders	Methods or tools proposed	Timetable: Locations/ dates
Early stage of the project implementation in 2 months	<ul style="list-style-type: none">• Project key documents such as the loan agreement and the financial agreement Stakeholder Engagement Plan• GRM and its operational procedure	Stakeholder of all categories	Websites of MoH and COVID-19 project. Facebook sharing chat-box of Facebook Publication and video introduction on the project including GRM flowchart in both Mongolian and some major ethnic groups'	Nationwide in the first 2 months after project effected. Boost project Facebook post.

			language, and sign language	
Throughout the project lifespan	<ul style="list-style-type: none"> Regular project update on status of project implementation including. Project reports including annual report, monitoring report, project indicator update and GRM semiannual report. Project key activities implementation 	Stakeholder of all categories	<p>Daily press conference/COVID-19 update by the MoH, WHO, NCCD</p> <p>Nationwide and local TV/Radio programs and news particularly MNB community radio and coverage in ethnic group language and sign language</p> <p>Publication materials such as poster, leaflets and handouts in both Mongolian and Kazah (every month), and brail print</p> <p>Website of MoH and E-Health Project, Webpage of the project and project Facebook page.</p>	<p>Daily</p> <p>At least 2 times per quarter</p> <p>Once materials developed and printed, distribute and place</p>

3.3. Strategy for information disclosure linked to specific activities of the project.

Project stage	List of information to be disclosed	Target stakeholders	Methods or tools proposed	Timetable: Locations/dates
Part -1				
	KAP Survey findings	Stakeholder of all categories	Websites of MoH and COVID-19 project. Facebook sharing Press conference if necessary	Once survey report finalized Boost project Facebook post.

Throughout the project lifespan	Dedicated media and social media channels, tools, public places, venues where information education communication materials are accessed for stakeholders	Each target stakeholders including vulnerable groups and minorities groups	Daily press conference/COVID-19 update by the MoH, WHO, NCCD Nationwide and local TV/Radio programs and news particularly MNB community radio and coverage in ethnic group language and sign language Website of MoH and E-Health Project, Webpage of the project and project Facebook page.	Once materials developed and printed, distribute and place
	Guidelines and advices by the project, MoH, WHO, UNICEF and other related authorities	All stakeholders	Publication materials such as poster, leaflets and handouts Website of MoH and E-Health Project, Webpage of the project and project Facebook page. Public announcement at target places	Once released and printed, distribute and place to target places.
		Disadvantaged / vulnerable individuals or groups, ethnic groups	Publication materials such as poster, leaflets and handouts in Kazah and brail print	

3.4 Strategy for consultation

Generally, methods that will be used to consult with each of the stakeholder groups are followings but not limited and methods used may vary according to target audience.

- Interviews with stakeholders and relevant organization
- Public meetings, workshops, and/or focus groups on specific topic
- Face-to face meeting
- Surveys, polls, and questionnaires
- Participatory methods
- Other traditional mechanisms for instance through the bagh and khoroo² khural for consultation

² The smallest administrative unit of public service in Mongolia, and bagh and khoroo khural has right decision making by its citizens

and decision making.

When the coronavirus outbreak has made in-person research impossible in the country due to travel restrictions and lockdowns, and inadvisable due to the health risks associated with interviewers traveling door-to-door, ICT-based mechanisms is one of the key tools for the project's stakeholder Consultations.

As for implementation of the activities related to vaccination, different approaches will be used to improve vaccine literacy among the general population and target vulnerable groups identified in stakeholder engagement plan. Some of the key priorities will include conducting online consultations regarding beneficiary perceptions and obstacles to vaccine uptake; sensitization to counter misconceptions about the disease, vaccine introduction and any negative perceptions and disseminating in due time vaccination-related information such as overview of the COVID-19 vaccine program, priority risk groups, commodity availability, and tracking of those who need to receive a second dose, etc.

PIU will launch online communication channels such as Webinar- Teams, Skype, Zoom to design virtual workshops in situations where large meetings and workshops are essential. But in low ICT capacity situations, audio meetings, can be effective tools to design virtual workshops. In situations where online interaction is challenging, information can be disseminated through digital platform (where available) like Facebook, chat - box Twitter, WhatsApp groups, project webpage, MoH websites, and traditional means of communications TV, newspaper, radio, phone calls and mails with clear description of mechanisms for providing feedback via mail and / or dedicated telephone lines.

MoH has conducted SMS message tool that is the simplest and rapid access to deliver notes and information to audience. In situations where it is determined that meaningful consultations that are critical to the conduct of a survey and collect data , PIU use online survey platforms such as [Google form](#) that is free, [survey monkey](#), and in not having access to the digital platforms , SMS based platform called [GeoPoll](#) to collect data, getting thousands of responses a day to collect community-level data is potential to use by PIU.

In the addition , PIU will provide support (i) development of a network of health workers and community volunteers; (ii) contracting of local community organizations, private sector and individuals to facilitate behavior change messaging, community mobilization, and undertake additional laboratory and vaccine logistic functions and also carry out beneficiary feedback, (iii) coordination with MASAM in leveraging the existing web-based citizens' platforms^[1] (e.g. www.1818.mn or <https://covid19.mohs.mn/>), targeted at the primary health care services, towards improving two-way communication with the public and CSO networks to reach targeted beneficiaries as well as citizens across the country (iv) targeted messages to prevent and respond to the risk of gender-based violence (GBV), and/or train frontline health workers on how to identify, appropriately handle disclosure and refer patients for additional services. People with multiple disadvantaged identities are most likely to face greater risks to their health, safety and livelihoods, and have hard time accessing services and participating in stakeholder engagement activities. Knowledgeable and respected local social influencers and mobilizers are instrumental in this endeavor for especially vulnerable and minority groups. The Ministry of Health of Mongolia has launched an official website channel –www.covid19.mohs.mn with information on the situation with the spread of COVID-19 and its related researches and study findings, guidelines and advices for target groups, individuals in Mongolia and Mongolians in abroad as well.

In situations where it is determined that meaningful consultations that are critical to the conduct of a specific project activity cannot be conducted in spite of all reasonable efforts on the part of the client supported by the Bank, the task team should discuss with the client whether the proposed project activities can be postponed by a few weeks in view of the virus spread risks.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Implementation	Updated ESMF/SEP and its implementation Regular project update on status of project implementation Regular update on status of GRM including number & nature of compliance, number of cases and their status of resolve or upscale. Labor Management Plan (LMP) ESMF	Virtual consultation if face-to-face event is prohibited Sharing draft documents via project webpage and other social media channel of the the project and MoH/E - Health project Poster/ or leaflet about GRM and it operations and detailed information on how to access	Stakeholder of all categories Disadvantaged / vulnerable individuals or groups, ethnic groups	MoH/E-Health IPIU
	Enhance institutional policies, plans, procedures and linkages to facilitate improved multi-sectoral communication, coordination and collaboration	Webinar Focus group interview,		
	Strengthen public health law enforcement	Surveys, polls, and questionnaires		

3.5. Strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at work places and in their communities. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation. Followings may include (i) 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; (ii) 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; (iii) 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; (iii) 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; and (iv) 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.

3.6 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 grievance mechanism. This will be important for the wider public, but equally and even more so for suspected and/or identified COVID19 cases as well as their relatives.

4. Resources and Responsibilities for implementing stakeholder engagement activities

4.1. Resources

The Ministry of Health though E-Health PIU is in charge of stakeholder engagement activities. Beneficiary and stakeholder engagement is a fundamental part of the project management activities. Accordingly, SEP updating and implementation are partly funded from the Project Management budget with additional funds under *Sub-Component 1.1 – Risk Communication and Community Engagement* of the project which has a total budget of US\$1.1 million from COVID-19 fund.

4.2. Management functions and responsibilities

Project management arrangements like those under the E-Health Project (P131290), currently functioning satisfactorily, will be adapted to utilize existing capacity in the MoH and coordinate project activities with all stakeholders. Through its central departments and provincial offices, the MoH will be responsible for implementation of the project, including overall coordination, results monitoring and communicating with the World Bank on all aspects of the project. The Current E-Health Project Steering Committee (PSC), chaired by the Minister of Health will be used for oversight and to provide strategic policy advice and guidance to the Project, as well as to the MoH. Membership of the PSC will be extended to include additional members from MoH, National Center for Communicable Disease, Center for Zoonosis Disease and Public Health Institute. The PSC will also be responsible for ensuring synergies between the project activities and the State emergency

preparedness plan. The multisector aspects of the COVID-19 response will be guided by Government COVID-19 Response Committee chaired by Vice Prime Minister.

The Director of the Policy and Planning Department of the MoH, will function as the Project Director, will provide oversight and coordinate the project implementation with collaboration of relevant divisions and departments of MoH. The existing E-Health Project Implementation Unit will be expanded and staffed with relevant experts including medical equipment specialist/engineer, emergency officer and will provide all support to the Project implementation. Community engagement and safety specialist will also be recruited to work on implementation of EMSP and SEP.

A Project Implementation Manual (PIM) was issued and shared with the Bank on June 12, 2020. These documents will be further updated and finalized incorporating modifications introduced through the proposed AF and finalized not later than 30 days after AF effectiveness. The Manual is describe responsibilities of the PIU, operational systems and procedures, project organizational structure, office operations and procedures, finance and accounting procedures (including funds flow and disbursement arrangements), procurement procedures and implementation of project ESMP and SEP per World Bank ESF guidance.

MoH is responsible for carrying out stakeholder engagement activities through E-Health PIU, while working closely together with other entities, such as local government units, media outlets, health workers, etc. The stakeholder engagement activities will be documented through quarterly progress reports, to be shared with the Association.

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 course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants;
- Ensure that project level GRM should be also culturally appropriate and accessible for ethnic minority; and
- Avoids the need to resort to judicial proceedings.

The Project's GRM will also be used for addressing GBV-related issues and will have in place mechanisms for confidential reporting with safe and ethical documenting of GBV issues. Further, the GRM establishes processes to immediately notify both the Project Coordinator and the World Bank of any GBV complaints, with the consent of the survivor. The Project will also educate the public that the GRM can be utilized to raise concerns or complaints regarding GBV, and the GRM will be strengthened with procedures to handle all such allegations.

5.1. Description of GRM

Grievances expected to be handled at the national level by MoH and E-Health PIU. Currently there are some dedicated platforms and channels have been launched by MoH to disseminate COVID 19 related information,

take feedback and grievance redress from audiences and stakeholders. E-Health PIU is to launch platform and channel such as webpage and chat-box, hotline for handling grievances linked to the project implementation aiming at project GRM implementation and reporting.

The project will have 2 specific level of the GRM: i) Vaccination related GRM will processed according to Law on Immunization of Mongolia and ii) COVID-19 project related GRM. Each GRM will consist from different channels as presented in Table 2 below. Each channel is expected to receive a grievance as the complainant will freely exercise the right to choose to which authority or body to lodge his/her complaint.

Table 2. GRM channels of the Project				
Vaccination related GRM				
All level health facilities including primary, secondary, and specialized health facility Responsible person: Physicians Contact: Each health center address, contact is available at respective aimag/district health department website.	Upper level health facility including aimag/District general hospital and aimag/District/city health department Responsible person: officer in charge of vaccination Contact/Address: Email: The links to the websites of all Health depart, where all contact details are provided, can be found at MoH's webpage at: https://www.mohs.mn	National Center for Communicable Disease (NCCD) Surveillance and research division, Department of Immunization, Contact person: Officer in charge of side effects of vaccine Contact/Address: email: info@nccd.gov.mn Phone: 976 - 11 - 458699 More information can be found out at webpage at: https://nccd.gov.mn/	Center for health department (CHD) Department of drug and medical equipment Contact person: Officer in charge of registration of adverse impact of drug and vaccine <i>Only receive information from the NCCD and shall convey to the information to the MOH</i> Email: admin@hdc.gov.mn Phone: 70128801	Ministry of Health Department of Public Health & Committee on Adverse Events Following Immunization (AEFI) Contact person: officer in charge of immunization Email: info@moh.gov.mn Phone: 51-263695 https://covid19.mohs.mn/
Project related GRM				
Health department at aimag/district level: Contact: Officer in charge of vaccination Email: The links to the websites of all Health depart, where all contact details are provided, can be	Project Implementation unit (PIU) Contact: M&E Officer The project will receive grievance from the project webpage (to be established): the website will have GRM/feedback tab. Grievance also can be received via: Tel: +976- 70115489	National Center for Communicable Disease (NCCD) Department of Immunization, Contact person: head of immunization department Contact/Address: email:	Ministry of Health Department of Public Health Contact person: officer in charge of immunization Email: info@moh.gov.mn Phone: 51-263695 https://covid19.mohs.mn/	

found at MoH's webpage at: https://www.mohs.mn	Email: piu@ehp Web site: http://ehp.mn/	info@nccd.gov.mn Phone: 976 - 11 - 458699 More information can be found out at webpage at: https://nccd.gov.mn/	
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The PIU will receive grievances through the project website, e-mail, and phone. The existing project website under revision to have specific tab designed to register feedback/grievance from project beneficiaries.

A grievance can be lodged in writing, verbally and through electronic means, as per the applicable national legislation. Grievances lodged in writing will include grievances submitted via the online means. As per the applicable national legislation, a grievance lodged in writing shall be identifiable with the full name, residential/postal address. Complaints lodged via government hotlines (which then forwarded by the system to the MoH, or NCCD, Health department at aimag/district) and via telephones of the above four channels will be considered as verbal complaints.

The project will not specify what types of grievances shall be lodged to which channels. The general principle as stipulated in the national legislation will generally apply, that is, a grievance shall be lodged to: i) an authority or a figure which is superior to the organization or an officer whom the grievance is concerned with; or ii) in case of no availability of superior authority, to an administrative authority which adopted the concerned regulation under which the grievance falls in; or iii) to an authority specifically provided by the law.

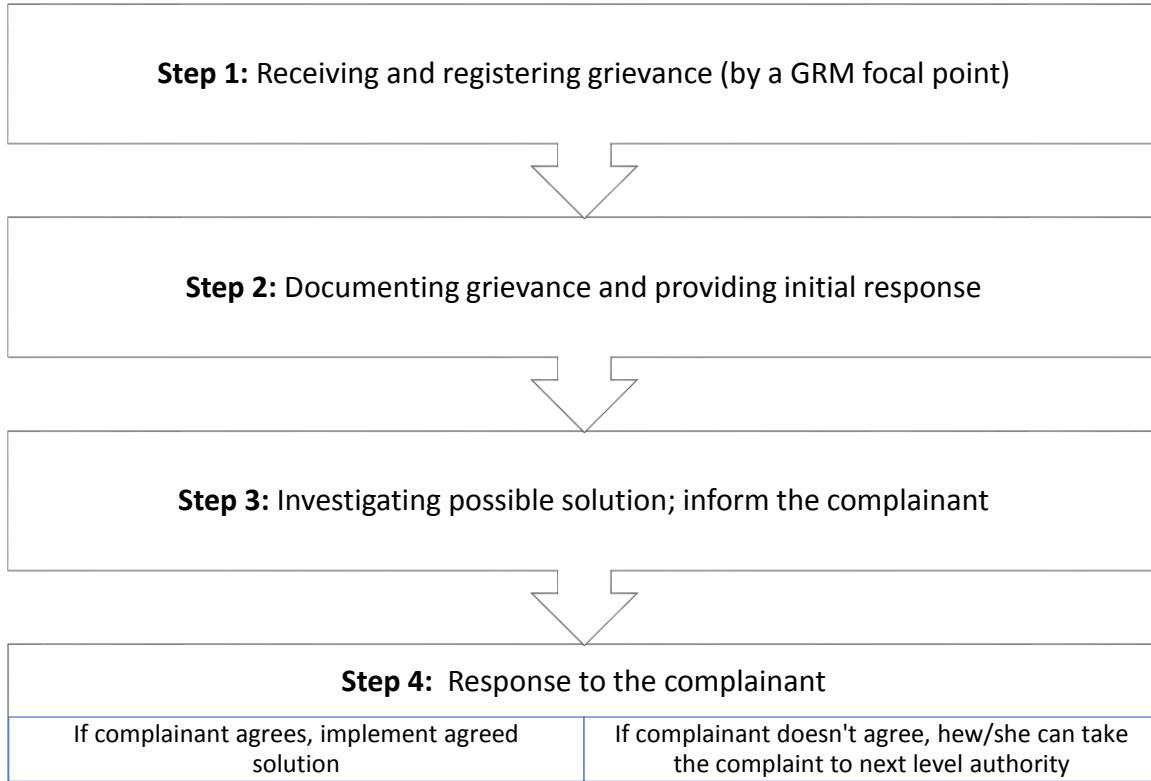
Nevertheless, a complainant will exercise the right to choose the channel and means of lodging a grievance of any subject can be lodged to any of the GRM channels. A complainant will exercise the right awarded by the law to lodge grievance to higher authority or court in case if he/she does not agree with the decision of the authority which resolved the grievance.

The key principle for the effective GRM under the project is that: i) the grievance redress mechanism of the government GRM mechanism will be utilized to the extent possible; ii) the parties will agree on, for the grievances submitted through the project website, which types/subjects of grievances that to be investigated and redressed through their own GRM channels.

GRM processes

Complaint related to **immunization** shall be processed according to Law on Immunization and related regulations set by the central government organization on health. The role of PIU will be limited only to record and pass-on to respective authority for resolution.

Complaint related other than immunization, either in writing or verbally (through phone for instance), it should be recorded in the complaints logbook which is maintained by each GRM focal point of each grievance channel, including the Risk Communication and Community Engagement Specialist of the PIU. Project GRM will be implemented with the following steps:



Grievance officer of each entity will be responsible for managing the recording grievances, providing initial response to complainants, coordinating the grievance resolve processes, and communicating the final response to complainants, and reporting on the operation of the GRM.

Role of the PIU in the GRM.

Since the PIU is not a legal status, and nor its staff are government officials, the PIU is not mandated/powerd to resolve a grievance on its own. However, the PIU will carry out the following roles within the project GRM:

- a) Supporting and carrying out a GRM-specific information campaign;
- b) Maintaining a grievance channel, receiving and keeping a logbook of received grievances,
- c) Assessing and escalating the grievance to a concerned authority (MoH, or NCCD, or aimag/district's health department, etc) and informing the complainant about the organization which will resolve the grievance;
- d) Establishing and keeping contacts with GRM focal points of all concerned organisations, collecting, consolidating and analysing grievance related data, and reporting on the status of GRM operation and performance.

Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse including process stated in the Law on Resolving Citizens' Complaint/Petition Addressed to Public Organization or Servant (1995). According to law, the public organization who has accepted grievance expected to respond within 30 days with possible extension another 30 days.

In the instance of the COVID 19 emergency, existing grievance procedures should be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

5.2 Venues to register Grievances - Uptake Channels

A complaint can be registered directly at COVID 19 (GRCs) through any of the following modes and, if necessary, anonymously or through third parties.

- By telephone at +976 – 264923 and 119. The list of the contact for services related to COVED-19, the people can contact respective local hospital by visiting <https://covid19.mohs.mn/p/cat/post/52/>
- By e-mail to info@moh.gov.mn or piu@ehp.mn
- [By-mobile application to shuurhai 119](#)
- By letter directly at provincial health authority/ and local CSOs contracted under project.
- By complaint form to be lodged at any of the address listed above- this form will be made available in the relevant healthcare facilities to be used by the complainants and can be filled.
- Walk-ins and registering a complaint on grievance logbook at healthcare facility or suggestion box at clinic/hospitals

Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet- grievance database.

5.3 GRM Unit for COVID 19

MoH established a dedicated webpage that contains series of information designed for public use as well as list of hospital and clinic and their contact number. The project will help to strengthen this webpage to ensure that it can be also used for COVID-19 project and launch dedicated part for grievance redress at COVID 19 project webpage under E-health project.

6.Reporting

Reporting back to stakeholder groups

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 PIU staff/ or designated GRM officer and referred to the project coordinator and Steering Committee of the project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. PIU is to prepare GRM report twice a year, send it to the Bank and disclosure the report to project stakeholders by appropriate methods via channels and platforms identified above. 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.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis.

