

## **COVID-19 Response SEP Template**

**December 10, 2020**

To be read together with attached Tip Sheet for SEP for Projects in response to COVID-19

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

#### **Stakeholder Engagement Plan (SEP)**

Updated 2021.01.29

#### **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 are 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.

The Mongolia COVID-19 emergency response and health system preparedness project is being prepared 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 should provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

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 law<sup>1</sup> 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

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

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 reminds 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 deliversy 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.

**Table 1: Original Activities and Activities under AF**

Original components and activities	Changes or Additionalities under AF
<b>Component 1:</b> Emergency COVID-19 Prevention and Response	
<b>Sub-component 1.1</b> 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.
<b>Sub-component 1.2</b> 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.
<b>Sub-component 1.3.</b> 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.
<b>Subcomponent 1.4.</b> will strengthen capacities for multi-sectoral response operations to emerging and new infectious diseases	No additional activities
<b>Component 2:</b> Strengthen Health Care Delivery Capacity	
<b>Sub-component 2.1.</b> will upgrade health facilities for diagnostics and treatment of COVID-19	No additional activities
<b>Sub-component 2.2.</b> 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 require for vaccine deployment. Minor civil works for WASH and environmental health may also be supported. will be supported.
<b>Component 3:</b> 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.
<b>Component 4:</b> 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

The SEP outlines the ways in which the MoH through 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.

Institutional Set-up at National Level: There is a Technical Working Group established by the order of the secretary state of MOH #A/100 on 22 October 2020. This working group lead by the Advisor of Minister of Health and 7 members are representative of the departments of MOH, IPIU and NGOs and secretary is the risk communication and community engagement officer of the PIU. The purpose of the working group is supporting the implementation of Component 1, provide support on the bidding, selection, contracting process and monitoring process of the component 1 activities. Integrated PIU will work closely with the working group.

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.
  - (i) Occupational, Health, and Safety (OHS) risks for project workers associated with the upgrading activities;
  - (ii) OHS risks related to the spread of the virus among health care workers;
  - (iii) risks related to the spread of COVID-19 among the population at large and, especially for the most disadvantaged and vulnerable populations such as (elderly, children who are high risk – such as those who are malnourished-, poor households, etc.), due to poor training, communication and public awareness related to the readiness and response to the new COVID-19; and
  - (iv) risk of panic/conflicts resulting from false rumors and social unrest, the social stigma associated with COVID-19 or potential unrest with respect to access to tested and other services related to public health services, including inability of accessing services by the most disadvantaged.
- 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 Mechanism (GM) to satisfactorily redress any Project-related grievances^
- Mongolia has a mechanism for Vaccine grievance. Order A / 278 on July 8, 2016 approved by the Minister of Health, about a procedure for recording, reporting, and monitoring post-immunization complications. Order A / 315 of the Minister of Health approved on August 14, 2017 about an Immunization Advisory Committee and the Post-Immunization Reaction Reaction Committee structure. According to 3.10.14 of the Order No. 05 of the State Emergency Committee approved on January 11, 2021, severe and serious reactions and complications after immunization will be discussed by the Relevant Committee (Post-Immunization Reaction Reaction Committee). Therefore, IPIU website will provide a link to the Post-Immunization Reaction Reaction Committee complaints section.

In cases where support to the deployment of vaccines is provided in the form of Additional Financing to an existing COVID-19 response project, the existing project SEP should be updated to reflect the activities under the Additional Financing and the additional issues noted in this template.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and includes a mechanism by which people can raise concerns, provide feedback, or make 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. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases.

For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination and corruption.

## 2. Stakeholder identification and analysis

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

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

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

Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts. Especially for Indigenous People, stakeholder engagement should be conducted in partnership with Indigenous Peoples’ organizations and traditional authorities. Among other things, they can provide help in understanding the perceptions of Indigenous Peoples’ on the causes of the virus, which will influence their opinions around the vaccination campaigns as a proposed solution.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

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. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

## 2.1 Methodology

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

- *Openness and life-cycle approach*: public consultations for the project(s) will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly, persons with disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups.
- *Flexibility*: if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication. (See Section 3.2 below).

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

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status<sup>2</sup> and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

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<sup>2</sup> Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

## 2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:<sup>3</sup>

- **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.
- **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.

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<sup>3</sup> [Examples include: communities in the vicinity of the project's planned activities and health centers; local population and local communes; residents, business entities, and individual entrepreneurs in the area of the project that can benefit from the employment, training and business opportunities; government officials, including Municipal Administration of the in the project area, village administrations, environmental protection authorities, health authorities; health workers at federal, state and municipal levels; health care worker unions and representatives; ethnic or indigenous health service providers]

### 2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including 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

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups 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 will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections. For any vaccination program, the SEP will

include targeted, culturally appropriate and meaningful consultations for disadvantaged and vulnerable groups before any vaccination efforts begin.

Where the SEP (and the ESMF/ESMP) are used to address Indigenous Peoples, the SEP will be prepared in a manner consistent with the ESS7 to enable targeted meaningful consultation, including identification and involvement of Indigenous People communities and their representative bodies and organizations; culturally appropriate engagement processes; providing sufficient time for Indigenous Peoples decision making processes; and allowing their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively.

For any vaccination program, where Indigenous Peoples are beneficiaries, the SEP will include targeted, culturally appropriate and meaningful consultations before any vaccination efforts begin. Consultations and vaccination campaigns will be conducted through partnership with relevant Indigenous Peoples organizations and traditional authorities. Consultations will clearly communicate that there are policies ensuring that there is no forced vaccination.<sup>4</sup> If the Borrower has mandatory vaccination regulations applicable to IP/SSAHUTLC, targeted, culturally appropriate and meaningful consultations should be conducted for applicability of these regulations to IP/SSAHUTLC communities. Lastly, stakeholder engagement and vaccinations will be conducted with extra precautions to minimize COVID-19 transmission risks, especially for Indigenous Peoples living in more remote areas or in voluntary self-isolation. This may require testing or vaccinating intermediaries conducting consultations who may travel in and out of communities.

The GM will be culturally appropriate and accessible for IPs, taking into account their customary dispute settlement mechanism.

### 3. Stakeholder Engagement Program

#### 3.1. Summary of stakeholder engagement done during project 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.

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

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<sup>4</sup> See the Project Appraisal Document for the COVID-19 Multi Phase Programmatic Approach Additional Financing, which can be found [here](#) and states that the Bank will provide assistance to Borrowers for the "establishment of policies related to ensuring that there is no forced vaccination." *Forced vaccination* refers to a government mandate requiring vaccination of everyone or everyone in a defined group, without any exceptions or due process for refusing to be vaccinated. Refusal to be vaccinated may result in punitive measures such as criminal sanctions.

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. all- 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 will hold a virtual consultation with relevant government officials, health experts, hospital administration and other including WHO, UNICEF and will discuss specific requirements of the updated SEP and ESMF prior approval of the project.

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.
- 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.

COVID 19 vaccination national plan approved by the State Emergency commission decree #05 on Jan11,2021, including distribution and vaccination procedure. WHO is working on the Vaccine deployment plan. Our project will follow those documents and if there is need of additional stakeholders expend the project will reflect.

### 3.2. 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) and National Vaccine Deployment Plan 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/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- 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 rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- 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.
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

### 3.3. Proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Early stage of the project implementation in 2 months	<ul style="list-style-type: none"> <li>Stakeholder of all categories</li> </ul>	<ul style="list-style-type: none"> <li>Project key documents such as the loan agreement and the financial agreement Stakeholder Engagement Plan</li> <li>GM and its operational procedure</li> </ul>	<p>Websites of MoH and COVID-19 project. (Nationwide in the first 2 months after project effected.)</p> <p>Facebook sharing chatbot of Facebook (Boost project Facebook post.)</p> <p>Publication and video introduction on the project including GRM flowchart in in both Mongolian and some major ethnic groups' language, and sign language. PIU will conduct consultation with the people living with the disabilities to assess their needs (MASLI Mongolian association of sign language, and Mongolian National association of the blind)</p>
Throughout the project lifespan	Stakeholder of all categories	<ul style="list-style-type: none"> <li>Regular project update on status of project implementation including.</li> <li>Project reports including annual report, monitoring report, project indicator update and GM semiannual report.</li> <li>Project key activities implementation</li> </ul>	<p>Daily press conference/COVID-19 update by the MoH, WHO, NCCD (Daily)</p> <p>Nationwide and local TV/Radio programs and news particularly MNB community radio and coverage in ethnic group language and sign language. (At least 2 times per quarter)</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. (Once materials developed and printed, distribute and place)</p>

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed
Part 1			
Throughout the project lifespan	Stakeholder of all categories	KAP Survey findings	Websites of MoH and COVID-19 project. Facebook sharing Press conference if necessary (Once survey report finalized Boost project Facebook post)
	Each target stakeholders including vulnerable groups and minorities groups	Dedicated media and social media channels, tools, public places, venues where information education communication materials are accessed for stakeholders	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)
	All stakeholders	Guidelines and advices by the project, MoH, WHO, UNICEF and other related authorities	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)
	<ul style="list-style-type: none"> <li>Disadvantaged / vulnerable individuals or groups, ethnic groups</li> </ul>		Publication materials such as poster, leaflets and handouts in Kazah and brail print

- In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing Law on Vaccination is to reach [20%] of the population in each country, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, the government will ensure that information to be disclosed:

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

Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

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

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

- If the engagement of security or military personnel is being considered for deployment of vaccines, ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.
- 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.

### 3.4. 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 will launch a Facebook page, having 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, street board, 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.

Project stage	Topic of consultation / message	Method used	Target stakeholders	Responsibilities
Implementation	Updated ESMF/SEP and its implementation	Virtual consultation if face-to-face event is prohibited	Stakeholder of all categories  Disadvantaged / vulnerable individuals or groups, ethnic groups	MoH/E-Health IPIU
	Regular project update on status of project implementation	Sharing draft documents via project webpage and other social media channel of the the project and MoH/E - Health project		
	Regular update on status of GRM including number & nature of compliance, number of cases and their status of resolve or upscale.	Poster/ or leaflet about GRM and it operations and detailed information on how to access		
	Labor Management Plan (LMP)			
	ESMF			

	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		

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 khoroo khural for consultation 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<sup>[1]</sup> (e.g. [www.1818.mn](http://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](http://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.

### 3.5. Proposed 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. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation<sup>5</sup>.

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. Reporting back to stakeholders

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and grievance mechanism. 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 IPIU will be in charge of stakeholder engagement activities. Beneficiary and stakeholder engagement is a fundamental part of the project management activities.

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<sup>5</sup> Examples 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.

Accordingly, SEP updating, and implementation will be partly funded from the Project Management budget. Additional funds will be available 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 Head of the Public Health Policy and Implementation Coordination Department of the Ministry of Health, 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 separate Project Implementation Manual (PIM) will be developed by April 2020 to support the PIU to meet its responsibilities for management of the project. The Manual will 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, through E-Health PIU will be responsible for carrying out stakeholder engagement activities, 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

Accessible grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns and grievances in relation to the Project, consistent with ESS10, in a manner acceptable to the Bank/Association.

A grievance mechanism (GM) is part of the project SEP and will be established to resolve complaints and grievances in a timely, effective and efficient manner. Project related grievances can be submitted for detrimental impact on the community, the environment, or on their quality of life. Stakeholders may also submit comments and suggestions. The GM provides complaint or resolving measures for any dispute, appropriate redress actions and avoids the need to resort to judicial proceedings. Grievances will be handled at each municipal/provincial referral hospitals and at the national level by a Grievance Redress Committee to be established by MOH, including via dedicated hotline (119) to be established.

The main objective of a Grievance Mechanism (GM) 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 GM:

- 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; and
- Ensure that project level GM should be also culturally appropriate and accessible for IPs; and
- Avoids the need to resort to judicial proceedings.
- Anti Covid -19 vaccine related compliance will be not taken in this management system.

The Project's GM 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 GM 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 GM can be utilized to raise concerns or complaints regarding GBV, and the GM will be strengthened with procedures to handle all such allegations.

### 5.1. Description of GM

Grievances will be handled at the national level by MoH and Integrated 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. Integrated PIU is to launch platform and channel such as webpage and Facebook page, chat-bot for handling grievances linked to the project implementation aiming at project GM implementation and reporting.

The GM will include the following steps and indicative timelines:

*Step 1: Submission of grievances either orally or in writing to Integrated PIU via call, project websites, e-mail, facebook chat etc.*

*Step 2: Recording of grievance and providing the initial response within 48 hours*

*Step 3: Transfer the complaint to the appropriate officer of the PIU within 3 days*

*Step 4: Investigating the grievance and Communication of the Response within 30 days*

*Step 5: Complainant Response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to MoH via email or calling to +976 – 264923 and 119, and mobile application [shuurhai 119](#). The grievance redress will be handled in accordance with the rules written on the [MoH website](#) .*

The GM will provide an appeal process if the complainant is not satisfied with the proposed resolution of the complaint. 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 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.

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 COVID-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](mailto:info@moh.gov.mn) or [piu@ehp.mn](mailto:piu@ehp.mn)
- [By-mobile application to shuurhai 119](#)
- By letter directly at provincial health authority/ and soum health center to improve vaccination .
- 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

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 at COVID 19 project webpage under Integrated project. IPIU will link the Integrated PIU website (grievance section) to the MOH website. People will be able to get into the PIU website (grievance section) directly from the MoH website.

Once a complaint has been received, it should be recorded in the complaints logbook or grievance excel-sheet- grievance database. Q&A section will be developed based on frequently asked questions and complaints. Q&A will be updated monthly based by the IPIU. The IPIU will reconstruct the existing Website of IPIU, add new hidden spreadsheet into the website which will collect all complain and show descriptive statistics about all received complains.

IPIU will download the statistic from the website grievance section and discuss about corrective/preventative actions and will reflect it into the project activities, quarterly.

## 6. Monitoring and Reporting

### 6.1. Involvement of stakeholders in monitoring activities *[if applicable]*

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.

**CSO networks, to support the actual implementation of the vaccine program including:** (a) support the profiling of targeted groups, in particular “Group 2” of the vulnerable people, and ensure that they are registered with the closest health care facilities in the aimag/soum where they reside; (b) organize focus group discussions and multi-stakeholder meetings with representatives from health providers, CSOs, media, as well as citizens in the aimags and districts of Ulaanbaatar to facilitate the communication with target/beneficiary groups to ensure they are aware of the program, have access to the information provided through the web-platforms, go to the primary health clinics or other designated locations to get vaccinated, and return for the second dose; (c) support for extending the outreach to targeted beneficiaries, and eventually the general population, by organizing volunteer networks/solidarity initiatives to perform basic tasks in support of the vaccination program.<sup>6</sup> The proactive targeting of vulnerable groups will additionally enhance population resilience to the health impacts of climate change.

### 6.2. Reporting back to stakeholder groups

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 responsible staff and referred to the senior management of the project. The [monthly] 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. 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, including the following parameters:
- Number of mass media messages disseminated on COVID-19 vaccine sequencing, target groups for COVID-19 vaccination and prevention measures in the last six months (Number)
- Number of health staff trained in provision of COVID-19 vaccination and infection prevention and control per MOH-approved protocols (Number)
- Number of brochures and awareness printed and distributed
- Number of like and shared on social media campaign
- Number of handbooks published for the publican and medical specialist

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<sup>6</sup>Based on its experience, the MASAM project may be able to help identify existing CSO networks at the national and local levels that could be leveraged in these activities under the AF.